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The Lived Experiences of Opioid Withdrawal:

A Phenomenological Study

Eliza Mall

Fall Semester, 2018

Scholarly Project Development

A Paper Presented to Meet Partial Requirements

For NRSG-825

Southern Adventist University

School of Nursing

Abstract

The United States is in the midst of an opioid overdose epidemic resulting to 40,000 accidental drug overdose deaths. In 2016, the number of deaths related to opioid overdose increased to 116 people per day resulting to $504 billion in economic costs. This research study explored the lived experiences of drug addicts having experienced opioid withdrawal symptoms. Phenomenology is useful in discovering the narrative lived experiences that cannot be obtained in quantitative approach. Six themes emerged to describe the lived experiences of opioid addicts who have undergone withdrawal: (a) Increasing desires that are hard to resist (b) Helplessness and hopelessness (c) It works (d) M.A.T helps (e) Believe and be strong and (f) The price. Further research is needed to examine the lived experiences of other populations that have limited access to M.A.T like inmates, who have abruptly withdrawn from using opioids and have no access to treatment.
Keywords: Addiction, cold turkey, counseling, craving, medication-assisted treatment, opioid analgesics, opioid dependence, relapse, physical dependence, and tolerance.

Dedication and Acknowledgements

I dedicate this research project to the drug addicts who are battling the effects of opioid overdose, withdrawal symptoms and are determined to go through the rehabilitation and counseling program to promote health and to improve quality of life.

I would like to acknowledge the tireless efforts of the health care providers who consistently dedicate their time and energy in helping drug addicts to eradicate the effects of addiction and to relieve withdrawal symptoms from drug cessation.

I also would like to acknowledge Dr. Frances Johnson, coordinator for the doctorate program in nursing at Southern Adventist University, for her wise suggestions and recommendations in making this scholarly project as an evidence-based source of the lived experiences of opioid drug addicts during the withdrawal and treatment processes.

My warmest acknowledgement to my mother (Nida Echavez), husband (Ian Mall), children (Liam, Ivana, and Cian), and friends (Veronica Hurd, Kim-Lei Lowery, and Denise Mullinax) who made this research possible. Lastly, to the CADAS facility for allowing me to explore the lived experiences of their patients.

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CHAPTER 1 – INTRODUCTION AND BACKGROUND

Introduction

The United States is in the midst of an opioid overdose epidemic (Center for Disease Control and Prevention (CDC), n.d). People of all ages suffer from the harmful consequences of drug abuse and addiction. More than 40,000 accidental drug overdose deaths have been reported in the United States, a 118 % increase since 1999 (NIDA, 2016). The numbers of opioid-related deaths continue to increase in the United States. Since 1999, the number of deaths caused by overdoses involving opioids increased by four-fold (Volkow, 2014). From 2000 to 2015, more than half a million-people have died from opioid drug overdoses. Ninety-one Americans die every day from opioid overdose (CDC, n.d). In 2016, the number of deaths related to opioid overdoses increased to 116 people per day resulting to $504 billion in economic costs (HHS.gov, 2016).

The abuse of opioids such as heroin, morphine, and other commonly prescribed opioid analgesic medications, like oxycodone and hydrocodone, have become a serious global problem that affects the health, social, and economic welfare of all societies. Opioid addictions killed more than 33,000 people in 2015, and nearly half of all opioid overdose deaths involve a prescription opioid (CDC, 2016). This prominent trend appears to be widely linked to a growing number of prescriptions. The consequences of this abuse have been devastating and are on the rise worldwide.

Background and Significance of Proposed Project/Intervention

Opioids have been used unlawfully for more than hundred years. Numerous abusers who became full-blown addicts have felt the effects. In 1971 former President Richard Nixon called

the drug abuse as “Public Enemy No. 1” (National Public Radio, 2007). In July 1973, two years after this statement was made, the former President officially declared a war on drugs, and created the Drug Enforcement Administration (DEA). DEA aims to establish a single unified command to combat "an all-out global war on the drug menace” (DEA, n.d). Thereafter, the government continues to fight against addiction and illegal drugs. In 1980, a letter published from New England Journal of Medicine stating that, “the addiction is rare in patients treated with narcotics.” This statement tremendously influenced the narcotic consumptions. The statement mentioned was based on the research done by Dr. Hershel Jick of Boston University Medical Center and a graduate student, Jane Porter. The data was gathered from the hospital database. It revealed that, out of 11,882 patients that were given at least one narcotic medication, only four patients were addicted to opioids (Zhang, 2017). In the late1990’s, the pharmaceutical companies reassured the medical professionals that, opioids were not addictive. As a result, the number of prescribed narcotics subsequently increased by eight million. On the other hand, to improve the quality of care, the pain level assessment for every patient in pain was considered as a fifth vital sign (Mogne,2016).

The state of Tennessee places second in the nation, behind only Alabama, in the prescription of opioid (Fletcher, 2016). In 2014, 1,263 Tennesseans died from an opioid overdose, this number outpaces statistics of those who died in car accidents or from firearms (Fletcher, 2016). Since 2015, Tennessee remains one of the leading states in prescribing hydrocodone, oxycodone, and Percocet.

Drug tolerance is one of the properties of opioid drugs that can occur when used repeatedly over time. When opioids are used frequently, patients may develop tolerance to these

drugs. This tolerance, once obtained, will require higher drug dosages to achieve the same effect, at the same time will desensitize the brain's own natural opioid system, making it less effective over time. This can lead to drug dependency. Thus, patients continuously seek increase dosages to achieve similar or higher effects (Volkow, 2014).

The limbic system is part of the brain that contains the reward circuit. It regulates the ability to feel pleasures by flooding the circuit with dopamine (NIDA, 2014). The thrust for the feeling of pleasure enforces the users to repeatedly use opioids to achieve euphoric effect. When an addicted individual suddenly discontinues opioid usage, they undergo the process of drug withdrawal or cold turkey. It can result after-effects, such as pain, diarrhea, nausea, vomiting, hypertension, tachycardia, seizures, and powerful cravings. Patients often suffer the worst possible symptoms. Emotional disturbance and humiliation are commonly experienced as well. Furthermore, in an event of incarceration or hospitalization, patients are often denied medical care that could alleviate the suffering due to misguided ideas that suffering from withdrawal symptoms can help solve the addictions (Szalavitz, 2016).

Currently, the medication-assisted treatment (MAT) along with counseling and behavioral therapy is the most effective approach for opioid addiction (SAMHSA, 2015). MAT involves using long-acting opioid agonists such as methadone or buprenorphine and maintenance treatment with opioid antagonists, like naltrexone along with counseling and behavioral interventions are considered the best options for opioid addictions. MAT uses agonist or partial agonist medications to normalize brain chemistry, block the euphoric effects of opioids, relieve physiological cravings, and normalize body functions without the negative effects of the opioids (TN.gov, n.d). The treatment goals of MAT are long-term abstinence or reduction in unlawful

drug use. It is also associated with lower mortality rate, improved treatment retention, and decreased incidence of comorbid illnesses (SAMSHA, 2015).

Healthy People 2020 (HP2020) is an organization created by the Department of Health and Human Services aims to promote quality of life, healthy development and behavior across all stages of life (CDC, n.d). HP2020 considers substance abuse as a disorder that develops at any age and will eventually develop into a chronic illness that will require lifelong monitoring and care. The HP2020 stressed the necessity of improving access to treatment for substance abuse and other health disorders.

Purpose of the Study

The research study aims to describe the lived experiences of "cold turkey" withdrawal. By knowing the lived experiences of drug addicts with sudden drug withdrawal, the researcher will find out how to improve the symptoms management of sudden opioid withdrawal. When completed, the outcomes of the project will increase accessibility to opioid addiction treatment services and other treatment options such as behavior modification and counseling through effective utilization of Advance Practice Nursing (APN) as a medical provider and prescriber. Healthy people 2020's substance abuse goal is to reduce substance abuse to protect the health, safety, and quality of life for all, especially children.

Theoretical Framework

The study framework was based on the Southern Adventist University (SAU) School of Nursing, which was adapted from the Seventh Day Adventist (SDA) Framework for Nursing. The attention of this framework is the patient. The addicted patient is at the center of the three intersecting circles, which are the physiological, psychological, and the social needs of the

patient. The health provider's responsibility is to meet those needs by caring, connecting, and empowering the patient in improving wellbeing and quality of life by the use of symptomatic treatments and other therapies such as behavioral counseling. Next to the health care provider are the factors affecting the health and recovery of the patient. These are the family, community, and the environment the patient is in. These factors are very crucial in the recovery of the patient. The lack of support or the support provided by the family, community, and the environment will determine the outcome of the patient. If the community tolerates addiction and if the facility the addict is confined in does not endeavor for opioid treatment, then the addict will suffer from the effects of addiction. God, in the outmost circle encompasses the patients and the providers, to enable them, to efficiently apply the treatment modalities in promoting quality of life with decreased and tolerable symptoms.

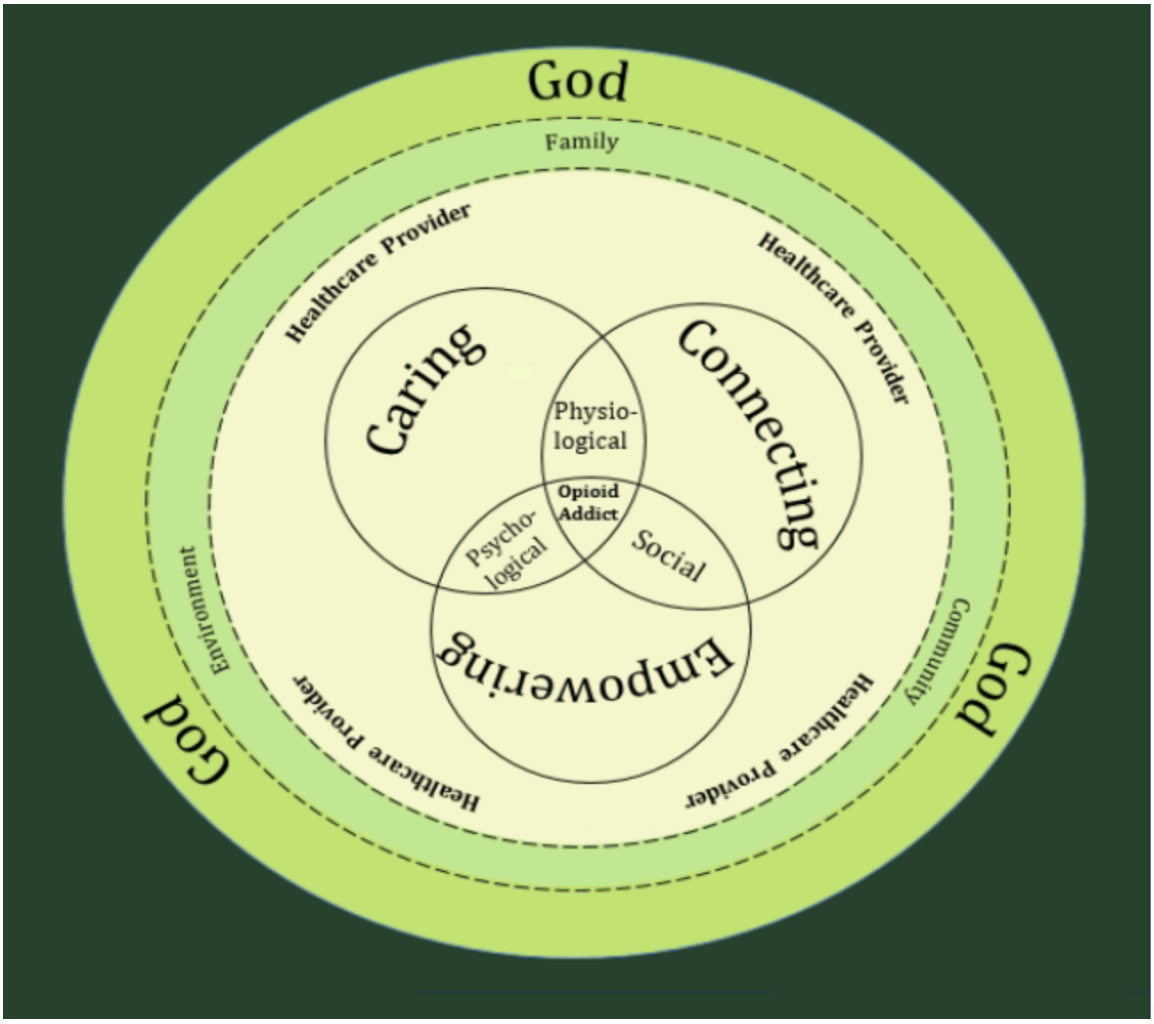

Figure 1. Adapted from the SAU Theoretical Framework and the SDA Nursing Framework

Opioid addicts are often considered as stain on society, but in the eyes of God they are human beings that are worthy of dignity and respect because they are created in His image. Connecting and rebuilding their health is restoring the image of God in human beings and reflecting God's unconditional love.

Stakeholders

Stakeholders were those individuals or groups who touch the project in some way or have an interest in the project outcome (Moran, et al.). The stakeholders identified were opioid addicted patients, their families and friends, nurse practitioners, counselors, healthcare institutions, and the community. The topic of opioid addiction is so timely and essential that all health care providers must be aware. Medical professionals must be able to competently respond and support the medical and psychological needs of an addicted individual. The necessary support received in times of withdrawal can make a significant change in their lives and their communities.

Hypothesis

The participants of this study are drug addicts who have undergone opioid withdrawal and are attending the Council for Alcohol and Drug Services (CADAS) in Chattanooga, TN. Interviews using qualitative questions were used to extract stories of the lived experiences of opioid addicts undergoing through the drug withdrawal process. The expected research outcome is a deeper understanding of the lived experiences of patients who have experienced withdrawing from opioid substance.

Concepts and Definition of Terms

1. Addiction is a disease that results when the opioid has made changes to the brain. It is a primary chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors (ASAM, n.d).

2. Cold turkey- the abrupt and complete cessation of taking a drug to which one is addicted. (CDC, n.d.).

3. Counseling - is an opportunity to talk with a professional either one-on-one or in a group with others in treatment (CDC, n.d.).

4. Craving – is the overwhelming desire for the drug (CDC, n.d.).

5. Medication-Assisted Treatment (MAT)- is the use of medication such as Methadone, Buprenorphine, and Naloxone to provide an approach to the treatment of substance use disorder, including opioid use disorder (CDC, n.d.).

6. Opioid analgesics- Drugs usually prescribed for pain relief consisting of natural and semisynthetic opioid analgesics such as morphine, codeine, hydrocodone, and oxycodone; methadone, which is a synthetic opioid analgesic used to treat opioid dependence and pain; and other synthetic opioid analgesics such as fentanyl and meperidine (CDC, n.d.).

7. Opioid dependence- repeated self-administration that usually results in opioid tolerance, withdrawal symptoms, and compulsive drug taking (CDC, n.d.).

8. Relapse - is the falling back into drug use after a series of improvement (CDC, n.d.).

9. Physical dependence- elicits symptoms of withdrawal when the medication is stopped (CDC, n.d).

10. Tolerance- occurs when the person no longer responds to the drug in the way that person initially responded. It takes a higher dose of the drug to achieve the same level of response achieved initially (NIDA, n.d.

CHAPTER 2 – LITERATURE REVIEW

Literature

Opiate drug overdose is rapidly increasing during the last two decades and is considered the leading cause of death among illegal opioid users worldwide (Liu et al., 2012). It is considered the common cause of non-auto-immunodeficiency syndrome (AIDS) deaths among patients who have been infected with human immunodeficiency virus (HIV). Liu et al. (2012) conducted a survey of 279 heroin users in isolated compulsory detoxification centers in Ningbo, China to evaluate their interest in helping their peers in overdose prevention and to participate in response programs. Due to high mortality rate among drug abusers, researchers wanted to examine the willingness and readiness of the heroin drug users to help their peers in an event of overdose. Participants' criteria included their demographic background, history of heroin overdoses, and attitudes/knowledge about overdose prevention and response. The options for responding to heroin drug overdose were to perform a mouth-to-mouth resuscitation, naloxone injection, saltwater injection, and to make an emergency call. Heroin drug users in Ningbo's compulsory detoxification centers showed concern about the study because they have limited understanding of how to effectively respond to overdose crises, overdose prevention and response programs, and were quite hesitant to help their peers.

Descriptive data was collected with the use of a survey questionnaire that was carried out at Ningbo Compulsory Detoxification Center in Zhejiang Province, China. The result revealed that only 12.7% of participants choose to do mouth to mouth resuscitation, and only 6.0% responded to administer naloxone, an opioid antagonist that reverses the effect of an opioid. The majority of participants prefer to inject salt water (56.0%), while 34.1% preferred to make an emergency

call. The researchers concluded that respondents have limited understanding in helping or preventing death caused by overdose. However, 65.4% of respondents were interested in obtaining training on overdose prevention, 69.2% of participants were willing to share their knowledge on overdose with their peers, and 88.1% of participants were willing to administer naloxone to an acquaintance having an overdose.

Travakolian and Abolghasemi (2016) did a study to determine the effects of cognitive restructuring training on neurocognitive brain functions of prefrontal cortex among opioid addicts. The researchers wanted to examine how heroin addicts' brain functions are associated with relapse prevention using Meichenbaum CBM (cognitive behavioral modification) therapy. Meichenbaum CBM is a therapeutic technique, developed by Dr. Meichenbaum, which focuses on identifying dysfunctional self-talk in order to change unwanted behaviors. Dr. Meichenbaum stated, "behaviors are outcomes of our own self-verbalizations" (Very well mind, n.d.). Thirty heroin addicts participated and completed the 21- day of detoxification program. They were randomly assigned in the control or experimental group. The experimental group received 45 minutes Meichenbaum CBM while the control group did not receive the therapy. Functional magnetic resonance imaging (MRI) was used to investigate the effectiveness of CBM therapy. Improved decision-making and emotion recognition were found after the training session. However, there was no significant difference noted in attention bias, cognitive flexibility, or relapse. In addition, researchers also noted an improved blood circulation and adjustment of gray matter using the MRI. It was concluded that Meichenbaum cognitive therapy might be beneficial in alleviating neurocognitive dysfunctions.

Oliveto et al. (2014) did a study among psychostimulant users to determine the acceptability among participants in the use of shamanic healing or a spiritual healing approach. The researchers mentioned that drug addiction disorder has a profound impact on medical, social, and psychiatric issues and there is a positive relationship between religiosity and drug abstinence as well spiritual practices and recovery (Oliveto et al., 2014).

The participants consisted of 103 respondents (35.9% female, 56.3% white), 39.8 (±9.5) years old. Among the participants, 47.1% indulged in cocaine abuse, 34.3% in methamphetamine, 17.6% in opioids, and 1.0% in alcohol. Majority of the respondents were evangelical Christian affiliation (23.8%) and 23.8% did not belong to any religious congregation. Out of the 103 respondents, 77 (74.8%) reported being willing to be involved in shamanic healing research. Religious affiliation, age, race, primary drug problem and prior experience with an alternative therapy were not associated with willingness to participate ($P>0.1$). The study therefore concluded that psychostimulant dependent users are open to shamanic healing to treat drug dependency (Oliveto et al., 2014).

According to Posadzki et al. (2014), there are approximately 16 million adults in the USA who practice yoga as a part of their lives in dealing with stress and sickness. Yoga is also practiced worldwide as a relaxation technique for physical and psychological health. Yoga is considered as ayurvedic medicine that involves defined postures, breathing exercises, body cleansing, mindful meditation, and lifestyle modifications (Posadzki et al., 2014). The researchers utilized 14 electronic databases and selected seven out of eight randomized controlled trials (RCTs) to examine the effectiveness of different forms of yoga in alcohol, tobacco, and addiction treatment. The methodological quality was analyzed using Cochrane

criteria. Results showed that yoga interventions led to significantly more favorable results for addictions compared to various control interventions. One RCT showed that a methadone maintenance program (MMP) plus hatha yoga (HY), had no effect on drug use and criminal activities compared with MMP plus psychotherapy (Posadzki et al., 2014). The researchers concluded that alternative methadone treatment is less effective than conventional MMP. Additionally, researchers also found that yoga demonstrated significant effects on hormones and depression among alcohol dependent individuals after the acute detoxification phase. Although the results of this review are promising, large RCTs needed to examine the benefits of yoga for addiction (Posadzki et al., 2014).

Tetrault & Fiellen (2012) did a systematic review on current and potential treatment options for maintenance therapy among opioid addicts. Although opioid detoxification approaches may be considered as a possible treatment for opioid addiction, these approaches alone were not proven to be effective in promoting abstinence in most patients. The therapies evaluated in this systematic review include opioid agonist maintenance treatment such as methadone, buprenorphine and buprenorphine/naloxone, and levomethadyl acetate HCI (LAAM). Other treatments are the opioid antagonists such as oral naltrexone and sustained release naltrexone, and investigational agents such as sustained-release buprenorphine and diacetylmorphine (heroine) Tetrault & Fiellen (2012). The use of opioid agonist treatment in opioid addicts has been associated with increased treatment retention, increased opioid abstinence, and better quality of psychological functions. Treatments for other medical and psychiatric conditions are easier to deal with when opioid addicts are first treated with opioid agonists. The use of methadone in the treatment of opioid addiction was found to be effective in

suppressing opioid craving, blocking the euphoric effects of opioids, and in stabilizing psychological functioning (Tetrault & Fiellen, 2012). A longitudinal cohort of 1203 opioid dependent patients on Methadone maintenance therapy followed within five years proved methadone's efficacy in the treatment of opioid dependence. There were 423 patients who completed the five-year follow-up. Tetrault & Fiellen (2012) found that weekly occurrence of heroine use decreased from 91% to 24% during the first year follow-up, and slightly increased to 31% at five-year follow-up. Methadone maintenance treatment was also compared to a non-opioid agonist treatment. Data from 1969 participants showed that methadone was more effective in than non-opioid agonist treatment s considering the treatment retention and reduction of heroine use. Furthermore, methadone treatment was also associated with decease in criminal behavior, HIV risk behavior, and HIV seroconversion among injection drug users (Tetrault & Fiellen, 2012). Many countries in the world such as Australia and the European Union have allowed methadone prescription in general health care settings and the drug is dispensed at the pharmacies. Russia does not allow methadone treatment while China and countries of Central and South East Asia have allowed the distribution of methadone and are dispensed at the specialty opioid treatment programs. In the United States methadone treatment of opioid dependence is restricted to federally regulated treatment facilities with specific regulations regarding induction dosing schedules, counseling services, and frequency of urine drug screen. Data from a 30-week randomized clinical trial of high (80-100 mg) dose versus moderate-dose methadone (40-60 mg) showed that patients randomized to a higher dose methadone had a greater reduction in illicit opioid use (Tetrault & Fiellen, 2012).

On the other hand, Buprenorphine is a safe and effective alternative treatment to methadone. Buprenorphine 8 mg/day was also found to have similar effects to methadone 60mg/day and both of these doses were more effective than methadone 20 mg/day concerning treatment retention and decreased opioid use. Another treatment option for opioid dependence was the Levomethadyl acetate HCI (LAAM). This treatment was taken out of market due to the possible QT prolongation and torsades de pointes. The LAAM has long half-life, so its treatment dosage can be administered three times a week compared to methadone, which is given daily. Although LAAM has similar effects to methadone in decreasing opioid use, there have been some attempts to reconsider the use of LAAM as an alternative opioid agonist treatment due to its risks of cardiac side effects.

Another treatment for opioid dependence is the opioid antagonist such as the naltrexone whose main function is to block the euphoric effects of opioids, which decreases heroin use. In spite of naltrexone appeal in opioid dependence treatment, its use has been limited due to precipitated withdrawal, relapse, and early dropout. The use of naltrexone without psychotherapy was found to be no better than placebo (Tetrault & Fiellen, 2012). The decreased effectiveness of oral naltrexone in retention and adherence led to the development of a sustained release naltrexone. Longer periods of abstinence were found in the depot formula of naltrexone compared to the placebo group (Tetrault & Fiellen, 2012). Sustained-release buprenorphine and heroine are investigational agents also used in opioid dependence. The sustained release buprenorphine was either taken orally or implanted underneath the skin. Participants with buprenorphine implants had a longer treatment retention compared to the placebo group. The addition of sublingual buprenorphine increased the effectiveness of the implants and placebo use.

The use of heroine with flexible doses of methadone in the treatment of opioid dependence among participants are effective in decreasing use of illicit substances and chances of being imprisoned among drug users. Researchers concluded that heroin use should be the last resort in the treatment of opioid dependence due to infections and overdose and it has to be administered in a highly supervised setting (Tetrault & Fiellen, 2012).

Although the use of agonist maintenance treatment is found to be effective for opioid dependence, individuals stay on waitlists for some months, which put them at risk for diseases and even death. The use of interim dosing, by giving daily medication without counseling, can decrease such risks (Sigmon et al., 2015). A pilot study done by Sigmon et al. (2015), examined the possibility of a unique technology-assisted interim buprenorphine treatment for opioid-dependent adults on wait-list. After the initial buprenorphine on the first week, participants (n=10) visited the clinic during the second, fourth, sixth, eighth, tenth, and twelfth weeks to take their medication under supervision, provided a urine specimen, and received remaining doses via computerized medication device. Participants' treatment adherence was also monitored through an Interactive Voice Response (IVR), as well as random callbacks for urinalysis and medication (Sigmon et al., 2015). Results showed that 90% of participants were abstinent on week two, week four visits and 60% at week twelve. A substantial decrease in opioid use was also observed in self-reported experiences during the past month. Among the participants, 99% were adherent to buprenorphine treatment due to the use of IVR, and random callbacks. Researchers concluded that interim buprenorphine treatment was effective in reducing morbidity and mortality risks during delays to conventional treatment (Sigmon et al., 2015).

Kheirabadi et al. (2008) evaluated the effects of add-on Gabapentin in patients undergoing opioid withdrawal. A double blind, randomized, placebo-controlled trial of adjunctive gabapentin in methadone-assisted detoxification was done for three weeks in a specialized addictive behavior unit and outpatient unit in the city of Isfahan, Iran. Forty out-patients, 37 males and three females ages 21-61 years old, who met the DSM-1V criteria for opiate dependence were randomly assigned to receive adjunct treatment with either gabapentin (900 mg/day) or placebo under double-blind conditions. Although gabapentin is considered effective in controlling some withdrawal symptoms, gabapentin did not show a significant and superior effect compared to the placebo in controlling opioid withdrawal symptoms Kheirabadi et al., 2008).

Another drug that was used in the treatment of opioid use disorder is the ibogaine. Brown & Alper (2018) did an observational study on 30 (25 males and 5 females) opioid dependent participants who received a mean total dose of 1,540 ± 920 mg ibogaine HCI. Participants used oxycodone (n=21:70%) and/or heroin (n=18:60%) in respective amounts of 250 ± 180 mg/day and 1.3 ± 0.94 g/day and averaged 3.1 ± 2.6 during the previous treatments. Detoxification and follow-up were done during the first, third, sixth, ninth, and twelfth months using the Subjective Opioid Withdrawal Scale (SOWS) and the addiction Severity Index Composite (ASIC) scores. SOWS scores decreased from 31.0 ±11.6 pretreatment to 14.0 ± 9.8 at 76.5 hours post treatment. After one month of treatment, 15 participants (50%) reported no opioid use during the past 30 days (Brown & Alper, 2018). This study showed that ibogaine was effective in controlling opioid withdrawal symptoms for which other treatments were proven unsuccessful.

Another modality in treating opioid dependence is by the use of a nerve stimulator to decrease withdrawal symptoms authorized by the Food and Drug Administration (FDA). This battery- powered device is called the NSS-2 Bridge. It is placed behind the patient's ear and it uses electrical pulses to stimulate cranial nerves in relieving withdrawal symptoms. This device can be used up to five days during the acute withdrawal period. Seventy-three patients undergoing opioid withdrawal were tested in the use of the NSS-2 Bridge device. Results were evaluated using the Clinical Opiate Withdrawal Scale (COWS), which measures resting heart rate, sweating, pupil size, gastrointestinal issues, tremors, anxiety, insomnia, and bone and joint aches. Within 30 minutes of treatment with the nerve stimulator, 31% of the participants experienced symptom relief. Eighty-eight percent of the participants transitioned to medication assisted therapy after five days of using the device together with the use of medications for symptoms such as nausea and vomiting (At the Bedside, n.d.).

Summary

This review of literature showed various treatment strategies that are can help control withdrawal symptoms among opioid addicts, but many drug addicts have no access to the drug withdrawal treatments or do not know of facilities they could get the help they need. Untreated withdrawal manifestations may cause serious complications and even death. Some of the natural remedies the opioid addicts employed were helpful in relieving withdrawal symptoms, but many of them have no courage to do anything to improve their symptoms. These natural remedies are also elements of CREATION Health principles to improve opioid patients' wellbeing and quality of life. Furthermore, there are few studies published in the management and treatment of opioid

withdrawal symptoms in the mental health, primary care settings, and in the detention facilities where drug addicts undergo a cold turkey withdrawal.

CHAPTER 3 – METHODOLOGY

Research design

The study seeks to explore the lived experiences of opioid dependent patients who have withdrawal from illicit drugs. The study utilized a phenomenology approach developed by Husserl and Heidegger to investigate the phenomena of people's lived experiences. This is an approach of examining life stories of individuals who experienced certain situations and happenings in their lives (Polit & Beck, 2012). The researcher employed Colaizzi (1978) strategy of descriptive phenomenological design in analyzing the phenomenon. The information was gathered through recorded interviews using structured open-ended questions exploring the emotion and physiologic effects of opioid withdrawal. The long-term purpose or goal of this research was to raise awareness on opioid withdrawals and be able to acknowledge needed interventions to alleviate physiologic and psychological symptoms of substance dependent patients.

Procedure

The researcher attended the counseling session for patients who were attending Medication Assisted Treatment (MAT) classes. The classes were held every Monday, Tuesday, Wednesday and Thursday at Council for Alcohol and Drug Abuse Services (CADAS). CADAS is one of the few nonprofit alcohol and drug treatment facilities in Tennessee that is accredited by Joint Commission. A convenience sample of patients who have experienced opioid withdrawal participated in this study. Snowballing recruitment techniques were deployed as participants recruited other patients to join the research. The eligibility requirements were the following: age of 18 years or older, patients of CADAS, been an opioid addict in the past, and

have experienced drug withdrawal symptoms. The exclusion criteria were the following: verbal and physical aggressiveness, inappropriate behavior, and addictions that were not opioid based.

The research subject and objectives were explained during the class. The participants were then given a chance to volunteer and participate. After written informed consent was obtained from the participant, the interview began. The interview process took from fifteen to twenty minutes per individual. All interviews were audio-recorded and conducted separately from the rest of the groups. Note taking was minimized to avoid distractions. All encounters were recorded and transcribed. The recorded audio and the transcribed notes were reproduced for back-up copies.

Description of Measures

The interviews were composed of structured questions designed to investigate the lived experiences of individual who have undergone opioid withdrawal. The researcher aimed to understand in-depth, simple, and authentic life occurrence involving opioid drugs withdrawal. The interview process was conducted in a separate private and quiet room. The recorded interview was checked for audibility and completeness soon after the interview was completed. The interview questions were the following:

1. Describe your addiction in the past.
2. Describe your experience of cold turkey withdrawal.
3. What are the things that you found helpful in dealing with your withdrawal symptoms? (e.g cold shower, talking, walking, prayer)
4. What would you recommend to the doctors, nurse practitioners, and nurses caring for those who are withdrawing?

5. What advice would you give to other that have undergone cold turkey withdrawal?

6. How will this experience affect you?

Protection of Human Subjects

This official research proposal was submitted to the Institutional Review Board (IRB) indicating the setting of the study, description of the participants, sampling procedures, benefit, and the amount of time required to complete the study. No coercive techniques were use and all participation was strictly voluntary with the ability to withdraw from the study at any time. The participants received an explanation regarding the purpose of the study and what the researcher expects participants to do.

Participants were fully informed of the elements of the study. A signed consent form was obtained prior to interviews. The participants were assured that their identity would remain anonymous, and all other information would be kept highly confidential. Only the researcher had the access to the data. The data information was shredded after data analyses and the recorded interviews were deleted.

Evaluation Plan

Data analysis is the process of describing the qualitative study and checking data integrity to assure that results are not skewed. This study aimed to describe experiences; all data were analyzed using Colaizzi qualitative analysis method. All qualitative data were transcribed verbatim to synthesize the responses and develop general interpretations. The results were presented in a systematic manner that follows the data analysis plan.

Colaizzi's (1978) written protocol analysis was used to analyze the patient's descriptions of their lived experiences from opioid withdrawal. His procedural steps for data analysis overlap,

and the sequencing of these steps is flexible (Figure 1). A significant statement is the unit of analysis.

For each significant statement that was extracted from the participants' descriptions, the researcher attempted to express out the meaning. Colaizzi (1978) termed this step as formulating meaning. Then, all the formulated meanings were integrated into an exhaustive description, which in turn was condensed into a clear statement as possible for the identification of participants' lived experiences from opioid withdrawal. The researcher returned to two of the participants as the final validating steps of findings.

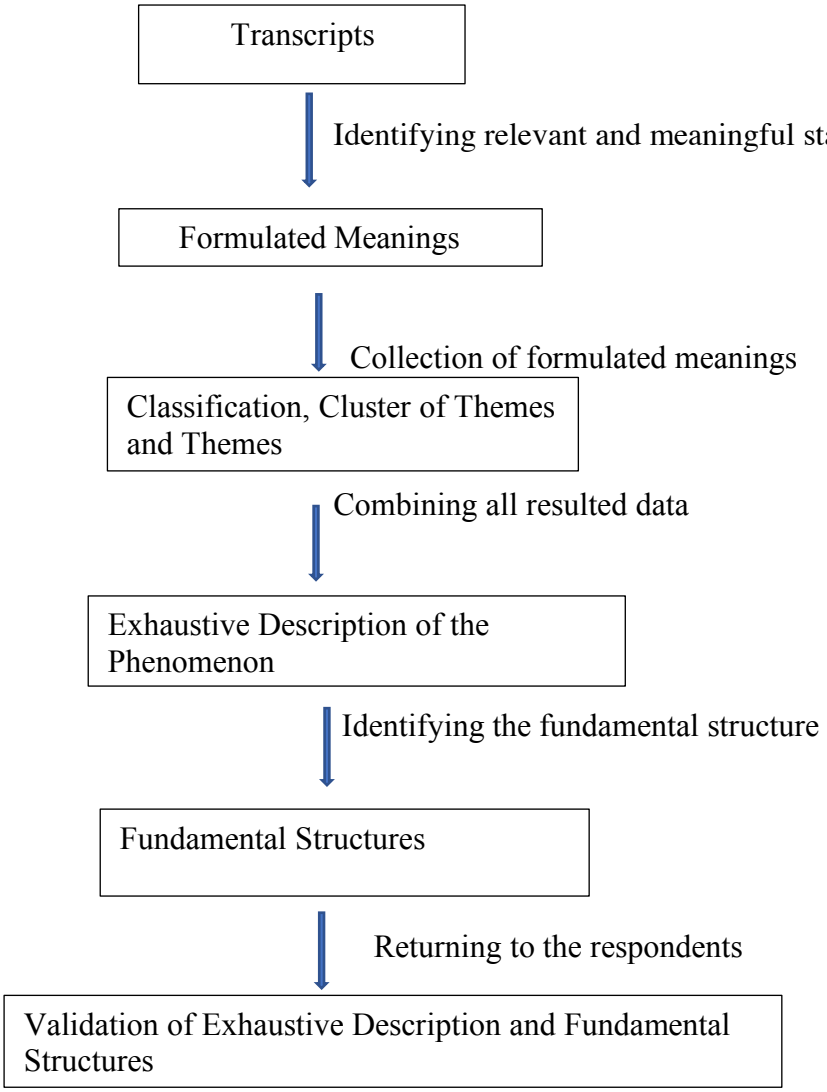

Figure 2. Colaizzi's procedural steps in phenomenological data analysis.

Step 1. The researcher familiarizes the transcripts by reading multiple times to gain the wholeness of the content.

Step 2. In this stage of analysis, the relevant information on every answer to formulated questions regarding opioid withdrawal was extracted from the transcript.

Step 3. The formulated meanings were sorted into classification, cluster of themes, and themes. Similar response was group together and tallied.

Step 4. All cluster of themes that reflected similar interpretation were incorporated together to form distinctive theme.

Step 5. At this stage of analysis, all themes were defined into an exhaustive description. After blending the study theme, the whole structure of the phenomenon, "Lived Experiences of Opioid withdrawal" has been extracted.

Step 6. This step aimed to validate the study. The researcher returned to the participants to ask whether it captured their experience to discuss the result to validate research findings.

CHAPTER 4 – RESULTS

Results

The ten participants in this study are Caucasian, born in the United States. The research respondents were comprised of two women and eight men. The age of the respondents ranged from 19 to 32 years old. All of them experienced cold turkey from opioid withdrawal either once or multiple times in the past. Currently, all respondents are attending M.A.T class for opioid recovery. Each participant was encouraged to describe in detail using their own words to describe their cold turkey experiences. The data analysis revealed 515 significant statements, which were organized into six themes (Figure 2). The structured questions revealed participants' lived experiences from opioid withdrawal. It initiated from extracting the description of their previous addictions. Followed by grasping the physiologic and psychological symptoms that were experienced such as nausea, vomiting, diarrhea, muscle aches, seizure, depression, and other symptomatology. Then, determining the factors, means, resources, and medications that helped the participants to deal with opioid withdrawal symptoms. After achieving the responses, the researcher obtained helpful tips from the participants through advises and recommendations for the health care providers and for those who are suffering from opioid withdrawal. Lastly, the researcher acquired the participants' thoughts on how their opioid withdrawal experiences affected their lives. These six themes were emerged that delineated the whole cold turkey experiences of the respondents. The respondents disclosed their cold turkey experiences as they verbalized their vivid memories of the events.

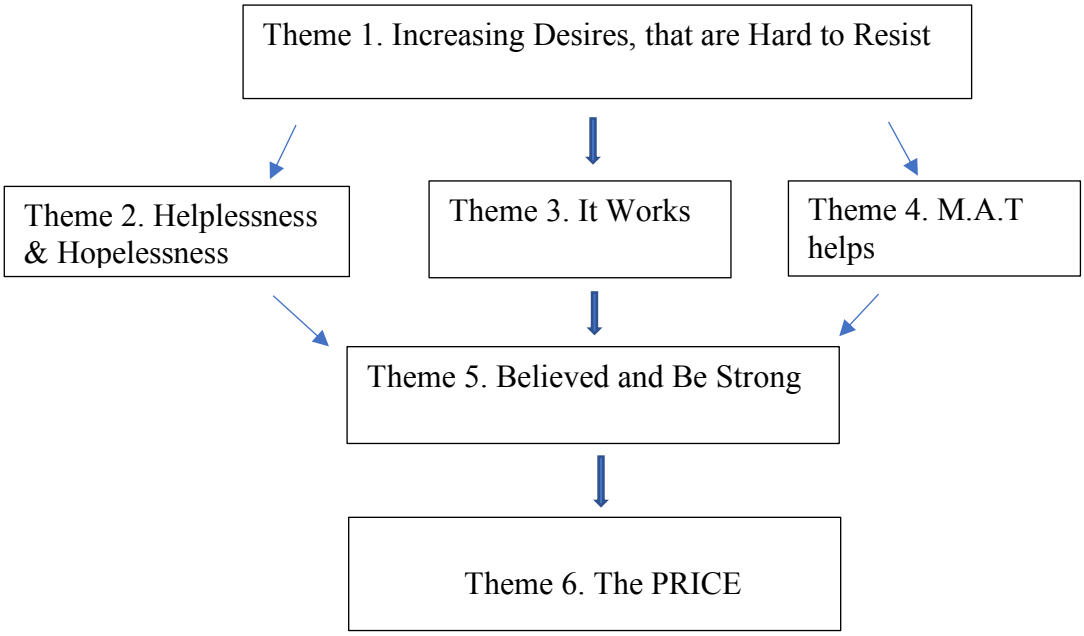

Figure 3. The linking of the six themes describing participants' lived experiences of opioid withdrawal.

Theme 1: Increasing desires that were hard to resist.

Everyone desires to be happy. It is man's nature to search for pleasure in obtaining satisfaction. Some people find contentment with families, friends, money, sex, drugs, and the like. Opioid medications provide pleasure by stimulating brain regions that deals with reward center and satisfaction. People who abuse opioids may seek to intensify their experience by the increase use of illicit drugs. When taken chronically, opioid rapidly cause both tolerance and dependence. Adaptation of opioid receptors occurs quite readily after chronic opioid administration. The first sign

of this is the need of the patient to take a higher and higher dose of opioid in order to relieve pain or to induce the desired euphoria (Stahl, 2013).

Dopamine is a neurotransmitter in the brain. The positive reward in the form of pleasure from physiological activities like eating, drinking, and sex happens automatically at regular phases. In the event of drug addiction, dopamine surges increase and strongly reinforce the individual to continuously take and repeat drug use to keep the feeling of euphoria (NIDA, 2014).

Seven out of ten volunteers stated that opioid addiction was progressive. Their addictions to opioid drugs started with the use of oral pills on low dose Hydrocodone that rapidly progressed to the use of Percocet to Oxycodone and OxyContin, then followed by the use of intravenous form of medication such as Morphine and Dilaudid. The respondents shared that their addiction begun with the use of one pill daily, and then increased to four pills in a day. There was $400 worth of drug addiction amounting to $1000 drug abuse in a day. The body continuously demands more medication to achieve satisfaction and a "high" feeling by increasing used of medication from once a day to multiple times a day. The increased number of pills taken daily resulted to increasing demand to seek more money to support addiction.

One respondent disclosed:

> "*Ah, it started off just, I would use low opioids, I would use like Hydros. Ah, and it was like every once in a while, and then it just progressed and, as more as it progressed, the dosage would progress. In the past two years, it was Opana. So, it went from basically*

little tic-tac to huge dosage and it would be like, and my tolerance would build up so fast that I would want more and more and more. So, yeah."

In addition, another participant remarked:

"Started using heavier drugs and smoked a lot of weed there and started using Dilaudid and OxyContin and then OxyContin became Roxy's, 30 mg Roxy's, and got into heroine after that and then, in 2012, I got arrested for aggravated burglary and theft over $1000 and got put on probation. I did about two years of probation, just barely getting by. I just got lucky they didn't give me drug tests and stuff. I just barely got by and then, after about two years, I just quit going to probation and racked up some more charges. I ended up getting four felonies and three misdemeanors in McMinn County and then I had two misdemeanors and a felony in Hamilton County."

Another participant also reflected the hard to resist temptation of opioid drugs:

"Actually, I had two overdoses within like two months and I still did not want to change. I kept on using. I lost my sister to this disease and kept on using."

Theme 2: Helplessness and Hopelessness

The opioid withdrawal syndrome is characterized by the patients feeling of dysphoria, craving another dose of opioid, being irritable and having signs of autonomic hyperactivity such as tachycardia, tremor, sweating, and pilo- erection or goose-bumps are often associated with

opioid withdrawal, especially when drug is stopped suddenly. This is so subjectively horrible that the opioid abuser will often stop at nothing in order to get another dose of opioid to relieve symptoms of withdrawal (Stahl, 2013). The opioid withdrawal process may last for days, weeks, months, or even years (American Addiction Center, n.d). However, the feelings and memories of cold turkey experiences remained. In remembering participants' cold turkey experiences, most of the respondents verbalized their memories of hopelessness and helplessness.

Ninety percent (90%) of the respondents reported experiencing gastrointestinal symptoms such as nausea, vomiting, and abdominal cramping. Respondents also reported muscular pain (80%) and feeling of hopelessness and helplessness (70%). These are some of their affirmations:

> *"I was pretty horrible, I was vomiting, a lot of diarrhea, I could not eat, stomach cramps were worse. My body was telling me that, No! you do not want to get out of this. It was an angel and devil type thing."*
>
> *"It was like, I couldn't even take a sip of water and I would just start vomiting"*
>
> *"I wasn't able to eat. I couldn't eat anything. If I did eat it, I would throw it up"*
>
> *"When you are withdrawing from opioid, you feel like you just want to die."*
>
> *"There is nothing you can really do to help it at all."*
>
> *"You know, I would just rather be dead sometimes than have to deal with that."*

Theme 3: It works

Drug withdrawal is the period of determination. Patient may either succeed or remain to be an addict. The withdrawal symptoms varied from individual. The symptoms depend on the half-life of the drugs and how heavily the individual abused the drugs. For someone experiencing intense opioid withdrawal, patients are willing to try anything to relieve the pain of suffering.

Majority of the respondents reported that taking multiple hot or lukewarm showers for thirty minutes would temporarily alleviate withdrawal symptoms. However, the relief was only temporary. The symptoms will comeback few minutes after shower.

One participant voiced:

"Taking shower was definitely that would help out, lukewarm not hot, heating pad for my stomach, when I was having stomach cramps, just having a heating pad, a lot of Imodium, lots of the Imodium. A good 30 minutes in a shower helped me feel better. In a day probably. Heating pads I placed it on my stomach as the cramps start fade away. Like stomach as sharp. I ate broth cubes, soup here and there. Salt and cracker. Gatorade helped, just by keeping hydrated. Pedialytes, like babies keeping from not being dehydrated."

"Showers does help a little bit, a real hot shower and turn it to cold. It will help a little bit but then, when you get out of the shower and lay back down, it is the same thing."

One participant shared that physical activities and keeping mind busy were helpful in dealing with withdrawal symptoms.

"When I was in jail coming off of it, hot showers, walking up and down steps slowly, getting my muscles moving, stretching. Sometimes I would just sit in my bed and stretch.

You know what I'm saying? That helped a lot, stretching. And as much as you cannot think about it. If you can have a conversation with somebody and be engaged with somebody else and laugh."

Another participant revealed:

"Exercise, I did once, actually. Because when I got the restlessness, you know, I just felt like I wanted to run and, like, just move around. So, I did like a bunch of exercises, like pushups and stuff and did like a whole bunch trying to wear myself out. I would walk. When I went through it, sometimes, like, if I take a walk in the cold, and while I was walking I would feel kind of better. I was exhausted, so I was like, I would tire really, really fast but when I did walk it made it feel a little better. Yeah."

The other respondents verbalized that using clonidine patch, anti- emetic Zofran, listening to music and being compassionate in times of withdrawal will be helpful during opioid withdrawal process.

One of the participants added:

"In general, I would recommend to be, be compassionate. I know it's hard to be in withdrawal. I knew how to take symptoms go away. I won't be sick anymore, the mind plays a trick on you. Your body needs it but you don't need it! If there is anything else you can do, just be compassionate. Because even though we are drug addicts, we are still people!"

Theme 4: M.A.T helps

The trend of opioid crisis is worsening along with the continuous rise of mortality relating to opioids. The National Safety Council (NSC) experts made extensive reviews to create comprehensive reports on the status of opioid crisis. This document evaluates every state's progress in fighting the epidemic. Increasing availability of opioid use disorder treatment is one of the six key actions that was achieved (NSC, 2018).

According to the World Health Organization (WHO), Buprenorphine and Methadone are "essential medicines" for opioid addictions. These medications do not get the patients high as they increase the dosage. Nevertheless, it restores the balance to brain circuits and allowing their brain to heal while working toward brain recovery (NIDA, n.d).

One hundred percent of the respondents have experienced opioid withdrawal more than once in the past. Respondents revealed using all possible over-the-counter medications like ibuprofen, ranitidine, etc. to alleviate symptoms. Participants also shared using non-pharmacologic ways such as warm shower, exercises, drinking Gatorade, Pedialytes, broth-cubes, and others. However, all of them agreed that, the Medication Assisted Treatment (MAT) was the one that helped them the most. Seventy percent (70%) of the respondents affirmed that Suboxone (Buprenorphine with Naloxone) helped them go through process of withdrawal. Twenty percent (20%) of the participants believed that the short-term treatment through tapering dose of the medication would be highly beneficial.

One respondent disclosed:

"*I know people have different ideas but the Suboxone is what I have took and that is what has helped me safely save my life. I know there is different stuff out there. There is Methadone and the Subutex but I have never experienced that. I have just had the Suboxone and that is what has actually worked for me."*

Another participant shared,

"Since I took Suboxone now, it helps me. I mean, I have not taken an opiate in going on nine months. I mean, I got my license back, I got my own house, I got a family. I got a good paying job, I make good money."

The other participants expressed belief in short-term Suboxone stating,

"As far as treatment plan? I think a short-term Suboxone is the best thing to do. Yeah. I am on it long-term and I don't really suggest that for anybody because it has been a year-and-a-half withdrawal coming off its long-term. You know what I'm saying? If you take it for a year you are going to feel like crap after the year. But, if you can get somebody off heroin or pills and give it to them for like 7 to 10 days and taper them down, you know what I'm saying? Start with, you know, two pills a couple of days, one pill, half-a-pill, a quarter of a pill the last few days. Yeah, about 10 days to 14 days short-term Suboxone. You really got to get them out of their environment so some kind of inpatient detox I think is the best."

Theme 5: Believe and Be Strong

Inspired by the old saying, “experience is the best teacher,” participants learned to be resilient in going through the withdrawal symptoms and the treatment process. The researcher aimed to determine the lived experiences of opioid withdrawal in order to gather information from participants’ experiences, to grab necessary and helpful data to improve patient care. The participants disclosed that by believing in themselves and being strong are substantial ingredients to win the battle on opioid dependence.

Forty percent (40%) of the respondents expressed that courage and motivation were the keys to a successful opioid withdrawal.

One participant claimed that,

> *“Uh, I mean, if they are committed to it and they are going to stick it out and do the whole withdrawal by themselves. Like, just stick it out! Because, I mean, once you get past that stage, like, it is worth it. It is worth it! But it is so hard for people to see past that point because you are so, so sick. You are so sick. I mean, there is nothing that I can really tell you that is going to ease those symptoms.”*

One participant disclosed:

> *“I would tell them that I understand what they are going through right now and I know it sucks but, you know, it is only temporary, the withdrawals are only temporary and it might take a week, it might take two weeks, but, you know, you have already started going through the withdrawals so you might as well see it to the end and finish it and be done with opiates Because, if you go back to using, you know…if you make it three or four days and then go back to opiates, you're going to have to do it again so, if you started it, you might as well see it to the end because my life in the last seven months has just gotten tremendously*

better. I have been paying off court fines, debts. My family actually wants to see me now instead of, you know, not wanting to see me. I got a good job. You know, I've got friends now that I can actually go hang out with, not just hang out with people that want to steal stuff and rob people and use drugs. So, I can go eat now, go to meetings and stuff like that."

Theme 6: The Price

The suffering from opioid withdrawal are lifelong memories that linger and affect lives. The participants may make or break their lives. However, one hundred percent of the respondents reported that going through cold turkey withdrawal positively affected them. Some of their responses were:

"I do not want to go there again, I know that. It was very depressing! I do not really think of that right now. I know what I been through and I don't want everyone has to go through it again. It's like a flu but worse than a flu! And if you will do anything not to catch it, you would do it. For me, I know the drug, the drug is something strong but at the same time, I know where it took me and I know how bad to get out of it. I do not want to go through that again."

"Probably positive now that I look back at it. Yeah. Because I just remember how miserable I was for a whole month. You know what I'm saying? It is like having the flu and diarrhea and cold and leg cramps for a whole month. It is miserable. Yeah. I don't want to go back to it."

"The good thing about it is like it was so bad it's like I don't ever want to go through that again. So, like, if I ever have the feelings to want to use or something like that, like it almost brings up that same thing. You know, like, I don't know. It was weird. You know how people do like the hypnosis and like every time you want to smoke a cigarette you will think of disgusting things and you will be disgusted. It is almost like that. Like I am associated with the withdrawal and my skin just start to almost crawl again."

The researcher went back to CADAS and presented the data to two participants to validate the study. Both of the participants read the results. One commented, "I like how you turned it into percentage that support our points. Love it." The other participant stated,

"I like it, I could tell it's a personalize stories, a lot of them are things that you don't normally hear, like taking hot shower, using heating pad, small exercises. People just say, take your medicine and lay down. I like its different opinion. Like people think short-term treatment is better than longer treatment. Some people think courage and motivation is the key to success."

Limitations of the Study

There were 10 participants who joined the study and they are all Caucasian Americans. The perspectives of other cultures and races would have strengthened this study. There were no data showing what educational attainment participants received to show whether a higher education would be helpful in motivating drug addicts in accessing medical intervention and counseling while undergoing opioid withdrawal. The study was done in a treatment and rehabilitation facility where participants are currently receiving medication-assisted treatment (M.A.T) along with counseling. The findings may be limited to this sample profile.

CHAPTER 5 - DISCUSSION AND RECOMMENDATIONS

Discussion

This chapter addresses the conclusion and recommendations based on the lived experiences of opioid addicts who experienced withdrawal symptoms from abruptly stopping the use of opioid drugs. Drug addicts are human beings created in the image of God. Thus, drug addicts are worthy of treatment for withdrawal symptoms and detoxification, so they could live healthy and quality lives.

This chapter unfolds the thematic structures and its implications for nursing practice, education, and research. Six themes emerged to describe the lived experiences of opioid withdrawal: (a) Increasing desires that are hard to resist (b) Helplessness and hopelessness (c) It works (d) M.A.T helps (e) Believe and be strong and (f) The price. The thematic structure of the lived experiences of the respondents is condensed into one distinct description: “Severe suffering that anyone would not want to experience nor think of it.” The respondents even mentioned that cold turkey event did not only affect the person’s physiologic aspects but also psychological view. Implications for clinical practice can be derived from each of the six themes. Specific

nursing interventions can be developed to avoid physiologic and psychological suffering from opioid withdrawal.

The first theme is "*increasing desires that are hard to resist."* One intervention can focus on appropriate prescriptions of narcotics for pain management and acknowledging that addiction is a disease of a brain that is characterized by compulsive drug seeking and use, despite harmful consequences (NIDA, 2016). A short-term opioid prescription in patients with acute pain should be reserved for cases in which non-opioid regimens are ineffective or contraindicated. For acute pain, the lowest effective dose of an immediate release opioid should be used, in a quantity to last no longer than the expected duration of severe pain. The recommended treatment duration ranges from three days or less to a maximum of 14 days. Patients are commonly prescribed 30 opioid pills for any amount of pain, whether they need them or not (Stock, 2016).

There are three principles to be used for pain management, (CDC, 2016). These principles include: 1) non-opioid therapy must be utilized for chronic pain except for cancer, palliative, and end of life care; 2) lowest possible effective dose should be used to decrease risk of opioid use disorder and overdose; and 3) clinicians should always exercise caution when prescribing opioids and should closely monitor patients (CDC, 2016). The CDC guidelines recommend caution in prescribing any opioid dose. If the dose is increased to 50 mg/day Morphine Equivalent Dose (MED) or higher the risk versus benefit must be reassessed. Guidelines recommend that doses higher than 80-120 mg/day MED (the exact threshold differs among guidelines) should be avoided, unless this achieves substantial improvement in pain and function, and is done in consultation with a pain specialist. The CDC guideline also recommends

providing overdose prevention education and dispensing naloxone to patients with opioid prescriptions totaling 50 mg/day MED or more (Stock, 2016).

Nurse Practitioners must be meticulous in prescribing narcotics. A thorough medical examination must be implemented to weigh the benefits over the risk in prescribing opioids. A complete review of systems along with attentive social and family history would be beneficial to obtain to prevent unjustifiable narcotic prescription.

As revealed in the second theme of "*helplessness and hopelessness*," patients experiencing cold turkey need help in relieving physiologic symptoms that can cause dehydration from nausea, vomiting, diarrhea, muscle aches chills, and seizure. Some of the novel therapies mentioned in the review of literature include the Meichenbaum Cognitive Behavioral Therapy (CBT) wherein patients utilize self-talk to change unwanted behavior. This therapy is associated with improved decision-making and emotional recognition. The CBT is also beneficial in alleviating neurocognitive dysfunction (Travakolian & Abolghasemi (2016). Tetrault & Fiellin (2012) found that the use of opioid agonists such as methadone, buprenorphine/naloxone, and LAAM; opioid antagonists such as oral and sustained release naltrexone; and investigational agents such as sustained release buprenorphine and heroine are useful in promoting opioid abstinence, increasing treatment retention, and in improving psychological functions. The use of a nerve stimulator is also effective in reducing withdrawal symptoms. (At the Bedside, n.d.). Mental health support along with the use of nursing therapeutic communication skills will help alleviate sufferings.

In the third theme, "*it works*," participants acknowledged that the utilization of simple and natural remedies are useful in alleviating withdrawal symptoms. Some of the participants

have tried hot and cold showers, physical exercise, listening to music, talking and laughing with a friend, and by being compassionate or focusing one's attention to the well-being of others. They found these modalities to be effective in temporarily relieving symptoms during withdrawal. Other remedies included drinking soups, broth, Pedialyte, and Gatorade, eating crackers, and taking Imodium for diarrhea and Zofran for nausea and vomiting. Withdrawing patients also necessitate psychological support, as patients experience anxiety, depression or ideation from committing suicide to end their sufferings.

The fourth theme, "*M.A.T helps*" is a declaration of the efficacy of the MAT. First and foremost, all providers must be educated about M.A.T. Opioid addicts in the Chattanooga area need to be referred to CADAS in Chattanooga, TN for education and treatment on addiction and detoxification, and for behavioral counseling. The Health care providers and counselors at CADAS are trained in providing education for the opioid patients and their families. All respondents disclosed that M.A.T helped them pass through the process of opioid withdrawal. Participants found rewarding the educational materials, resources available in the community, support groups, and other relevant information regarding evidenced-based treatment options in opioid withdrawal (SAMSHA, 2015.)

The fifth theme, "*Believe and be strong*" simply means that believing in oneself, self-motivation and faith to God are helpful ingredients in walking through the bridge of recovery. Furthermore, it is important to acknowledge that, patients need the loving support and understanding of the family and friends to get through challenges of opioid withdrawal.

The sixth and final theme is "*The price,"* indicates that despite the hardship and suffering from opioid withdrawal, respondents were able to recover and became better people through the

path of recovery. In this study, the cold turkey experiences were 100% perceived to be positively influencing their lives. The patients or family of withdrawing patients should be encouraged to contact accredited facility that offers treatment, rehabilitation, and prevention from relapse used of opioids.

Recommendations

Further Research

This study found that the participants were successful in undergoing through withdrawal through M.A.T. Further research is needed to examine the lived experiences of other populations that have limited access to M.A.T like inmates, who are currently incarcerated and have abruptly withdrawn from using opioids during detention. Research into the usage of CREATION Health principles is needed to discover if these simple and natural remedies are effective in addressing and managing opioid withdrawal symptoms. Lastly, a research in a different setting such as in mental health clinics or hospitals, pain management clinics, and primary care settings catered to different ethnicities to discover different responses of opioid withdrawal. It is relevant to know if the response of the participants to opioid withdrawal will be similar to those who have proper treatment of addiction. Expanding the demographic profile on research on to include a more diverse sample regarding ethnicity and education will help transferability of the findings.

Advanced Practice

Medical providers have to be very cautious in the treatment of pain and in dispensing narcotic drugs, in an effort to prevent opioid addictions. Additionally, medical providers and practitioners should not abruptly discontinue opioids among patients who have been using an opioid drug for a long period of time due to risks of withdrawal. Health care providers have to be educated in the use of MAT for treating opioid dependence. There is also a great need of referring opioid drug addicts to facilities such as CADAS to manage opioid withdrawal symptoms and to promote wellbeing and quality of life among opioid addicts undergoing the withdrawal process.

Nursing Education

The state of Tennessee ranks second highest in opioid drug prescriptions (CDC, 2016). Educators in nursing schools have to emphasize to their students the enormity of the health burden caused by opioid drug use. Patients who are dependent on opioid drugs need to be weaned from the use of the addictive drugs. An alternatives or complementary therapies should be offered to patients in decreasing pain, promoting wellbeing and quality of life among patients who are in pain. Detection and management of opioid withdrawal signs and symptoms are essential in nursing education. Nursing students have to possess knowledge and skills in nursing care and management of opioid withdrawal symptoms to offer comfort and ease suffering. Nursing students need to understand that abrupt withdrawal from opioids may cause various lethal consequences for the patients and sometimes may even cause death.

Conclusion

The lived experiences of the opioid drug addicts who have undergone withdrawal symptoms and are participating in rehabilitation and treatment at CADAS were explored in this

study. The participants expressed their views regarding the natural remedies and the medical treatments they used that were effective in reversing the effects of drug dependence. Participants believed that MAT is effective in preventive severe withdrawal symptoms and thereby increasing their quality of life. Although the drug addicts felt hopeless and worthless while going through the withdrawal process, yet they got their lives back through counseling, rehabilitation therapies and MAT, and have expressed that the price of this experience has helped them become better people.

References

American Addiction Centers. (n,d). Heroin withdrawal timeline, symptoms, and treatment. Retrieved from https://americanaddictioncenters.org/withdrawal-timelines-treatments/heroin/

ASAM (2011). Definition of addiction. *American Society of Addiction Medicine.* Retrieved from https://www.asam.org/quality-practice/definition-of-addiction

At the Bedside (n.d.). Nerve stimulator may ease opioid withdrawal symptoms. Retrieved from http://content.ebscohost.com/ContentServer.asp?

Brown, T.K. & Alper, K. (2018). Treatment of opioid use disorder with ibogaine: Detoxification and drug use outcomes. *Journal of Drug Alcohol Abuse, 44*(1), 24-36.

CADAS (2018). Cadas Rehab. Retrieved from http://www.cadas.org/

Centers for Disease Control and Prevention (2016). CDC guideline for prescribing opioids for chronic pain – *United States. Centers for Disease Control and Prevention, 65*(1), 1-49

Centers for Disease Control and Prevention (2016). Understanding the epidemic. Retrieved from https://www.cdc.gov/drugoverdose/epidemic/index.html

CREATION Health (2014). *God's eight principles for living life to the fullest seminar personal study guide.* Orlando, Fl: Florida Hospital Mission Development.

Daniulaityte, R., Carlson, R., Brigham, G, Cameron, D., Sheth, A. (2015). "Sub is a weird drug:" A web-based study of lay attitudes about use of buprenorphine to self-treat opioid withdrawal symptoms. *The American Journal on Addictions, 24*(1), 403-409.

Drug Enforcement Agency History (2013-2014). "Number of drug-poisoning deaths involving synthetic opioids: United States, 2013–2014." *Centers for Disease Control, National Center for Health Statistics.* Retrieved from https://www.dea.gov

Fletcher, H (2016). There are more opioid prescriptions than people in Tennessee. *The Tennessean*, 1-5. Retrieved from http://www.tennessean.com/story/news/health/2016/09/19/there-more-opioid-prescriptions-than-people-tennessee/90358404/

Friedman et al., (2012). ***).*** Medication-assisted treatment in criminal justice agencies affiliated with criminal justice-drug abuse treatment studies (CJ-DATS): Availability, barriers, and intentions. *Substance Abuse, 3*(1), 9-18.

Hara, S. (2008). Non-opioid drug for opioid withdrawal enters clinical trials. *Office of Policy, Planning, and Budget,* pages 1-2

Healthy People 2020 (n.d.). Substance abuse. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse

Kouyoumdjian, F. G., Calzavara, L. M., Kiefer, L., Main, C., & Bondy, S. J. (2014). Drug use prior to incarceration and associated socio-behavioural factors among males in a provincial correctional facility in Ontario, Canada. *Canadian Journal of Public Health*, *105*(3), e198-202.

Legal Action Center (2011). Legality of denying access to medication assisted treatment in the criminal justice system. Retrieved from http://lac.org/wp-content/uploads/2014/12/MAT_

Liu, Y., Bartlett, N., Li, L., Lv, X., Zhang, Y., & Zhou, W. (2012). Attitudes and knowledge about naloxone and overdose prevention among detained drug users in Ningbo, China. *Substance Abuse Treatment, Prevention, And Policy*, *7*

Maryland Addiction Recovery Center (2014). Understanding the "Disease model of addiction." Retrieved from: http://www.marylandaddictionrecovery.com/what-is-the-disease-model-of-addiction

Moghe, S. (2016). Opioid history: From "wonder drug" to abuse epidemic. *Cable News Network (CNN)* Retrieved from: https://www.cnn.com/2016/05/12/health/opioid-addiction-history/index.html

National Institute on Drug Abuse (2015). Retrieved from https://www.drugabuse.gov/news-events/news-releases/2015/07

National Institute on Drug Abuse (n.d). The science of drug abuse and addiction: The basics. Retrieved from https://www.drugabuse.gov/publications/media-guide/science-drug-abuse-addiction-basics

National Institute on Drug Abuse (2014). America's addiction to opioid: Heroin and prescription drug abuse. Retrieved from: https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse

National Public Radio (2007). Timeline: America's war on drugs. Retrieved from http://www.npr.org/templates/story/story.php?storyId=9252490

Oliveto, A. H., MAncino, M. J., Thostenson, J., Ingerman S., Day, S., & Kramer, T. L (2014). Acceptability of shamanic healing for treating psychostimulant dependence: A pilot survey. *Focus on Alternative and Complementary Therapies, 19*(1), 16-21.

National Survey on Drug Use and Health (2016). The opioid epidemic in numbers in 2016. Retrieved from https://www.hhs.gov/opioids/sites/default/files/2018-01/opioids-infographic.pdf

Polit, D. & Beck, C. (2012). *Nursing research generating and assessing evidence for nursing Practice (9th edition).* Philadelphia, PA: Wolters Kluwer Health.

Posadzki, P., Choi, J., Lee, M. S., & Ernst, E. (2014). Yoga for addictions: a systematic review of randomized clinical trials. *Focus On Alternative & Complementary Therapies*, *19*(1), 1-8. doi:10.1111/fct.12080.

Prescription Nation (2018). Facing America's Opioid Epidemic. Retrieved from https://www.nsc.org/home-safety/safety-topics/opioids/prescription-nation

Shosha, G. (n.d). Employment of Colaizzi's strategy in descriptive phenomenology: A reflection of a researcher. Retrieved from: https://eujournal.org/index.php/esj/article/viewFile/588/657

Stahl, S. M. (2013). *Stahl's essential psychopharmacology: Neuroscientific basis and practical application. (4thed.)*. New York: Cambridge University Press.

Stock, c. (2016). Opioid prescriptions: Balancing misuse or abuse with pain control. *The Rx Consultant, 25*(7) 1-10.

Healthy People (2014). Substance Abuse. *Healthy People.* Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse

Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). Medication and counseling treatment. Retrieved from https://www.samhsa.gov/medication- assisted-treatment/treatment#medications-used-in-mat

Szalavits, M. (2016). Why the 'Disease Model' fails to convince Americans that addiction is a health issue. Retrieved from: https://www.huffingtonpost.com/the-influence/why-the-disease-model-fails-addiction_b_9477564.html

Tavakolian, E., & Abolghasemi, A. (2016). Effects of cognitive restructuring training on neurocognitive functions in opioid addicts. *Archives of Psychiatry and Psychotherapy*, *18*(1), 14-21. doi:10.12740/APP/62157

The Sycamore Institute. (2017). The opioid epidemic in TN (3 of 3): *The Environment Prevention and Treatment*. Retrieved from: https://sycamoreinstitutetn.org.

TN Department of Health (2016). Deadly epidemic of substance use disorders continues to grow. Retrieved from https://www.tn.gov/health/news/2016/11/15/1451-tennesseans-die-from-drug-overdoses-in-2015.html

TN Department of Mental Health & Substance Abuse Services. (n.d). Medication assisted treatment. Retrieved from https://www.tn.gov/behavioral-health/substance-abuse-services/treatment---recovery/treatment---recovery/opioid-treatment-programs.html

U.S Government Publishing Office (2018). Electronic code of federal regulations. Retrieved from http://www.ecfr.gov/

Volkow, N. D. (2015). Brain disease model of addiction: Why is it so controversial? *The Lancet Psychiatry, 2*(8), 677-679. Retrieved from http://www.sciencedirect.com

Volkow, N.D. (2014). America's addiction to opioids: Heroin and prescription abuse. Retrieved from https://www.drugabuse.gov

Zhang, S. (2017). The one-paragraph letter from 1980 that fueled the opioid crisis. Retrieved from https://www.theatlantic.com/health/archive/2017/06/nejm-letter-opioids/528840/

APPENDICES

IRB Approval

COUNCIL FOR ALCOHOL AND DRUG ABUSE SERVICES, INC.

CADAS
COUNCIL FOR ALCOHOL & DRUG ABUSE SERVICES
With CADAS You Can

January 19, 2018

Southern Adventist University
Institutional Review Board

To Whom It May Concern,

CADAS has approved Eliza Mall to conduct research for her scholarly project for your university. She will be conducting a research study regarding opioid drug withdrawal. The study will include interviewing 10-15 clients for 15-20 minutes each. The study will run January through May 2018.

If you have any questions, please contact me at the number listed below.

Teressa L. Selby
HR Director

Transcribed Interviews

Patient 1:

The interview questions are the following:

1. Describe your addiction.

Patient: I am 29 years old, I grew up in Polk county which is a very small rural area in TN normal life, I have a pretty normal childhood. Moved down to Chattanooga about 9 years ago. Ans so, I Lived here ever since. I worked in a restaurant in the street, worked as a welder, a construction industry uhm, I don't know, that's pretty much about it.
My addiction is opioid,um I started using I guess hydrocodone, Percocets back then I was a teenager uhm, ..mostly, socially I guess you would say but it progress more than that, by the time I was in my early 20's and then I got to where I was switches doing roxicodone and Opanas and …started doing a lot of those, specially working in a constructions in the streets rampant with drugs all the time, uhm and working restaurant industry is the same. I went to culinary school and its all every where but when the pill mills started to shot down then where I got my pills started disappearing. People started pain management, people started kicked off pain management, things get more expensive It started to get more more, the pill I am using, the amount of 1 pill and I will use 4 pills at one time. I would spend $120 in one sitting, so having a several hundred dollars addiction to pills alone ending spending a thousand dollar I started using heroin because it was hell lot cheaper and a as addiction progress I was using it nasally, I guess and snorting it, I got to where I started smoking it and it got up to I was injecting it. I got up to using at least a half gram a day to gram a day sometimes more, depending when it was from.. I mean fentanyl stuff is a little bit stronger, you never knew what you gonna get. That is what basically my addiction went through. Using a lot of fentanyl and getting it from the street not from the doctors. A lot of heroin and fentanyl.

2. Describe your experience of cold turkey withdrawal.

Patient: It started September, If I don't use for 8 hours, I will start to get sick, but back in September I quit, kind of cold turkey. Kind of intervention ting of.
Did you self quit? My parents, they figured out how bad I was, they came down here and get me and I went to their house, I was pretty much lock in the room because they knew how bad I was! they want me to quit.They did not want me to leave. umh so, I was cold-turkey, no drugs, nothing at all for a good week before I got into CADAS and It was pretty horrible!! I was vomiting, uhm a lot of diarrhea, umm I could not eat. I mean I have zero appetite, if I tried to eat, it would stay down for a little bit while but stomach cramps., stomach cramp were one of the worse.
Did they lock you up?

They did not lock me up. They did not necessary lock me up. I can leave if I want to but I do not have phone to call dealer. I wanted to get out of it, I did not know how to get out. But at the same time. My body was telling me that "No, you do not want to get out of this. It was an angel and devil type thing.

3. What are the things that you found helpful in dealing with your withdrawal symptoms?

   (e.g cold shower, talking, walking, prayer)

   Patient: Taking shower was definitely that would help out, luke warm not hot, heating pad for my stomach, when I was having stomach cramps, just having a heating pad, a lot of Imodium, lots of the Imodium. A good 30 minutes in a shower helped me feels better. In a day probably, I took 3-4 shower whenever I have cold sweats, you can't regulate your body temperatures, it's hard. In a minute, you are really, really hot and so in few minutes you started freezing, started to get cover started sweating. It is just your body cannot regulate its body temperature at all! It's impossible going to hot to cold, it's pretty much like a nightmare! I did not sleep, I probably slept like 2 hours here, two hour there. I mean I did not get 6-8 hour of sleep over a 48 hours period. Two days after that, I will still have diarrhea, still did not have appetite, I mean, the stomach cramps went away after probably 3-4 days, probably 3 days. But,… I don't know I bet it's a different way if you take the one with different half-life but in heroin.
   I didn't have many friends, I got to where I pretty much I isolated myself when that happened. I will go see the dealers and went home. My GF she is been with me for 10 years, I did not speak to her, I cut it off she was the one that told my parents to help me clean and put me on rehab. Heating pads I placed it on my stomach as the cramps start fade away. Like stomach as sharp, I ate Broth cubes, soup here and there. Salt and cracker, its worse than having a flu, I know that… Gatorate help, just keeping dehydrated pedialytes, like babies keeping from not being dehydrate.

4. What would you recommend to the doctors and nurses caring for

   those who are withdrawing?

Patient: In general, I would recommend to be, be compassionate. I know it's hard to be in withdrawal. I knew how to take symptoms go away. I won't be sick anymore, the mind plays a trick on you. Your body needs it but you don't need it! If there is anything else you can do, just be compassionate. Because even though we are drug addicts, we are still people!

5. What advice would you give to other that have to undergo cold turkey

   withdrawal?

Patient: Use the heating pad, shower, try to listen to music. Not just something busy, something calm. Just to calm minds. I listened to blue grass but definitely not loud and busy. Just something calming and soothing. Make your mind busy. Like I listen to podcast, just something to take your mind off. If you have something in your ear, listening it takes your minds off at least.

6. How will this experience affect you?

Patient: I do not want to go there again, I know that. It was very depressing! I do not really think of that right now. I know what I been through and I don't everyone has to go through it again. Its like a flu but worse than a flu! And if you will do anything not to catch it, you would do it. For me I know the drug, the drug is something strong but at the same time, I know where it took me and I know how bad to get out of it. I do not want to go through that again. So, it's kind of a motivator, pain is a motivator sometimes. I have experienced it once in my life only. I went semi cold turkey couple of times but did not last me for couple a day. Because you get sick right away. So you just go ahead get it!. The sickness is the one that drives you to continuously use it because you do not want to be sick. Once you get through with it, through with the hard part, you do not want to go that! I want people to realized, once you don't feel sick any more, there is no reason to go back anymore!
Oh, I definitely never want to go back to that again. When I was using and trying to quit cold turkey, I was definitely miserable at the time. I did not even care about nothing. I didn't want to work, I didn't want to get out of the bed. I got tired of living like that. That is what made me want to quit.

Patient 2:

QUESTION 1: Describe your addiction in the past.
Mall: Would you describe to me your experiences on addiction in the past?

Patient: Yes, ma'am. I will state a little bit about, I guess, where it took me. I was addicted for quite a while several years and then, when I started using Roxy's or heroin in IV form, that was really all I cared about. I did not care about my family, my son. I could not keep a job. I couldn't have no relationships. I didn't care about, I mean, nothing except getting that next fix. I would use about every hour or two IV injection. That went on for several years. Actually, I had two overdoses within like two months and I still did not want to change. I kept on using. I lost my sister to this disease and kept on using. Then when I finally did hit rock bottom, I came to treatment. I have been about four times for different addictions but this last time it was for the Roxy's and heroin. That was when I was ready to change and that was when I was introduced to the MAT Program.

QUESTION 2: Describe your experience of cold turkey withdrawal.

Patient: The last time I did quit cold turkey. I was not in addiction with this specific drug as much but, this time, when I have, and I got on Suboxone after, that is what has really helped me technically. Yes, I have experienced not having that several times. Yes, ma'am.

Mall: What were your symptoms?

Patient: Well, when you are withdrawing from that, you feel like you just want to die. You will have hot and cold flashes with burning up one minute, completely sweating at the same time. You will be sick, you will have diarrhea. You will just be lying in bed with restless body just wanting that and that is all you will think about while you are laying there.

Mall: Have you tried any medications? Anything that helped you during that time?

Patient: The only thing that really has helped was the Suboxone. I would try smoking marijuana which really did nothing with it and nothing really except what I am taking now.

Mall: So, how many days have you experienced the cold turkey?

Patient: The longest I did go would be not long until I found something, because I could not take it.

Mall: How long?

Patient: Maybe a day.

Mall: So, you have not experienced severe diarrhea?

Patient: No, actually if you do not use when you are using every hour, if you do not use for a couple of hours, you will actually feel it.

Mall: Like eight hours? Six hours?

Patient: I had to use every two hours at the most. If not, I would start feeling withdrawal. QUESTION 3: What are the things that you found helpful in dealing with your withdrawal symptoms? (e.g. cold shower, talking, walking prayer).

Mall: Now, what were the things that helped you?

Patient: Yes, ma'am. Actually, that does help a little bit, a real hot shower and turn it to cold. It will help a little bit but then, when you get out of the shower and lay back down, it is the same thing.

Patient: Then it would be just like it was.

Mall: Did you try to exercise?

Patient: No. You don't feel like it. You just want to lay in bed while you are shaking and the cold chills, but you are sweating.

Mall: Talking to friends and family members?

Patient: You don't really feel like doing anything.

Mall: You want to be alone? You want to separate yourself?

Patient: You just want to isolate and you think about your drug your whole time and wanting to feel better.

Mall: What were you thinking then? Were you thinking of how you want to stop that stimulus?

Patient: Yeah. You do anything to not feel like that.

QUESTION 4: What would you recommend to the doctors and nurses caring for those who are withdrawing?

Mall: Okay. Then, what would you recommend to the doctors, nurses, counselors caring for those who are withdrawing? If you are to give your own words through your experiences, what would you recommend to them, to the medical field.

Patient: I know people have different ideas but the Suboxone is what I have took and that is what has helped me safely save my life. I know there is different stuff out there. There is methadone and the Subutex but I have never experienced that. I have just had the Suboxone and that is what has actually worked for me.

Mall: How long have you been in the treatment.

Patient: This time? I have actually got a little over six months now and that is the longest I have ever had.

Mall: What were you using before you used different medications to help you?
Patient: When I came into treatment, that is what I was using before I came in, was Roxy's and heroin, and then I got into this program on Suboxone and that is all I have been on since.

QUESTION 5: What advice would you give to others that have undergone cold turkey withdrawal?

Mall: What advice would you give to others that have undergone cold turkey?

Patient: I guess just try to stay active and not lay in bed, I mean, the best you can, and showers and drink a lot of fluids would be, I guess, the best way I could think of if you ain't going to be on Suboxone because cold turkey is just really, I mean, you can do it. Go to meetings and just try to stay busy and active.

Patient: Yes. Because when I was trying it, I was just laying but when you get up and move around, I guess that would help a little bit if you can feel like doing it, and try to eat, drink fluids.

Mall: Any specific food?

Patient: I guess just anything you would be able to keep down because you will be throwing up and have diarrhea and all of that stuff is pretty rough.

QUESTION 6: How has this experience affected you?

Mall: How has this experience affected you? Positive, negative?

Mall: After the cold turkey. How these experiences affected you?

Patient: Oh, I definitely never want to go back to that again. When I was using and trying to quit cold turkey, I was definitely miserable at the time. I did not even care about nothing. I didn't want to work, I didn't want to get out of the bed. I got tired of living like that. That is what made me want to quit.

Patient: Yes, ma'am. My life was completely unmanageable in every area. Like, family-wife, I didn't never talk to nobody unless I was just going to ask them for money. I didn't really care at the time to spend time with my son. Now I have actually most of those relationships back. I am actually a son to my parents, I talk to them, we talk now. I actually like spending time with my son. I go to work and can actually work a whole shift without having to go to the bathroom every hour and using. So, it has changed my life quite a bit now compared to what it was.

Mall: So, you don't think of using again, going back to addiction, because of the experience or because of the real power to straighten your life?

Patient: Yes, ma'am. Life was just, I just hit rock bottom where I didn't want to live like that no more. I mean, it was a lot living life. I was, I guess, surviving if you will, and now I actually wake up. I am happy, I like doing stuff, I like working where before I was just miserable. I did not care what was going on. I just didn't care about nothing except using at the time.

Mall: Did you pray before?

Patient: Yeah. I am actually always in Christian…

Mall: Like the time that you had experience from this?

Patient: Yeah. I do have a really good relationship with my higher power now. But then, when I was using, I really didn't talk to him that much.

Mall: You have become connected.

Patient 2: Pray maybe to get this drug, or hopefully they had this or some crazy, but, yeah, now I have a really good relationship with my higher power.

Mall: So, the prayer helped you, I mean, as a positive thing, but you never thought of praying when you were on this experience, right?

Patient: Yeah. I was usually just wanting, either looking, searching or finding a way to get more to use.

Mall: What do you think would be your contribution to the others that, you know, advise that you can give to other people that experience this. Will you say keep with the family, go be with friends that really help you.

Patient: Yeah. Don't isolate yourself because then you will be in your head and that is not a very good place for an addict to be, not being alone. Because if I can do it, I mean anybody else can because I was really bad. Your family will be there for you. Your God will always be there for you to pray to. AA meetings are a big thing to go to that helped me a lot. The twelve steps are a big thing. A sponsor is a big thing. I mean, you will get through it. It will take a few days but, if you want to change your life, then that is what you will have to go through, I guess.

Mall: That is good. You helped, very informative statement and data. Thank you so much and I appreciate your contribution in this research.

Patient: Okay.

Patient 3:

QUESTION 1: Describe your addiction in the past.
Mall: You don't have to tell me your name. Would you tell me about yourself?

Patient: Okay. Since I was 18 and I will be 29 this year. So, it has been a total of about 10 years.

Mall: Would you describe your addiction in the past?

Patient: Ah, it started off just, I would use low opioids, I would use like hydros. Ah, and it was like every once in a while and then it just progressed and, as more as it progressed, the dosage would progress. In the past two years, it was Opana. So, it went from basically little tic tacs to huge dosage and it would be like, and my tolerance would build up so fast that I would want more and more and more. So, yeah.

Mall: Were you getting them from the street?

Patient: Ah, yes. And then, after I had my son, I was prescribed Percocet because I had complications with my C-section. So, they gave them to me and I was clean for like the whole time I was pregnant and then, after that, it was just, that's when it really kicked in and it went fast. Like, I went…I'm not making any sense. It picked up speed. My addiction picked up speed and I didn't realize that I was…

Mall: Going beyond.

Patient: Yeah.

Mall: did you experience having this cold turkey withdrawal?

Patient: Yes. There has been a…the worst was when I was on Opana and I had to completely stop because the person I was dating at the time had a prescription for them, so he was giving them to me every day and when he ran out, I ran out, and it was pure hell, pure hell. I would…Do you want to know what…

Patient: I would sweat. It felt like I had the flu. Ah, my body ached. I didn't have vomiting but I had diarrhea. I just didn't feel like moving and, like, for the three or four days that I was in that physical side of it, after that I was not out of the ballpark. I was emotionally…I was wanting more and more and more of it and that is all I could think about. It's like it had an imprint on my brain, really.

Mall: Uh, huh. And this is because your boyfriend had no supply anymore?

Patient: No. He had a supply but he had his count to go back to the doctor and I couldn't touch those. So, he wasn't taking them, I was taking…he was giving them to me.

QUESTION 2: Describe your experience of cold turkey withdrawal.
Mall: You have access if you want to, but you did not get it from somebody else, right? So, the cold turkey was out, I mean, like you could have supply probably?

Patient: Yeah. I could buy.

Mall: But you didn't?

Patient: No.

Mall: Okay. And the reason why you didn't try to?

Patient: Ah, a couple of times, that was one instance I quit cold turkey for a little while and then I moved back home with my parents and I wanted to quit. So I just quit cold turkey on that aspect too. And, when I moved back, it has been a couple of times that I quit cold turkey, and I wanted to quit but then I would substitute it with smoking weed or drinking because the withdrawals were so bad.

Mall: Uh-huh. Now, during the time…I mean, I'm sorry, would you say, how many the longest cold turkey days that you experienced, would you say? Three days? Four days?

Patient: Three or four days that I just quit?

Patient: And then I would start back up? Actually, it was about, the longest time I would go would be about three months and then I would…

Mall: Why?

Patient: Because I wanted to stop. I'd had enough of it. I wanted to stop. But then it got so bad to where it, it lessened. That was the longest time, that was the first time, was about three months. And then it would go from a month and then to two weeks and then to a week and then to a day. So, it progressed.

QUESTION 3: What are the things that you found helpful in dealing with your withdrawal symptoms? (e.g. cold shower, talking, walking, prayer).
Mall: Okay. So, what are the things that you found helpful in dealing with your withdrawal symptoms?

Patient: Ah, actually just substituting one drug for another really. I would smoke marijuana and that would seem to help ease the, and not just the physical part, but the mental part too.

Mall: Now, have you tried any, like shower, prayer, talking to the friends, listening to music? Have you tried any of those?

Patient: I tried. Yeah. But it was just like it consumed everything. I couldn't take my mind off of it. I wouldn't even get up and take a shower. Yeah, that's another thing too. I wouldn't get up and bathe or do anything. I would literally just lay around because I didn't feel like doing anything at all until the physical withdrawals stopped. Maybe I might get up and go take a shower after that stopped.

Patient: I didn't start seeking help until last year, in April, and that is the first time I went to treatment and then they gave me Subutex, which that helped but I was still in a controlled environment. So, other than that, I have never went to like a methadone clinic or Suboxone doctor or anything. And I would even use Suboxone. I would buy it if I knew that I wasn't going to have any, like Opana, for the week, or anything. If I didn't have enough money, I would go and buy Suboxone and that's why I am not on Suboxone now because it still changes my mood. It is still not, to me it is not conducive.

QUESTION 4: What would you recommend to the doctors and nurses caring for those who are withdrawing?
Mall: Uh-huh. Now, if you are to advise or if you are to recommend something to the doctors, nurses, counselor, what do you think it would be to help you at the time of your withdrawal?

Patient: Uh, honestly, if it is monitored, I do think, of course, I am not really like really in depth with what else could help as far as medicine-wise, but, I mean, it helped me. As long as it is controlled, I think the Subutex helps, as long as it is being monitored and is being given in the right way. But, ah, letting somebody sleep it off, that would be, that's good too, and letting them listen to music, that does help.

Mall: Do you have specific music that you think will be helpful? Or the music that whatever…

Patient: Just the music I like helps me take my mind off of it. But then, again, the music has that contrast to where it might trigger somebody to where they want to still use and not, you know what I mean? It brings back memories or using or it makes them want to go use or, you know. I don't know. I never really thought about that.

Mall: Yeah. Because sometimes they say, you know, it depends on their interests. They say, even if they like rap music and, during the withdrawal they listened to rock, their mind is like rocking.

Patient: See, I listen to rock music but, when I'm sick or whatever, ah, I listen to more like ballad, you know, rock songs. Not the really, you know what I mean?

QUESTION 5: What advice would you give to others that have undergone cold turkey withdrawal?
Mall: Now, what advice would you give to others that have undergone cold turkey withdrawal?

Patient: What advice? Just, I guess, just keep you head up and keep going. Because, if you really want to stop, I mean, it sucks! and you know it sucks. Anybody who has gone without knows it sucks. That's a tough one. I would just say stay…It depends on whether they are really wanting to stop or not. I mean, you're either done or you're not done.

Mall: after experiencing some cold turkey that you had, were you motivated to stop?

Patient: I was motivated, yeah. But I didn't have counseling to go along with that. Ah, I needed counseling and I needed…

Patient: Counseling helps. Yeah. That's, yeah. Counseling helps. Twelve-step meetings help.

Patient: Twelve-step. Yeah, twelve-step meetings help. Like, counseling, a big part of it helps because you are dealing with an underlying issue there. It is not just, you know what I mean?

Patient: There is something…

Mall: More than that.

Patient: Yeah. There is something more than that. So, I mean, anymore outside help, because I think the more help you have from other people, an accepting ear, I guess you could say, that helps a lot because you feel alone, especially when you are going through all of that.

Mall: You feel alone?

Patient: Yeah. You feel very alone.

QUESTION 6: How has this experience affected you?
Mall: Now, these experiences you have experienced, how has this affected you? How did it affect you?

Patient: Uh, in a positive standpoint, I am not, I know that I can persevere through things instead of just, you know, laying down and taking it. You know what I mean? Because I know that I can be motivated and got through with it. But then, on the under scale of it, when I go back and use again, it makes me feel like I am weak. You know what I mean? But I think…

Mall: Let's go on the positive, you said you were motivated? The bad part of this experience of cold turkey, how did it affect you, negative side, or would you say it is more a positive?

Patient: Well, it is more positive because, you know, it shows, because how I perceive myself is totally different from how other people perceive me and so I just, I don't think that I am that perseverant sometimes but then, when I look back and see what I've done, like especially that, that's a big motivator. Because if, especially going through that, it's hell. It really is and to push through it and to have three months clean with counselor…

Mall: You feel proud of yourself?

Patient: Yeah, yeah. You do.

Mall: You should.

Patient: Yeah. You do. Yeah.

Mall: That's an achievement. I mean, like yourself versus yourself.

Patient: Yeah.

Mall: We are proud of you too. Is there anything else that you want to share to us?

Patient: Not that I can think of. Ask for help.

Mall: Ask for help?

Patient: Ask for help, yeah.

Mall: Like with…

Patient: Like if…

Mall: I think the issue is like, when will they realize that they need help, that they will ask for help?

Patient: There's something inside you when…because for the longest time I didn't think I had a problem. And then…

Mall: You feel it was normal?

Patient: Yeah. And, because of that underlying, that concurring thing that's underlying in there, you feel like you need to mask everything and so, like, ah, I don't know. I just, I realized this is not normal, this is not right. I'm sick every day, like I can't think other than, and I had a kid, I can't think beyond what is going on in my brain. I have to have something, even to play with him. You know what I mean? That is a problem.

Mall: When you had cold turkey, you had a kid already or not?

Patient: Uh-huh, yeah.

Mall: Thinking about your kid, will that help you?

Patient: It did for a little while. It's one of those things where you have to, you have to fix this, fix you first. Because, even the outside indicators like your family, your kids or anything, that will only work for a little while. You know, that is only going to motivate you for a little bit but, at the

end of the day, if you are not doing it for yourself, there's…For me, I didn't have any self-love, so that was a problem. That kept me wanting to go back out and use again and I faced it. I just had enough. It is just one of those things where you reach a breaking point and you have enough.

Mall: Well, the good thing is, I am sure your kid is proud of you.

Patient: Yeah. He's six. He's good.

Mall: He's six? And you got only one?

Patient: Yeah. I only have one.

Mall: That's good, I think. Any other thing that you think would help other people when it comes to this?

Patient: Not that I can think of.
Mall: Memories of the loved ones?

Patient: Yeah.

Mall: Sometimes?

Patient: Yeah. Sometimes that helps.

Mall: Well, thank you so much for your time and I appreciate you.

Patient 4:

Mall: So, basically what I am going to do, I am going to ask you a couple of questions. Now, you have used opioids in the past, correct?

Patient: Yeah.

Mall: And when was the last time you have used?

Patient: Ah, July 15, 2017.

QUESTION 1: Describe your addiction in the past.
Mall: Ok. Would you tell me about yourself or about your past addiction?

Patient: Ah, yeah. I am 24 now. I started using when I was 20 maybe. Twenty. I mean, I started with Roxy's. I started with pills and then I just moved up to heroin. I smoked it. Yeah.

Mall: Have you used I.V. drug?

Patient: No. I never shot up.

Mall: A good thing.

Patient: Yeah. I never shot up. I always smoked it.

Mall: Where do you get this? Was there any medical necessity for you to use opioid or you just…

Patient: No. I just bought it all off the street.

Mall: Okay. From the street. Nothing from the doctors or anything like that?

Patient: No, I never.

QUESTION 2: Describe your experience with cold turkey withdrawal.
Mall: Now, have you experienced cold turkey withdrawal?

Patient: Yeah.

Mall: How long ago was that?

Patient: How long ago? Umm, maybe like eight months ago.

Mall: Was it the first time?

Patient: No. No. I mean, what do you want to know? Do you want me to describe it?

Mall: Yeah. You can describe that and where were you, at home?

Patient: Yeah. I was at home. There is nothing you can really do to help it at all. You can try to sit in the bathtub and that might help for five minutes, maybe, but nothing really helps. I mean, it feels like your skin is crawling, you're sweating but you're cold. You've got chills. My legs would get really restless. I couldn't sit still. But, ah, it hurt to move. I couldn't really move. You wanted to move your legs but, like, your joints hurt. My knees would always hurt really bad. I don't know if that is common with everybody. My knees hurt so bad.

Mall: So, have you experienced this vomiting, diarrhea, pains? All of this?

Patient: Yeah.

Mall: What makes it different from others? If you remember. Like the thing that you cannot forget. Was it the vomiting or the joint pains?

Patient: No. It wasn't really the vomiting. I mean, that sucked. Don't get me wrong. That was horrible. But really for me it was just lying in bed and just sweating. Sweating but being cold at the same time and just lying there just miserable and just like trying to sleep but you couldn't sleep. You're exhausted.

Mall: How long did you experience that?

Patient: Not wanting to wake up.

Mall: Not wanting to wake up?

Patient: Yeah, just like not wanting to wake up because you knew it wasn't going to end. You are going to wake up feeling the same way. Like, that is the part that I won't forget. Like I can…The vomiting sucks but like that is what I hold onto.

Mall: How long have you had that? How long did you experience this?

Patient: Well, I mean, I would go through it for…it will probably last like a week. The first like three days would be the worst and then it would subside a little bit but you will still feel it. You would still have sweats, you would still be cold. Your body would still hurt. So, like it probably would last like a week. I never lasted that long. I would always go and use to make it stop. But, I mean, I am assuming cold turkey it might last like a week. I don't know. I have never made it that long.

Mall: Uh-huh. Because you always…

Patient: I would always just go.

Mall: So, I mean, you wanted to get rid of your addiction. Is that what you wanted to do?

Patient: Uh-huh. Yeah.

QUESTION 3: What are the things that you found helpful in dealing with your withdrawal symptoms? (e.g., cold shower, talking, walking, prayer)
Mall: You succeeded, huh? So, with all of these symptoms that you experienced, all those times, what do you think has helped you? Did you try like cold pack, hot pack, talking to friends, cell phone, prayer, exercise? What helped you?

Patient: What helped me get past my addiction or what helped me through withdrawals?

Mall: Withdrawals.

Patient: Nothing helps through withdrawals.

Mall: What are the things that you tried?

Patient: Take a bath.

Mall: What, I mean, what, I mean, like, did you use hot water, cold?

Patient: Yeah. I would make it as hot as I could. I mean, yeah, it might help for a little bit. It might help, you know, your joint pain. It might help you, like, your body relax, but it is just a temporary fix and not a very long temporary fix, either. Ah, like nothing helps. You can talk to somebody. You're not going to want to talk to anybody. You don't want to talk to anybody when you feel like that but that is not going to help. It is not going to make you feel any better physically. Like, nothing helps. Nothing. Except for, you know, like either using again will make you physically feel better or like the medication that they give you in detox to come off of it. That will make you feel not as terrible.

Mall: Now, like that medication that they give for detox, the Suboxone and methadone? Is that what you mean?

Patient: Yeah. Suboxone, Subutex. Not methadone. I do not support methadone.

Mall: That is what they said.

Patient: It is not good.

QUESTION 4: What would you recommend to the doctors and nurses caring for those who are withdrawing?
Mall: Okay. So nothing helped you. Now, what would you recommend to the doctors, nurses, psychologists and psychiatrists to help, you know, if you see them right now. How would you, I mean, like, what would you tell them. Like, would you advise them like, hey, the next time you see someone like this, you do this, that would help the patient. Is there anything that you would say?

Patient: Uh.

Mall: Encourage them to go Suboxone or, you know?

Patient: I support Suboxone as far as like detoxing and like, I know, I am in a class where you are on Suboxone. It is a Suboxone-based class. But like I am not on the Suboxone. I chose to get Vivitrol because, like, Suboxone is great for detoxing and detoxing only like. But I don't agree

continuing the Suboxone after they have already detoxed. Like, put them on the Suboxone for like four days, five days if they are really, really sick, and just like cut it off. I don't agree with being on it continuously. Because then you are just going to be that much more dependent on something else and then, when you come off the Suboxone, you are going to withdraw just like you did when you were doing your opioids or you are doing you heroin. It is going to be just as bad. So, like, put them on it to detox and then, like every day, like gradually give them less.

Mall: Taper them down?

Patient: Yeah. Taper them down off of it and it will be okay. Like, it will be okay. Like, that is what I did. I went into CADAS and they gave me the Suboxone and, like each day, I got less and then, after that, like, I was okay. I didn't detox off the Suboxone. I was not sick from the Suboxone when they cut me off of it. Like, I was okay. You know, and that helped so much because it got me through the worst part of it and then, like, I was able to move forward after that. I feel like if you just stay on Suboxone, like you just kind of stay in the same place. Like you are still kind of dependent on something else every day.

Mall: That it is just a different one?

Patient: It is just a different drug. That's all, it is a legal drug.

QUESTION 5: What advice would you give to others that have undergone cold turkey withdrawal?
Mall: Okay. So, what advice would you give to others that have undergone cold turkey withdrawal? This earlier was the doctors, so now, for other patients, individual, that is undergoing withdrawal, what advice can you give them?

Patient: Uh, I mean, if they are committed to it and they are going to stick it out and do the whole withdrawal by themselves. Like, just stick it out. Because, I mean, once you get past that stage, like, it is worth it. It is worth it. But it is so hard for people to see past that point because you are so, so sick. You are so sick. I mean, there is nothing that I can really tell you that is going to ease those symptoms. Like, you can take Pepto to maybe ease your stomach cramps and you can take ibuprofen to make your joints feel better, but like, you are still going to feel shitty. You are going to feel bad. That is just part of it. Like, that is just part of it. You are going to feel bad but sticking it out is so worth it. It is so worth it, you know, like.

Mall: You get your life back?

Patient: Yeah.

QUESTION 6: How has this experience affected you?
Mall: Now, this is my last questions. That experience that you mentioned to me, how has that affected you, positive and negative side? Positive, how did that experience cold turkey affect you?

Patient: Positively? It's like that is what grounds me. Like, if I ever think about using, you know, that's where I go back to. It is just like not really caring if I wake up the next day. Like, not necessarily wanting to die but like, if I didn't wake up, I would be okay with that. Like, because that is where it took me. So, like, that is positive for me because that keeps me from going back, like remembering where I came from. It keeps me from going back. I mean, negatively, it feels really shitty in that moment but, like, that is what got me to where I am today, is having to go through that and feeling that terrible. So, I wouldn't say anything negative, really.

Mall: Yeah?

Patient: Like, it sucks in that moment but…

Mall: You are here.

Patient: Yeah. You get through it.

Mall: Well, thank you so much. You guys have wonderful information to share. I am telling you, these are really helpful. Every one of you has a different story and I am picking up different things that applied to other one and another one, you know. But most of you have used those experiences to be a better person.

Patient: Yeah.

Mall: And I think that is the end-point of it. Thank you so much.

Patient 5:

Mall: So, what I am going to do is ask you a couple of questions and share your experiences with us so we can help others, just need information, whatever helps you during the procedure. Okay?

QUESTION 1: Describe your addiction in the past.
Mall: Now, would you tell me about yourself and your past addictions?

Patient: Ah, let's see. I guess I started drinking…Do you need like from the very beginning?
…
Patient: Yeah. I just started drinking and I moved on to, you know, just partying with some people and smoked some weed and just kind of getting mixed with some things. My father had got some surgery for whatever he had and he had some Vicodin and stuff, so I just tried what those felt like and I really enjoyed how they made me feel. Then I quit all of that for a little bit and didn't really worry about it, because I didn't need them anymore. So I would move on and then I tried OxyContin and then I find that so I went on to heroin. Just trying different things. It was never…it was really just to feel good. It was not really to help anything.

Mall: No medical?

Patient: Yeah. It was for no medical.

Mall: Now, you said you are getting the medication from your dad but the rest, are you getting it from the street?

Patient: Yes. It was from friends or just people that had it. Coworkers, stuff like that.

QUESTION 2: Describe your experience of cold turkey withdrawal.
Mall: Okay. Now, describe to me your experience of cold turkey withdrawal. How many times have you run from opioid?

Patient: I would say probably, maybe 10 times, just in terms of having those symptoms. I wouldn't say clearly detoxing. I would have those symptoms probably 10 times, I mean. They wouldn't get…I wouldn't make them get that out of hand. It would start off and you would feel it, you know, with the runny nose and all of that in the beginning but then you would try to find something to get rid of those withdrawals.

Mall: And how long before you experienced this withdrawal? The symptoms of that. It is coming, so I got to…

Patient: Probably, I am trying to think, a good hour frame after, maybe, towards the end, maybe four hours after your last dose, if I had to think, maybe.
Mall: So, you must be doing a lot?

Patient: I was doing a lot of it. Yeah.

Mall: Four hours. So, when is the, I mean, how did you…

Patient: You kind of start feeling achy and kind of a runny nose.

Mall: Yeah. So, how did you get this cold turkey? Were you at home? What happened? Were you, what happened, why did you not get it, you wanted to get out of it?

Patient: Right. Yeah, I was just…I didn't have any extra drugs or I didn't have, you know, I wasn't in a position where I could afford it or whatever. I would have to start finding something. I would be looking on the phone as soon as I would start kind of feeling bad, that is when I would start looking for something to not feel bad anymore. If that makes sense.

Mall: Okay. Looking for something, you know…

Patient: Such as a drug, a heroin.

Mall: Drugs?

Patient: Yeah.

Mall: Okay. So, how did you, I mean, like, obviously you had cold turkey withdrawal. How did it happen? Like, you know, did you have a full-blown cold turkey or just this mini withdrawal thing?

Patient: Well, at the very end when I did finally go cold, I think where I am getting the word withdrawal and cold turkey confused. I guess, the whole cold turkey…

Mall: Like you said, you know, you feel these symptoms and you used right away.

Patient: I would try to get rid of the cold turkey symptoms. I think I am thinking of withdrawal symptoms.

Mall: Yes.

Patient: Okay. I went through withdrawal several times. Cold turkey, I just tried the one time.

Mall: Okay.

Patient: And, that was at the very end. That's when I finally decided, that was me waiting for a bed to get opened at CADAS. So, I was just trying to find any way to get rid of those symptoms. This was when I was in full withdrawal symptoms and the runny nose and everything was full force. You know, I was shaking, couldn't get comfortable and all of that. I think that is what you are asking.

Mall: Uh-huh.

Patient: And I couldn't, I was in my room and I didn't have any access to any drugs to get rid of those symptoms. So, I mean it was just a…I felt like my mind…It was more of a mind thing than anything. I could almost deal with the physical aspects but the mind was the thing that tore me up. I wanted anything to get out of what I was feeling. You know, I would just rather be dead sometimes than have to deal with that.

Mall: I heard that word. Yeah. Now, what symptoms, physically, have you experienced? I know you said runny nose, feeling nausea.

Patient: Yeah. Runny nose, nauseous, couldn't keep any food down. Yeah, always being nauseous. I never could get comfortable, always too hot or too cold. If I was laying down, I

always felt, you know, I was never comfortable. You know, just trying to lay down or whatever. Ah, everything hurt. I couldn't, trying to think what else because, I mean, it has been a little bit of time. I am trying to…I wish it was…

Mall: Yeah, just yesterday.

Patient: Yeah. I hate to say that.

Mall: How long ago was that?

Patient: This was probably five or six months ago.

QUESTION 3: What are the things that you found helpful in dealing with your withdrawal symptoms? (e.g. cold shower, talking, walking, prayer).
Mall: Oh yeah. Now, did you do something to help you in that time?

Patient: I had no option. I finally ended up coming into CADAS and taking some Suboxone and that ended up helping very much.

Mall: Did you try before that? Did you try any, like, getting busy with your phone, talking to someone?

Patient: Yeah. I tried keeping my mind busy watching videos and stuff on you tube or playing a game or something and that really never…I could not concentrate enough on that. I was concentrating on everything that was happening to me at the time. It was almost like a bad trip or something that I couldn't wake up from.

Mall: So the playing games, were you on playing games?

Patient: Yeah, yeah. I just tried to do anything to keep my mind off that horrible situation.

Mall: Did that help you?

Patient: Maybe for a couple of minutes, maybe just for the time being, maybe for 5 or 10 minutes and then, I mean, I couldn't keep a concentrate.
Mall: Did you try to reach out to other friends, family members, like, talking to them, even…

Patient: Other than to try to get drugs, no. No, just anything to get that to go away.

Mall: Yeah. Like physical activity?

Patient: Physical activity. I don't think I was in a condition to do any activity. I just wanted to curl up and die.

QUESTION 4: What would you recommend to the doctors and nurses caring for those who are withdrawing?
Mall: Yeah. I heard of that before. Now, what would you recommend to the doctors, nurses, counselors that, you know, taking care of this kind…

Patient: Well, they did give me a clonidine patch. I did go to the emergency room because I knew what was coming. I was also a benzo addict so I took benzos as well. And they gave me a clonidine patch. They would not give me any Suboxone or anything. I wish there was like a way they could dose just for the day, the doctor could do that, because that is all that I really needed, was just a way to get rid of the kind of withdrawal symptom.

Mall: Clonidine patch?

Patient: Yeah, that helped. I mean, it would help get rid of some of the, what's the word, the baseline or kind of threshold pain or whatever.

Mall: How long did you use the clonidine?

Patient: I had it on for seven days and it kind of helped a little bit. It kind of just helped with some of the symptoms.

Mall: So daily you removed it?

Patient: Well, I just kept it on for seven days. They just put it on.

Mall: One patch for seven days?

Patient: Yeah. Uh-huh. But it is definitely not an end-all, be-all. It helped. But, of course, it doesn't help with the mind and, you know. It helps with some of the body pains and stuff.

QUESTION 5: What advice would you give to others that have undergone cold turkey withdrawal?
Mall: Uh-huh. Now, what advice would you give to others who have undergone cold turkey withdrawal? What would you recommend or give them advice
Patient: Try to get into a detox programs soon as possible.

Mall: So, I think we need to…the thing I notice is not everybody knows there is help or there is something like this, right?

Patient: Yeah. I mean, it is just going to be a continuous cycle of looking for something, using it, getting sick, trying to look for something else to get rid of the sickness. It is just like an ongoing…

Mall: Ongoing. They didn't know that there is help.

Patient: Yeah.

Mall: How did you know? How did you find out?

Patient: My parents tried everything they could to get me into a program but the wait leading up to a bed, waiting to get into the program, was the hardest part because I had not substances to use. That is actually when I was going through all the cold turkey stuff.

Mall: Now, did you ask you parents or your parents noticed that you needed help?

Patient: Yeah, they noticed I needed help and I actually told them. It was one day I was, a day I had to go to my job and I didn't have anything and I couldn't find anything to help myself and there was no way I could go to work, so I just basically admitted that I needed help because I didn't want to live like that anymore. I didn't want to keep looking for that and degrading myself to need drugs anymore. But I think, you know, I think the wait was the worst, the wait to try to get in.

QUESTION 6: How has this experience affected you?
Mall: Uh-huh. Now, how has this experience affected you, positive and negative side?

Patient: Uh, it has definitely made me want to change my life for the better. It made me want to, you know, quit. It showed me that that wasn't the way and I was going to be the magic person that is going to be able to use something after a day and be okay because I figured I could use something and it would be, I could just manage. I could be a social, not a social, but a daily uses or opiates and still go through my day-to-day life and have no negative interaction.

Mall: Uh-huh. Now, let me ask you, that is the end of the thing. Let me ask you, how did you hook up with opioid. Now, did someone tell you?

Patient: It was just an experimental…

Mall: Curiosity because of being young?

Patient: Yeah. Well, I used the hydrocodone and then I liked how it made me feel, especially in combination with beer or something or marijuana and then I would just move on from bigger and bigger things. Because you have to eat hydrocodone and I heard if you snorted stuff, you could get a better effect. So then I would go to the oxycodone because you could snort it and there would not be a whole bunch of stuff in it, like Tylenol or whatever they have in the hydrocodone. But then nobody would have the oxycodone and that's when I went to the heroin. And the heroin was like, I mean, that was the end-all, be-all. That was the, I mean, it was very hard on your body. I mean, it was very intentioned but very hard on your body and you would have to continuously use or you would start feeling those withdrawal symptoms, almost from the beginning.

Mall: Okay. Well, thank you so much. You know, every one of you has a different story. You know, it is like picking up the most out of it and then compiling it. I mean, I am really positive you are going to help other people get through all of this experience that you had.

Patient: Absolutely. I hope, you know.

Mall: Oh yeah.

Patient: I just hope people will get help and they don't think there is no way out. Because I thought there was no way out.

Mall: But most of them…

Patient: I thought suicide was the way out.

Mall: Most of them, they don't know that there is a way out. So education and promotion, I think promoting, you know, getting educated, telling everybody there is help and there is hope.

Patient: Yeah.

Mall: Well, thank you so much. Okay?

Patient: Thank you, ma'am.

Mall: I appreciate you.

Patient: Absolutely. Thank you.

Patient 6:

Mall: Sir, would you tell me about yourself, please? Like the basic you. You don't have to give your name to me. When was the last time you had opioid?

Patient: September. I had been just coming up on three years at the methadone clinic when I came to treatment here in September.

QUESTION 1: Describe your addiction in the past.
Mall: Ok. So, would you mind describing your addiction in the past?

Patient: It started when I was working in restaurants. It started with, like, hydros and Percocet. Like that type of thing. And then it was just kind of recreational for a few years and then I got

introduced to OxyContin and I got hooked pretty much instantly and got up to like 320 mg a day at my worst and then went to the methadone clinic, in and out for like three different times, and the last time, like I said, was for three years.

Mall: For three years? Was this need of medication? Was there a medical reason for this or just mainly recreational?

Patient: It was just recreational. It started when I was serving and at first I noticed like a spike in the amount of money I made.

Mall: Tips?

Patient: Yeah, tips. I was nicer, able to do more and for longer so, at first, it helped me make money but then, at some point, I was spending more money than I was making.

Mall: So, how much was your budget? Is there any budget that you have every day, or whatever?

Patient: Like how much a day?

Mall: Yeah.

Patient: Like, at my worst, it was 320 mg of oxy.

Mall: A lot, huh?

Patient: Yeah.

QUESTION 2: Describe your experience of cold turkey withdrawal.
Mall: Have you experienced a cold turkey withdrawal?

Patient: Yeah. More times. The second time at the methadone clinic I had to come cold turkey off of that and that was probably the worst. That put me in the hospital after like seven days. I had to go to the emergency room twice. I couldn't keep anything down. I was so dehydrated they gave me like six or seven bags of I.V. solution and Ativan and something for the nausea.

Mall: Phenergan?

Patient: No. It wasn't Phenergan.

Mall: Zofran?

Patient: Zofran. Yeah.

Mall: Okay. So, you started cold turkey experience when you were at home?

Patient: Right.

Mall: So, you were withdrawing from methadone?

Patient: Right.

Mall: You were not taking any…you were not trying to get anything to help?

Patient: No. I was so sick I couldn't and I didn't have any money. Because I was so sick I couldn't even get myself to go try to get anything because it was so bad.

Mall: How long ago was this?

Patient: It was in probably 2012 or 2013 and then I did not use for about two months and then I started using again for probably like two years and that is when I went to the methadone clinic again.

Mall: Now, you said you were sick. You were vomiting sick early?

Patient: Yeah.

Mall: Would you say how many times you were vomiting?

Patient: It was like, I couldn't even take a sip of water and I would just start vomiting. It was like…that's why my mom had called here and they told her to take me to the emergency room because I was throwing up.

Mall: Seven days?

Patient: Right.

Mall: What about diarrhea?

Patient: Yeah. That usually starts on like day two and it went to like day seven and I had been throwing up for like three days when we went to the emergency room.

Mall: Any other symptoms that you have?

Patient: Usually sweats, you know, fatigue, everything. Like, it is hard to explain. It is like across the lower back is where it always hurts, that and the legs is the worst.

QUESTION 3: What are the things that you found helpful in dealing with your withdrawal symptoms? (e.g. cold shower, talking, walking, prayer).
Mall: Did you try anything to help you?

Patient: Just like ice packs, hot packs, that kind of thing.

Mall: Hot or ice?

Patient: Probably hot.

Mall: Hot? Usually how long, do you know? You applied there for how long?

Patient: Just usually I would do it just to try to be able to go to sleep because I would not be able to sleep and so probably for like an hour or two.

Mall: How many times?

Patient: Probably three or four times, you know. It would relax it a little bit and I would dose off and then wake up and do it again.

Mall: Did you try showering? What do you think helped you at that time?

Patient: I was just taking ibuprofen. I remember a nurse at the methadone clinic had told me to take a regimen of ibuprofen when coming off methadone because she said, you know, I had not been feeling any normal aches and pains and so those were going to seem worse because I had not been feeling them. So to take it every 4-6 hours.

Mall: So you were taking ibuprofen every 4-6 hours?

Patient: Right. Trying to. Right. Every 4-6 hours.

Mall: Do you remember how many pills you take? Three, four, two one?

Patient: I mean, like two every 4-6 hours, probably every 4 hours.

Mall: So that helped you?

Patient: I mean, not really. I mean it still was hurting but, I mean, I guess, it helped a little bit but it did not help with the cravings. It would help with the inflammation and the aches and pains a little bit.

Mall: Did you try, some of them they said shower?

Patient: I never heard that. I heard that last week when someone said they had. I never heard that.

Mall: The cold pack on your back helps?

Patient: A little bit, yeah.

Mall: Ibuprofen helps?

Patient: A little bit.

Mall: Anything, like talking to a friend, prayer?

Patient: I mean, this time around that has helped, talking about it. I didn't, I would get real depressed and just lay around and, looking back now, I realize that probably didn't help any. You know, my mom would try to get me up and moving and I was so depressed. I admit that I didn't want to do anything and so it probably just compounded and made it worse and I wasn't eating because I was getting sick and that is how I just lost my energy real bad.

Mall: How long did it last?

Patient: Probably like six weeks before, six or eight, almost two…

Mall: This was methadone?

Patient: Yeah, the methadone.

Mall: Six weeks?

Patient: Right. Before I was able to like start getting, like I didn't leave the house at all for six weeks before I started to, I had thrown up so much that, like, the doctor said it probably burned the esophagus so I didn't have an appetite, even after I stopped throwing up, for like another two weeks and they put me on heartburn medicine to help with that because he said I had been throwing up so much that the acid just probably burned it.

Mall: Exactly. Burned your esophagus?

Patient: Right. And so it took me, once I was taking that for probably a week or two, before I was able to eat like three meals a day and get my energy back up. So it was almost a full two months.

Mall: Uh-huh. Now you said you were taken to emergency twice. Is that the same withdrawal thing?

Patient: Yeah. It was like within two days of each other. Or no, it was, I went and they did the I.V. bags and the medicine and they did not write me anything and I went home and then, like 48 hours later, the symptoms started up again. I was throwing up everything. Once the Zofran was out of my system, everything started again so we went again and that time, because we told them what was going on, they actually wrote a prescription for the Zofran and before it was like valium or something just for like five days, like one in the morning and one in the afternoon. He said just to help take the anxiety away and then, after that ran out, I was still sick and that is when we went to the doctor and they wrote another prescription and then for the heartburn medicine.

QUESTION 4: What would you recommend to the doctors and nurses caring for those who are withdrawing?
Mall: Okay. Now, what would you recommend to the doctors, nurses, counselors caring for those who are withdrawing?

Patient: It is a tricky question.

Mall: If you are to say something that could have been…

Patient: If it is someone who really wants the help?

Mall: Yes. This is like a doctor we are addressing. You have experience. They don't know yet. That is why I am doing this research because some, of course, some of them now know the main, but what would you tell them the next time. You say, next time this one works on me, maybe it works on others.

Patient: Definitely, I mean the Zofran and like the anxiety helped, that medicine did help me.

Mall: The valium?

Patient: Because, like I said, I had gotten so depressed.

Mall: Do you have a history of depression?

Patient: Ah, it has not been diagnosed but probably. I mean, since coming out of here, like I have become aware of I have that tendency. My dad was bipolar and so I kind of can see that a little bit but I have never been diagnosed.

Mall: But you see, it is normal to be depressed at times.

Patient: Right.

Mall: But those depressions that they treat, those cannot be, you know, a person cannot handle it without the help of medication.

Patient: Right. But, like getting out of bed…

Mall: Like people, it is normal for them to get scared. It is normal, you know. But it doesn't mean that you need to have medication for this, I would say.

Patient: Right.

Mall: So, but now that you know all that, you didn't have any history of depression but you felt depressed at that time because you feel like you needed help.

Patient: And that's another thing. You know, I didn't know anything about CADAS or anything. They just treated me and put me out the door. You know, some sort of information, maybe contact with someone, you know, at a place like this would have been helpful.

Mall: But you didn't know that before.

Patient: I didn't know anything.

Mall: How did you know this?

Patient: My sister just found out back in September and was able to get me in within like three days of calling. And so, I mean, I was just treated and just thought, you know, everything would be okay and, of course, it wasn't. When I got back to myself, I still had the addiction and so I went out and started using again because that is what an addict does. And so I didn't have any follow-up information. You know what I mean.

Mall: Okay. Now, we talked about the doctors and nurses. So what would you tell them, hey, next time you make sure all these people knows the resources.

Patient: Right.

Mall: Is that what you say, right? Because a lot of people, they don't know.

Patient: They don't know at all and it's, you know, it's not as bad. Yeah, I mean, there are so many resources here that they have to offer. You know, I always thought it cost money and in all the insaneness, I was able to get in on a grant. You know, I haven't had to pay for any of it.

Mall: Uh-huh. Now, as far as physical activity, exercise? Did you try that?

Patient: Uh, I mean, I never could get to…

Mall: No energy to do it?

Patient: Right. I didn't' have the energy.

Mall: All your life then was vomiting, muscle cramps and stuff like that?

Patient: Yeah. Laying around just feeling sick. Kind of like the flu.

Mall: But worse than flu?

Patient: Right.

QUESTION 5: What advice would you give to others that have undergone cold turkey withdrawal?
Mall: Now, we talked about what you are going to advise doctors. What are you going to advise those others who are withdrawing? If you see that person withdrawing or starting to withdraw, what are you going to tell that person?

Patient: Uh, I mean, if they want to get help, to ask for help. You know, to maybe come to a place like this that can treat you. I mean, if you can do it, the physical activity, you know, like Pedialyte or something like that to help.

Mall: Did you try Pedialyte?

Patient: I don't remember. I don't think I did. I think I tried the Gatorade but, like I said, everything would just come right back up.

Mall: Were you taking the Zofran here or they have to insert it in your bottom?

Patient: I was…

Mall: You were still able to…

Patient: Yeah. Because they had done it in the I.V. at first to stop the vomiting and it took like two or three doses in the hospital. And then I went and got the prescription and started taking it.

Mall: Yes. When you had this heartburn medication put on top of your Zofran, did you feel better physically?

Patient: Yeah. I mean, it took a few days and I could start eating and then, once I was eating, keeping everything down and getting like a good night's sleep, then I slowly started…You know, it took a couple of weeks to get back to normal.

Mall: You just gave us an idea that whenever we prescribe medication for detox, we need to prescribe something for heartburn. You see, that's the reason we interview these, to get more experiences that will help others.

Patient: Yeah, because for me that was the heartburn from getting sick and just, you know. Because if I could have used I would have kept using just to stop from being sick, you know.

QUESTION 6: How has this experience affected you?
Mall: Uh-huh. Now, tell me, these experiences that you have had, what are the effects of this, positive and negative. Now, let's start with positive. What are these cold turkey experiences, how has this cold turkey experience affected you in a positive way?

Patient: That I, I mean, it was a wakeup call that I cannot keep living and using and doing like I was doing before. And once I started feeling better from that, I realized that I never want to do that again. You know, that I can feel better without using, if that makes sense.

Mall: Now a negative way.

Patient: I mean, the negative would just be that I would keep using because they are so awful. I mean, it was just…

Mall: So, whenever you remember these incidents, that makes you a stronger person? You don't want to go back?

Patient: Right. Yeah, now.

Mall: So it is more a positive side. Negative and positives, I mean you get like phobia what happened and it makes you…

Patient: Yeah, to avoid it.

Mall: To avoid it. That is smart. Now, is there anything else that you think you want to share with others?

Patient: Just, I mean, just to get help. I mean, come to a place like this and trust people in a place like this. You know, I was trusting the methadone clinic and it took a long time to realize that they didn't really have my best interests. You know, they were never going to let me get off the medicine. You know, there was no end game for them because I was paying them money every day. There was no motivation for them.

Mall: It was endless, right?

Patient: Right.

Mall: Did they have, you know, a timeframe for you?

Patient: No. Never.

Mall: I mean like Suboxone.

Patient: Yeah. This is a one-year program.

Mall: Wow. Forever, for life?

Patient: Yeah. And then, after so long, you get to a point there were people there that the doctor said you probably can't come off of it because you have taken it so long. You know.

Mall: Okay. Well, thank you so much. You have pretty much fruitful information for us. Thank you so much.

Patient: Good luck writing your paper.

PATIENT 7:

QUESTION 1: Describe your addiction in the past.
Mall: Would you tell me about yourself?

Patient: About my drug history or just…

Mall: Just yourself and then you can describe your addiction in the past.

Patient: Ok. Well, I am currently working at Panera Bread on Market Street and I just got that job but I grew up pretty fortunate. You know, say in middle class. My dad had a good job and my mom was a teacher. I got a little sister. I guess, growing up, I went to private schools until 10th grade and then I went to public school. I wasn't never really in trouble in school or anything like that but I was always a little bit more mischievous, I guess, in the group of friends I had about trying stuff and getting in trouble and didn't ever really have any consequences for my actions. And then I went to public school. I had started to smoke weed when I was in 10th grade and my mom was a teacher at the school that I went to and I did not want her to get fired or anything bad to happen to her so I went to East Ridge High School and, for the first time, took a hydrocodone, 10 mg hydrocodone in school and I just loved it from there. It just progressed from there. But, I was doing to say something else. So I did high school at East Ridge for a couple of months and then I went to…I dropped out of high school officially. I went to Chatt State for like 2.5 years. I didn't ever get a degree, I was just kind of going to appease my parents and started using heavier drugs and smoked a lot of weed there and started using Dilaudid and OxyContin and then OxyContin became Roxy's, 30 mg Roxy's, and got into heroine after that and then, in 2012, I got

arrested for aggravated burglary and theft over $1000 and got put on probation. I did about two years of probation, just barely getting by. I just got lucky they didn't give me drug tests and stuff. I just barely got by and then, after about two years, I just quit going to probation and racked up some more charges. I ended up getting four felonies and three misdemeanors in McMinn County and then I had two misdemeanors and a felony in Hamilton County.

Mall: So, how many years were you using these drugs?

Patient: Since I was 16, about 10 years.

Mall: Ten years?

Patient: On and off but, yeah, about 10 years.

Mall: How is your addiction in opioid, where you said you had been using a lot of…

Patient: Yeah. It started off, you know…I started off taking, as far as…I have done a lot of different drugs but, as far as opiates go, I started off with hydrocodone maybe for about a year-and-a-half, just like taking maybe one a week and then, you know, taking them on the weekends and then taking them, you know, once a day for a week or so.

Mall: Where do you get this hydrocodone?

Patient: Anybody from the street. It is, you know…

Mall: Did you have a need, aside from addiction. Were you having pain or something or is it just an addiction?

Patient: Just…yeah. Opiates are just so much different from any other drug. It is just, the amount of physical relief you get is so much different from any other drug. You know what I am saying? Ah, and then, the physical relief you get from opiates is a lot greater than anything else so, if you like, you know, to feel good physically, it is the best drug and then the mental part, when you don't have it, the mental part is the worst. It is worse than nicotine, cocaine, you know, any other drug.

Mall: Have you tried those things?

Patient: Yeah. And, see, I can use…I have used methamphetamine. I can use it and forget about it or cocaine, use it and forget about it, you know.

Mall: But the opiates?

Patient: The opiates, especially when you get to harder things, like I.V. morphine or heroin or fentanyl, you got to have it. You know what I am saying? There is just no…So I started using

hydrocodone then I went to small milligrams of OxyContin, like 10 or 20, and then up to 60 mg, 80 mg OxyContin. Then OxyContin went away and it was 30 mg Roxy's and I got to where I could use 12 of those a day, 10 or 12 a day, if I could find that many, and then…

Mall: Where do you get, who supplies you with finances? Parents' money or you just steal?

Patient: That's why I have all of these aggravated burglary charges. I would break into houses, you know, stealing stuff, shoplifting.

Mall: The urge is so strong.

Patient: Yeah. Buying other drugs. I would buy methamphetamine, big quantities, and sell it and then use the profits for opiates. And then eventually I met a guy who would front me. I would drive to Atlanta and pick up a lot of drugs for him. If I made it back successfully, he would give me a lot. I mean, I was picking up a lot of drugs.

Mall: You were young then?

Patient: Yeah. This was about…I was about 24. This was a couple of years ago, right before I went to jail. But every trip I was making about $1000 between methamphetamine and heroin. He would give me a lot of it.

QUESTION 2: Describe your experience with cold turkey withdrawal.
Mall: Now, then you started experiencing this cold turkey. Where were you? Were you in jail or were you at home?

Patient: Jail was probably the most significant cold turkey situation I have been in. I have tried to quit on the streets but you don't make it for more than about a day-and-a-half, three days at the most. On day three, you know what I'm saying, you're climbing out the window, stealing whatever, walking down the street, you know, just crazy stuff. But cold turkey in jail, I was coming off heroin, meth and methadone all at the same time and it probably lasted about 30 days, 35 days.

Mall: Thirty-five days?

Patient: Really intense withdrawals lasted about a week and then getting my appetite back, not having diarrhea, not throwing up, leg cramps probably lasted about 10 days to two weeks and then, from two weeks until the end of the month, it was just like low energy, couldn't sleep really well and then I had real bad leg cramps in my shins, real bad leg cramps. My bones would hurt in my legs. But, yeah, I would say if you are just coming off Roxy's or heroin alone, about two weeks to get where you feel okay. But methadone is just bad. It takes about 30 days.

QUESTION 3: What are the things that you found helpful in dealing with your withdrawal symptoms? (e.g. cold shower, talking, walking, prayer).

Mall: During the time that you were withdrawing, what are the things that you found helpful in dealing with your withdrawals? Did you try a shower, talking, walking?

Patient: Yeah. Hot showers helped.

Mall: How many times did you have a hot shower a day?

Patient: Three or four. Ibuprofen helps some, especially at nighttime. Benadryl helps. Staying hydrated, drinking a lot of Gatorade and a lot of water. Yeah.

Mall: Did you say a lot of water or hot water?

Patient: Drinking water, staying hydrated.

Mall: Okay.

Patient: It is hard to get through because, when you are in it, there is a lot of mental…like, the only thing that is going to help you is more heroin. You are not thinking like, oh, if I stay hydrated and take a hot shower, you're like, I don't care about that, I just want heroin. You know what I am saying? But when I was in jail coming off of it, hot showers, walking up and down steps slowly, getting my muscles moving, stretching. Sometimes I would just sit in my bed and stretch. You know what I'm saying? That helped a lot, stretching. And, as much as you cannot think about it. If you can have a conversation with somebody and be engaged with somebody else and laugh.

Mall: Engage yourself, physically active?

Patient: Yeah. But the biggest time is just time. I mean, it just takes time. There is no quick fix for it. Once you are to the point in opiate addiction where you are going to have withdrawals, you know, time is your number one time. It is just going to take time, period.

QUESTION 4: What would you recommend to the doctors and nurses caring for those who are withdrawing?
Mall: What would you recommend to the doctors, nurses and counselors caring for those who are withdrawing? If you are to tell them, helping with this.

Patient: As far as treatment plan? I think a short-term Suboxone is the best thing to do.

Mall: Short-term?

Patient: Yeah. I am on it long-term and I don't really suggest that for anybody because it has been a year-and-a-half withdrawals coming off it long-term. You know what I'm saying? If you take it for a year you are going to feel like crap after the year. But, if you can get somebody off heroin or pills and give it to them for like 7 to 10 days and taper them down, you know what I'm saying?

Start with, you know, two pills a couple of days, one pill, half-a-pill, a quarter of a pill the last few days. Yeah, about 10 days to 14 days short-term Suboxone. You really got to get them out of their environment so some kind of inpatient detox I think is the best.

Mall: In patient, meaning like?

Patient: Residential rehab. Yeah, because if you are doing it on the street…I mean, I am not saying it would not work but…

Mall: Failure? More chance of failure?

Patient: Yeah. A higher chance of failure for sure. You have to really want it on the street. I think somebody on the street, I think the chances would be better if you did give them Suboxone. You know what I'm saying? I think your highest chance is going to be with Suboxone.

QUESTION 5: What advice would you give to others that have undergone cold turkey withdrawal?
Mall: Now, I asked you about the doctors. Now what advice would you give to others who have undergone cold turkey withdrawals?

Patient: Like before they are going to do it?

Mall: Like, for example, right now you see someone that is going through withdrawal or withdrawing, what would you tell them?

Patient: I would tell them that I understand what they are going through right now and I know it sucks but, you know, it is only temporary, the withdrawals are only temporary and it might take a week, it might take two weeks, but, you know, you have already started going through the withdrawals so you might as well see it to the end and finish it and be done with opiates. Because, if you go back to using, you know…if you make it three or four days and then go back to opiates, you're going to have to do it again so, if you started it, you might as well see it to the end because my life in the last seven months has just gotten tremendously better. I have been paying off court fines, debts. My family actually wants to see me now instead of, you know, not wanting to see me. I got a good job. You know, I've got friends now that I can actually go hang out with, not just hang out with people that want to steal stuff and rob people and use drugs. So I can go eat now, go to meetings and stuff like that. So I would just tell them that if you started it, you are already at the hardest steps of it, you might as well finish it because it is only going to get easier from there.

Mall: What would you say if he says what about these symptoms he is having? What would you advise? Go walk? Keep occupied?

Patient: Yeah. If they are having bad leg cramps, I would say stretch for a few minutes and then walk and then, when you get done walking, come back and take a shower and then try and play a board game or watch a movie or talk to somebody, something like that.

Mall: Keep occupied?

Patient: Yeah. If you can keep your mind occupied and off of thinking about using drugs, that is the hardest part.

QUESTION 6: How has this experience affected you?
Mall: How has this experience affected you? Positive or negative.

Patient: This right here?

Mall: No. I mean your cold turkey experience.

Patient: Probably positive now that I look back at it. Yeah. Because I just remember how miserable I was for a whole month. You know what I'm saying? It is like having the flu and diarrhea and cold and leg cramps for a whole month. It is miserable.

Mall: So it positively affected you?

Patient: Yeah. I don't want to go back to it.

Mall: Well, the good thing is you are young, you have time to fix yourself. I wish you luck and hope you don't turn your back because you deserve a better life. Thank you so much for this.
Patient: Okay. I appreciate it.

PATIENT 8:

Mall: How old are you?

Patient: 26.

Mall: I am going to ask you a couple of questions. Okay?
Patient: Okay.

QUESTION 1: Describe your addiction in the past.
Mall: I want you to tell me about yourself and describe your addiction in the past.

Patient: About myself now?

Mall: Yes.

Patient: I am 26 years old. I have two children. I do commercial roofing. I had my own house. About to work on getting me a new truck. I work a lot. I attend AA and NA meetings and hang out with my family.

Mall: You had addiction in the past, an opiate addiction?

Patient: Yes.

Mall: Would you describe to me your addiction.

Patient: In the past, I do heroin and opiates. I do them every day. I'd work or I'd rob somebody and I had to have them. You know, I was addicted to them. So I would do whatever. I had to have them. The first thing I would do when I wake up in the morning time, so I wouldn't be sick, I would do some opiates and I would start my day off. I would do opiates throughout the day. I would do that for probably seven or eight years.

Mall: How did you get the supply, opioid medication from the doctors?

Patient: Medication from the doctors and I bought them off the streets.

QUESTION 2: Describe your experience of cold turkey withdrawal.
Mall: Now, you started experiencing cold turkey withdrawal. Were you at home, jail, special circumstances or did you start taking opioids, that is why you experienced the cold turkey?

Patient: No. Cold turkey in jail, at home and, when I come to this facility, they gave me Suboxone so I wouldn't withdraw. But I was incarcerated and at home.

Mall: Okay. So, you experienced it twice?

Patient: Probably. No way more than that.

Mall: More than that. So, which one is the worst, where were you.

Patient: I would say probably in jail.

Mall: In jail. Okay, would you describe to me that experience, the cold turkey withdrawal.

Patient: You would puke, diarrhea, cold chills. You would get how, you would sweat. Your body just aches. You don't have no energy. Pretty much an eternity.

Mall: So how did it last you to experience this?

Patient: A few weeks, a couple of weeks.

QUESTION 3: What are the things that you found helpful in dealing with your withdrawal symptoms? (e.g. cold shower, talking, walking, prayer).
Mall: Okay. So what did you do? Did you try anything to help you?

Patient: When I was in jail, there was really nothing you could do. I mean, when I was in jail I kept my heartbeat up. I would work out, do pushups and stuff like that and just try to just keep my mind straight.

Mall: So you did not have any medication?

Patient: No. Not in jail. When I was on the streets, I would only withdraw for a little while until I found more. See, you know, maybe the drug dealer was out or I had access to it. I would usually find something, whether it was what I liked or whatever.

Mall: But in jail, so you did exercise, shower? What are the things that helped you?

Patient: Nothing really. I mean, I would shower, exercise. You really wouldn't sleep. Your body would just ache. Just working out really.

Mall: Exercise? Keeping your mind and physical activity.

Patient: Yes.

QUESTION 4: What would you recommend to the doctors and nurses caring for those who are withdrawing?
Mall: Okay. Now, what would you recommend to the doctors, nurses, counselors caring for those who are withdrawing? If you were to say to the other side. If you are taking pills, people like me, what do you think would help.

Patient: Since I took Suboxone now, it helps me. I mean, I have not took an opiate in going on nine months. I mean, I got my license back, I got my own house, I got a family. I got a good paying job, I make good money.

Mall: So Suboxone is the only thing that helped you?

Patient: Yeah. It takes the craving away.

Mall: How long are you in the program now?

Patient: I have been in the program since July of last year.

Mall: You are one of the successful?

Patient: Yes.

QUESTION 5: What advice would you give to others that have undergone cold turkey withdrawal?
Mall: If there is one patient there who is withdrawing right now, actively withdrawing, what would you advise the patient to do? Like you see him having cold turkey and he has no access to anything.

Patient: I would tell him to take a shower.

Mall: What kind of shower?

Patient: I take a hot shower.

Mall: How often? Stay in the shower?

Patient: Yeah, you gotta stand in there.

Mall: Stay in the shower?

Patient: Yeah. I stand in there and then have diarrhea and have to get out of the shower and use the restroom and get back in the shower. I am not really sure.

Mall: Praying?

Patient: Yeah. You can pray. I mean, stay motivated. That is the thing. If you let it get in your mind, you are just going to feel miserable and hopeless and you are just going to lay there. It is worse if you just keep thinking about it. So, if you can just find a way to stay motivated and stay moving, it is a lot better.

Mall: So physical activity?

Patient: It is.

QUESTION 6: How has this experience affected you?
Mall: Now, this withdrawal, cold turkey, how has this affected you, positive and negative aspect?

Patient: It helped me positive because I don't want to be like that again. It gives me experience to know if I get addicted to them again what I will have to go through. Negatively, I screwed my life up. I am 26 years old and, hell, I should be a lot further off in my career and a lot of stuff.

Mall: Now, you said how many times you experienced the cold turkey?

Patient: Thirty times, forty times maybe.

Mall: So, the one in jail was the one that you don't want to go back, the worst experience you had?

Patient: Yes. Because in jail I didn't have nothing. I could be cold turkey dope sick for 2 or 3 days on the street and finally get something but in jail I never got nothing. I had to suffer and wait until it was all gone.

Mall: So, from jail you came here?

Patient: No, no, no. I have been out of jail since 2015. I broke my hand and, when I broke my hand I got addicted to pain pills again because they were giving me pain pills when I broke my hand. That is how I got back on them. I broke my hand maybe a year ago and I was taking prescription medication and finally, July 12 of last year, 2017, I have been in this program.

Mall: Okay. Did someone tell you to join this program or you wanted to join?

Patient: I wanted to.

Mall: So it was coming from you?

Patient: Yeah. I wanted to join the program because I have had my own house for the past three-and-a-half years. I have had a fulltime job but I found myself spending all my money on pain pills and I knew if I wouldn't have got in the program and got some help, I would have lost my house, I would wind up back in jail. So I wanted to get some help before I lost everything.

Mall: A good thing you had that moment to think about it, right? Because a lot of people never think, about all they want is to feed addiction.

Patient: I was feeding the addiction but I was spending all my money and I didn't want to go back to my old habits.

Mall: That's good. Thank you so much for the information. It has been very, very helpful.

Patient. All right. Thank you.

PATIENT 9:

Mall: Would you tell me about yourself, please.

Patient: Alright. I'm a pretty optimistic person, you know, pretty happy. I graduated high school. I joined the military. I was in the military for a couple of years until I got in trouble with loss of military and ended up moving to Atlanta. It was where I started to get involved in, you know, like drugs and stuff like that. I stayed there for a little bit until I came back home to Cleveland, which is where I'm from. I got arrested, did some time for that and got off and then moved off on my own and then stuff kind of slowly started to go downhill until, here I am today.

Mall: Yeah. So, at what age did you start taking the opioids?

Patient: Opiates? Probably I'd say about 17, a little bit 16, just mildly.

Mall: Uh-huh. And how long have you used it?

Patient: Probably off and on until I went into the Navy and then, after I went into the Navy, I stopped for about a year-and-a-half and then, when I got out, I started again but it was a lot heavier.

Mall: Okay. So, have you…you used to be addicted to opiate base?

Patient: Say again.

Mall: Opioid, specific?

Patient: I started off just, you know, pain pills and stuff like that then, when I got out and moved to Atlanta, you know, heroin started becoming like rampant so then I started on that and then it became a big problem. Then, when I moved here, it kind of wasn't here yet so I got away from it and then, when it became an epidemic, I kind of got back into it a lot heavier, which brought me here.

QUESTION 1: Describe your addiction in the past.
Mall: So, would you describe your addiction in the past? How much opioid do you usually take? Were you taking it by I.V.? Were you taking it…

Patient: Actually, luckily, I got very lucky. I never got to the I.V. part but I just intranasally, or however, that fancy word is for up your nose is.

Mall: Intranasal.

Patient: Yeah. That's it.

Mall: So, how much were you taking then?

Patient: It would vary. Quite a bit. Like, ah, I would probably be spending about $100 a day, around that much.

Mall: Uh-huh. So, like constant every day?

Patient: Oh yeah. Every day. At first it wasn't and then, like, it steadily got more and more until every day and then several times a day.

QUESTION 2: Describe your experience of cold turkey withdrawal.
Mall: Okay. So, have you experienced cold turkey withdrawal?

Patient: Yes. Twice.

Mall: How did you experience that?

Patient: The first time, it wasn't that bad because I wasn't that heavy into it. It was just like a very weak pain pill and it was awful. Like, if the whole…It kind of messes with my mind a little bit because, like, I can't sleep and, you know, you get really restless and, like everything else I could deal with, like throwing up and all that stuff. But like the restlessness doesn't let you sit still and, like, you can't make yourself, or like when you have no control your body feels, it really messes with your mind with all of being up and stuff like that. So it is a pretty awful experience but that one didn't last too long. The second time, though…

Mall: How long did it last?

Patient: Ah, about four days.

Mall: Four days?

Patient: Yeah. But that was just like very mild. The second time was when it lasted about two weeks. I ended up going to the hospital twice in the ambulance.

Mall: Because of this?

Patient: Yes. In the ambulance once I couldn't breathe. I would like have trouble breathing. But just the main thing is the skin felt like it was sunburned, all that stuff. But I couldn't like, if I put a shirt on or something, it would hurt just due to the skin crawl and the whole restlessness. It's like, it's the worst feeling in the world. Like, I just wanted everything to end. I prayed like just, I was ready for life to be over with at that point.

Mall: How many days did you experience this?

Patient: The second time? It was about 14 days.

Mall: Fourteen days. What were your symptoms?

Patient: Well, I was treated for a lot of symptoms so, but they were, it was, like, I wasn't able to eat. I couldn't eat anything. If I did eat it, I would throw it up. Diarrhea, you know, restlessness, the whole skin, and I don't know the technical word for it, my skin felt like it was sunburned all over and I couldn't regulate my temperature. I couldn't know if I was hot or cold so I would either have like 100 blankets on and I would throw them all off because I would be really too hot. So, it was just awful. Like, my grandpa, it almost drove my grandpa crazy because it was his house I was staying at, stuff like that.

QUESTION 3: What are the things that you found helpful in dealing with your withdrawal symptoms? (e.g. cold shower, talking, walking, prayer).
Mall: Okay. So, what are the things you found helpful in dealing with those symptoms?

Patient: Ah, whew, the second time I really couldn't find anything. Like, getting distracted was the best thing but, like, when it got that bad, it was hard to get distracted. The second time was before I started this program and the only thing that made it stop was when I started this program and started the medication. Like, I even went to the doctor's office and they prescribed me an opiate, like a Percocet opiate, and it didn't' work. Like it was so bad that they were not even strong enough to do anything.

Mall: So you were dependent on opioid and you went to the doctor who prescribed you…

Patient: An opiate like to deal with the withdrawals, like a small, a very small opiate.

Mall: So this is not to help you?

Patient: Say what?

Mall: The doctor did it?

Patient: Yeah. He did it to like, he gave me the smallest. He filled like a Percocet 5 so that way the withdrawals would stop and I could kind of take like one a day until the withdrawals went away and totally worked itself out of my system and it didn't even do that.

Mall: Right. So basically only this program helped?

Patient: Yeah. This is the only thing that has worked.

Mall: Oh. Okay. So have you tried, were you at home?

Patient: At home? Yes.

Mall: Yeah?

Patient: I started off here for a week and then I went home for a week and I started my program.

Mall: On your first time that you withdrew, you were at home that time, right?

Patient: Yes.

Mall: Did you try showering, shower?

Patient: Yes. Actually I was big on like taking baths and hot showers and stuff because that is what helped the first time. Like, when I couldn't sleep, I would take a hot bath and I would be able to soothe my leg restlessness just enough to fall asleep and then I would wake up in like an hour or two and then do it again. But the second time, like when it was bad, it would feel nice when I was in the shower but as soon as I got out of the shower and dried off…

Mall: Did you say hot or lukewarm?

Patient: I did like hot, hot. Which was probably bad, it was dehydrating me, but it made me feel nice in the shower.

Mall: How many times did you usually take showers?

Patient: My grandfather got mad one night because I got in the shower in the middle of the night four times, four times that night, yeah.

Mall: Four times at night?

Patient: Yeah. It was pretty awful.

Mall: Okay. And then, any food that helped you?

Patient: The only thing I liked…

Mall: Soup, sodas?

Patient: I tried to eat some soup but I couldn't stomach it. But the only thing that I could drink that was like a food supplement, is like those Boost drinks, you know, like Ensures?

Mall: Ensure?

Patient: Those were nice. I enjoyed those. They kind of, I don't know what it was, it was just food getting to my system. It didn't like make a difference but it made my, I don't know, it made me feel better a little bit, being able to drink that. I kind of relaxed for just a second.

Mall: Okay, so did you try drinking one, two in a day?

Patient: Just like one. I did, one night I drunk like five because it was late. It was at the peak, like the worst night, and I just chugging them. My grandpa got pissed because they were, like, really expensive.

Mall: Yeah. So, but it helped you?

Patient: A little bit. I guess it might have been a mental thing.

Mall: A mental thing?

Patient: Yeah.

Mall: But what did it help? How did it affect you, the Boost?

Patient: Ah, it's hard to describe. I don't know. It was just like…

Mall: Well, you said you were throwing up everything you would eat.

Patient: Yeah. And I didn't throw it up. I guess, like, I felt hungry and stuff but I couldn't eat and just, when I drunk it, it made my stomach, I guess, feel better and kind of calm me down a little bit, like from freaking out. It was just weird.

Mall: Uh-huh. Do you try to exercise? Did you try to exercise?

Patient: I did once, actually. Because when I got the restlessness, you know, I just felt like I wanted to run and, like, just move around. So I did like a bunch of exercises, like pushups and stuff and did like a whole bunch trying to wear myself out.

Mall: Okay. Did that help?

Patient: No. When I laid down, it just felt like, I could just feel, the soreness that I felt was just throbbing. Like, it made it so much worse.

Mall: So the exercise did not help you?

Patient: No. It made it a lot worse.

Mall: Okay. Did you try calling your friends?

Patient: Yeah. I talked to them some but, I mean, it makes you very irritable. So, like talking to people was not a good thing. Like, it just made me mad. I was just mad because I couldn't relax and I had been up and I just, like everybody would give me the suggestion, like when I went to the doctor, like, oh, do this little thing, take like ibuprofen. And I am like, you don't understand.

Mall: Did you try to take it?

Patient: Yeah. I did all the suggestions because I felt like this is crap. The second time I went to the hospital, I was like, look, you guys give me like all this medicine. Like, they would give me a bunch of medicine for, like, throwing up, diarrhea, all this crap, clonidine, and I was like, look, if anything, this stuff is just making it worse. Like, just making it worse. I can't.

Mall: You can't? I don't know, but did you, like, I don't know if you do this, yoga, prayers, walking, anything?

Patient: Oh yeah. I would walk. When I went through it, sometimes, like, if I took a walk in the cold, while I was walking I would feel kind of better. I was exhausted so I was like, I would tire really, really fast but when I did walk it made it feel a little better. Yeah.

Mall: Walking in cold weather?

Patient: Yeah. The cold, like on my skin and stuff like that. Yeah.

QUESTION 4: What would you recommend to the doctors and nurses caring for those who are withdrawing?
Mall: Wow. Okay. Now, what would you recommend to the doctors, nurses, counselors caring for those who are withdrawing?

Patient: Ah, Suboxone is probably like, a low dose, not a maintenance dose of Suboxone, like people who are on it forever, like a tapered dose of Suboxone. Like this MAT program I have been in, like, I have been doing this for a while, like, not the program but like using. The only thing that's like, the withdrawals are gone. I have no desire to go back. It's great and I have just been here for like four months.

Mall: Uh-huh. But, did you withdraw first before you got into the program?

Patient: Uh-huh. Yes.

Mall: So this is the only one that totally helped you?

Patient: Yeah. Because I started, I got to join the program right in the worst of my withdrawals and the first day, when I took the medicine, within an hour, gone.

Mall: Within an hour?

Patient: Gone.

Mall: You probably thought, why did I come now only.

Patient: Yeah.

QUESTION 5: What advice would you give to others that have undergone cold turkey withdrawal?
Mall: So, what advice would you give to others that have undergone cold turkey withdrawal? Suppose that they don't have access to this which you have right now.

Patient: Ah, I would probably tell them, well, I would tell them that fist anybody can do it because we have a grant. You can get a grant for free if you have no insurance. Like this whole program is free. So there's that. And then, if they just for some reason are just completely against it, the only advise I could give them that ever helped is this, like most things in life, are not forever. It does end.

Mall: How do you get your grant? I mean, how did you, there is someone?

Patient: You go to a place called Joe Johnson, the Crisis Center, and they evaluate you for a grant and then the grant will get you put into CADAS and then CADAS will be, like are you a good participant. If you look like you are good for this program, then they will put you in this program and all the medicine and everything is free.

Mall: Seek help. You need to seek help, right?

Patient: Yes.

Mall: I know Suboxone helped you. But, if you are to say in two sentences without Suboxone, what are the things that could have helped you or helped you at the time of those cold turkey experiences? What do you think probably will help? Do you think walking in the cold weather will help? Shower? Boost?

Patient: That's tough. I felt like those things might have, like, they helped for seconds. So really, like, I don't know. I mean, I have not been the worst, you know. I have not gone through, I have not had the worst experience. I understand a lot of people have had a lot worse than me. But I honestly believe that, I know it would have ended eventually and, you know, I can't say

how strong my willpower was too, if I could have made it through it. But I don't know if without this I would have.

Mall: That's good.

Patient: I appreciate that.

QUESTION 6: How has this experience affected you?
Mall: How has this experience affected you? This cold turkey? How did it affect you, positive and negative?

Patient: The good thing about it is like it was so bad it's like I don't ever want to go through that again. So, like, if I ever have the feelings to want to use or something like that, like it almost brings up that same thing. You know, like, I don't know. It was weird. You know how people do like the hypnosis and like every time you want to smoke a cigarette you will think of disgusting things and you will be disgusted. It is almost like that. Like I am associated with the withdrawal and my skin just starts to almost crawl again.

Mall: But you had two episodes, right?

Patient: Yes.

Mall: On the first time, you didn't get the treatment that you are getting.

Patient: Yeah, the first time.

Mall: And this is the only time?

Patient: Yes. The first time, though to get through it, at the end of the fourth day, I was in like, I wasn't coming off of it like to quit, like I was just going without it for a few days and then, after like I used another drug and that's what stopped it. So I don't really count that like as getting clean, cold turkey. It's just I went through withdrawal for a few days. This is my first time actually being done, done.

Mall: Wow. We are so proud of you.

Patient: Thank you.

Mall: Well, it positively has affected your life that you will never come back again, right?

Patient: Oh yeah. Absolutely.

Mall: Do you have friends that does the opioid addiction still?

Patient: Yes, I do.

Mall: And you try to share. What are the things that you try to share with them?

Patient: Ah, I have tried to, you know, I have told them about my experience and, you know, I have tried to get them to a couple of meetings and stuff like that but, being so early in my own recovery, I can't really put myself too close to it because I know that it is still very easy for me to fall back out and I have to put myself first.

Mall: Exactly. Yeah. Exactly. I think you are going to succeed on this.

Patient: Well, thank you.

Mall: Well, thank you so much. Okay? I appreciate you.

PATIENT 10:

Mall: Please tell me something about yourself.

Patient: Uh, I have been using opiates for 19 years and it is the worst thing ever. Like, once you start getting sick, your mind, you will just continue until you end up in prison. Like, I have been 10 years in prison and, you know, it has just ruined my life.

QUESTION 1: Describe your addiction in the past.
Mall: Now, would you describe to me your addiction in the past? How much do you usually use, what medications?

Patient: I mean, I just went through, I started off with just the hydrocodone and then I was doing a lot of meth at the time and I started getting…Well, one of my guys brought OxyContin. This was right when OxyContin came out and I then I would just, all I did was nasal use it then and I always had so many, I never run out. I didn't even know at the time that you get sick from it. You know, I had no idea. I just knew I was buying them and I liked them, you know. And, the first time I got sick, I was in Atlanta at the time and my buddy used to come to see me. I ain't going to say why but he ended up getting in trouble and I ended up not with the money that I was used to having and I had my dad bring me back home. I think I was like 21, 20 or 21, and then all of a sudden I was so freaking sick. I didn't even know why, you know. And my dad made me get out literally through physical withdrawals and work just because, I don't know, it was crazy, but the physical withdrawals are terrible and then, I mean, I probably continued to use a little bit after that. It was just OxyContin for the first…

Mall: How did you get OxyContin?

Patient: Well, from the street.

Mall: From the street, from friends, family, buy it from…

Patient: No family, no. But friends, yeah. And there was a lot of dirty doctors.

Mall: So, at first, you had this high feeling? You liked that feeling?

Patient: Well, the difference between that and other drugs, is that just soothes everything. Like, there is no really bad side effects like, you know, meth they freak out, cocaine you freak out. If you are stressed and you've got worries, that takes it away immediately. That is why so many people like it.

Mall: Okay. So less side effects and, you know…Now, when you started withdrawing, how long had you been using that? When you had no money?

Patient: Just about a year.

QUESTION 2: Describe your experience of cold turkey withdrawal.
Mall: Would you describe to me your cold turkey withdrawal?

Patient: Ah, you're…

Mall: How did you…

Patient: I've explained it this way before. You hurt so bad that your hair, you can feel your hair hurting. Like cold chills from head to toe, sweating hot then cold, muscles are clenching like, when you…We call it riding a bicycle. Your legs, you just can't get, it hurts so bad that initially the first couple of days I'll throw up, have diarrhea at the same time. Like, it is freaking miserable. You can't do nothing. Like, I can't sleep. I mean, it is bad.
Mall: How long have you felt that experience, that situation?

Patient: How long until I was over it?

Mall: The withdrawal?

Patient: It probably was like, on OxyContin a couple of weeks before I was anywhere near kind of, you know what I mean, I wasn't thinking about it and still had some issues, you know, still some chills, you know what I mean. Sometimes you will feel good for a few days and then it will come back a little bit. But after that, I got put on the methadone clinic and, see, that was 2003, no 2002, and I was on it for almost three years and then I got arrested. I was on that and a massive amount of benzos. Like, it was crazy the amount I was taking of both of them. And I got arrested and I was in jail 28 days. I didn't sleep one time. I was hallucinating. I mean, I can't even explain

to you how bad your body feels. I mean, it is terrible. Methadone was the worst thing ever. I got out in 28 days and I was still sick. It was terrible. I had to try, I was trying to shoot other drugs just to try to cover up the sickness of the methadone.

Mall: Where were you when you experienced this cold turkey withdrawal?

Patient: Knox County Jail.

Mall: County Jail? Okay. So, did you receive any medications?

Patient: No.

Mall: Nothing?

Patient: Uh-uh.

Mall: Nothing for your diarrhea?

Patient: Nothing. I didn't take nothing. I didn't even talk. I didn't talk to nobody. I just laid there sick, you know.

Mall: Uh-huh. Like, for the worst days that you felt that you were, you know, really, really, really sick, would you say it lasted for like, the peak symptoms of that?

Patient: I mean, like I said, cold chills, cramping, your legs cramp, all of your joints hurt. I mean, you're sweating, then you're hot, then you're cold. You cannot keep your legs still. You can't sleep.

QUESTION 3: What are the things that you found helpful in dealing with your withdrawal symptoms? (e.g. cold shower, talking, walking, prayer).
Mall: Uh-huh. Now, let me ask you, sir. What are the things that you found helpful in dealing with your withdrawal symptoms? Like prayer, shower, talking, walking?

Patient: Suboxone.

Mall: Suboxone?

Patient: Yeah.

Mall: Okay. Did you try…Now this was when you were out already? Right? From the jail?

Patient: Yeah. I got out in 28 days.

Mall: Oh, 28 days. But before, within the 28 days, was there something that helped you at least ease your symptoms?

Patient: No. They didn't give me nothing. No medicine. I don't know, nothing. They used…I mean, I still, after I got pukey, I would eat but generally I didn't get out of the bed for 28 days. I couldn't I was so sick. I mean, I was sick, sick.

Mall: Did you try to go into the shower?

Patient: Yeah. I would get a shower. Yeah, that was probably the closest to the best thing.

Mall: Was it cold?

Patient: Hot.

Mall: Hot?

Patient: Yeah.

Mall: Would you say that you were relieved from 0 to 10, how much relief did you feel with the hot shower?

Patient: What do you mean, 0 to 10, which one is the…

Mall: I mean, if you are, like your symptoms, if you were to rate.

Patient: I mean, which, what's 10.

Mall: Like 10 is like total relief.

Patient: No, no. It was probably like 3.

Mall: Three?

Patient: Yeah. Just the hot water just kind of relaxed, you know what I mean.

Mall: Uh-huh. Did you try anything?

Patient: What?

Mall: Did you try, like cold showers? Did you try that?

Patient: No. At our jail, you just push a button and it is the same temperature.

Mall: Okay. There was a counselor that talked to you before? That helped you?

Patient: I had one at the methadone clinic.

Mall: Nothing? Methadone only helped you? The Suboxone and the methadone, right, the ones that helped you?

Patient: Yeah.

Mall: Now, you had a very good experience because your withdrawal is like forced. Like, you had no choice.

Patient: Yeah. That makes it easier. I mean, still it was terrible but, when you take the thought out of your head, you're not even, you know you can't get it but it does seem a little different.

QUESTION 4: What would you recommend to the doctors and nurses caring for those who are withdrawing?
Mall: Yeah. What would you recommend for those medical to do, what do you think would make a difference in that situation?

Patient: What would help me?

Mall: Yeah. How do you think a medical partner or counselor would…you think in your own opinion, what do you think would make it help you?

Patient: I mean, nothing will make you feel better. There is no way to not feel bad. Once you are sick, you're sick. There ain't no way around it unless you take a maintenance drug like Suboxone. I mean, because it does no good. I mean, there is nothing, not one thing that I know of that will relieve that kind of sickness.

Mall: Uh-huh. That must be hard.

Patient: Yeah.

QUESTION 5: What advice would you give to others that have undergone cold turkey withdrawal?
Mall: To the other patients who are in your situation, is there anything that you want them to know about what you have been through, aside from that, you know.

Patient: You mean, like at a meeting or something?

Mall: Yeah. For example, a different, you know.

Patient: I don't know, I mean, just like they tell you, you may share something that somebody else needed to hear, you know? But, now we don't just talk about being sick. You don't ever hear nothing like that. At meetings, they try to talk positive, you know?

Mall: Yeah. Well, a good thing you are in such a situation.

Patient: Yeah. I live upstairs. I am in a halfway house.

Mall: You are in-house here?

Patient: No, that's downstairs. I am in a halfway house, I can leave.

Mall: Oh, okay.

Patient: I can work.

QUESTION 6: How has this experience affected you?
Mall: Okay. With all the experiences that you had on the cold turkey withdrawal, how have these experiences affected you now?

Patient: Well, I never use methadone again because of the way it made me feel. I would never use benzos again because the detox was too terrible. Yeah, I mean, like any of them, heroin, I don't want to feel that way again. And, in the last few years, the only way that, if I have any thought of using, I just go to the Suboxone doctor and then I don't use.

Mall: So, you are saying, had you not experienced those cold turkey…

Patient: You're saying if I didn't get sick, would I still use?

Mall: Uh-huh. No, I'm saying like, because of that withdrawal, cold turkey you have been through, it taught you a lesson not to use that anymore?

Patient: Hell, yeah. But, when it comes down to the pill sickness and that is not as bad as methadone is, you know.

Mall: That methadone, did you incorporate it with other medications?

Patient: Just benzos.

Mall: Just benzos. Were you using benzos and opiates at the same time?

Patient: Yeah.

Mall: Okay. So, were you, but was there a point that you were only using the opiate?

Patient: The opioid or opiate? Which one?

Mall: The methadone alone without any…

Patient: No. I always used with it.

Mall: With the combo? With the benzo?

Patient: Yeah.

Mall: If you are, I know you answered this. If there is a change in the medical to help you at least in the time you were withdrawing, what would you suggest?

Patient: What do you mean?

Mall: Like would you suggest that you should be put in, given the methadone at the time of the withdrawal right then?

Patient: No. I wouldn't tell anybody to use methadone ever. What would I tell somebody that was getting sick? That they needed to detox with Suboxone.

Mall: Suboxone?

Patient: Yes.

Mall: Hum. Do you have any other suggestion, comments?

Patient: No.

Mall: Having undergone that withdrawal, will that make you a better person, a different person?

Patient: What? After?

Mall: After that.

Patient: No I'm still stupid.

Mall: Yeah? It has changed something in your life, I think so.

Patient: Yeah. Hell, yeah.

Mall: Yeah. Well, that is good. Thank you so much, sir.