

# Heroin: From Hell to Heaven and Back

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## Abstract

Heroin abuse, addiction and overdoses are epidemically killing Americans. No longer is there stereotypical demographics that are affected. The walls have come down and heroin has infiltrated American communities with no bias and no quarter. This paper looks at heroin the drug and why it is so powerful. This work addresses the history of heroin in America and the journey from an over the counter remedy to the Schedule I narcotic it is today. In the end, how Christianity and the church can be a prominent contributor to addressing the issues at hand concerning heroin addiction.

Keywords: heroin, opioids, overdose, addiction, Christianity, science

## Introduction

In the recently passed year of 2015, thirty-three thousand, ninety-one deaths were attributed to opioid overdose and that death toll exceeded all other drug related deaths in the United States (Madras, 2017). Just two years later in 2017, more than forty-seven-thousand deaths accounted for an increase of the epidemic and may not peak for years. For a drug to be desired and used even with the knowledge of dangerous outcomes, a user must have weighed the risk vs reward factors and took the risk. This following work explores how heroin can be so powerful and what it provides that overrides the fear of death,

## The Drug

“The grass withers and the flowers fall, but the word of our God endures forever” (Isiah 40:8, New International Version, NIV). The opium poppy, *Papaver somniferum*, blooms into a beautiful crimson field. The poppy has been romanced in the written word of the Sumerians as early as 3300 B.C. (Fernandez & Libby, 2011). It is not known how the Sumerians discovered the euphoric qualities derived from the opium contained in the poppy, but they named the flower, *hul gil*, which translates to “plant of joy” (Fernandez & Libby, 2011). When Jesus was on the Cross, He was offered gall to ease the pain. It has been theorized that the gall, which means “bitter taste,” was a mixture of opium and milk, which creates a good painkiller with a bitter taste (Fernandez & Libby, 2011). Heroin is not new, but the use of heroin has now reached epidemic proportions in the United States. Suffice it to say that there must be a powerful draw to feel the effects provided by using heroin.

## From Poppy to Heroin

In the beginning, the opium extracted from the poppy was developed into morphine which enhanced the strength of the opium. In 1874, C.R. Alder Wright, altered the morphine into a chemical called diacetylmorphine, commonly known as heroin, and it is two to five times stronger than morphine (Inaba & Cohen, 2014). Heroin can block pain receptors while enhancing endorphins, giving the user the euphoric effect of the drug. That initial euphoric rush is what keeps addicts in the vicious pain-to-pleasure-to-pain cycle. The nonmedical use of heroin is to overcome emotional pain, to relieve the initial rush, to continually induce euphoria and once addicted, the use becomes the only way to stave off the withdrawals (Inaba & Cohen, 2014).

The use of opium in the 1800's led to accidental addiction of adult and children alike, through over the counter remedies for ailments of many kinds. Centuries before online marketing and ordering laudanum, containing opium, could be mail ordered (Fernandez & Libby, 2011). These types of medicine grew extensively in sales as more people became addicted. Eventually laws would prohibit these types of medications from being sold without prescription and yet the sales of heroin and prescription opioids continue to rise.

## From Hell to Heaven

When the addict to be is in the mode of self-pity, the victim of abuse, clinical

depression and many other disorders capable of creating a miserable and painful state of existence, escape is sought. Heroin seems to have the best reward over risk when trying to escape the pain (Inaba & Cohen, 2014). From the greatest pain and the hell which they inhabit, a shot of heroin delivers them to the heavenly feeling of euphoria that sets them momentarily free. As the drug wears off and none can be found to keep up the euphoric high, the addict quickly returns to the hell they know so well. To those caught in the turmoil of the drug, the last shot is never good enough and the search for the euphoria of the first shot is always being chased (Inaba & Cohen, 2014). The heroin is not an addict's problem; it is the solution for everything.

## And Back

Within hours of the last use of heroin, the user begins withdrawing. Withdrawal from heroin is not likely to kill the user, but that does not minimize the misery of withdrawing that makes them wish they were dead (Inaba & Cohen, 2014). The withdrawal consists of restlessness, craving more of the drug, muscle and bone pain, diarrhea, vomiting and restless legs (National Institute of Drug Abuse, NIDA, 2017). It is logical to assume that no addict wishes to subject themselves to the living hell of detoxing cold turkey, especially if they have already experienced such a traumatic event. It can further be assumed that when treatment is not available, a heroin addict will lengthen the active abuse of heroin for an unknown length of time to avoid the withdrawals. The high of heroin is very high, but the low is far worse in comparison.

## Clinical Issues

Clinical issues, concerning treatment of heroin addiction, are many and varied but can be overcome with strong treatment planning. After initial screening and assessment, treatment begins with a medical exam, followed by a psychiatric assessment. With opioid treatment, the first and perhaps most important clinical challenge is that, those addicted to opioids have the highest relapse rates than any other drugs, in part due to the severity of withdrawal (Inaba & Cohen, 2014). Other issues for consideration are needle borne diseases such as Hepatitis-C and human immunodeficiency virus (HIV) (Inaba & Cohen, 2014). The addiction is a common thread for the addicts and yet they have individualized issues and each case should be assessed individually.

## Assessment & Screening

Initial screening consists of a combination of data compiled from interviews, lab evaluations and results from appropriate screening tools. After review of this data, a decision is made as to how to approach treatment in the event it has been deemed necessary (3 Patient assessments - Clinical guidelines for the use of buprenorphine in the Treatment of Opioid Addiction - NCBI Bookshelf, 2004). The goals of addiction screening are as follows:

- Identify those at risk of substance abuse problems.
- Identify those who have developed problems or addiction associated with alcohol and drugs.
- Identify those in need of medical treatment or further addiction assessment
- Diagnose addiction or disorders.
- Develop a treatment plan.
- Address biopsychosocial needs of patients (3 Patient assessment - Clinical guidelines for the use of buprenorphine in the Treatment of Opioid Addiction - NCBI Bookshelf, 2004).

There are validated screening tools specifically for opioid abuse. One tool is the Clinical Opiate Withdrawal Scale, (COWS). COWS is a clinical assessment rating tool consisting of 11 signs associated with opiate withdrawal. COWS

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can be used to determine how intense the withdrawal symptoms an addict is going through and determine if medicinal aide, such as Buprenorphine should be part of the detox plan (Wesson DR & Ling, 2003).

A second tool is the Subjective Opiate Withdrawal Scale (SOWS). The SOWS is a 16-item, patient-reported scoring system. SOWS scores from 0 to 4 in relation to the severity of common motor, autonomic, gastro-intestinal, muscular, and psychic symptoms of opiate withdrawal. The SOWS has been useful in determining the next step in the detoxification process of the heroin abuser. The symptoms rated are as follows:

"I feel anxious," "I feel like yawning," "I'm perspiring," "My eyes are tearing," "My nose is running," "I have goose flesh," "I am shaking, I have hot flashes," "I have cold flashes," "My bones and muscles ache," "I feel restless," "I feel nauseous," "I feel like vomiting," "My muscles twitch," "I have cramps in my stomach," "I feel like shooting up now" (Buydens-Branchey, Branchey, & Reel-Brander, 2005, p 232).

The COWS & SOWS tools go far to assure that a treatment plan that works best for the individual is applied and followed. Finalizing a thorough assessment allows for the detoxification process to begin.

### Detox

The first step toward a life of abstinence from any drug is to clean the body and mind of the chemicals that hold an addict in bondage. As studies show, that the success rate of those who detox and shun aftercare is very low, long-term care is suggested, thus making detox a gateway to recovery (Specka, et. al., 2011). During this first step to recovery, the addict is very fragile. A careful assessment will indicate how to proceed with the inpatient detox. All addicts are the same and all addicts are different.

### Methadone

Methadone is a full opioid agonist and so there is always an overdose risk factor. Studies have shown that methadone saves two lives for every one lost (Whelan & Remski, 2012). Even with the risk involved, methadone affords a better chance at a manageable life than heroin. Methadone would be the method best chosen for those who have had a high severity of dependence (Whelan & Remski, 2012). Methadone is also the chosen method when the need for long term detox has been established. Both methadone and buprenorphine have the risk factor of overdose potential but methadone, being a full opiate agonist, runs a higher risk than buprenorphine. The detoxification from heroin using methadone will later require a detoxification from methadone. Beyond the detox stage, evidence shows that those who spend a longer time in Methadone Maintenance Treatment (MMT), the better the outcome (Barnett & Hui, 2000). The bad news is that most insurance will not cover MMT, so many of those who would benefit from MMT, will never have it provided (Barnett & Hui, 2000).

### Buprenorphine

Buprenorphine hydrochloride, is a partial opioid agonist, approved by the United States Food and Drug Administration (FDA) in 2002 (Fiellin, Friedland, & Gourevitch, 2006). Suboxone is a trade name for a combination of buprenorphine and naloxone and used in most detox facilities that offer short-term opioid detox alternatives. The advantage of Suboxone when compared to methadone is a short detox time frame. Suboxone can successfully detox a person by tapering down and eliminating the withdrawal effects and this eliminates some fear of the heroin detox for the addict (Inaba & Cohen, 2014).

### Treatment

Having completed the detox phase, treatment can begin to increase the odds of achieving long-term abstinence. The treatment includes individual, group therapy, family involvement and aftercare (Inaba & Cohen, 2014). Different facilities offer a variety of treatment modalities, from twenty-eight days in length to as much as two years in-patient. More and more, treatment is being moved to outpatient. Of one hundred addicts seeking treatment, only forty-four will find what they seek indicating a shortage on facilities in the United States (Inaba & Cohen, 2014).

### Long Term Residential

Heroin is the drug with the highest relapse rate and therefore long-term care would logically be the best fit for heroin addicts wishing to remain abstinent. The most widely known model for this type of treatment is called a therapeutic community (TC) and involves round the clock care in a non-hospital environment (NIDA, 2012). As part of the TC the client goes through a process of resocialization process that involves the community, the staff, and other residents (NIDA., 2012). Treatment is structured but can be flexible and at times confrontational while still allowing for job training, educational resources and various needs a person must re-enter society. The TC model can adapt to special needs as well, such as adolescents, women, the indigent and even those with mental disorders (NIDA, 2012).

A TC treatment plan transitions the addict back into society. The alternatives such as a 28-day program, essentially gets rid of the heroin, physically, from the addict. Then the addict is sent home, with the same problems that led them to addiction in the first place, with no tools to combat the demons of their addiction.

Being armed with an examination of damaging beliefs, self-concepts, destructive behavior and addict can better interact with his/her fellows while in treatment, then carry the new version of them out the door and back into the community (NIDA, 2012).

### Outpatient Treatment

Outpatient treatment usually begins with Intensive Outpatient treatment (IOP) and is a program that meets multiple times a week, for usually 3 hours per session (SAMHSA, n.d.). This program is advantageous to those addicts who are unable to commit to long-term inpatient care. Additionally, IOP can benefit those who are still on MMT or Suboxone treatment. Along the lines of TCs there are day treatment facilities that are less intensive than inpatient but more intensive than average outpatient treatment models (Inaba & Cohen, 2014). No matter the treatment, it is incumbent on the addict to get past denial and accept the addiction concept, then treatment begins.

### Worldview

When they came to Jesus, they saw the man who had been possessed by the legion of demons, sitting there, dressed and in his right mind; and they were afraid. (Mark 5:14, NIV). As Christians turn to the Bible to derive a world view, heroin addicts turn to heroin for theirs. Essentially, the addiction to heroin is the worship of idolatry, the idol of course being heroin. It could be theorized that addicts are demon possessed and that would be in line with the Christian worldview. Tim was a heroin addict and recalled his first shot of heroin as "meeting God" (Tim Johnson, personal communication, July 17, 2017). Certainly, that statement validates the euphoria achieved with heroin.

U.S. Surgeon General Vivek Murthy has remarked that heroin is a test of American morality and wonders if America is up to the challenge (Metaxas, 2016). When Screwtape spoke to Wormwood, one of his pieces of wisdom was the need to keep the increase of craving for a decreasing pleasure in play (Metaxas, 2016). Obviously Screwtape knew about addiction. Drawing a worldview from the Bible requires a commitment to ever strive to honor God and to serve Him in a capacity that is pleasing to Him and makes the Kingdom a better place. Grace, hope and love is not withheld from addicts; on the contrary it is they who need it most. Christians have the honor and privilege of helping others in need and heroin addicts qualify as in need.

Three theories concerning addiction are the moral theory, the contemporary moral theory, and the biological theory (Pittman & Taylor, n.d.). The moralists put the blame on sin, while the contemporary view is that bad choices create the addict while the biological theory has much to do with predisposition of person (Pittman & Taylor, n.d.). No matter the cause, the outcome is a life with complete loss of manageability, loss of hope and a string disorders created before and after the addiction became active. The neurobiology does not mean that someone is genetically determined to become an addict but certainly predisposed to the affliction (Pittman & Taylor, n.d.).

### Virtues

A Christian counselor is held to a standard in accordance with secular law as well as a Christian worldview. There are five central virtues that are guides

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for moral and ethical accountability. Those five virtues are compassion, discernment, trustworthiness, integrity, and conscientiousness (Beauchamp & Childress, 2001).

- Compassion: Integrity is focused on self; compassion is focused on others. The trait of compassion is a strong regard for another's welfare. Feeling sorrow for those who are hurt, sympathy and discomfort for the misfortune of others are all found in compassion (Beauchamp & Childress, 2001).
- Discernment: Bringing insight, judgement and understanding to a given situation describes discernment. The ability to make decisions, without personalizing a situation that might include personal attachments, is the quality of one who practices healthy discernment (Beauchamp & Childress, 2001).
- Trustworthiness: A confident belief and reliance upon moral character of others defines trust. To trust or be considered trustworthy, is the confidence that actions made will be of moral integrity and pure motives (Beauchamp & Childress, 2001).
- Integrity: Soundness, reliability, wholeness and moral character are good descriptions of integrity (Beauchamp & Childress, 2001). What one does when no one is looking is the measure of integrity. Hypocrisy, insincerity, and bad faith can be evidence of a lack of integrity (Beauchamp & Childress, 2001).
- Conscientiousness: The act of doing what is right because it is the right thing to do, as opposed to attaching a self-serving agenda to the deed. Conscientiousness is an important virtue both ordinary morality and moral idealism (Beauchamp & Childress, 2001).

Along the lines of those virtues, it is important for any counselor, not to exceed their abilities. Recovery from heroin addiction requires a team. A counselor is not a medical doctor and should not try and perform as one. A counselor may have great knowledge in psychiatry, but unless that was the area of education and training, they should not step into chemical assessments of the brain and how it works with drugs. There is no shame in admitting one does not know, but great shame and potential harm, to a client, can come with not admitting an inability to perform a given task.

### The Church

John Baker was a frustrated man. He was unable to share his victories over addiction through Christ at his Bible studies as most would not understand or relate. In the rooms of Alcoholics Anonymous he was in fear of being laughed out of the room because he was vocal about his Lord and Savior. He approached his pastor, Rick Warren, of Saddleback Church in California and from that meeting Celebrate Recovery (CR) was born (Burnett, 2014).

Celebrate Recovery combines the 12 Steps of Alcoholics Anonymous with Christ centred 8 principles of recovery drawn from Matthew chapter 5, and the Sermon on the Mount (Burnett, 2014). Interesting to note, there were three foundations that Alcoholics Anonymous was built upon Sermon on the Mount, the Book of James and 1 Corinthians 13 (Alcoholics Anonymous, 1972). CR has become one of the largest faith-based recovery programs and as of 2014 CR was in 20,000 churches across America (Burnett, 2014).

Gospel rescue missions are also incorporating more step oriented, Christ centred recovery. The Helping Up Mission (HUM) in Baltimore, Maryland provides a good example of what churches can do in the community to help with addictions. They have a comprehensive spiritual program combining the latest in scientific developments and understanding of addiction treatment with intense spiritual development. HUM provides a step-up system that is one year long (Helping Up Mission, n.d.)

- Seeds of Hope (Days 1 through 45)
- Alpha Phase (Days 46 through 105)
- Omega Phase (Days 106 through 195)
- Life Prep (Days 197 through 365)
- Spiritual Program Graduation (Helping Up Mission, n.d.)

This step-up program ensures that men are ready to enter society and be productive members of their communities. HUM and other similar programs in Gospel Rescue Missions are becoming positive forces in American communities in turning hopelessness into hope. Churches can follow the models of CR, HUM or create their own version of recovery, in any church willing to recognize the need.

### Conclusion

There is no mystery behind the heavenly allure of heroin. That euphoria is scientifically explained and is a result of a massive release of dopamine into a person's system, just seconds after injection. It is also no secret that a person feels like they are in Hell before they find the keys to Heaven. There is a pain in a heroin addict that needs to be relieved and heroin provides that relief. Once that short-lived freedom from pain is gone, and addict is right back in the hell that they were trying so hard to escape. So, the search for another shot begins and so on, and so on.

### Death

In 2015, drug overdose was the leading cause of accidental death. 52, 404 people died from a drug overdose. Of those deaths, 21, 101, deaths occurred by prescription opioids and 12, 990 died from heroin. 591,000 Americans were addicted to heroin in 2016 (ASAM, n.d.). The overdose death rate in 2008 four times that of the deaths in 1999 (ASAM, n.d.). The numbers of opioid overdoses continue to rise in the United States, but all is not lost. (Naloxone (Narcan) is saving more lives by reviving overdoses and Narcan training will not doubt save more lives as it expands nationwide.

The National Institute on Drug Abuse (NIDA) is currently researching vaccines for heroin as well as a vaccine for HIV. The results on lab rats are encouraging (Volkow, 2011).

### Living with Addiction

Once the treatment is over, the addict finds he/she is like a fish out of water in a world unbeknownst to them. Upon successful completion of treatment, they find that things that used to baffle them confuse them no more (Alcoholics Anonymous, 2001). A sense of gratitude is with them that was no present before treatment. An appreciation for the little pleasures in life outweighs the grandiosity of wealth and fame they may have preciously wished for themselves.

To maintain sobriety, it is always recommended that an addict pray and help others. It is wise to attend support groups. There are many 12-step programs including Heroin Anonymous. Then, of course, it is a necessity that a conscience contact with God is in place (Alcoholics Anonymous, 2001). America may be short on recovery facilities, but there is no shortage of churches and, as stated earlier, at least 20,000 of those churches have CR. Church is a recommended addition to recovery even if CR is not available. The help is available and when the time comes the addict is to give back what was freely given.

The text for Alcoholics Anonymous is clear that a spiritual awaking is necessary. It is an emotional realignment that occurs when God is with them (Alcoholics Anonymous, 2001).

It is not enough to know the steps of A.A. or be able to recite passages. A change must occur before one is truly sober.

### Author Observations

There are many ways a person can become so life depleted that heroin becomes a viable option. The heroin addict has discovered that not only is the pain gone, but peace prevails. Regardless the argument on how addiction begins, begin it does and for more and more each year. Everyday more people will exit their perceived Hell for the moment of Heaven they get from heroin. Every day, in between shots as the withdrawals begin, the addict will wonder how they got there and how do they get out?

The recovery centers across the United States have waiting lists. This should be of great concern, for those that are waiting are not accounted for and might die or commit suicide before treatment becomes available (Inaba &

Cohen, 2014). A momentary desire to seek treatment can easily be dissuaded, if not for treatment being readily available. Research does not bear this out, but this author's observation is that if someone wants to detox from heroin, immediately, they must lie. It is for them to convince the nearest county hospital emergency room, that they are a danger to themselves or others. One could argue that an active addict is a danger to themselves and others, but the hospitals want to know if suicide or murder is on the table. If so convinced, they will accept an addict for a three-day detox or shorter if possible.

The bottom line is that drugs of all kinds are big business. This author's experience is that, drug cartels continue to get rich and pharmaceutical companies creates the problem with opiates and then sells the solution, such as methadone and buprenorphine. Business is supply and demand and business is good because America is still demanding, so the dealers keep supplying. The war on drugs cannot be won unless the attention expands to prevention.

Prisons spend roughly 60,000 a year to keep one individual imprisoned. The current cost to imprison a person for one year in California is \$70, 012 (LAO, 2016). This is a huge cost, when the previously mentioned HUM, houses, treats and trains a person for a year, for roughly \$15,000, all of which comes from donations, not taxes (Helping Up Mission. n.d.). The root of all the problems, concerning heroin and all other addictions, can easily be traced to greed and the love of money (1 Timothy 6:10, NIV).

Heroin addiction and death is not slowing down. In 2014, the highest death toll, to date, was recorded as 50.00 people died from heroin overdoses, which means every 11 minutes someone died from an overdose (Maldonado, n.d.) Every day, this tragic statistic rises or remains the same. Every day, someone will discover the instant gratification of injecting heroin into a vein.

At this very moment, people all over America, are going from Hell to Heaven and back again.

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