

# Complete Freedom from Opioid Addiction

*Peter Coleman, MD*

# About This Talk

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- Peter Coleman, MD — family medicine & addiction medicine specialist
- In recovery since 1984 – then a Fellowship in Addiction Medicine here at VCU
- Founder, The Coleman Institute for Addiction Medicine
- Author: Complete Freedom from Opioid Addiction (2026)
  
- This morning's goal:
  - Share with you some of the insights I gained
  - Give you the clearest, most useful picture of what opioid addiction really is and how it changes the brain -
  - Which then shows the obvious steps to achieve full recovery - complete freedom

# The Opioid Crisis — Where We Are Now

**~70K**

Opioid overdose deaths per year  
in the US (2024 est.)

**10%**

Of the population has the  
disease of addiction

**~80%**

Relapse rate in 3 months  
WITHOUT medication treatment

# Signs of Progress — And What's Still Missing

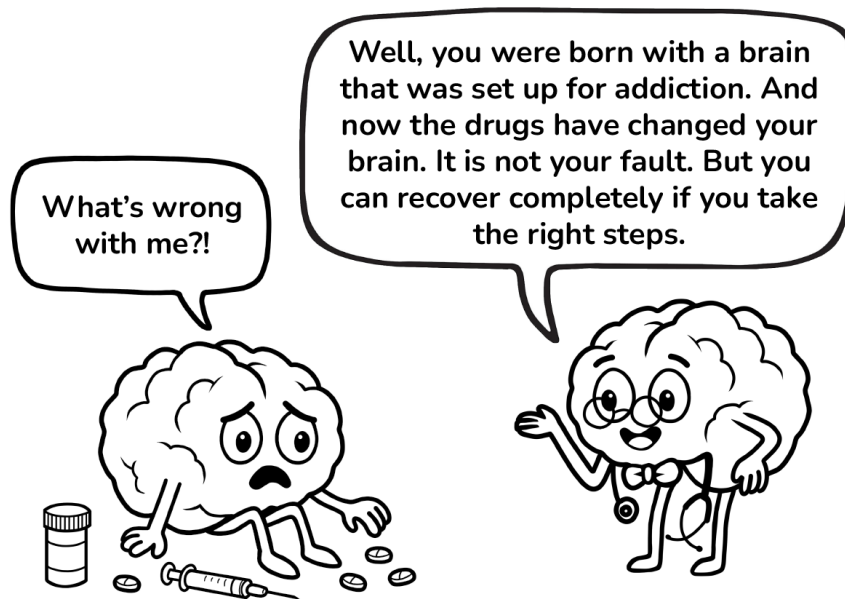
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- Overdose deaths are slowly decreasing
  - Greater public acceptance: addiction is an illness
  - More funding for treatment programs
  - Criminal justice system beginning to embrace treatment
- Fentanyl still everywhere and deadly
  - New opioids being developed
  - Treatment gaps remain

PART 1

# What Is Opioid Addiction? (And Why It's No-one's Fault)

# "What Is Wrong with Me?"



**Most people with opioid use disorder have no idea what is actually wrong with them**

# "What Is Wrong with Me?"

## What Society Believes

- Weak-willed
- Bad moral character
- Just needs to try harder
- Doesn't care about others

## The Medical Reality

- Inherited brain disease
- Genetics + trauma = vulnerability
- Brain becomes physically injured by the drugs
- The injury is reversible
- Full recovery is possible

# Physical dependence is not the same as the disease of addiction

## Physical Dependence

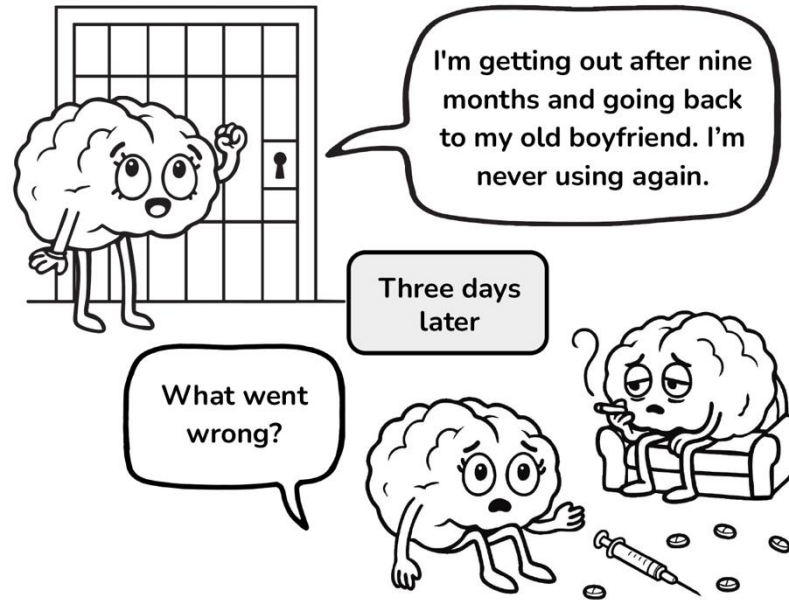
- Happens to 100% of people who use opioids long enough
- Body adapts with homeostasis — endorphin production shuts down
- Causes withdrawal when stopping
- Resolves within days to weeks of stopping
- NOT the same as the disease of addiction

## Disease of Addiction

- Happens to ~10% of people
- Caused by genetics + trauma + drug use
- Persists even after drugs stop
- Brain stays injured for months to years
- DOES NOT go away just by quitting

*A pickle cannot go back to being a cucumber.*

# Quitting doesn't make the disease go away

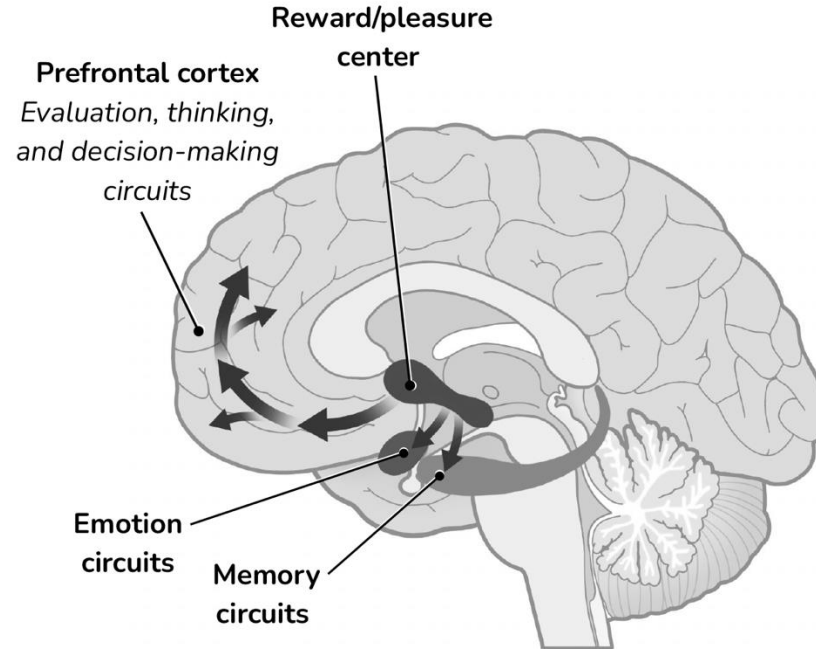


**Being abstinent doesn't make  
the disease go away**

PART 2

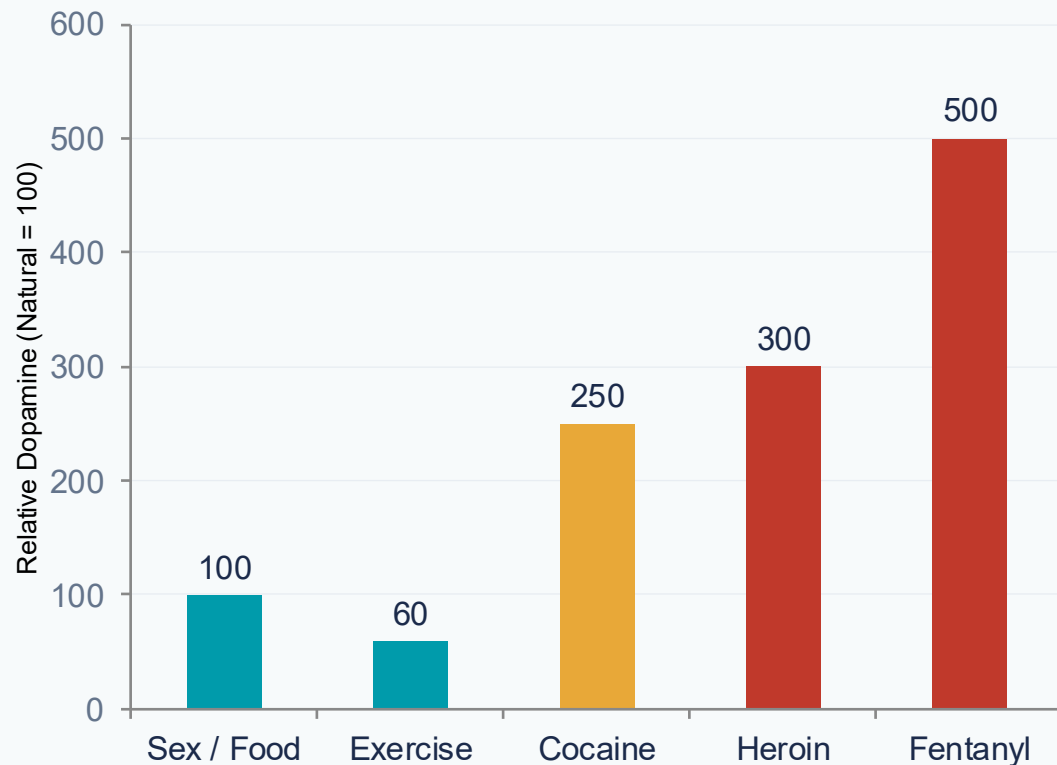
# How the Brain Works — and How Addiction Changes It

# The Four Brain Regions That Drive Addiction



**There are four important parts of the brain**

# The Dopamine Spike — Why Drugs Feel So Good (At First)



## The Cascade:

Dopamine spike → Memory records it as amazing

Emotion circuits "fall in love"

PFC says: "Do this again!"

PART 3

# What Causes Addiction? Genetics, Trauma, and the Brain Bucket

# Genetics: The Most Important Factor (~50%)

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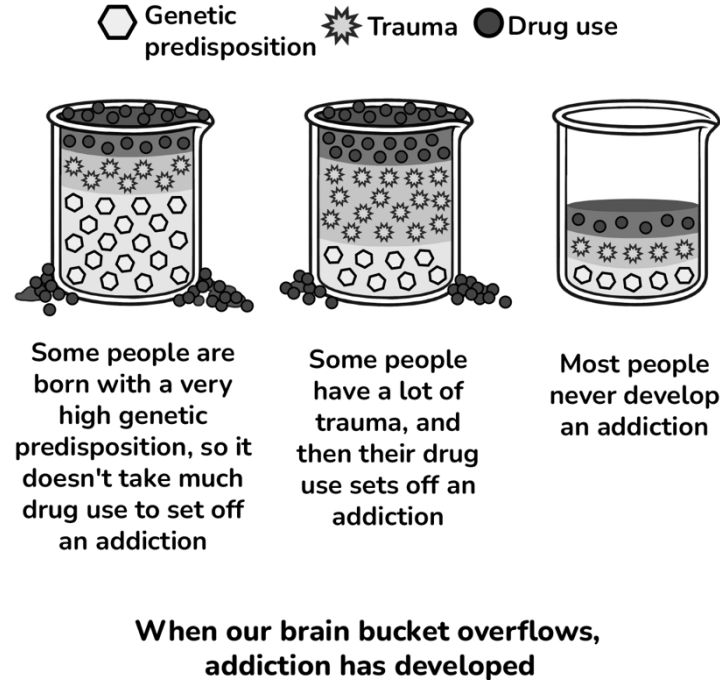
- Almost all of my patients with OUD had a family history of alcoholism or addiction
- Identical twin studies: if one twin has addiction, the other has a 70% chance
- Adoption studies: children of alcoholic parents — 4 times increased risk
- Addiction can skip generations — parents don't drink but pass genes to children
- More than 100 genes involved — none alone causes addiction
- The more genes you inherit, the earlier and more severe the addiction
- Low dopamine tone concept - Many people were born with low baseline dopamine — drugs felt like "finding the missing piece"

# Childhood Trauma: The Second Major Factor

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- Growing up in a dysfunctional or alcoholic home causes chronic stress — which physically changes the developing brain
- Children become survivors with coping skills that cause problems in adulthood
  - Don't talk — secrets keep the family "safe"
  - Don't trust — broken promises destroy the ability to rely on others
  - Don't feel — told their emotions are wrong
- Stress is often – intermittent, unpredictable, and often a “social defeat” stress
- Chronic stress → changes dopamine pathways → increases addiction vulnerability
- Many people say their childhood was "fine" — the pain is buried in the subconscious

# The Brain Bucket Model

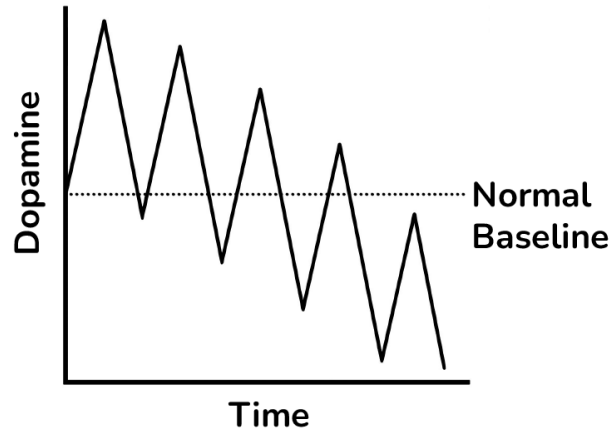


# The Drug Use Injures The Brain In A Predictable Way

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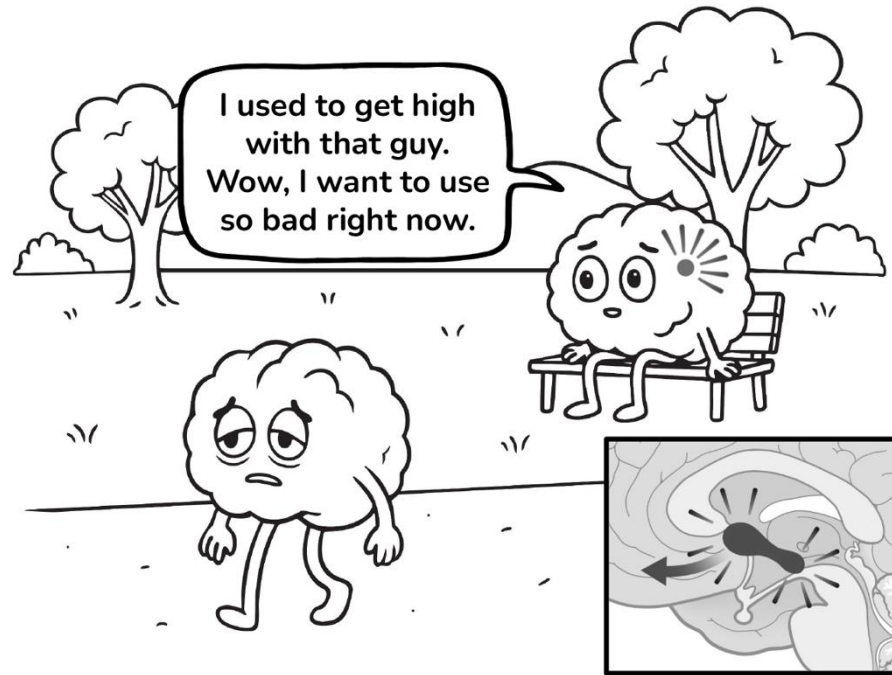
- The Reward system – Dopamine has less effect - and gets depleted. Normal pleasures lose their value.
- Memory circuits – Associated memories become powerful triggers
- Emotion circuits – We fall in love with the drugs and we rely more and more on them to numb our pain
- Prefrontal cortex – develops more and more distorted thinking and ability to control our actions

# The reward system becomes injured



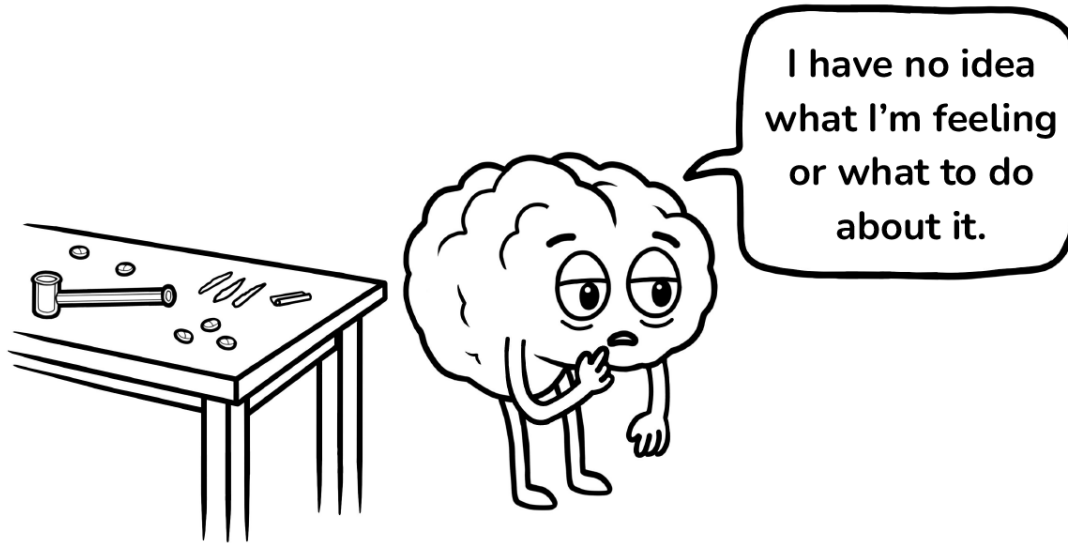
**Each subsequent drug use causes a smaller dopamine spike and the dopamine level then falls further below the baseline. Fairly quickly, people don't ever feel good.**

# Associated Memory Triggers Release Dopamine



**Memory triggers cause a dopamine spike and strong cravings**

# Emotion Circuits get numbed by the drug use



**Drugs numb our emotions and stunt  
our emotional growth**

# The Prefrontal Cortex Develops Distorted Thinking

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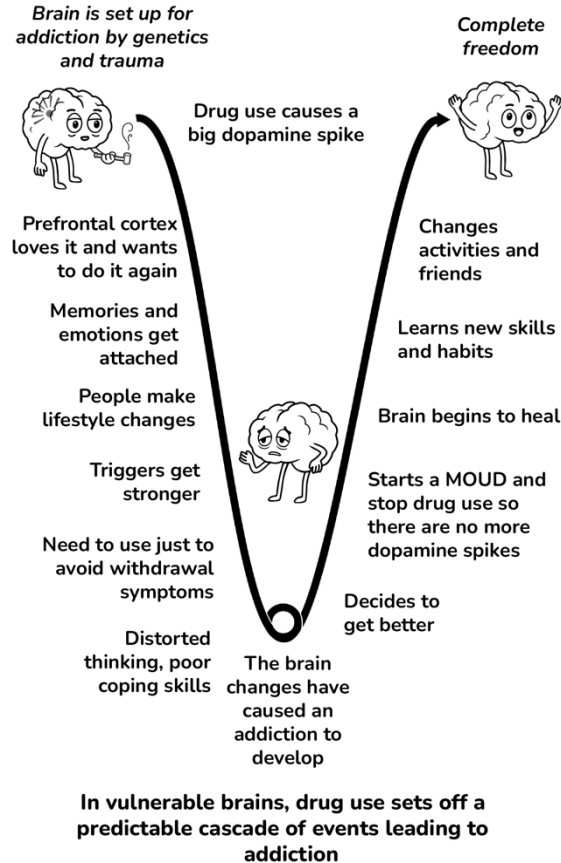
- Denial
- Poor judgment of risks and consequences
- Shift to immediate gratification
- Poor impulse control
- Distorted social norms
- Loss of hope


# The Three Stages of Addiction

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- Before any use, the brain is vulnerable from genetics and trauma
- **Stage One** – Drug use is still fun – but the brain is being changed - injuries are developing
- **Stage Two** – Drug use is to avoid negative feelings – Dopamine depletion and physical dependence develops because of endorphin depletion
- **Stage Three** – Preoccupation and Anticipation - Chaos

# The predictable cascade





*“Your addiction is clearly not your fault — your brain was set up for addiction by genes and trauma, and then the drugs caused physical changes in your brain. Accepting that it is not your fault can help you move forward.”*

— Complete Freedom from Opioid Addiction, Ch. 21

PART 4

# Treatment That Works MOUDs, Harm Reduction & Complete Freedom

# The Three Basic Principles of Recovery

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- Stop using drugs – avoid the dopamine spikes
- Let your brain heal – neurotransmitters, receptors, brain pathways
- Learn how to deal with life without drugs. Change and growth.

# Harm Reduction vs. Complete Freedom

## HARM REDUCTION

- Taking methadone or Suboxone while still using other substances
- Goal: stay alive, stay safe, improve quality of life
- Best for people not yet ready to give up all drugs
- Most effective: methadone or buprenorphine
- Reality: many patients do well — many grow into full recovery

## COMPLETE FREEDOM

- Abstinent from opioids AND all other mood-altering drugs
- Includes taking MOUDs as prescribed
- Goal: full brain healing, emotional growth, authentic life
- Most fulfilling long-term path
- Continued other drug use slows brain healing and increases relapse risk

# The Three Medications for OUD (MOUDs)

## Methadone

*Most supportive*

- Long-acting opioid agonist
- Daily clinic visits initially
- Best for high-risk patients needing structure
- Very effective at preventing overdose
- ~400,000 patients in US

## Suboxone (Buprenorphine)

*Most accessible*

- Partial agonist — no dopamine spike
- Convenient - Office-based prescription
- Long-acting injections (Sublocade and Brixadi) now available — most effective form
- Best for motivated patients
- Most used MOUD in US – about 1.4 million patients

## Vivitrol (Naltrexone)

*Best for committed patients*

- Opioid blocker — not an opioid
- Monthly injection
- Requires full detox first
- Best for highly motivated patients with strong recovery support
- Good for step-down from other MOUDs

# MOUDs — Key Clinical Points

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- People on MOUDs can and should claim a sobriety date
- MOUDs are safe long-term — there is no hurry to stop; decisions should be made with a team
- After stopping naltrexone: tolerance is low — risk of fatal overdose is HIGH if relapse occurs
- Vivitrol is excellent for stepping down from methadone or Suboxone

PART 5

# The Recovery Journey From First Steps to Complete Freedom

# First Steps: Asking for Help

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- It is very hard to recover alone — asking for help is a sign of strength, not weakness
- Step 1: Acknowledge the problem — to yourself and to others you trust
- Step 2: Consult an addiction medicine specialist
  - ASAM, AAAP, or SAMHSA directories
  - MOUD manufacturer websites (Alkermes, Indivior)
- Step 3: Get a thorough substance abuse evaluation
- Step 4: Build a comprehensive, written recovery plan — including MOUD choice, treatment intensity, living situation, support groups
- Step 5: Assemble your team of trusted advisors

# The First 90 Days — Most Critical Period

## Stabilize

Stop mood altering drugs.  
Usually start a MOUD.  
Safe living environment.

## Educate

Professional treatment (IOP/residential).  
Learn about addiction and the brain.

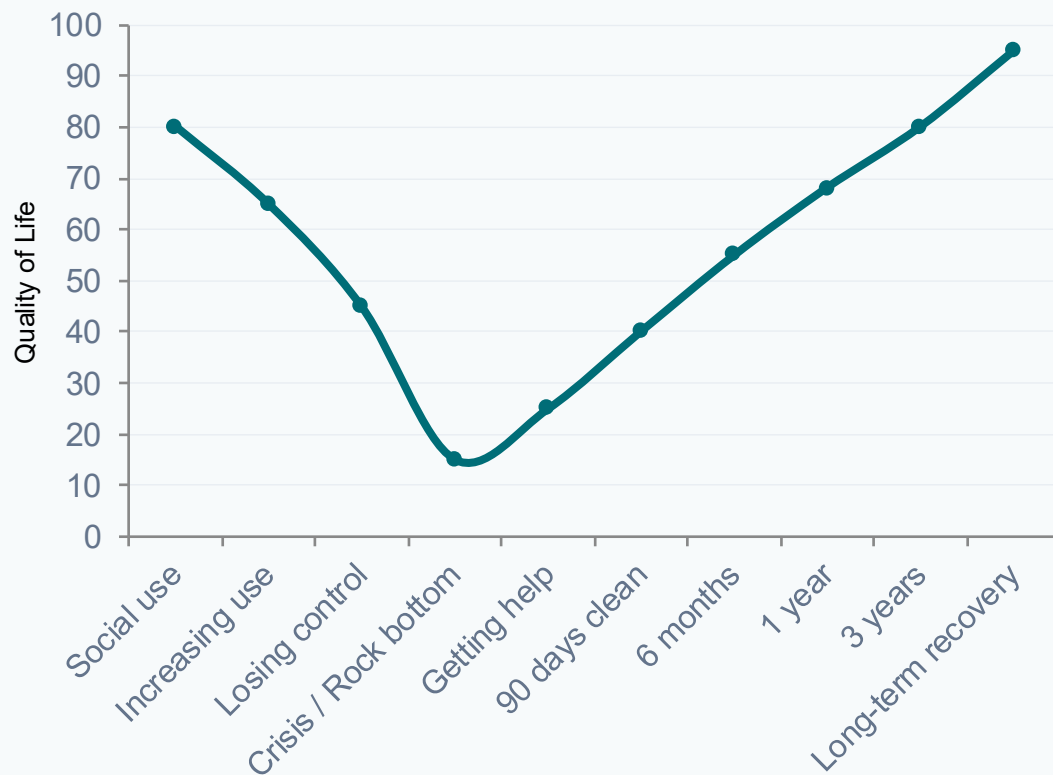
## Connect

90 meetings in 90 days. Build trusted advisor team. New friendships in recovery.

## Act

Break old habits. Begin new healthy routines.  
Journal. Exercise. Sleep.

# Recovery Is a Journey — Not a Destination



## Stages of Recovery

- 1 Pre-contemplation
- 2 Contemplation
- 3 Seeking help
- 4 Stopping opioids / starting MOUD
- 5 Brain healing (months)
- 6 New habits & lifestyle
- 7 Addressing the past
- 8 Ongoing maintenance

# 12 Factors I Have Found That Predict Recovery Success

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- Understanding the disease
  - Full acceptance of the disease
  - Abstaining from ALL mood-altering drugs
  - Motivation to change
  - Taking action — not just talking about it
  - Severity of the disease
- Safe and healthy living environment
  - Co-occurring mental health issues treated
  - Recovery skills
  - Physical barriers addressed
  - Childhood trauma addressed
  - Passion and sense of purpose

# Recovery Skills and Tools for Long-Term Recovery

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- Building recovery capital — like a savings account; the more you have, the less any one stress event can derail you
- Identifying and dealing with emotions — drugs numbed them for years; learning to feel and act is a skill that improves with practice
- Effective communication — most people in recovery grew up without healthy role models; these skills can be learned
- Recovering from childhood trauma — often the hardest work, but also the most liberating
- Developing connections, avoiding loneliness — addiction is a disease of isolation; recovery is about connection
- Spirituality — not necessarily religion; love, faith, connection, meaning, gratitude are universal spiritual experiences
- Finding purpose and passion — fills the hole left by drug use

# For Families and Loved Ones

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- You didn't cause it. You can't control it. You can't cure it.
- The person you love is not their disease — beneath the addiction is the person you know
- Loving someone with addiction means learning when to say yes and when to say no
- Their recovery is their responsibility
- Get your own support: Al-Anon, Nar-Anon, individual therapy
- A professional interventionist can help when the person won't seek help on their own
- Boundaries protect you AND your loved one — consequences from drug use can motivate change
- Your own peace and serenity are YOUR responsibility, regardless of what your loved one does

# What I Hope You Take Away

- Opioid addiction is a brain disease — not a moral failing
- Genetics + trauma - and then drug use = a predictable, understandable cascade of brain injury
- The brain CAN heal — complete freedom is genuinely possible
- MOUDs save lives — use them; don't let stigma get in the way
- Recovery is a journey, not a destination — one day at a time
- **If you or someone you love is struggling - ask for help today**

# Questions & Discussion

[drpetercoleman.com](http://drpetercoleman.com)

Available at [amazon.com](http://amazon.com)

