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EMTIRO HEALTH
inspired support.

NAVIGATING YOUR HEALTH CARE SERIES

Treatment and Support

Are you concerned about your drug use or that of a friend or loved one? Your first stop for substance use programs are the Local Management Entities / Managed Care Organizations. They all have 24/7/365 phone access, crisis services, and healthcare providers who can share information about substance use and provide the next steps to seek treatment.

Cardinal Innovations

Serving Forsyth, Davidson, Davie, Stokes and Rockingham counties (among others)
www.cardinalinnovations.org Access/Crisis Line:
1-800-939-5911

Partners Behavioral Health Management

Serving Yadkin and Surry counties (among others)
<http://www.partnersbhm.org> Access/Crisis Line:
1-888-235-4673

Sandhills Center

Serving Guilford County (among others)
www.sandhillscenter.org Access/Crisis Line:
1-800-256-2452

Additional resources can be found through NC 2-1-1 (<https://www.nc211.org>) or dial 211 or 888-892-1162. This service is free, confidential, multi-lingual and 24/7/365.

WHAT IS ADDICTION?

TO UNDERSTAND ADDICTION, YOU MUST START AT THE BEGINNING.

All of us seek pleasure; in fact we could not survive without it. For some, pleasure is sought through: yoga, positive relationships, fast cars, good food, music, gambling, time at the beach, alcohol, prescription drugs, illegal drugs, tobacco, sex, sky diving, and the list goes on and on. Each of us seeks and gains pleasure in a variety of ways unique to each of us. Can any of those things be addictive? Sometimes. It is only considered addiction if it includes compulsive behavior, continued abuse despite negative consequences and persistent changes in the brain's structure and function.

So if we all seek pleasure, why aren't we all addicted to something? Well that's complicated. Let's take food for example: We all need nourishment to survive, but some are only interested in it to survive, it holds no appeal. Others look for strange, exotic and unusual foods to prepare and eat. Most of us are somewhere in between those extremes. If food is pleasurable (and it measurably is based on changes in our brain chemistry when we eat those things we like) why are we all not obese? Most of us make choices to eat even those foods we love only in moderation because there are other healthy lifestyle choices that we are also making. But there are some who, for a variety of reasons, seem unable to stop eating and become morbidly obese. Are they addicted? Probably. Their eating behavior is compulsive and continues despite negative consequences to their health and well-being.

What about alcohol and other drugs? Most who drink alcohol, drink at responsible levels. Most who have prescription pain medications take them as prescribed. In some states, many smoke marijuana in ways they consider reasonable. In these cases, those who are drinking, taking pills or smoking are doing so in ways that are usually not disrupting their lives, their careers, their families, or their community. On the other hand some individuals are much more likely to become addicted due to their genetic makeup, their family history and other factors that make their brain easier to hijack. Suppose for a moment that, for any one of a number of reasons, you never really felt comfortable with who you are or good about yourself. Then suppose you have an experience (alcohol and drugs are only some of those types of experiences) and you feel great. There is finally something that you can depend on to help you feel good about yourself. You believe that you can control how and when you will take drugs, but you will take them because feeling good about yourself is what matters. You don't plan to become addicted, but the drug changes your brain chemistry and finally you need the drugs just to feel normal (in fact you feel bad without them) and you will do anything to get them. This is addiction and those who are addicted cannot easily stop using drugs regardless of the personal, social, medical, or legal consequences.

The consequences of addiction (especially drug addiction) are typically extreme and/or dangerous such as illegal acts to gain money for drugs, withdrawal from friends, family, work, or school to do drugs, even death due to overdose or fatal accidents. The process of addiction, while typically faster, is not unlike that of any other chronic disease such as a person who develops adult onset diabetes. The choices they make, primarily around exercise and diet in the case of diabetes, lead to that condition, but it is difficult for them to change a lifetime of habits even though it is clear that their behavior is leading to even what they consider to be an undesirable outcome.

What is clear for both addiction and other chronic illnesses is that they are, for the most part preventable and if not prevented then treatable. That the biological changes that have occurred can be managed and healthy, productive and happy lives are possible. Prevention Works. Treatment is effective. People Recover.



How common is drug and alcohol abuse?

In North Carolina (according to the 2015-2016 National Survey on Drug Use and Health) about 242,000 individuals aged 12 or older (2.89% of that population) had an illicit drug use disorder (these would include the misuse of prescription psychotherapeutics, marijuana, cocaine (including crack), heroin, hallucinogens, inhalants or methamphetamines). This is about 30% of those who used an illicit drug in the last month; so not everyone who uses an illicit drug becomes addicted. Of those with an illicit drug use disorder 201,000 (2.40%) were needing but not receiving treatment for that disorder; this means that only about 17% of those needing treatment received it. During this same period about 389,000 individuals aged 12 or older (4.69% of that population) had an alcohol use disorder. This is only about 10% of those who drank alcohol in the last month; so most of those who drink alcohol do not become addicted. Of those with an alcohol use disorder 371,000 (4.43%) were needing but not receiving treatment for that disorder; this means that only about 5% of those needing treatment received it. In addition, 183,000 (15.97%) under-aged individuals, aged 12 through 20 used alcohol in the past month.

The opioid epidemic has also been a significant problem in North Carolina which faces overdose death rates much higher than the national average. While alcohol and other drugs certainly play a role in these numbers, almost all of these deaths are attributed to opioids. The number of overdose deaths in North Carolina increased roughly 260% between 1999 and 2014, from 363 in 1999 to 1,306 in 2014. The 2014 data also showed that prescription opioids contributed to more than half of all drug-related overdose deaths. Of the 25 worst cities for opioid abuse in the country, North Carolina has four of them: Wilmington, Hickory, Jacksonville, and Fayetteville. Wilmington alone had an opioid abuse rate of 11.6% – the highest in the country.