

D I F F I C U L T I S S U E S



A D D I C T I O N

SCALE OF THE PROBLEM

Provisional data from CDC's National Center for Health Statistics indicate that there were an estimated **100,306 drug overdose deaths** in the United States during 12-month period ending in April 2021, an increase of 28.5% from the 78,056 deaths during the same period the year before.

**US Overdose Deaths since
1999 = 932,000**


**20th Century US War
Deaths = 616,889**

**58,220 American Deaths Viet Nam
War in 11+ Years**

**36,754 American Deaths
in Korean War in 3 Years**

**405,399 American Deaths
in WW2 in 4 years**

**116,516 American Deaths
in WW1 in 2 years**

A large, dense pile of dark, oval-shaped pills, likely fentanyl, is shown. The pills are stacked in many layers, filling most of the frame. They have a dark, almost black, glossy appearance. In the foreground, at the base of the pile, there are several small, clear plastic bags containing a light blue, crystalline substance. A blue rectangular box with white text is overlaid on the upper part of the image.

**1,000,000 Fentanyl Pills
seized – LA = July 15, 2022**

WHY WOULD ANYONE INTENTIONALLY TAKE FENTANYL?

<https://www.washingtonpost.com/health/2022/05/27/opioid-addict-epidemic-withdrawal/>

“All opioids, whether synthetic or natural, prescribed or not, pill, liquid, powder, swallowed, shot, snorted or smoked, work the same way. One major difference is their strength. Fentanyl is often lethally strong, and causes most overdoses.

But if a batch of heroin laced with fentanyl were killing people, I’d only want to know where to buy it. You cannot scare an addict. There is no consequence worse than being dopesick.”

- **Definition of Addiction:**

“Addiction 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.”



WHAT IS ADDICTION ?

- ★ **Addiction is the continued repetition of a behavior despite adverse consequences**

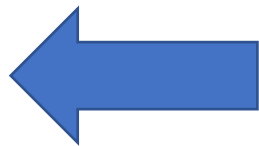
ADDICTION IS NOT A CHOICE OR MORAL FLAW IT'S A CHRONIC DISEASE

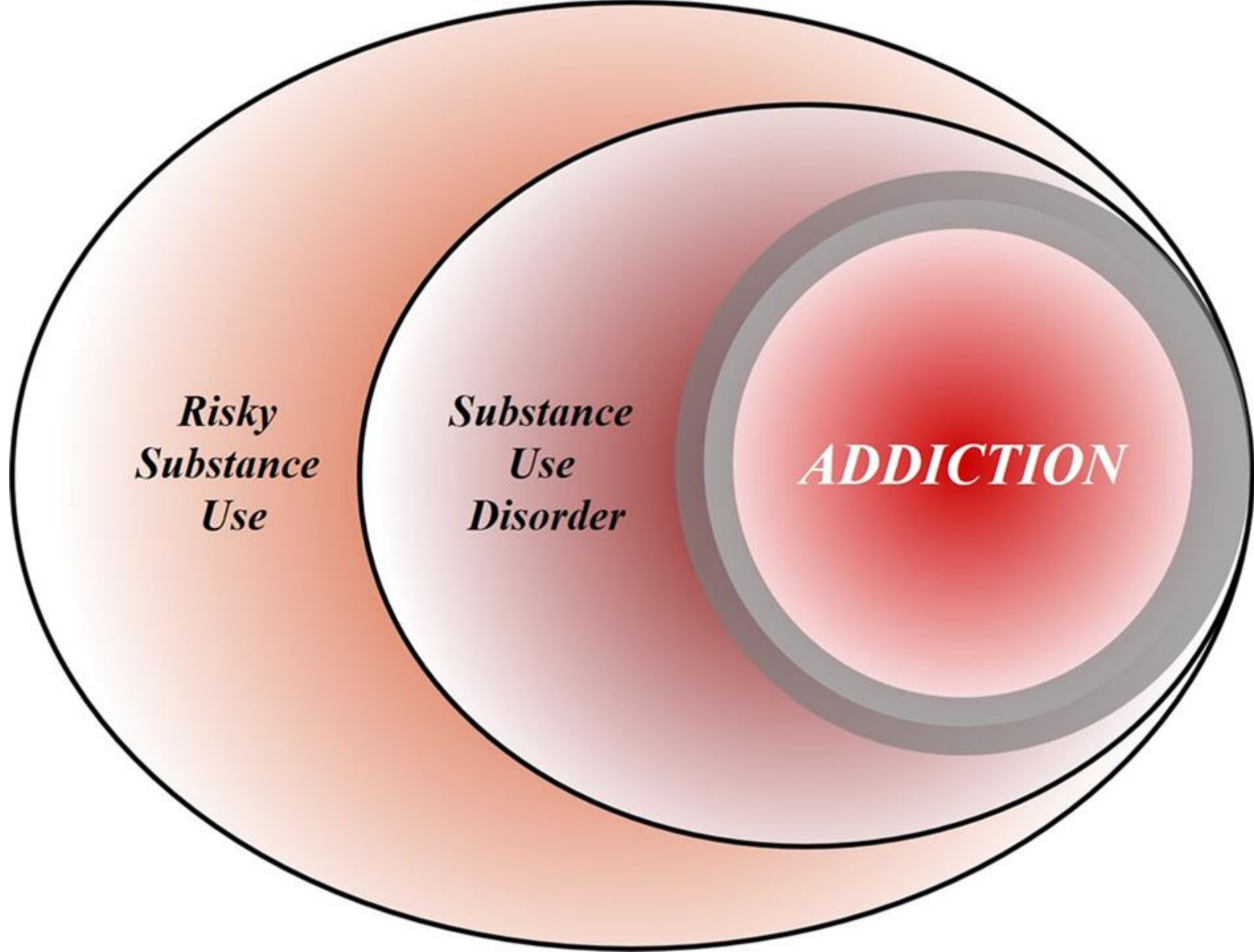
ADDICTION IS AN ILLNESS OF
THE MIND AND BODY THAT IS
CHRONIC, PROGRESSIVE, AND
FATAL IF LEFT UNTREATED



It is considered a brain disease because drugs & alcohol change the brain; they change its structure and how it works

It's also characterized by compulsive behavior there are some that are instead addicted to gambling, betting, video games, etc





FACTORS

Withdrawal

Tolerance

Increased Usage

Repeated Attempts to Quit

Increased Time Using

Psychological Problems

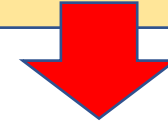
Lifestyle Changes

RISKY - 2 or less Factors

DEPENDENCE - 3+ Factors

ADDICTION - 3+ Factors plus

Craving



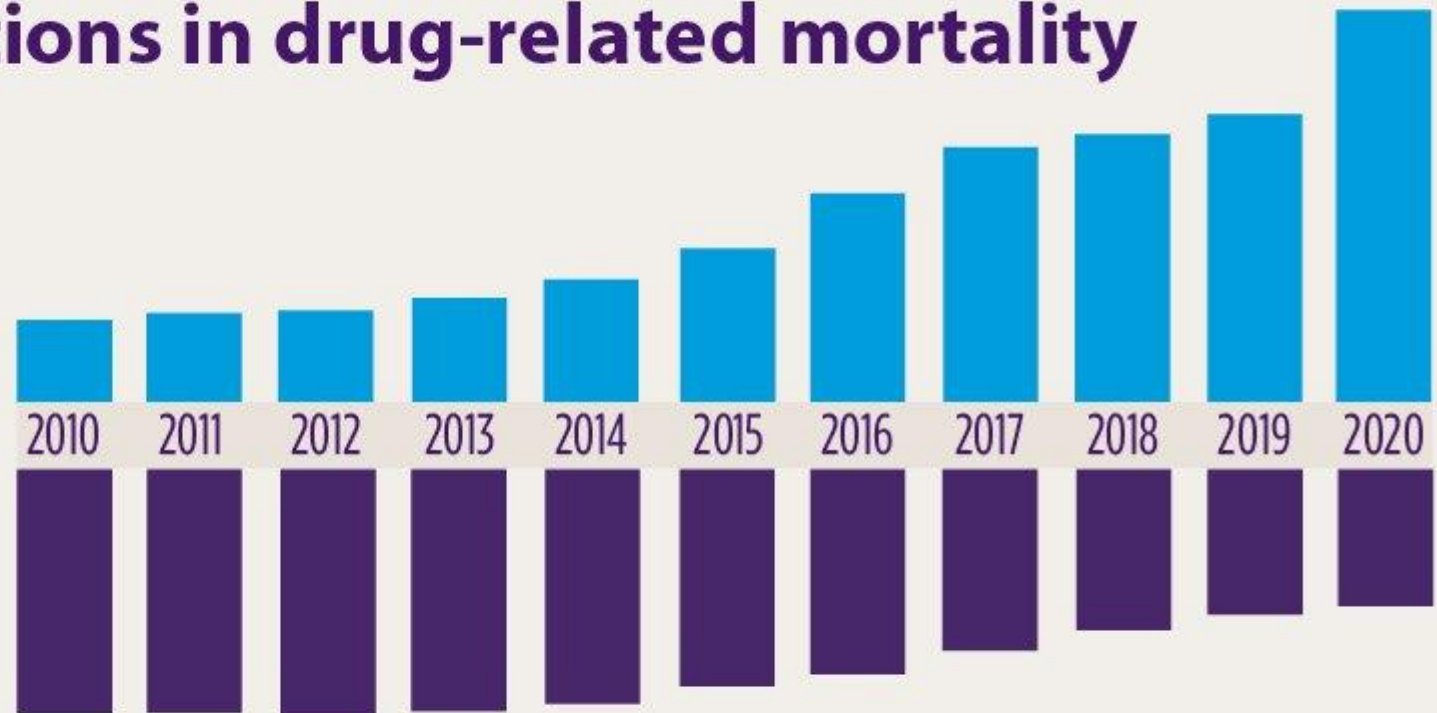
“Habit is what is referred to when your body needs a certain amount of an opiod to avoid getting ill. But habit is a misnomer. A better word is demand. There is no choice.”

EFFORTS TO TIGHTEN PRESCRIPTION AVAILABILITY DOES NOT HELP – Illegal Drugs Meet New Demand

Reductions in opioid prescribing have not led to reductions in drug-related mortality

Overdose deaths:
94,134*

Opioid prescriptions:
143,390,951¹
(44.4% decrease
since 2011)



*Provisional data for the 12-month period Jan. 2020–Jan. 2021

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

CAN ADDICTION BE CURED?

SORRY, NO.

- Think of Addiction as any other chronic disease (asthma, heart failure, arthritis)
 - It can be managed successfully
 - Negative outcomes can be minimized
- But an Addict must accept that he/she will always be at risk

FOG RECOVERY OPTIONS NOT WORKING

DETOX - medications are used to help people detoxify from drugs but is not sufficient to help a person recover.

Detoxification alone without subsequent treatment generally leads to resumption of drug use.

OUTPATIENT – Patients are responsible for making/keeping appointments and following prescribed treatment, usually testing and medication. **Does not remove Addict from his environment!**

FOG RECOVERY OPTIONS NOT WORKING

MEDICINE - methadone, buprenorphine, and naltrexone.

Methadone is to be used and tapered down. This does not always happen. Addicts often 'supplement' or sell these prescriptions.

RESIDENTIAL CARE – Programs need to be 60-90 days to be effective. Without insurance or Medicaid only, unlikely to be admitted to a Rehab.

- Rehab centers are overbooked – difficult to get into. “Come back Tuesday and we will have a bed” is a recipe for failure.
- Opportunities for females are even chancier – women are afraid to go.
- Voluntary nature promotes Addicts opting out – rules, money, whatever excuse.

A PERSONAL STORY -

<https://www.washingtonpost.com/health/2022/05/27/opioid-addict-epidemic-withdrawal/>

“For those of you observing an addict, the consensus may be that we let down our families, friends and selves when relapsing because we want to be high. For someone coming off a big habit, it’s rarely the case.

It’s not that we choose drugs over you. It’s that we can’t survive kicking them.

I got off heroin in summer 2015.

I did not want to stop.

My husband sent me to rehab because I’d blown through one of his retirement accounts and took out a home-equity loan to support my habit. I tried to conceal what I was using, but there’s no hiding a problem that costs \$2,000 a week.

I don’t understand how he stood it. He says he stayed with me through the horror because he knew I was worth saving.

It took a month to detox. Then I thought about killing myself every day for 58 straight days.

For two months after rehab, I seriously considered suicide as a practical alternative to what I was experiencing.

WHAT IS NEEDED?

- Community based Rehab Centers
 - Not “Treat and Forget” Medical Facilities
 - Multi-service Centers Offering
 - Education
 - Counseling
 - Mentoring
 - Walk-in help
 - Jobs
 - Family Support opportunities

UPCLOSE AND PERSONAL

SOME KNOWN RISK FACTORS

- Poverty
- Unemployment
- Family history of substance abuse
- Personal history of substance abuse
- Young age
- History of criminal activity or legal problems
- Regular contact with high-risk people or high-risk environments
- Mental disorder
- Risk-taking or thrill-seeking behavior
- History of severe depression or anxiety
- Stressful circumstances
- Prior drug or alcohol rehabilitation