

Light Paper: Addiction



**February
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Consider This Story

Gina is a 52-year-old who lives in Washington state. She has a good life. Gina is happily married and is a present mother in her three children's lives. She has parents and a family that loves her and wants the best for her. She works in social services and is actively involved in her community. She is a daughter, a mother, a sister, a wife, and a friend to many.

However, what someone wouldn't be able to tell from Gina's current life is that she struggled with a substance use disorder for many years. Suffering from a physically and emotionally abusive relationship, Gina turned to drugs, specifically methamphetamine, more commonly known as meth, to deal with her feelings of loneliness and worthlessness. She would tell her family she was going to the store and return three days later after a bender. Worried about her well-being and reaching a breaking point, her family told her she had to get treatment. While she was on her path toward recovery, her children were cared for by her parents, sister, and brother-in-law. Gina went through treatment and had to do years of therapy to undo the beliefs society had reinforced about her worth as a person because of her addiction. With the support of her family, community, and professionals, Gina was able to become substance-free and has remained so for over ten years.

In her current role, she now walks the same hospital hallways that she did when she was struggling with her addiction. This time, though, she gets to help women struggling with addiction find the resources they need to recover. Her past gives her a unique lens to know that you must meet those struggling where they are. She has used her lived experience to help over a thousand women who are receiving treatment stay with their babies and reunify with any of their children who are in the system. Gina has not relapsed since becoming clean and lives every day grateful for the second chance life has granted her.

Summary

This paper will explore the topic of addiction, explicitly reviewing how we can reframe societal perspectives around substance use disorders to reduce stigma, the state of addiction nationally and in North Carolina, and actionable steps we can take to pivot towards ensuring the health of individuals in North Carolina to create safe and thriving families. Addiction is defined by the American Society of Addiction Medicine (ASAM) as a “treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences.” We will emphasize the fact that addiction is a medical disease and how adopting this framework can improve outcomes for all those overcoming the condition and can increase both individual and family well-being. This paper will also discuss addictions comorbidity to other conditions, such as past trauma and mental health disorders.

It would be remiss not to highlight the racially and ethnically charged perspectives around addiction in the US. We will touch on some policies and movements that disproportionately affect people of color.

Ultimately, this paper serves as an overview of the issue of addiction in the US and comes to one clear conclusion: those who are working to overcome a substance use disorder are worthy of support and, with additional support, can live prosperous lives.

This paper will end the discussion with four crucial actionable items:

- Increasing evidence-based substance use disorder practices and treatments that weave in the concept of cultural humility.
- In recognizing the high comorbidity between mental health disorders and substance use disorders, increasing the access and infrastructure to both entities.
- Promoting in-patient care programs that keep babies with their mothers.
- Listening to people’s stories can help us gain perspective, allowing us to approach addiction with empathy rather than judgment.

Introduction

While some of the stories we give in the Light Papers are fictional, this story is a real-life example of how addiction can affect someone’s life. This is the story of Gina WasseMiller, which is captured in the Institute for Family’s film, [Being Gina](#). Gina’s story exemplifies the notion that those battling addiction can reach a healthier life and become substance-free. Fortunately, Gina had support in place to aid in her recovery journey, yet what about the people fighting substance use disorders who do not have familial support in place or know where to find the resources they need? How can we best support individuals to avoid parents being separated from their children while they are in recovery?

In this paper, we will delve into these questions, discussing how we can and should create practices that better support all individuals who are on their path to recovery from substance use disorders.

Defining Addiction

People with an addiction can, with the proper support and help, recover and live healthy, prosperous lives. This chronic health condition, like others, has the potential for relapse, meaning those who are in recovery from a substance use disorder are at a greater risk of beginning to use drugs again. However, relapse does not mean that treatments do not work and the person is a “lost cause.” If someone has cancer, a relapse does not mean that treatments are ineffective; it means that the patient’s needs have changed, and the treatment plan needs to adjust to address those needs.

Addiction is also an ‘equal opportunity’ disease and does not discriminate based on race, ethnicity, gender, class, or age. While everyone can develop a substance use disorder, certain predispositions put an individual at greater risk, including past trauma and having a mental health disorder.

Past trauma is significantly associated with subsequent substance use disorder (SUD) development. Some of these past traumas may include people who have experienced child abuse, criminal attacks, disasters, or war. Somebody can measure adverse childhood experiences (ACE) through a tool that tallies different types of abuse, neglect, and negative experiences that occurred during childhood. A higher score represents a higher risk for health problems later in life, such as substance use disorders. Individuals with an ACE Score of five or more are seven to 10 times more likely to report an illicit drug addiction compared to those with lower ACE.

Additionally, one-quarter to three-quarters of people who survived abusive or violent traumatic experiences later report problematic alcohol abuse. Research has found that this might be because people try to use substances as a form of self-medication and to decrease the negative feelings of stress associated with a dysregulated stress response. The cycle of trauma continues as substance use disorders subject individuals to additional traumas and adverse events.

Mental health disorders, diagnosed or undiagnosed, also pose a threat to the development of substance use disorder. These mental health disorders can include anxiety disorders, depression, post-traumatic stress disorder (PTSD), personality disorder, schizophrenia, and bipolar disorder. Similarly to those with past trauma, those with a mental health disorder may use alcohol and drugs as a type of self-medication. Studies have also shown that those with

Podcast Episode on Addiction and Family Well-being



Season 2 / Episode 2

A Pivotal Moment For Parent Allyship with Gina Wassemler

As a parent who experienced the removal of her children as a result of her substance use disorder, Gina Wassemler is familiar with the struggles of mothers at risk of intervention from Child Protective Services. On [Season 2, Episode 2](#) of the Seen Out Loud podcast Gina shares the importance of her work at F.I.R.S.T. Legal Clinic in helping mothers stay united with their newborns through parent allyship.



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mental disorders have brain changes that can enhance the rewarding effects of substances, making them increasingly more appealing. Understanding the connections between trauma, mental health disorders, and substance use disorder can inform best practices and how we can focus on early intervention.

As society has evolved, we have learned to use language that makes the distinction that addiction is a disease, not a series of bad decisions that consume an individual's identity. Negative labels, stereotypes, and judgment lead to stigmatization of addiction, and those struggling are more likely to experience adverse outcomes like social isolation, reduced self-esteem, and less likelihood to seek medical help. Researchers have put time into understanding how language can increase stigma around addiction and substance use and have developed language recommendations to help decrease the likelihood of contributing to damaging views around those who have SUD. These recommendations include using person-first language, focusing on the person rather than the illness. Instead of using terms like "drunk," "addict," "junkie," or "drug addict," people should be saying "person with a substance use disorder."⁶ With this wording, the viewpoint that a person's substance use disorder is their whole identity begins to dissipate. The verbiage in the guide is the language you will see used in this paper. We will link a resource in our Resource Library with a more extensive guide to language around addiction.

Addiction as a Disease

Think of this situation: imagine there was someone who chose to live an unhealthy lifestyle. This person's diet lacks nutrient-dense foods, and they rarely partake in cardiovascular or strength exercise. Then, when they are in their fifties, they go to their yearly check-up, and the doctor informs them that they have type II diabetes. While the doctor might say that the individual's lifestyle brought them to this point, seldom is that the focus. The doctor will likely establish a course of action to alleviate the symptoms of the diagnosis. They will refer them to programs for better eating habits and exercise protocols and prescribe them medication. After all, the person has a disease and needs help. People who struggle with addiction need to be viewed in the same manner as we would see anyone with an illness: someone who needs support to overcome their condition. While there needs to be accountability for actions, there does not need to be continued punishment without any reprieve.

Societal narratives have tried to create an image that those who face addiction are weak and have made 'bad choices' that brought them to their current situation. However, researchers, scientists, and doctors have provided ample evidence of why that sentiment is false. A combination of factors contributes to addiction, including behavioral, psychological, environmental, and biological.⁷

The primary determining factor for why addiction is a disease versus a choice is how addiction affects the brain. Addiction involves functional changes to the brain, especially in terms of the reward center, stress, and self-control.⁸ For example, while a person may be knowledgeable enough to know that sharing a needle may put them at risk for HIV or Hepatitis-C or that drinking before work will jeopardize the job they love, a person with SUD has a compulsive need to engage with the addictive behavior despite adverse

Resource Guide for Child Welfare Professionals and Family Advocates

About the short film “Being Gina”

In [‘Being Gina,’](#) viewers learn about Gina Wassemler’s journey and the importance of empathy in supporting families dealing with substance use disorder. The film highlights the impact of trusting relationships and resilience, inspiring audiences to recognize the potential for positive change in challenging circumstances.”

About the resource guide

This guide provides essential questions to spark discussions on family-centered care, fostering empathy and compassion. Practitioners can use it to create inclusive spaces where families feel valued and empowered. By recognizing families as experts and engaging in active involvement, readers can collaborate to improve systems. Through reflection and prioritizing listening, diverse family experiences can guide practical approaches for positive outcomes.

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consequences.⁹ People with SUD lose control over their actions in the sense that when they crave the drug they are seeking, they will do whatever it takes, even at the expense of themselves and others. Yet, these behaviors won’t cease with willpower or a simple decision to change, as those who see addiction as a choice or moral problem may believe.

Science demonstrates that addiction can hijack the pleasure/reward circuits of the brain.¹⁰ The National Institutes of Health explains that, in a healthy brain, you receive rewards for healthy behaviors i.e., exercising, accomplishing a to-do list, and quality time with friends. When you put yourself into a harmful situation, anywhere from sneaking out of the house to lying to a friend, your brain will try to protect you and help you weigh the benefits versus the consequences. A brain affected by addiction can not do this.¹¹ Drugs of abuse cause dopamine to flood the reward system ten times more than a regular reward. With chronic use, the brain builds tolerance and increases the need for a high level of dopamine, changing the way it functions and later behaviors.¹²

If we saw addiction as a disease, we also would improve the receptiveness of those struggling to seek treatment and reduce adverse health outcomes like Neonatal Abstinence Syndrome (NAS). An article posted by Vanderbilt University (2019) discussed how pregnant women might be prosecuted for substance use during pregnancy. Some states have criminalized giving birth to a child with NAS. In states with punitive policies, the odds of a child being born with NAS were significantly higher because women feared facing punishment.¹³

Even with a myriad of sources citing evidence as to why addiction is a disease, many of those struggling are still not receiving evidence-based treatments.¹⁴ While we recognize the detrimental effects substance use disorder can have on the individual and surrounding loved ones, we want to acknowledge what science has shown us: addiction is a disease. To ensure better health outcomes, we should view it as such. When we view addiction as a disease rather than as a compilation of “bad” decisions, we remove bias and shift the focus to a medical frame of mind. When we do this, we can

then see addiction as something that needs to be treated and invest time into promoting evidence-based interventions that give individuals the care and attention they need to be on the path toward recovery.

History of Addiction and Racial/Ethnic Considerations

When talking about addiction, we must look through a historical lens to understand the complexities of the disease and how society has politicized the issue, leading to further bias and narratives that harm those struggling. While addiction does not discriminate who it takes hold of, society has used substance use disorder as a weapon against certain ethnic and racial groups. A recent article published in the *Journal of the American College of Clinical Pharmacy* discusses how America's policies and attitudes towards substance use have racist origins.¹⁵ During the Civil War era, people used opioids to combat the pain and suffering experienced by soldiers. As a result, "soldiers' disease" described the rampant morphine addiction after the war. Opioids were also used in the 19th century to treat white upper-class women's "diagnosis" of female hysteria.¹⁶ Once addiction rates increased, the prescriptions slowed down. For Americans at this time, specifically White Americans, opioids were viewed as a positive addition to treat pain.

However, also in the 19th century, Chinese immigrants introduced opium smoking into American cities, specifically to the urban underclass.¹⁷ Anti-Asian rhetoric painted Chinese immigrants as savages for partaking in the practice and spreading it in America, which led to the banning of the practice.¹⁸ Policy targeted Chinese immigrants for their beliefs and usage. Meanwhile, doctors and upper-class individuals who indulged in opium consumption, many of whom became addicted, were left to continue their usage.¹⁹

Attitudes toward cocaine addiction were also highly influenced by racial identity. Crack, a smoked cocaine type, was more prevalent among communities of color. While it has the same components as cocaine, the 1986 Anti-Drug Abuse Act issued penalties for smoking crack that were 100 times harsher than for using cocaine.²⁰ From the period of 1991 to 2001, Black people went to federal prison for crack offenses nine times more often than white people.²¹ Often, Black individuals did not receive the help they needed for their addiction because they were seen as 'less than' and deemed as 'dangerous degenerates' instead of human beings who needed a guiding hand to battle a terrible disease.

Fast forward to present-day America, and one can still find the persisting effects of racially motivated policies on the State of substance use disorders. Language in the media and articles has continued to perpetuate racially charged viewpoints by labeling white individuals who are addicted to opioids as "victims" of the disease. In contrast, Black individuals are referred to as "addicts."²² Presently, the rates of abuse and access to treatments are disproportionate for non-white individuals.²³ While white individuals receive treatment 23.5% of the time, Black and Hispanic individuals receive treatment 18.6% and 17.6% of the time.²⁴ The National Drug Control Strategy released in April 2022 also highlighted that Black Americans are less likely to finish substance use disorder treatment and that Black older adults (50s) are entering facilities with ongoing effects of the crack cocaine epidemic that devastated families and communities of color.

Native Americans are also a population that is disproportionately affected by SUD. Factors that contribute include:

- Historical trauma.
- Lack of easy access to health care.
- Higher levels of unemployment.
- Loss of connection to culture.²⁵

North Carolina's American Indian Population continues to be devastated by the opioid crisis. In 2020, the drug overdose rate was 2.3 times higher for American Indians than white individuals in North Carolina.²⁶ The Lumbee community in North Carolina seems to be particularly affected and has continued to struggle with opioid overdoses since the COVID-19 pandemic. The past informs the present inequities within the issue of substance use disorders.

Addiction in the United States and North Carolina

In the landscape of substance use in the US, the data paints a complex picture. Over the past year, a significant 21.9% of the American population aged 12 and older reported using illicit drugs.²⁷ An illicit drug is defined as a drug that is illegal to have i.e., cannabis, heroin, and cocaine and drugs i.e., painkillers and sleeping pills that are only legal if prescribed and used for medical reasons.²⁸ Within this group, 21.4% engaged in the misuse of prescription drugs. Furthermore, the prevalence of alcohol use disorder among Americans who drink stands at 20.4%, whereas 25.4% of illegal drug users grapple with a substance use disorder.²⁹ The impact is profound, with 16.5% of the population meeting the applicable DSM-5 criteria for a substance use disorder.³⁰ Notably, multiracial adults experience disproportionately higher rates of comorbidity, facing the dual challenge of mental illness and substance use disorder. In 2021, the US witnessed the loss of over a hundred thousand lives due to drug overdoses, underscoring the urgency of addressing substance use issues.³¹ Amidst these statistics, it is evident that substance use disorders pose a significant public health challenge that demands comprehensive and compassionate interventions.

Addiction in North Carolina shines light on the challenges faced by its residents. From January 2023 to June 2023, the state witnessed a concerning over 5% increase in emergency room overdoses, totaling over 4,834 cases.³² June 2023 alone saw 811 emergency department visits due to opioid overdoses, highlighting the urgency of addressing this crisis.³³ Tragically, over 11 North Carolinians lost their lives each day in 2022 due to drug overdoses.³⁴ In addition, the opioid crisis has profound effects on the child welfare system, with a surge in opioid use among parents contributing to a rise in children entering foster care.³⁵ Many parents, grappling with addiction and hindered by the high cost of health insurance, struggle to reunite with their children.

The prevalence of substance use disorder in North Carolina is alarming, with 7% of residents aged 18 and up grappling with this issue. The accessibility of affordable opioids like heroin and fentanyl has fueled a surge in usage and overdoses. Notably, alcohol abuse stands

as the third leading preventable cause of death in the State, with a significant proportion of deaths related to alcohol addiction occurring among adults aged 35 and older. Meanwhile, concerning trends emerged among North Carolina teens, with a nearly 900% increase in e-cigarette use from 2011 to 2017.³⁶ Beyond the immediate risks of a substance use disorder, researchers are increasingly concerned about the long-term impact of nicotine abuse on teenage brain development, attention, learning, and memory, emphasizing the need for comprehensive interventions to address addiction at multiple levels.

While we are trying to destigmatize substance use disorder, we recognize that children thrive with positive and responsive relationships with adults in their lives.³⁷ These relationships shape the children's learning and development. When a guardian faces addiction, it can diminish their ability to be present with their child or children. A household member's substance misuse is considered an ACE, leading to effects like issues managing physical and emotional responses to stress and difficulty creating trusting relationships.³⁸ Between the 2017 and 2018 fiscal years in North Carolina, in 40% of cases, parental substance misuse was the primary reason for a child's removal from their home.³⁹ In 2022, substance misuse remained one of the top reasons for child removal. Prevention and treatment become increasingly crucial with a system already in crisis.⁴⁰ Interventions need to be implemented that address the needs of the family and alleviate the safety and well-being concerns associated with substance misuse.

North Carolina has recognized the issue of substance misuse in the State, creating the "Opioid and Substance Use Action Plan (OSUAP) 3.0 in May 2021.⁴¹ The Plan includes four main priorities:

- Center equity and lived experiences by recognizing systems in place that disproportionately harm marginalized people.
- Prevent future addiction and trauma by supporting children and families.
- Reduce harm.
- Connect those struggling with care by increasing treatment access.

Since the initiative launched, positive impacts like multiple public education campaigns around substance use have been established, over 300 community and local government partners have been trained in harm reduction strategies, and over 20,000 people without insurance received treatment through federal funding.⁴² Additionally, North Carolina's Alcoholism and Chemical Dependency Programs (ACDP) specifically help



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with incarcerated populations within the North Carolina Department of Adult Correction. Also, over the years, the State has tried to improve access to Medicaid tobacco cessation benefits to help increase access and eliminate barriers to those struggling with a tobacco-related substance use disorder.⁴³

Recently, North Carolina became the fourth State in America to expand Medicaid, following Missouri, Oklahoma, and South Dakota. With the expansion of coverage, over 600,000 North Carolinians between the ages of 19-64 who were previously unable to qualify for the Affordable Care Act or Medicaid are now eligible for health coverage.⁴⁴ Governor Roy Cooper of North Carolina stated in an article published by the US Department of Health and Human Services that Medicaid expansion will have tremendous positive impacts on people's health, including those who are struggling with addiction. In states that have already enacted Medicaid expansion, data shows that treatment access for substance use increased by removing the cost barrier.⁴⁵ Staffperson at the Alcohol and Drug Council of North Carolina stated that when many people have called for help previously, the main issue they faced was the inability to pay since treatments cost anywhere between \$5,000 and \$20,000.⁴⁶

North Carolina has established through these efforts that substance use disorder is a public health issue worth addressing to advance the health of all its residents. We should use these victories as a propelling force to continue with this forward momentum instead of allowing us to become complacent; with each victory comes a few more battles to fight.

Recommendations

While efforts like these show the state's aptitude for positive and impactful change around mitigating the effects of substance use disorders and increasing accessibility of evidence-based recovery initiatives, progress still needs to be made to improve equitable outcomes for all families in North Carolina. We want all North Carolinians to have equitable access to their journey to recovery. Even better, we want to promote interventions that shift us from a mitigation mindset to a prevention mindset. People need to be healthy individually to thrive on the familial level. Below, the Institute for Family summarizes strategies, substantiated through evidence, that can be implemented further to address substance use disorder and recovery in North Carolina:

1. North Carolina should increase evidence-based, data-driven substance use disorder practices and treatments, which includes applying cultural humility in our practices.

Addiction is a disease that is not bound by social identities, race, ethnicity, gender, sexual orientation, social class, or religion; it can affect anyone at any time.⁴⁷ Cultural beliefs can affect how people view substances and alcohol use.⁴⁸ In April 2022, the National Drug Control Strategy highlighted that a vital component in most substance use disorder treatments are missing is ensuring that care is culturally, racially, and ethnically appropriate. For people to feel supported and willing to adhere to treatment, there should be a shift to understanding that addiction recovery is not a one size fits all model; it needs to be adaptable and have components like cultural humility woven into its foundation. Case studies have shown that when providers apply cultural humility to substance use disorder

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treatment, patient outcomes are more positive, and clients unique lived experiences aren't neglected.⁴⁹ [This guide](#) provides a more complete summary of cultural considerations in addiction treatment.

Medical professionals, legal representatives, and child welfare professionals in North Carolina all should have trainings and continued education opportunities about the practice of cultural humility over cultural competence to best serve families affected by substance use disorders. Currently, North Carolina does have [Pre-Service Training Guides](#) developed by the Department of Health and Human Services Division of Social Services (NC DHHS) detailing the three components of cultural humility and how that might look in situations (lifelong learning and self-reflection, recognizing power imbalances, and institutional accountability). However, it might be beneficial to create clearer guidelines and additional training specifically about how to transfer skills of cultural humility to situations involving substance use disorders. When we are coming from a place of connection and respect for the diversity of human experience, we can create more equitable substance use treatment approaches.

2. When we are treating substance use disorders, we also should increase mental health services and ensure we have the infrastructure to help those through recovery. Mental health disorders and substance use disorders have a significant correlation. Studies have shown that about 50 percent of those with a substance use disorder have an underlying mental health disorder.⁵⁰ Therefore, to increase the likelihood of adherence to recovery and amplify the effects of treatments, we should address them as a combined effort. As discussed, a reason individuals may turn to substances like alcohol, opioids, and nicotine is that they are trying to deal with feelings of unworthiness. Carlos Andres Gomez said, "The single most revolutionary thing you can do is recognize that you are enough."⁵¹ When someone has self-worth and self-esteem to understand they have the power and tools to navigate challenging situations, their need for outside substances decreases. Instilling self-esteem is a significant part of addiction recovery.⁵² While in-patient addiction treatments may stop, recovery is a

lifelong process, and one needs to value oneself highly enough to commit to that journey. Continued mental health services can support individuals in preventing relapse.

Conversely, North Carolina ranks last in the nation for quality behavioral health care access, with two out of five North Carolinians living in an area with no access to mental health professionals.⁵³ Recently, North Carolina expanded Medicaid. While Medicaid Expansion has made it so more North Carolinians can access services, like substance use treatment, the ability might be met with a lack of infrastructure. Ability means little if there is no accessibility. Kelly Crosbie, the Director of NC DHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services, raised the concern of a lack of infrastructure to meet the increased need for services.⁵⁴ This includes ensuring providers have an adequate workforce to meet people's needs. North Carolina should address the implications that the behavioral health workforce crisis has on substance use disorder treatment and adherence to recovery and create a comprehensive plan for how the issue will be addressed in context to the possible increased needs created by Medicaid Expansion.

3. Families in North Carolina would benefit from an expansion of programs that promote in-patient care that keeps babies with mothers. Reunification is always the top goal if an individual can reach a state where they can parent again. However, there may be some cases, like that of a mother with a newborn, where we can support both the mother and the baby by keeping them together through recovery. We discussed Gina's path to recovery in the story at the beginning of this paper. Part of that path was now working at the F.I.R.S.T. Clinic. The F.I.R.S.T. Clinic is a medical-legal partnership based in Washington, D.C. that works towards preventing the trauma associated with family separation. They do this by advocating for pregnant people or people with newborns who are at risk of CPS intervention to be safe and healthy together through creating a comprehensive plan between health care professionals, social workers, and parent allies.⁵⁵ Through legal advocacy, the F.I.R.S.T. Clinic helps mothers understand their rights and can lead them to community resources and treatments to help them and their babies. The goal of this model is to move away from a punitive approach to addiction to a therapeutic model of care while also preventing trauma and ACE in infants.⁵⁶ Another program called B.R.I.G.H.T., which stands for Building Resilience through Intervention: Growing Healthier Together, has helped families in the US by focusing on the needs of the maternal-child relationship through recovery.⁵⁷ These models can help reduce the stigma around addiction while also reducing the trauma of addiction on both the mother and child. Through this type of care, an individual is humanized and encouraged. Their path to recovery does not have to be marked by traumatizing memories. Research has shown that a mother-centered approach to recovery can also help mothers model the kinds of behaviors they need to engage in to continue their healing and foster strong relationships with their child, especially in cases where the baby has Neonatal Abstinence Syndrome.⁵⁸

North Carolina only has 13 rehabilitation facilities for mothers and their children.⁵⁹ Most of these in-patient care facilities reside in urban hubs, such as Chapel Hill and Charlotte, failing to serve most of the population. Increasing accessibility to these types of centers would allow more North Carolinian mothers and babies to receive holistic addiction treatment, which gives them the skills to both care for their child and navigate the difficult path of

recovery.⁶⁰ In taking this approach, not only would we create healthier and safer families, but we would also reduce the need for CPS involvement. We should make services like F.I.R.S.T. Clinic more mainstream in North Carolina to create healthier and safer families, while also reducing the need for CPS involvement and the negative effects of family separation.

4. Don't simply hear these stories. Listen. And when listening, it comes from a place of curiosity rather than judgment. This recommendation can apply to any of the topics we talk about at the Institute for Family. However, it's important to emphasize when talking about the topic of addiction. It can be easy to draw hasty conclusions about how someone arrived at their current situation. When we make these conclusions and fail to listen to the stories of those dealing with addiction, we lose a valuable opportunity for empathy and understanding. Listening to others' stories allows us to have a new perspective and "expand our comprehension of the world around us."⁶¹ When you hear someone's lived experiences, you can connect with someone and gain insight into their current situation and the history of who they are. With a topic that has stigma surrounding it, like addiction, stories are how the issue becomes humanized and how we can move away from harmful stereotypes and policies rooted in misconceptions around substance use disorders.⁶² For example, a study done by Dr. Emma McGinty and colleagues found that sharing stories about drug addiction treatment was linked to possibly reducing discrimination and stigma against those that struggle.⁶³ When it comes to the complexity of addiction and recovery, we can do more by listening than we ever can with assuming.

Closing Statement

As we have discussed in this paper, addiction is a treatable condition. Like other medical conditions, help is available. If you or anyone else you know is struggling and needs immediate assistance, please use the Substance Abuse and Mental Health Services Administration (SAMHSA) hotline at 1-800-662-4357. This confidential hotline is available 24/7 and can refer a struggling individual to local treatment facilities, support groups, and community-based organizations. Additionally, the More Powerful NC Coalition is an initiative to assist people in the State, specifically those with opioid addiction. Their website contains information about treatment centers, recovery resources, information about Naloxone and where to find it, and syringe exchange programs. The North Carolina Department of Health and Human Services (NCDHHS) has an initiative called, ["Crisis Solutions North Carolina."](#) This webpage provides a drop-down menu of all the counties in the state so people can find resources for recovery nearest to them. No one is alone in this fight; there are people here in North Carolina who want to support those struggling with addiction to recover.

Coming Next

The US Surgeon General's Advisory recently released a report highlighting the detrimental effects of loneliness on an individual and the consequential effects it then has on engagement in society. Dr. Vivek H. Murthy, the 19th and 21st Surgeon General of the US,

has established isolation and loneliness as a significant public health concern, emphasizing the necessity for social connection and community nationwide. In the next Light Paper, we will cover the growing “Epidemic of Loneliness and Isolation” in the US. An individual’s mental and social well-being are cornerstones for living a healthy, whole life and, therefore, contributing to thriving families; if someone is not well on the individual level, that inhibits their ability to contribute to their family systems successfully. We will look at why it is crucial for individuals to feel connected in their communities and have a social support system, how this phenomenon is associated with other issues i.e., addiction, how social media can intensify these feelings, and direction on strategies to increase social satisfaction across the state of North Carolina so individuals can be happy and thriving.

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