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Addictive Disorders

The term 'Addictive Disorders' includes all substance use disorders (including Nicotine) as well as behavioral or process addictions (gambling, sex, food, gaming, work, exercise, etc)

Criteria for Addiction

is more than dependence or tolerance. It also includes other symptoms such as: use in spite of consequences, craving, impairment in work, school, or family life; a lot of time planning, obtaining, using and recovering from the use, trouble quitting or cutting down, inability to predict how much is used, or how often.

Dependence or Tolerance

is different from Addiction. Dependence means an increase in tolerance and withdrawal symptoms if abruptly discontinued. Many of us have a dependence on caffeine, but not an addiction; often, people have an increase in tolerance to opioids, but not an addiction.

Myths

It is a myth that some substances are addictive and others are not. Some things make us more susceptible to developing addictions, such as using as adolescents, a traumatic past, and family members with addictions.

Consulting

What does getting help look like?



Only 1 in 10 people



who need addiction treatment, get it. Less for people of color.

For context 5 in 10 people



with a serious mental health condition get treatment of some kind.





Many people get better from addictive disorders without professional treatment.

Sometimes by themselves or with the help of others. Involvement in community self-help groups, like Alcoholics Anonymous, is helpful to many people with addictions. There are also church-based groups, like Celebrate Recovery, and secular ones, like Life Ring.



How many of us struggle with it?





1% of us have OUD



Nicotine addiction has the highest prevalence at 13%



Tobacco use incurs almost 5 TIMES the healthcare costs of any other addiction.





4% have a cannabis use disorder



Other drugs are substantially less, between 1-2%.



Alcohol use disorder kills more people every year than OUD & affects 10% of us.



What is harm reduction?





Harm Reduction

is a set of public health practices that aims to reduce the amount of harm addiction causes, in communities and for individuals. Needle exchange programs an examples of this: even if we can't get everyone abstinent from heroin, we can make using safer for people and communities.



Do those of us with addictions have to quit forever, to get better?





Most professional treatment services (and 12-step groups) are abstinence-based

The goal is total abstinence from the substance (and often all other drugs). Some believe this isn't necessary, that those with addictions can learn to 'cut down', to use in moderation. Research indicates this is sometimes true with milder substance use conditions. When addictions are moderate to severe, however, research indicates it is rare to be able to return to 'normal' use.



Impact of *stigma* on those with addictions



Although stigma for mental health conditions is decreasing, stigma toward those with addictive disorders is increasing. Research indicates using words like 'addict,' 'user,' and 'dirty' (to describe active use or a UA positive for drugs) worsens stigma and, subsequently, health outcomes.





There is a deep-seated belief in our culture that people choose addiction; that those with addictions don't have morals or have poor character. Because of this, sometimes those of us with addictions don't share openly with friends, family and health professionals, making it more difficult to get help.





How to Help:

Developing an empathic, nonjudgmental relationship with clients is the best way to help. We can listen deeply and communicate acceptance and care. We use motivational interviewing-informed strategies that match the client's stage of change (readiness).



Sometimes, when people in our personal lives are struggling with addiction, we need to take care of ourselves, draw boundaries, and set limits before we can be unconditionally nonjudgmental and empathic.





For more useful resources please visit:



www.emorrisonconsulting.com

