

Introduction

POLICY FORUM: *Substance Abuse in North Carolina*

A fine line exists between use and abuse, between attraction and addiction. When confronting abuse of or addiction to legal substances—such as alcohol and nicotine—this fine line can be blurry and difficult to detect. Crossing the line with illegal substances—such as cocaine or methamphetamines—is clearer to determine, as society has already deemed these substances too dangerous for any use at all, and there is a perception that use of these substances often leads to addiction.

Whatever the substance of choice may be, the underlying biological mechanisms for the substance that is abused and causes addiction remain the same. These substances create short-term perceived benefits that can generate dangerous behavioral change and long-term cravings and needs. The contributors in this issue teach us that addiction is a chronic brain disease and that the time has come for us to leave behind the myth that substance abuse is simply bad behavior stemming from moral failures.

Substance abuse poses a substantial public health challenge. It generates significant population morbidity and mortality for abusers as well as for others who are not users, such as victims of car accidents where the driver was impaired. Like any other chronic disease, its initiation, progress, and treatment are complex. Due to centuries of stigma and ignorance about the disease, much of what most people believe about substance abuse is incorrect. We must seek to understand the real causes and real solutions of this problem if we are to prevent this disease and improve our health. It is not enough simply to tell someone to “quit using.” The reality of someone with a substance abuse problem runs much deeper than sheer willpower or preventive policies. This is a significant challenge for health policy.

The consequences of living with a substance abuse disorder can be detrimental. Social consequences may include inability to hold a job, interpersonal conflicts, or legal troubles. Further, substance overuse can wreak havoc on the body, including doing permanent damage to the brain, heart, liver, and lungs.

Most observers see that we have an inadequate system of care that exists for treating this condition. Not enough people are accessing treatment and often, when they do, they find themselves jumbled in a broken system of care. Our current system of care for people with substance abuse problems is largely disjointed, underfunded, and ill-prepared to meet current need. The stigma associated with substance abuse has significantly contributed to this problem. There are also economic factors that contribute to the problem, as alcohol and tobacco are legal commercial products that support the livelihoods of a substantial number of people.

This issue of the *Journal* takes a look at various aspects of this problem in North Carolina. We look at the state as a whole but also provide insight into the unique needs for some high-risk populations: offenders, veterans, and those with mental illness. But the overriding message here is that this is a disease that can truly affect anyone.

Effective prevention and treatment programs do exist, and we have invited experts and advocates to describe how they work and what they can do. There is a common theme to all of these solutions: there is no one way that will reduce substance abuse to its irreducible minimum, and it takes a collaborative approach to keeping people from becoming abusers and recovering them from that state.

The lessons that are offered in our collection of articles are simple: we need to connect people with services; we need to raise public awareness and personal understanding; we need to foster a culture of recovery that includes reducing stigma and blame. Taken together, these lessons offer a comprehensive response to the face of addiction.

Thomas C. Ricketts III, PhD, MPH
Editor-in-Chief

Christine Nielsen, MPH
Managing Editor