

A new report from the surgeon general lays out the aim of taking away the "burden of shame" that made a barrier for those seeking help with their addiction.

BY SARAH SCHROEDER
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Naloxone is used to block the effects of opioids, especially in overdose.  Flickr

Earlier this month, the surgeon general released a report on the state of alcohol, drugs, and health in the U.S. "Facing Addiction in America" is the first report of its kind, and one of its primary objectives is to change public perception of addiction.

As Surgeon General Vivek H. Murthy wrote, "For far too long, too many in our country have viewed addiction as a moral failing. This unfortunate stigma has created an added burden of shame that has made people with substance use disorders less likely to come forward and seek help."

According to the report, 27 million people reported either illicit drug use or prescription pill misuse in 2015. Another 66 million people reported binge drinking. Alcohol misuse accounts for 88,000 deaths per year, and the surgeon general attributes our relatively low global ranking of 27th in life expectancy to substance misuse and its associated physical and mental health problems.

Cynthia Moreno Tuohy, director of NAADAC, the Association for Addiction Professionals, says that the sheer magnitude of the health crisis should encourage people to reconsider their perceptions.

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"Addiction — if you put all cancers together — addiction is more pervasive than cancer," she said.

She added that there is substantial evidence that addiction is a disease, and that people "can say with confidence, 'I have a disease, and it's in my brain, and it affects my life. However, I can get treatment, and I can be an effective, productive individual in my family, community, work, and life. Because I can be in recovery.'"

Addiction results from a biological response that encourages some substance users to continue in spite of negative consequences.

Michael Weaver, the medical director of the Center for Neurobehavioral Research on Addiction at UTHealth, said, "At its simplest level, you will have someone use a drug, and they will have a response to it that is pleasurable. For some people, that's good, that's fun, but if it causes more problems than pleasure — spending too much money on it, family and friends getting on their case about it, unpleasant aftereffects — those may be enough to say, 'Eh it's not worth it.' For other folks, they may have a genetic predisposition, and it makes them respond in ways that the pleasure that the drug provides is more important than the consequences."

Recognizing the biological aspect of addiction also means shifting to more evidence-based treatments. Weaver said, "addiction is a disease with biological underpinnings that has medications that can improve outcomes." He hoped the report helps more patients and providers see that medication-assisted therapies have better health outcomes than abstinence-only programs.

While standard of care is improving, accessibility remains alarmingly low. According to the "Facing Addiction" report, just 10 percent of individuals with substance use disorders receive any type of specialty treatment. Compounding this problem is the prevalence of mental illness among individuals with substance use disorders. Forty percent of those with substance use disorders also have a mental health condition, but only half of those individuals receive treatment for either condition.

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The report does acknowledge that communities have already begun to respond, [like Texas' naloxone bill](#), and cites the Affordable Care Act as a positive step in improving all types of healthcare accessibility.

After decades working in drug policy, Sherry Green, president of the National Alliance for Model State Drug Laws (NAMSDL), said that she has seen firsthand lawmakers' tendency to "be reactive instead of proactive."

"Part of the reason why we keep reacting is because we don't seriously look at addiction," Green said, adding that this means focusing on early identification, detection, and intervention.

Medical training programs are changing their curriculum to help providers be more proactive about addiction.

"You have health care providers' schools already putting in place curricula," Green said, "that trains students on addiction, proper prescribing, [and] how do you identify signs or symptoms of abuse."

Green also emphasized the importance of considering the practicality in carrying out policies, citing the promotion of non-opioid pain therapies.

"We're also creating a different environment," Green said, "in the use of non-opioid alternatives. We have to look at — are we supporting the use of that through the way reimbursements are done? Have we made those changes in the system?"

At each point of intervention, ensuring adequate resources is tantamount. As Green put it, "You have to have resources. It really doesn't do us any good to identify someone who may be in need of help and then you don't have any place to refer them because there's not sufficient treatment resources."

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Green is encouraged, though, by the surgeon general himself having put out the report. "Putting his support behind the idea that addiction is something that should be taken seriously as a public health issue," said Green. "I think that's the greatest value."

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