



The Top 9 Addiction Myths Preventing Us from Solving the Opioid Crisis

The opioid crisis has reached epic proportions with [more people dying from overdoses per year than died in to the entire Vietnam War.](#)

It's no surprise then that everyone is concerned about this from families to entire communities to our legislators on both the state and federal levels.

However, while everyone is working with good intentions, people often let their emotions, gut feelings, or a moral compass drive attempted solutions, rather than data and evidence around effectiveness.

Here at [Circle Social](#), we work with addiction treatment centers and behavioral health clinics across the US for their marketing and outreach to those struggling with addiction and underlying mental health issues. We also are involved in the conversation with community leaders here in Indy.

Like any digital marketing agency these days, we're extremely data driven, so we also look at the data surrounding addiction and recovery. What we've found is that there are a lot of misconceptions and myths out there that are preventing us from finding effective solutions to the problem.

Let's take a look at the myths and what the data tells us would be a better way forward.

#1 Opioids Are Addictive, So Restricting Opioids Will Solve Our Problem

Believe it or not, opioid prescriptions are not causing our addiction crisis. In fact, [only 2% of people that use prescription opioids for a period of less than 3 months become addicted.](#)

If they use [longer than 3 months, that number climbs only to a mere 8%.](#) Opioids, like any other drug, have addictive potential in the sense that there are physical cravings, weaning off them can cause painful physical withdrawal symptoms, and the mental habits formed through seeking of pleasure/reward pathways in the brain can be tough to leave behind.

However, this addiction is not a result of simply taking a drug for a short period of time. As we'll discuss, addiction correlates much more strongly with life stress, trauma, poverty, youth, and culture of origin than it does with exposure or intake of a particular substance.

One of the biggest misconceptions about drugs in general is that they are addictive. People don't get addicted to drugs, they get addicted to experiences. And the more rapidly an experience can tap into the brain's natural reward, wanting, and liking systems, the faster an addiction can happen. This is why you'll become addicted to social media more quickly than TV and to injecting heroin more quickly than snorting it. Speed, intermittent rewards, and frequency all have strong roles to play in the learning process of addiction.



And the idea that prescription drug addiction leads to heroin use? While it is true that the majority of heroin users started with prescription drugs, the reality is that [only 3.6% of all prescription opioid addicts have ever even tried heroin](#).

You will also probably be surprised to learn that low addiction rates are common for all drugs, including heroin and cocaine. On average, 85% to 90% of drug users use [without becoming addicted](#). Even for those that do end up addicted, [nearly 80% simply eventually walk away from use](#), referred to in the field as *natural recovery/remission*.

Actually, the rates of people naturally walking away from addiction and who have never entered treatment are [83.7% for nicotine, 90.6% for alcohol, 97.2% for cannabis, and 99.2% for cocaine](#). 50% of all marijuana users quit within 6 years of use, for cocaine, it's only 4 years. According to a study conducted by Dr. Gene Heyman, a Harvard Department of Psychology Instructor in mind, brain, and behavior, [an equal number of people leave addiction behind each year regardless of their length of use](#).

A great example of high rate of natural recovery is our very own Vietnam Vets. According to government studies, 15%-20% of soldiers in Vietnam were addicted to heroin. The government and public became very concerned, so a large tracking study was set up to monitor vets as they returned home. It turns out that [only 5% of those vets identified as addicted to heroin were still in active addiction a year later](#).

The data is very clear that the drug is not the main factor. It is a total myth that taking an opioid one time, whether it's heroin or something prescribed by your doctor, will somehow push you into addiction. Addiction is a process and people become addicted over time, just like any habit. Most people simply use in a way that does not become a serious problem.

Think about something you may do too much of, maybe it's watching TV, spending time on social media, shopping, working, etc. You didn't just wake up one day and suddenly become obsessed or find yourself spending 5 hours a day doing whatever it is. You gradually got into it more and more until it became a habit and then, maybe an obsession. Drug use is the same.

When you start really digging into the reasons why people use, it's almost never simple exposure to a drug. Instead, it's very often some kind of personal pain or trauma. If you visit the Dove Recovery House for women here in Indianapolis, you'll find that every single woman at the facility has suffered from sexual abuse as a child. This is a common theme within treatment and recovery. Those who face significant adverse situations in childhood are [7 times more likely to struggle with addiction](#).

While it's not the sole reason, many people use drugs and alcohol as a means of escape, which, when one becomes dependent on it as a way to cope or deal with problems, can lead to addiction.

#2 Big Pharma Caused the Opioid Problem

This one is actually half and half. There are cities now that are blaming some of the big pharmaceutical companies for the opioid crisis in their area, but, as mentioned above, it's not really the drug that drives addiction.



Here are two more data points to be aware of: [75% of all people addicted to prescription opioids have never gotten a prescription from a medical professional](#). That's right, the majority of people get them from friends and family, whether they buy them or find them laying around the house.

Big pharma definitely had a hand in this by aggressively marketing the products, so that we had [300 million opioid prescriptions written in 2015 alone](#). That's almost enough for every person living in the US to have one. This overproliferation and availability of pills has contributed to them becoming the drug of choice simply because access is so easy.

And that then coincided with a reduction in the price of heroin. So when government started encouraging restriction of access to opioids, and awareness campaigns encouraged doctors to limit prescriptions, a small number of these drug seekers then went for the cheap alternative.

But we do need to make it clear that many were already drug seekers before their addiction. Again, 75% got addicted by seeking out and using pills that were not prescribed to them. They already had a motive to get high before even taking the first pill.

In addition, an early study shows [77% of those addicted to opioids have also used cocaine](#). So if we were just talking about an opioid addiction where people are dependent on a drug, it'd end there. But most also use what the average person considers to be a heavy drug, pointing again to the fact that there is a clear motive and behavior to get high that is not connected to the addictiveness of any one kind of drug.

So big pharma is responsible for the availability of pills, but it would be false to say that they are responsible for the addiction issues we see in society.

In fact, addiction rates in the US have remained fairly stable for the past 15 years and have actually decreased (see below for links to data). Which leads us to our next myth.

Myth #3 – The Main Problem Is the Drugs & Enforcement Will Solve Our Problem

Drugs really aren't the main problem. People become addicted to lots of things whether it's video games, shopping, food, gambling, or drug and alcohol use. The main problem is actually the underlying need that drives people into addictive behavior and use.

Our drug problem cycles in the US. Right now it's opioids. Before it was meth and before that it was crack. The drugs constantly change and the US response is to work to limit distribution. It's one reason we have to give our IDs in Indiana every time we want to buy cough syrup.

Well, of course, we need enforcement and accountability around the manufacture and distribution of illegal or controlled substances, reducing supply mainly just drives users to use another drug that's more easily obtained.

No matter how many drugs we round up or restrict and how many dealers are thrown in prison, we still need to address the underlying issue of why people are seeking out drugs in the first place if we really want to impact this problem.



Remember, rates of addiction in the US have remained quite stable. According to the National Survey on Drug Use and Health, [alcohol dependence dropped from 7.4% in 2008 to 5.7% in 2016](#). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), from 2002 to 2016, [substance use disorder has also actually decreased for all illicit drugs](#), including opioids to around 7.5% of the US population.

So while the current mantra says that addiction is on the rise, the opposite is actually the case with overall addiction rates slightly decreasing over the past 15 years. Fluctuations have occurred with the drug of choice, currently opioids is the issue, but this is not a result of increased drug use or addiction overall.

As the SAMHSA report demonstrates, addiction to meth, cocaine, and alcohol have all decreased, with an increase in opioid use, maintaining a fairly stable level of addiction in the US for the past 15 years. Basically, previous efforts have only resulted in small drops in addiction levels overall.

In all likelihood, the reason that opioids are in the news so much is because of the deaths in the suburbs where middle and upper class families live. The drugs of choice in these areas used to be alcohol, marijuana, or coke, which could remain much more hidden, and almost nobody was dying from overdoses. But now that people have started dying outside of the inner cities or rural areas of the country, people have taken notice.

And strict enforcement in terms of solely meting out punishment has proven to be incredibly ineffective. Countries with the strictest punishments such as Russia, Iran, and Afghanistan, where drug offenses are punishable by death, have higher rates of illegal opioid use. In these countries, a full 2-3% of the population has taken illegal opioids. Compare that to only 0.55% of US citizens in 2012 (Unbroken Brain, pg. 178).

As most jail officers who see the same offenders come back again and again, incarceration often has the exact opposite from the desire effect. On the inside, offenders meet with like-minded role models who often bring them deeper into the criminal world.

These anecdotal stories are born out by the data as well. In one Canadian study of over 800 youth, interviews were done with youth, school officials, and parents to determine results of those who had got caught committing a crime and those who got away with it. The ones who got caught and incarcerated were *37 times more likely* to commit further crimes. In the US, similar studies have been done showing that juvenile delinquents who are incarcerated are 3 times more likely to commit further crimes than peers who received alternative sentencing (Unbroken Brain, pg 179).

Incarceration, as we all know, is not a reform measure as it currently exists. It is simply a mechanism by which to remove an offender from the community for a specified period of time. As child behavior expert Alfie Kohn once said, if you send a child to his room, does he spend that time in quiet reflection feeling remorseful about what he did wrong, or does he most likely spend it sulking, plotting revenge, and thinking about how best not to get caught next time around? The fact is, in terms of punishment, adults don't change much from childhood in terms of their reactions.



Myth #4 Addiction Is Determined by Genetics

This is a very prevalent myth both among treatment providers as well as the general populace. We are often fooled by sensational headlines like “Obesity Gene Discovered” or “New Study Links Addiction to X Gene.”

While these make for great headlines, it’s often misconstruing what the study actually says or is disproven shortly after as follow-up studies do not replicate results.

The average person’s understanding of genetics is based on 8th grade Biology class where most people recall Mendel’s pea experiments. However, it is extremely rare that any single gene controls an inherited trait. In fact, Mendel himself tried to replicate his experiments with multiple other species and failed.

The reality is that genes work together in incredibly complex ways **to influence** traits. Genes can lie dormant or express themselves due to environmental cues. There is also a lot of emerging research on epigenetics, the study of how environmental influences can actually completely change existing DNA in a way that gets passed onto the next generation through a process called methylation.

Particularly when it comes to something as complex as human behavior, genes act as more of a whisper than something that determines an outcome. While we don’t have room here, a full treatment of the subject can be found in [DNA Is Not Destiny by the psychologist Steven Heine](#).

Using some mundane examples, this is easy to see when we think about most behaviors, like whether a person angers easily, if they’re a Republican or Democrat, or if they enjoy watching Game of Thrones. Most people would find it non-sensical to attribute such behavior to a gene. People learn to control and manage their anger, they switch political parties, or watch different TV shows. While your genes somehow contribute to everything we do, their role in determining behavioral outcomes in any kind of 1-to-1 linear relationship is incredibly small.

The same goes for addictions. We should clarify here that [an “addiction gene” has never been found](#), despite some sensational headlines from time to time. Genes have never been shown to solely determine a behavioral trait, they simply have higher or lower probabilities of certain outcomes based on environmental factors.

This tends to make more sense to people when they move thinking away from behavior. Think diabetes. If diabetes runs in a family and you have a 50% chance of getting diabetes based on family history, does that mean you will get diabetes? No, it’s simply means that you are more likely than someone who only has a 30% chance.

In addition, your actions determine whether or not those genes will be activated. If you eat and exercise right, even with an 80% chance of type 2 diabetes, you will probably still be able to avoid it. And for those who do get type 2 diabetes, lifestyle changes can reverse the condition. Addiction and other behaviors are the same. A genetic predisposition does not mean you are determined to become an



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addict based on your genes. Moreover, your life choices, both pre-addiction and during, can completely change the outcome.

People also tend to reject the idea that cigarette smoking is genetic, and, most reject the idea that behavioral addictions, such as gambling or shopping, are genetic. So it is strange that there is a strong tendency to ascribe addiction as genetically determined only for alcohol and illicit drugs.

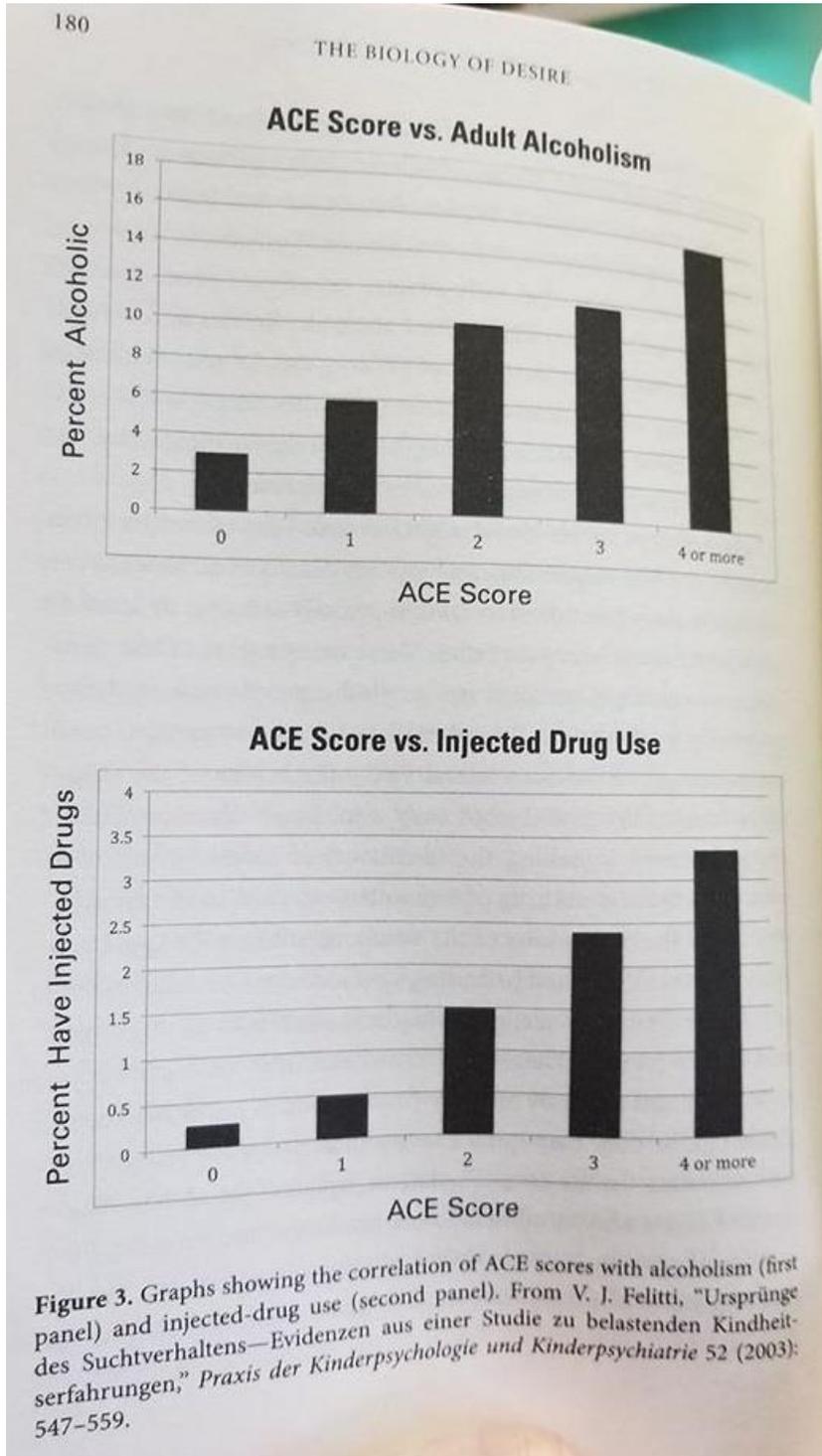
Some other good data to look at:

[Both Asians and Native Americans have a genetic issue where one of the enzymes in their livers does not process alcohol as effectively](#), hence giving rise to the description of the “Asian flush.” Yet, addiction rates among Native Americans are much higher than Asian-Americans. In fact, [Native Americans have higher rates of addiction overall](#) than the standard US population, while [Asian-Americans have lower rates](#).

Environmental influences on gene expression are much stronger than the expression of the gene itself. This is true even for what many people would consider more heritable traits, like height. Danish male populations have the potential for much greater height than the average American male. And geneticists generally assign a rating of [60-80% heritability for height](#), meaning that height genes are highly likely to be passed down.

[Yet, Danish males were, on average, actually shorter than American males from about 1825-1950](#). This was largely due to poor nutrition. When access to better nutrition arrived, gene expression kicked in and Danish males are now much taller than your average American.

Ultimately, a genetic predisposition for [addiction increases your likelihood of becoming an addict by a factor of 2-4X](#). However, [the presence of several adverse childhood experiences increase your likelihood of alcoholism by 50X. It increases your likelihood of IV drug use by 460X!](#) As we can see, environmental multipliers are far and away more influential than biological components.



Myth #5 – Addiction Doesn't Discriminate (in terms of socioeconomic status, gender, age, ethnicity, etc.)



This is a rather strange myth that you constantly hear repeated within the recovery space. While addiction certainly can affect any demographic group, there are drastic differences in who it affects, largely going back to socio-cultural influences.

Ethnicity is clearly a factor, as we just saw above in our example with Native Americans vs. Asian Americans. In particular, culture has a very strong effect on both alcohol use and rates of dependence. [Foreign-born individuals living in the US coming from areas such as Africa, Mexico, and Asia have 2 to 4 times lower rates of alcohol use disorders compared to those born in the US.](#) Same genetic make-up, different socio-cultural upbringing in terms of host culture environments.

Another study examined Jews moving from Russia to Israel and found that those coming from Russian culture, where excessive alcohol use per capita is some of the highest in the world, had [much higher rates of alcohol dependence than the average Israeli population.](#)

In another example, [college populations have a very high rate of alcohol abuse](#), a point that probably surprises no one. Yet, the lowest rate of alcoholism is among college-educated populations. So if alcoholism were determined by genetics and the necessary environmental exposure to alcohol, we'd assume college-educated populations would have the highest rates of addiction.

However, the reality is that most college drinkers leave that behavior behind after leaving college. What's more interesting though is that [4 out of 5 upper-income Americans regularly consume alcohol, while only 1 in 5 for lower-income.](#) Since those in college and those with higher incomes drink more, we would assume a higher level of alcoholism among these groups, but the opposite is actually true.

Individuals of low socioeconomic status are actually [more likely to suffer from a substance abuse disorder than someone in the middle or upper class.](#) Repeated studies have shown this inverse relationship between socioeconomic status and substance abuse disorder. As income goes down, substance abuse goes up. If we look at heroin use trends over the past ten years, we see that [heroin use of any kind is 3 to 5 times higher among those earning under \\$50,000 a year.](#)

Sometimes, people will comment that this makes sense because an individual's addiction drives them into a lower socio-economic status as they struggle to maintain jobs, relationships, and commitments. While it is impossible to set up a study that is able to fully extricate the unique variables there, it's not born out in the data.

Actually, the group most consistent with, and having the highest level of, substance abuse is the unemployed. One in six unemployed individuals suffer from a substance abuse disorder, [a rate of dependence two times higher than those who are employed.](#) However, once employment is obtained, the prevalence of substance abuse also drops, indicating that lack of employment is the causal factor rather than the individual becoming unemployed due to an addiction. An excellent review of the literature published by the National Center for Biotechnology Information shows that, in most cases, [unemployment precedes addiction.](#)

This is common from the treatment center angle as well. Those that are most successful in recovery find stable employment and have stable, nurturing relationships with family and friends.



Other data of note, women are less likely to suffer from an addiction issue than men and younger people are much more likely than older.

So we see that addiction is highly dependent on gender, age, socioeconomic status, and ethnicity. Even the people that drink the most regularly, and are therefore exposed to the most alcohol, those in college and in the upper-classes, actually have lower incidences of dependence compared to non-college educated or lower-income. All of this indicates the importance of socio-cultural factors in addictive behaviors.

Myth #6 – The Rich Are Just Better at Hiding It

Related to #5, you'll often here that a particular group, usually the wealthy, are just better at hiding problems, which is why you see far fewer upper classes individuals suffering from addiction.

Studies on such demographics build in margins of error and study methodology to account for this. In fact, since those with more means have easier access to treatment (which is often cost prohibitive to many on lower incomes), we should see a higher percentage of the upper class if this was truly the case.

The reality is, as illustrated in myth #5, addiction environmental factors contribute to the lion's share of addiction triggers. With the wealthy being sheltered from the stressors common to middle and lower classes, they do not suffer from addiction at the same rates. When they do, they often have the money and community support to provide help, which is essential for recovery.

[In the words of Dr. David Musto](#), a psychiatry and history of medicine professor at Yale, "In the inner city, the factors that counterbalance drug use - family, employment, status within the community - often are not there. It is harder for people with nothing to say no to drugs."

As anyone who has worked with addicts from low-income, middle-class, and upper-income backgrounds knows, they usually come to addiction for different reasons. This is why understanding the effect of background and life experience on addiction is so critical to treating it. Because they come into addiction for different reasons, they need different strategies to get back out. One size does not fit all.

Myth #7 – Addicts Are Powerless Over Their Behavior

This is very controversial, as one of the foundations of AA and 12-step Programs is that addicts are powerless over their addiction (note it doesn't say their behavior in general).

We'll actually leave the discussion of whether or not addicts can control their use when in active addiction alone. But we do know that those struggling with addiction clearly have the choice to use or not use once they've gotten sober and past the physical withdrawals.

If they didn't have this choice, then they'd never be able to stay sober, which is the goal of AA or the majority of treatment programs in the US (not to minimize how difficult this is. Ask anyone to quit a bad habit, like cracking their knuckles or biting their nails. They often can't do it. So imagine how much harder it is to stop a behavior that is as rewarding as drinking alcohol or taking heroin).



Addicts also have a choice when it comes to behaviors outside of use. For example, diabetics need insulin, but they don't break into your garage and steal your lawnmower to sell it for insulin money. There is still choice involved in these behaviors.

What's very interesting to note is that you do not see crimes like theft perpetrated by alcoholics or those addicted to smoking. You also rarely see it with behavioral addictions such as shopaholics, workaholics, or social media addicts. Why is that?

While we have not been able to find any real research on this subject, our common sense conclusion is that alcohol, smoking, gambling, etc. are all legal activities. No one has crossed the line into criminal behavior, so that line in the sand remains.

Yet, once you start using illegal drugs, you've crossed into a world where you're already labeled as a criminal. And those in your social group that use with you are clearly more willing to cross that line as well. So suddenly breaking another law doesn't seem like that big of a deal. We need better data around this, but it seems to be a likely reason.

We also have to remember that the brain is plastic, meaning it can always change. You'll sometimes hear that addiction permanently changes the brain. This is true but misleading.

All learning and experiences permanently change your brain, meaning it can't go back to exactly how it was before. It's like learning to ride a bike. You can't just unlearn how to ride a bike. That knowledge is always with you because your brain has permanently changed. But this doesn't mean you can't learn how to ride a bike differently (like with no hands), learn to drive a car instead, or just not ride a bike. Your brain can still constantly change in order to learn new things, change habits, or simply ignore old neural pathways.

The same goes for chemical balances in the brain. These are always changing. The chemical balance in your brain is different if you're happy, sad, angry, etc. But, when you're sad, that balance is going to be similar every time you're sad. The same with addiction. Every time you use, you'll see similar chemical balances. And long term changes in states can produce different consequences, but, again, this doesn't preclude the fact that chemical balances in the brain can always be changed based on internal perspective as well as environmental influences.

There is a dangerous assumption sometimes in the field that brain changes cause addictive behavior and somehow lock it in, but this is incorrect. You'll hear things like "Addictive drugs provide a shortcut to the brain's reward system by flooding the nucleus accumbens with dopamine. The hippocampus lays down memories of this rapid sense of satisfaction, and the amygdala creates a conditioned response to certain stimuli. ([Harvard Health Newsletter](#))"

Think about it like twisting your ankle. When you twist your ankle, your nerves fire, sending pain signals to the brain, and blood rushes in, inflaming the area. However, we know it would be wrong to say that the firing nerves and rushing blood caused you to have a sprained ankle. These are simply natural reactions of your body telling you to not do that again and treat it carefully until it heals.



Now, if you wanted, you could take a pain killer to numb out your body's signals. The danger here is that you'll walk on that foot as normal, further damaging it, or, at least, not allowing it to heal. This is actually very much like how addiction works.

Feelings of pain, anxiety, and depression are your body's natural way of telling you that you're in a negative situation and that you need to change something, just like the pain in your ankle was a warning to 1) not do that again and 2) be aware that you need to tend to the ankle to let it heal.

And, just like you can use a pain killer to numb the pain in your ankle, you can use alcohol, drugs, and other pleasurable behaviors to numb mental and emotional pain stemming from anxiety, depression, and negative life situations. But, when you do this, you risk the same danger as you did with your ankle. You can numb that pain, but it doesn't change the situation that you need to be sure not to twist it again and that you need to do something to help it heal.

Often, staying in the situation causing you mental anguish is no different than repeatedly walking on the twisted ankle. In both situations, we can use pain killers to numb ourselves and enable ourselves to continue the action, but the second we stop taking them, the pain has actually gotten worse because we've further damaged the situation, causing us to take more pain pills the next time to make it go away.

Your brain chemistry is like your nerve signals and the blood rushing to inflame the wound. Both are meant to drive you to different action and can only be ignored at your peril. These biological changes are not causing the problem, they're signaling to you that you need to make a change for your own good.

The main difference is one of learning. Your brain creates new neural pathways and linkages through learning, which is basically just neurons that fire together, starting to wire together. Unlike your ankle, which will just keep tearing and never heal, your brain will actually learn that the solution to the avoidance of emotional and mental pain is the taking of the drug, since other methods are not being tried or not working.

As this seems to be the best available relief, the brain reinforces the behavior, eventually creating what we call addiction, where the brain is now wired to continue that behavior in order to seek relief from pain or to increase feelings of pleasure.

Still, just like our bike example, we're always able to learn new and different behaviors. Our brains don't lose plasticity, but, again, like riding our bike, we'll always remember what it feels like to choose the easy routes of addictive behaviors as a solution to avoiding pain or increasing pleasure.

Myth #8 – AA Is the Best Option for Those Seeking Help

While everyone knows about AA, they then make the false assumption that it's highly effective and the best option for anyone struggling with addiction. One comprehensive review of the available research found [no benefit for those attending AA versus those who did not](#). AA drop out rates are quite high,



with as many as 81% of people not returning and several studies, such as [this survey here](#), have estimated AA's effectiveness rate to be somewhere between 5 and 12%, less than natural remission.

Some examples of [evidence-based modalities](#) with better outcomes are motivational interviewing, cognitive behavioral therapy, dialectical behavioral therapy, and [medication-assisted treatment combined with therapy](#).

With that said, there are many people in recovery that swear by AA. It is clearly a wonderful solution for a small number of people. However, addiction treatment is not a one-size-fits-all approach as people struggle with addiction for many different reasons.

As we have seen, gender, age, cultural background, income level, and where one lives all affect one's reason for addiction. Treatment must be tailored to meet each individual and different modalities are generally appropriate for different people.

While 5-12% efficacy rates are not to be ignored, we clearly need additional options to the AA and 12-step models if we hope to offer an array of evidence-based treatments that can help a broader range of people.

Myth #9 – Addicts Overdose by Taking Too Much of One Drug

While cases do exist, it's very rare. The vast majority of drug overdoses, including those involving heroin, [are the result of mixing various drugs](#). This could be street cuts, like mixing heroin with fentanyl, or, the much more common mixing of alcohol, heroin, and other drugs.

Just like most of your over-the-counter medication warns you not to mix due to deadly combinations, the same occurs with street drugs.

This is important to understand, because drug users are not dumb, despite their addiction, their survival skills are still very much intact. It's why needle exchange programs work so well to reduce prevalence of Hepatitis C and AIDS in communities where they are implemented. Addicts want to get high, but they don't want to die.

So when prevailing wisdom is that too much heroin may result in overdose, users may be likely to decide to use less heroin, but then add in some cocaine or alcohol to the mix to increase the high, which is where death may occur.

In addition, too much alcohol can induce vomiting while injecting heroin is likely to induce a restive state, making it very easy to suffocate in one's own vomit.

While reducing overall use is the end goal, intermediate goals that educate users in ways that reduce risk of disease and mortality are important steps in any prevention efforts.

What Does All This Mean?

There are several very important takeaways from all of this data.



- While restricting access to opioids may help alleviate the rash of overdoses (it should be noted that most overdoses are a result of mixing opioids with another drug, not just the opioid alone), it doesn't solve our core problem of reducing addiction rates or addressing the underlying issues that cause people to use. As Maia Szalavit wrote in [Unbroken Brain](#), "Trying to end addiction by attempting to eliminate particular drugs is like trying to cure compulsive hand washing by banning one soap after another. Although you might get people to use more or less harmful substances while in the grips of their compulsions, you aren't solving the real problem."

Enforcement must be one part of a multipronged solution aimed at going beyond reducing access to include efforts that will lower overall motivation to engage in addictive behaviors. As we've seen, alleviating poverty and unemployment, while providing support to individuals in those situations, can have a large impact on problematic drug and alcohol use.

- Price and ease of access is a factor in reducing use. The World Health Organization has found that [raises in alcohol tax, regardless of country, reduce the amount of drinking even among youth and problem drinkers](#).

Very much related to enforcement, legislative policies that reduce availability, either through limiting supply or increasing difficulty of obtainment (like raising taxes) can have a positive impact on reducing use. However, the weakness in this approach is that users simply switch drugs to ones that are cheaper or easier to obtain, so we're just moving the target rather than solving the problem.

- People engage in addictive behaviors for a large variety of reasons and these are influenced by age, gender, ethnicity, etc. An array of treatment options need to be made available to help individuals move past their addiction. This includes medication-assisted treatment due to its high efficacy rate in [reducing opioid use, reducing overdoses, and reducing crime](#).
- While genes influence susceptibility to addictive behaviors, psychosocial factors such as income level, employment status, coping skills, and social mobility all have stronger influences on end outcomes related to addiction, so should be key areas of focus.

From a policy perspective, there is nothing that can really be done related to any genetic susceptibility and it's important for individuals to know that DNA is not destiny when it comes to behavioral outcomes. Because of neuroplasticity in the brain, they can always learn to deal with and move past addictive behaviors.

The focus needs to be on psychosocial and environmental interventions rather than solely relying on a medical approach. Addiction is not like cancer or diabetes where a drug can fix the problem. While medication can help with things like reducing cravings, behavioral interventions that help individuals learn different thought patterns and actions are the key to long-term



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change.

- Related to the above, brain changes stemming from addiction are a result of standard learning processes in the brain and can be changed. Individuals struggling with addiction are not powerless and can overcome current behaviors.
- The expansion of treatment programs offering multiple, evidence-based modalities is a key factor in success of treatment.