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ESTHER BUSH

Addiction

This month, the "Take Charge of Your Health Today" page focuses on addiction and seeking treatment. Erricka Hager, health advocate at the Urban League of Greater Pittsburgh, and Esther L. Bush, president and CEO of the Urban League of Greater Pittsburgh, speak on this topic.

EB: Good afternoon, Erricka. I'm so pleased that we're finally addressing the issue of addiction and the importance of seeking treatment. Addiction is such a heavy topic. I'm sure all of us know at least one person struggling with addiction, whether it is drugs, alcohol or gambling. The list could go on. Whatever the addiction, I continue to support the need for seeking treatment. I fear that our communities are traumatized by the daily media coverage that increases the stigma about seeking help.

EH: I couldn't agree more, Ms. Bush. When people experience backlash or are met with judgment about seeking treatment, it can leave them feeling hopeless. Even beyond that, they begin to fade away from their support systems because of the constant shame they feel. In order to seek and continue treatment, open communication needs to replace shock and shame.

EB: Absolutely. That shame is creating a culture of fear, confusion and guilt. Black families are confused about why their loved ones aren't seeking treatment or are simply just quitting. Some are even ashamed to admit that they have a family member who is battling addiction. This culture of shame and guilt is further continuing the cycle of addiction. This cycle is harmful to the mental health of the affected families, as well as to the community as a whole. Dr. Douaihy discusses the importance of recognizing addiction as a mental health disorder. It can be treated. It's important that we talk about how the Black community can reverse the stigma and encourage those we care about to seek treatment. Admittedly, this is hard because people don't like discussing mental health in relation to addiction. But the only way we can create a cycle of change is by having open and honest conversations about addiction. That will make us stronger as individuals and healthier as a community.

EH: Yes, Ms. Bush. Eliminating stigma and guilt when seeking treatment for addiction is important for both the health and the progress of the Black community. Although it isn't easy, families can help erase stigma by treating their family members with respect and not judging them. They can also help by connecting them with the proper resources to meet their needs. Each person may have different needs—whether it's a treatment facility, a support group or even a research study. As a community, we can all increase awareness of treatment options and educate our fellow community members about addiction. It won't be easy, but we can make small changes to help remove the stigma of addiction and mental health.

EB: I second that! Thanks for having this chat with me, Erricka. I look forward to talking next month about why it is important to have diversity in research.



What is addiction and how can it be treated?

Addiction occurs when taking a substance or engaging in an activity becomes a compulsion. The person loses the ability to stop the behavior, no matter the harm it causes. Addiction comes in different forms. Types of addictions range from substance like alcohol and drugs (substance use disorders) to behaviors like a gambling disorder. Addictions can cause people to lose their loved ones, jobs, their status in communities and even their lives. It can have harmful effects on other people. But behind each addiction is a person who is struggling with a chronic medical illness. Because addictions can have such harmful effects on people's lives, there is also an urgency to understand how to best help people fight them.

There is no one cause of addiction. From a public health perspective, addiction involves three causes interacting with each other—the agent, which is the drug itself, characteristics of the person with addiction and his or her environment.

There is a common misconception that addiction is the result of someone having moral failing—being "weak" or lacking willpower. Research has shown that

addiction is a complex, chronic illness that affects the brain and body, just like heart disease and diabetes. It changes both the brain's structure and how it works. The brain's circuit of reward, motivation, memory, impulse control and judgment shifts from recognizing something as pleasurable to seeking it out compulsively. The memory of the desired response continues, and people behave in a way that satisfies the need to recreate the memory. Over time, the brain needs more and more of the drug to achieve the desired response. People can cycle through periods of remission and relapse. Without treatment or an improvement in the brain-reward cycle, the effects of addiction can even progress to premature death.

So, how is addiction treated? How can therapists and health care practitioners, including doctors, help people who struggle with addiction? Addictions are highly treatable. Antoine Douaihy, MD, professor of psychiatry and of medicine, University of Pittsburgh School of Medicine, says that successful treatment often involves a practice called motivational interviewing. The American Psychological Association



ANTOINE DOUAIHY, MD

describes motivational interviewing as a therapeutic approach that uses "structured conversations that help patients increase their motivation to change and overcome addictive behaviors." Motivational interviewing helps patients "recognize the difference between how they are living right now and how they wish to live in the future."

"When you look at the research, the better predictor of a patient's likelihood of a successful treatment outcome is the particular style of the therapist, physician or health care practitioner," says Dr. Douaihy. "Therapeutic empathy is one of the strongest predictors of a health care practitioner's effectiveness in treating

substance use disorders. Empathy is based on interpersonal warmth and genuineness. Also, believing in the patients' potential to do well and recover makes a big difference. Meaning, if I work with persons with addictions and expect that they'll get better in terms of substance use, most likely they will get better. But if I have an expectation that they won't get better, most likely they won't."

The practice of motivational interviewing is client-centered. It means that the health care practitioner engages the patient in a conversation about change without being judgmental and believes that the patient is capable of change. The practitioner helps the patient to identify what is keeping him/her from changing a behavior and helps him/her work to make the change.

Motivational interviewing sounds like common sense, right? But Dr. Douaihy points out that persons with addictions are not always treated by someone who is trained in motivational interviewing.

"Our systems of care still use confrontational approaches," he says. "People are told, 'I'm going to tell you what works for you,' or 'I know what's best for you

because I'm the physician.' People are attacked, preached to or scolded to change their behaviors. Research showed no evidence that this approach works at all. In fact, motivational interviewing is consistent with the self-determination theory, which is the thinking that "I will do whatever is right for me—not what you tell me do." Practitioners can be experts on addictions and other illnesses, but they're never going to be an expert on you struggling with addiction. People are the experts on themselves. It makes sense. But not everyone accepts it as the approach for how we work with patients."

Dr. Douaihy recommends that people become advocates for themselves and for loved ones. The more people can know about what has been proven to be effective, the more they can seek it out in their health care providers.

"Motivational interviewing is based on compassion—respecting and supporting people's right to make decisions about their own lives and behaviors," he says. "The core of it is recognizing what makes us human and caring for others. And we have the scientific evidence to prove that it works."

County Bureau helps individuals along the path to recovery

Addiction can mean many things to many people. Addiction causes brain and body dependencies to substances or activities. The dependencies go beyond a person's ability to control them. The Allegheny County Bureau of Drug and Alcohol uses the American Society of Addiction Medicine definition that states, "Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry."

Substance addiction is a complex illness. Many people do not understand why or how other people

become addicted to drugs/substances. Despite the substantial harm the addiction can cause, the person continues the behavior because it is pleasurable or valuable to the individual.

Substance addiction includes any substances that are taken into the body. Substances can be taken in different ways. The most common ways are by mouth, nose or through a vein. Substances



DR. LATIKA DAVIS-JONES

can be street drugs (heroin, cocaine, meth, mollies, etc.), alcohol, marijuana and prescription medications (when

used improperly).

The lives of people with substance addictions can be affected in many harmful ways. The harmful effects can include the inability to meet basic needs (shelter, food, clothing, etc.). Services through the Allegheny County Bureau of Drug and Alcohol are available to assist individuals in rebuilding their lives after addiction and in beginning their recoveries. Recovery, as defined by Substance Abuse and Mental Health Services Administration, is "a process of change through which individuals improve their

health and wellness, live a self-directed life, and strive to reach their full potential." Having assistance on the path to recovery is crucial to people with addictions to remain in recovery.

For more information and resources, visit our website at www.alleghenycounty.us/Human-Services/Programs-Services/Disabilities/Drugs-and-Alcohol.aspx.

(Dr. Latika Davis-Jones has served as the administrator of Allegheny County's Bureau of Drug and Alcohol Services since 2011. She also is an adjunct professor in Pitt's School of Social Work.)

Researchers Investigate Addiction through Imaging Studies

by Rehima Jordan, BA

Illegal drug overdose deaths in the United States are a dire public health

issue. There are a lot of misunderstandings about drug abuse and addiction. Our research team at the University of Pittsburgh

wants to understand the brain chemistry behind addiction. We want to know the connection to drug/alcohol relapse. Our research hopes to lead to treatments and/or ways to keep people off of drugs.

We need participants to help us with this research. Do you know someone with cocaine or alcohol addictions? Are you someone with these addictions? If so, please contact our lab at **412-246-6373** or <http://addictionstudies.pitt.edu/>. (Rehima Jordan, BA, is a research specialist with Rajesh Narendran, MD, associate professor of radiology, University of Pittsburgh School of Medicine.)



QUITS Study looking for nondaily smokers

Some studies show that people who smoke cigarettes—even just sometimes—are at risk for many diseases. Nondaily smokers have nearly the same chance of having cardiovascular disease as people who smoke daily. Nondaily smokers also have trouble kicking the habit. Researchers at the University of Pittsburgh want to learn more about the experiences of nondaily smokers who are trying to quit and how nicotine gum might be able to help them with this process.

You may be eligible to participate in the QUILTS study if you smoke cigarettes only some days (but not every day) and are ready to try to quit smoking. All study participants are given individual

smoking cessation counseling. Some people will also be provided nicotine gum. Others will receive plain gum that does not contain nicotine. Participants will also carry an electronic diary to track their smoking, cravings and use of other nicotine products.

There are many ways to get in touch with our research team. Contact us if you are a nondaily smoker who would like to make a serious attempt to quit. The University of Pittsburgh Smoking Research Group phone number is **412-383-2059**. You can also text "NONDAILY" to **412-999-2758**. Our website is www.smokingresearchgroup.com. Eligible participants will be compensated for their time.