

Families Fighting Back

The unsung heroes
of the opioid crisis



NC FAMILY
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“Spewing profanity, our twenty-year-old son, Ethan, stormed out of our house on Mother's Day of 2014. Having confronted him with illegal drug activity we suspected from texts on his phone, he decided to leave the comforts of our home on foot, walking down the street to we knew not where.”

Ethan's mom, Shannon, remembers, “For our family's peace of mind and to feel safer, we had the door locks changed. We had nightmares of drug dealers breaking in to shoot us. The two younger children still at home had their own set of fears.” Little did Shannon know at that time, but hope was on a distant horizon.

This nightmare, experienced by a church-attending, small town North Carolina family, is being replayed in rapidly-growing numbers of families all across our state and nation. An opioid epidemic is raging, and the battle is being fought not on faraway dark streets and alleys, but in our own neighborhoods and, in many cases, our own families. We have read many stories about how governments and police departments are grappling with this epidemic, but how can parents and families play a role in safeguarding our family and friends, and what can we do when we find that someone we love has been pulled under by this insidious and rampant plague?



North Carolina has been hit especially hard. According to the Centers for Disease Control, four North Carolina cities—Wilmington, Hickory, Jacksonville, and Fayetteville—rank in the top 20 cities nationwide for opioid abuse. Wilmington has the highest opioid abuse rate in the nation with 11.6 percent of the city’s citizens reportedly abusing opioids! In Wake County, home of the state capital, EMS officials answer two to three overdose-related calls a day and up to ten calls per day on weekends.

After Ethan left home on that Mother’s Day, Shannon remembers they did not know day-to-day whether he was dead or alive. “We would ride by his workplace and peer in the window hoping to get a glimpse of him to know he was okay. He was mad at us when we told him the door locks had been changed, and swore he would never be back home.” As statistics show, Shannon had good reason to be frightened for her son’s life.

According to the State Center for Health Statistics, four North Carolina residents die every day from drug and medication overdoses. The number of Americans who died of overdoses in 2015 (52,000) easily surpassed the death rates from gun homicide and car accidents. *(See graphics on page 7.)*

If They're Legal, They Must Be Safe

Opioids are an essential tool for suppressing pain and are freely prescribed by physicians, hospitals and even veterinarians. Quite often, young people looking for “party drugs” scavenge the family’s medicine cabinet and grab up unused pain meds, thinking since they are legal, they are safe. It’s not uncommon for people in these circumstances to develop an addiction that leads to abusing legal prescription opioids like morphine, oxycodone, hydrocodone and fentanyl, which is said to be 80 to 100 times more potent than morphine. These addictions end in death all too often, with half of all opioid overdose deaths from prescription drugs.¹ Heroin is often the fallback drug for those who can no longer obtain prescription opioids. As an illegal drug available only on the street, it is completely unregulated or safety tested.

Shannon’s family doesn’t need the statistics to tell them what this epidemic is all about. They have lived it. Their son, Ethan, spent years caught in the middle of this crisis, but he did not become an angry, jobless, college drop-out drug addict overnight. It developed gradually with warning signs that were easy to dismiss. Shannon remembers that her son’s early signs of drug use were related to marijuana. However, when asked, he assured his parents there was nothing to worry about.

Shannon recalls: “Rumors that he was smoking pot with fellow co-workers after work late at night devastated us. And when we confronted him with it, he was outraged that we would believe the rumors and not him. Turned out the rumors were true. Shortly thereafter, his first arrest was for possession of marijuana, which almost cost him his college admission. But in the end, it didn’t matter. He had withdrawn from college by Thanksgiving of that year.”

Vulnerability of Adolescents

While the opioid epidemic is in no way isolated to the young, changing hormones, a developing brain, and the angst of adolescence leave young people more susceptible to addiction. The National Institute on Drug Abuse explains that “the adolescent brain is often likened to a car with a fully functioning gas pedal

(the reward system) but weak brakes (the prefrontal cortex).” In other words, the areas of the brain that process feelings of reward are fully developed; however, the part of the brain that processes decision-making is not fully developed typically until the mid-twenties.² Adolescents may want a quick reward or retreat from the stresses of young adulthood, but they are not fully developed enough to understand the great costs of their poor decisions. Add the availability of opioids and peer pressure to the mix, and it’s easy to understand how opioids pose a grave threat.

“Everyone is doing something and you just start doing it too, thinking it will be okay,” Ethan explained. “This is not who I was raised to be, but insecurities and trying to forget things and feel better about myself is why I was using in the first place. I wanted an escape. The thing that sticks out most is how, when I smoked [weed for the first time], it was almost like instantly, I was comfortable in my own skin. For the first time, I felt free. Little did I know that this temporary facade was only masking over some deep-rooted problems that no drug was going to fix.”

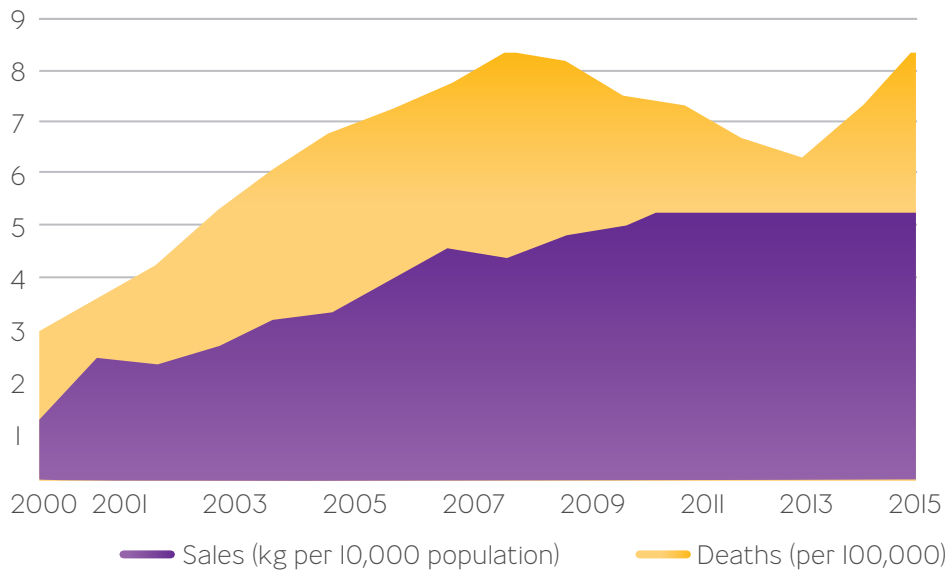
Why The Spike In Opioid Abuse?

The National Institute on Drug Abuse cites several factors for the increase in prescription opioid abuse, including: “drastic increases” in drug prescriptions (written and dispensed); “social acceptability” of using prescription drugs; and “aggressive marketing” of drugs by the pharmaceutical industry.³ Meanwhile, the Centers for Disease Control attributes spikes in heroin use to: relatively low price (compared to prescription opioids); and increased availability. These last factors are driven by a deluge of heroin pouring into our country. Since 2008, the amount of heroin confiscated from those trying to cross into the U.S. via our southwest border has more than quadrupled.⁴

The Signs of Abuse

The Mayo Clinic provides a host of signs to look for if you suspect someone is suffering from opioid abuse. Nausea, slowed breathing rate, drowsiness, confusion, and poor coordination are all bodily signs that a person may be suffering from addiction. Behaviors to watch

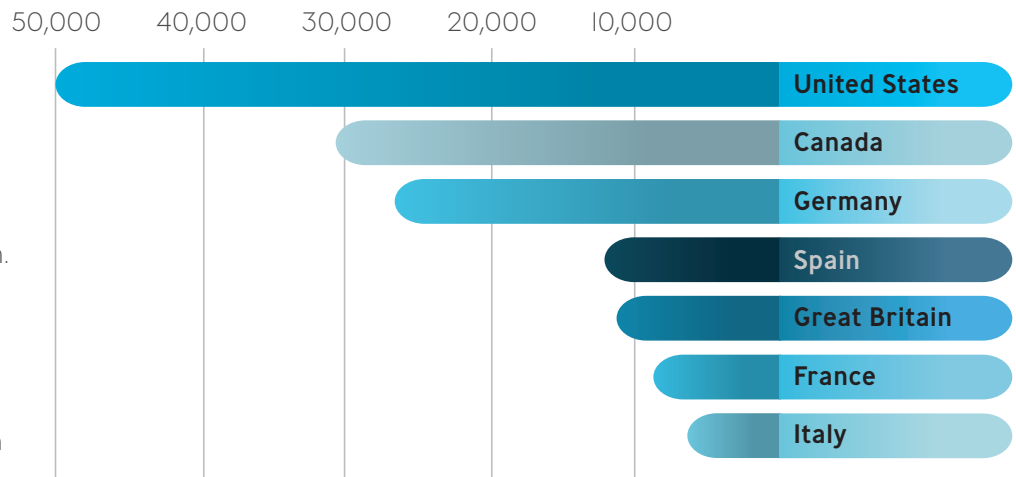
Prescription Opioid Analgesic Sales vs. Deaths North Carolina 2000-2015



In 2015, North Carolina drug overdose death totals jumped dramatically with **738** deaths caused by prescription opioids (an 884 percent increase since 2010), **363** deaths caused by heroin, and **291** deaths caused by cocaine.

Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, 2000-2015. DEA ARCOs data, North Carolina, 2000-2015. Analysis by Injury Epidemiology and Surveillance Unit.

Americans Consume More Prescription Opioids Than Any Other Country



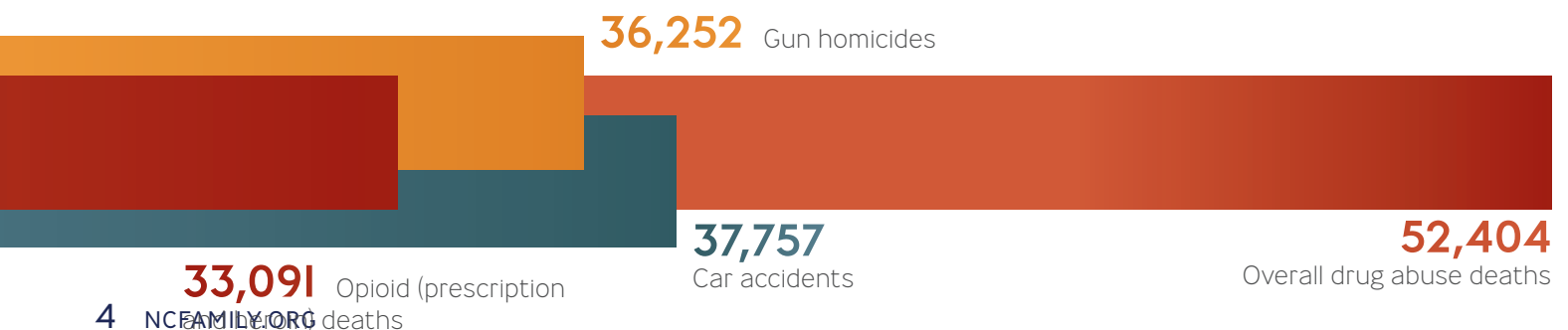
“So consider the amount of standard daily doses of opioids consumed in Japan. And then double it. And then double it again. And then double it again. And then double it again. And then double it a fifth time. That would make Japan No. 2 in the world, behind the United States.” (Japan doesn’t even make the top 25.)

—Stanford drug policy expert Keith Humphreys

Standard daily opioid dose for every 1 million people

Source: United Nations International Narcotics Control Board
Credit: Sarah Frostenson

Drug Overdose Leading Cause of Accidental Deaths In U.S.



out for include stealing, taking higher doses of medication than prescribed, excessive mood swings, poor decision-making, seeking prescriptions from more than one doctor, and “losing” prescriptions so that more have to be written.⁵

Shannon said lying was one of the biggest red flags in their family’s experience. She remembers finding drug paraphernalia as she and her husband helped unpack Ethan at college. They threw it away, but the pit in their stomachs only grew deeper when he tested positive for drugs during one of his weekend trips home. She remembers, “Claiming the positive test was from ‘secondhand smoke’ at a party he had attended, gullible us decided to trust him once again. Of course we now know it was all just a ‘smokescreen’ for a growing addiction that he was not going to be able to control.”

‘I’m going to get right and do good and stop being miserable.’ And in the next minute, the memory of the high or of a good time gets in my head and I was out the door with keys in hand and money to go buy drugs again. I really began to experiment with multiple other types of drugs and it quickly spiraled out of control. The sick thing is that, for an addict, this is the common denominator. We will try a drug that will temporarily seem to fix everything. But after a while, we are always searching for more or some other fix.”

“The wedge was huge between my husband and me on how to ‘discipline’ an 18-year-old disobeying every rule we had ever established,” recalls Shannon. “Keg parties when we were out of town, taking the car when privileges had been revoked, and finding drugs in our car and

off of us was when we admitted to our church family that we were struggling mightily with a prodigal child. There was no shame or finger-pointing, only much care and concern and prayers.”

The angst over how to deal with an addicted loved one is compounded because many addicts reject the very help they need and profess to want. “This is how sick the disease of addiction can be,” Ethan says. “You can be calling out for help, but when it comes, you simply let it go by the wayside without a second thought.”

After subsequent arrests with multiple felony charges Ethan admitted, “I knew I needed help. I said to myself, ‘I’m miserable. I’m about to kill myself. I’m broke.’”

There Is Hope

One day Shannon started to see Ethan’s attitude change. “He started coming by the house again wanting to talk. He asked to stay over one Saturday night. It broke our hearts to tell him no and have him ride off not knowing if we would see him alive again. But the next day after church, he was waiting at our house when we got home. We talked all afternoon and gave ground rules again for living at home. He agreed to them and we let him stay on the couch, kicking ourselves that we were so weak and stupid, but loving our son and hoping against hope that this time was different. It was. He agreed to move out of where he was living with a drug dealer across town. We prayed fervently as he went to pick up his things and see that roommate one last time.”

Shannon and her husband found several options for help and presented them to their son. Ethan got recommendations from his lawyer, as well as from his family doctor and their pastor who had experience working

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Seeking Help

After coming to grips with the fact that someone you know is mired in opioid abuse, the next steps are not for the faint of heart. Despite the addict’s claims that he or she can stop whenever they want, professional help is essential.

Ethan remembers: “I had sworn off all alcohol and drugs before I went to college. I told myself I was going to be extremely focused and do well. But the need for drugs takes over the mind. I could wake up one morning and say to myself,

home were not something we knew how to handle. Who does? Where is the guidebook for this kind of behavior?” For the next year and a half, Shannon and her husband found themselves asking the same question over and over, “Lord, what do we do now?” She says they “had no clue how to respond appropriately, if there even was such a thing.”

They eventually found relief in their community and their faith. As parents, she says, “One thing that lifted a huge burden

with and ministering to drug addicts. This is an important step for finding a good program, as not all are created equal and some are scams. There are a wide variety of good options available to fit differing needs: inpatient or outpatient; 30-day, 90-day or year-long rehabilitation or residential treatments; some are faith-based; some offer employment opportunities; some are expensive, others are free. The Substance Abuse and Mental Health Services Administration (SAMHSA) also provides digital toolkits for opioid overdose survivors and their family members on how to seek assistance.⁶

“We made him make the phone calls to decide on a rehab location when he agreed to go at the urging of his lawyer,” says Shannon. “Ethan believed he needed to go somewhere far away or else he would be easily lured back in by acquaintances who lived close by. In September, we drove him to a 30-day rehab facility in Nashville, Tennessee where he was introduced to the 12-step program of Alcoholics Anonymous and Narcotics Anonymous.”⁷

The philosophy of 12-step programs works on the premise that addiction is a disease with three components: mental, physical, and spiritual. The addict is viewed as dealing with a physical allergy of the body, a mental obsession of the mind and an underlying spiritual malady of the heart. Unless these three aspects of the condition are treated, they contend, the individual will not be able to escape addiction.

While at the rehab facility in Tennessee, Ethan found the key to his recovery: “I found God in the most intense way that I can imagine. I already knew God, or so I thought, but this was different. There was so much shame, guilt and anger that was

separating me from God. One sunny afternoon, I stumbled into the chapel there. I probably had a total of 20 days sober or so. I was feeling somewhat physically better, but I was ready to crawl out of my skin. I was so emotionally and mentally uncomfortable that it was bringing me to tears almost at every moment. I dropped to my knees, and in that moment I called out to God. I told Him that I didn’t want to live like this anymore. I was miserable, and I needed His help. I didn’t know what else to say. I hadn’t said much to anybody up unto this point. I sat there for a few minutes crying on the floor, and God answered me.”

In retrospect, Shannon says an incident from Ethan’s childhood may have been an emotional trigger for his addiction. He felt immense guilt at eight years old over not protecting his little brother from a harmful incident. His first steps of recovery involved forgiving himself and others and accepting God’s forgiveness. “We heard almost immediately from his counselor that Ethan revealed his struggle with what happened and anger at the perpetrator. Since then, we have read, and other counselors have confirmed, that childhood trauma can be a precipitating factor in addiction later in life.”

“I believe 100 percent,” Ethan says, “no doubt in my mind that faith was the number one thing that led to my ability to be able to recover.”

Following his time in the Tennessee 30-day rehabilitation program, Ethan successfully completed a 90-day residential treatment at a facility in southern California and then transitioned into a sober living home. Now, at 23, employed full time and living on his own, he is on the road to full recovery, having been clean and sober for three years.

“I have big motivation not to go back. I don’t want to go back to nothing,” Ethan says. But “I can’t live in fear (of relapse), even healthy fear. Each day I have to be honest with myself about who I am. I have found a routine that works for me. I don’t put myself in bad situations. I have cut off people who aren’t on the same page.”

For Shannon and her family, the Al-Anon 12-step program for loved ones of addicts, provided hope and healing. “I looked up local meetings to attend as soon as we got home and cried at every one the first few weeks. To know that I was not alone in my struggle with loving an addict was a balm to my soul.”



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Guarding Loved Ones Against Opioid Addiction

Despite a recent increase in funding for rehabilitation programs, 40 to 60 percent of addicts relapse. Climbing out of opioid abuse can be a harrowing, lifelong struggle. This makes prevention the best and most effective way to protect against the consequences of drug abuse.⁸

While there is no silver bullet that will guarantee that someone will be able to resist the lure of drug use, parents and family members can take practical steps toward safeguarding loved ones who may be vulnerable. Experts across the board stress that consistent, open and honest parent-child communication is the biggest key to helping young people avoid drug use and preventing it from becoming an irreversible or fatal problem. The Partnership for Drug-Free Kids is a good place to start. It has tool kits, information sheets, videos, scripts, and other resources for parents, adolescents, teachers, and law enforcement.⁹

Among their tips are:

- Always communicate from a place of love, even during tough or serious conversations.
- Clearly communicate the risks of alcohol and drug use, the temptations your

children are likely to face, and your disapproval of alcohol or drug use.

- Set and enforce clear “no use” rules, balancing positive and negative reinforcement.
- Look for natural, everyday teachable moments to talk about drinking and drugs, like movies and news stories.
- Frequently talk and listen to your children about how things are going in their lives.
- Monitor friends, school performance and activities, and the moods of your child for changes.
- Keep prescription medicines secure and keep track of their quantities; then dispose of unused prescriptions promptly and properly.

Ultimately, at its core, the opioid crisis is a symptom of human brokenness. Too many in our culture turn to fleeting solutions to escape from pain and suffering or to fill the genuine human ache that can only be filled by God, faith, love, and healthy relationships with others. As parents and members of our local communities, we need to continually reinforce the inherent dignity, joy and fulfillment that comes from being created uniquely and intentionally in the image of Almighty God. Remind your children of their intrinsic value on a daily basis. Remind them of what

is right and good. Remind them that real friends will build them up and support them in making wise decisions. Remind them that escapism is not a solution to challenges or disappointments.

As a parent who has seen this beast of an epidemic in all of its gory detail, Shannon says there is no magic formula that will guarantee success in protecting your loved ones from opioid abuse or in walking them out of it successfully. Her heart aches for the many parents who lost a child to this horrendous epidemic and she understands how close she came to losing her son. “I didn’t want to have a prodigal child. I planned to do everything ‘right’ and my family would turn out perfectly. Before this trial, I would have pointed my finger at others’ failings and pointed out what they did wrong as if I knew! God has filled our hearts with compassion for others who struggle and given us a desire to be available to parents in similar situations. We are so thankful God has given us a success story for now. But it is not because of anything we did. We did it all wrong. We didn’t know what we were doing. We were overwhelmed with doubts and insecurities. We had to cling to God and depend on Him like no other time in our life. It’s the only way to get through it.” 🙏

This article was a joint labor of love by NC Family writers, Rachel Lee Brady, Brittany Farrell, LouRae Holt, and Traci DeVette Griggs. Our sincerest gratitude to the North Carolina mother and son who were willing to relive their painful experiences in order to provide their personal account for this story. For a footnoted version of this article, please visit www.ncfamily.org.

Endnotes

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2. National Institute on Drug Abuse, “Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide,” 9/22/17, as found at: <https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction>
3. National Institute on Drug Abuse, “America’s Addiction to Opioids: Heroin and Prescription Drug Abuse,” 9/22/17, as found at: <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse>
4. Centers for Disease Control and Prevention, “Heroin Overdose Data,” 9/22/17, as found at: <https://www.cdc.gov/drugoverdose/data/heroin.html>
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7. <https://www.aa.org/>, <https://www.na.org/>
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9. Partnership for Drug-Free Kids, “Medicine Abuse Project: Parent & Community Resources,” 9/22/17, as found at: <https://drugfree.org/medicine-abuse-project/resources/>



North Carolina Family Policy Council
PO Box 20607
Raleigh, NC 27619

www.ncfamily.org