



POLICY FORUM

It's Time for Treatment

Introduction

The term “unintentional death” is clunky, gathering a group of generally unrelated causes of death—motor vehicle deaths, falls, poisonings, and overdoses—into one category. But the grouping has a purpose. Unintentional deaths could be preventable deaths.

This issue of the *North Carolina Medical Journal* highlights substance use disorders and the concurrent overdose deaths in our state and beyond that are a growing proportion of unintentional deaths begging to be prevented. Substance use disorders have been considered a moral failure, a weakness, and a condition affecting a population scorned. The term “addict,” like the term “alcoholic,” labels and stigmatizes the individuals who suffer from a terrible, deadly, and treatable illness. Substance use disorder is preventable and treatable, but like many illnesses it can flare and subside and recur. It can be both a primary illness and a concurrent illness, associated with depression, anxiety, and other mental health or behavioral disorders. It is an illness of availability and opportunity, as the prevalence of substance use disorder varies by geography, ZIP code, neighborhood, and medicine cabinet.

The alarming rise in substance use disorder deaths by overdose is directly attributable to the availability of potent illegally sourced narcotics, especially fentanyl—a drug designed for relief of severe pain but readily and easily synthesized from its chemical precursors, pressed into pills, and sold on our streets. People have long self-medicated their physical and mental pain. Never before has such a dangerous drug been so available. Never before has the line between relief and risk been so narrow.

And never before has treatment been so effective. Substance use disorder often warrants a lifetime of treatment, just as heart disease and diabetes and other chronic illnesses—many of which face their own kind of stigma—do. Substance use disorder knows no boundaries, and the tragedy is that we can prevent and treat the illness, and we haven’t. Now we have a new tool for combating this tragedy in opioid settlement funds and the policies surrounding their distribution and use. Authors in this issue explain how North Carolina is answering this call. NCMJ

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