

# CONCERNED CITIZENS

Volume 1, Issue 1

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FREE



## COMING TOGETHER

Read on page 2 how crisis and cooperation led to this publication.



## LOST TO ADDICTION

a Wellfleet story  
page 6



## REMOVING THE STIGMA

The statewide campaign to end the stigma of addiction. page 8

# WHAT IS ADDICTION?

## *THE SCIENCE OF DRUG ABUSE AND ADDICTION: THE BASICS*

*from the National Institute on Drug Abuse, National Institute of Health (NIH)*

Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences. It is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors.

### *Why study drug use and addiction?*

Abuse of and addiction to alcohol, nicotine, and illicit and prescription drugs cost Americans more than \$700 billion a year in increased health care costs, crime, and lost productivity. Every year, illicit and prescription drugs and alcohol contribute to the death of more than 90,000 Americans, while tobacco is linked to an estimated 480,000 deaths per year. (Hereafter, unless otherwise specified, drugs refers to all of these substances.)

### *How do drugs work in the brain to produce pleasure?*

Nearly all addictive drugs directly or indirectly target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that regulate movement, emotion, cognition, motivation, and feelings of pleasure. The over stimulation of this system, which rewards our natural behaviors, produces the euphoric effects sought by people who use drugs and teaches them to repeat this behavior.

### *Is drug use a voluntary behavior?*

The initial decision to take drugs is mostly voluntary. However, when addiction takes over, a person's ability to exert self-control can become seriously impaired. Brain-imaging studies from people addicted to drugs show physical changes in areas of the brain that are critical for judgment, decisionmaking, learning, memory, and behavior control. Scientists believe that these changes alter the way the brain works and may help explain the compulsive and destructive behaviors of an addicted person.

### *Can addiction be treated successfully?*

Yes. Addiction is a treatable, chronic disease that can be managed successfully. Research shows that combining behavioral therapy with medications, where available, is the best way to ensure success for most patients. Treatment approaches must be tailored to address each patient's drug use patterns and drug-related medical, psychiatric, and social problems

### *Does relapse to drug use mean treatment has failed?*

No. The chronic nature of addiction means that relapsing to drug use is not only possible but also likely. Relapse rates are similar to those for other well-characterized chronic medical illnesses such as diabetes, hypertension, and asthma, which also have both physiological and behavioral components. Treatment of chronic diseases involves changing deeply imbedded behaviors. For the addicted patient, lapses back to drug use indicate that treatment needs to be reinstated or adjusted, or that alternate treatment is needed.

## COMING TOGETHER

In the spring of 2014 a group of Wellfleet citizens came together in an attempt to foster and expand the concept of Community Policing, meeting regularly with the Police Chief and the town administrator. Initially the group was nameless, but eventually settled on the moniker, “Concerned Citizens for Community Policing.” The group saw the concept as essential, and certainly reputable experts in the field were in agreement.

One of the first events that the group accomplished was an orientation, in the spring of 2015, for the incoming special police officers prior to the summer season.



photo by Justin Lynch

The day started at the Wellfleet Library where many “stakeholders” gathered to introduce themselves. At this meeting a social worker, who works directly with the addicted population, gave a sobering account of the problem. It became clearly evident that this was a topic that needed further attention. One of the members of the Concerned Citizens was appointed Wellfleet’s representative to the Regional Substance Abuse Council (RSAC) in Barnstable County. The Council, a coalition of many members throughout the county, is extremely active in addressing the problem. **They have published an extensive study, “Analysis of Substance Abuse on Cape Cod: A Baseline Study.”** (available at [bchumansevicen.net](http://bchumansevicen.net)) The plan addresses prevention, intervention, treatment and recovery. Addiction is now being seen through the scientific lens as a disease. As with other diseases (cardiovascular or diabetes) education is essential to treatment and recovery. This publication, then, is an attempt to begin. In the true spirit of Community, it is a collaboration of the Concerned Citizens, the Wellfleet Police Department, The Wellfleet Health Department and the Wellfleet Council on Aging. We will attempt to shed light on the problem of addiction, bringing in reputable sources to do so, and show how some community members are addressing the problem. Anyone interested in joining the effort can contact Dennis Cunningham at [murphycunningham@yahoo.com](mailto:murphycunningham@yahoo.com)

## 5 MYTHS ABOUT OPIOID ADDICTION

### #1 Addicts are bad people who deserve to be punished.

Man or woman, rich or poor, young or old, if a person develops an addiction, there’s a widespread assumption that they are bad, weak-willed or immoral. It is true that many addicts do reprehensible things. Driven by changes in the brain brought on by prolonged drug use, they lie, cheat and steal to maintain their habit. But good people do bad things, and sick people need treatment – not punishment – to get better.

### #2 Addiction is a choice.

Recovery isn’t as simple as exercising enough willpower. People do not choose to become addicted any more than they choose to have cancer. Genetics makes up about half the risk of addiction; environmental factors such as family life, upbringing and peer influences make up the other half. Once an individual starts using drugs, prolonged drug use changes the structure and function of the brain, making it difficult to control impulses, feel pleasure from natural rewards like sex or food, and focus on anything other than getting and using drugs.

### #3 People usually get addicted to one type of substance.

At one time, we believed that most addicts had one drug of choice and stuck with it. Today, polysubstance abuse the use of three or more classes of substances – is the norm, not the exception. Polysubstance abuse appears to be particularly common among males, those who begin using drugs at an early age, and adolescents and young adults. People who abuse multiple substances are more likely to struggle with mental illness, which when complicated by drug interactions and side effects, makes polysubstance abuse riskier and more difficult to treat than other types of drug abuse.

### #4 People who get addicted to prescription drugs are different from people who get addicted to illegal drugs.

Despite the fact that prescription drug abuse has reached epidemic proportions in the past decade, the use of “legal” drugs to get high carries less stigma than the use of illicit drugs. When a person takes a prescription medication in a larger dose or more often than intended or for a condition they do not have, it affects the same areas of the brain as illicit drugs and poses the same risk of addiction.

It’s not just curious, misinformed teens but also their parents who minimize the problem. According to a recent survey by The Partnership at Drugfree.org, only 14 percent of parents mention prescription drugs when they talk to their kids about drugs, and one in six parents said prescription drugs are safer than street drugs.

### #5 Treatment should put addicts in their place.

Even though the leading authorities on addiction agree that addiction is a chronic disease similar to heart disease, diabetes and cancer, addicts are still treated as second-class citizens. Many treatment centers believe confrontational, shame-based methods are necessary to motivate addicts. Quite the contrary. In addition to contributing to the stigma of addiction and deterring people from seeking treatment, research shows that shame is a strong predictor of relapse.

The myths about addiction are damaging not only to addicts and their families but to all of us. What if the many influential business leaders, inspirational artists, best-selling authors, and history-making politicians who join the ranks of recovering addicts were shamed into silence? By understanding addiction as a brain disease and allowing people to recover in the way that works best for them, we can make significant strides in addressing the nation’s leading public health problem.

David Sack, MD, from Where The Science Meets The Steps, Psychology Today, May, 2013

## RECOVERY and COMMUNITY- THE NEVER ENDING JOURNEY

by Dennis Cunningham

*“What some people call post-acute withdrawal will continue for several months and for some individuals it can last as long as a year. Whether or not the person has a support system should also be a consideration in determining appropriate treatment. A person who has no real family [community] support ... is unlikely to be successful in outpatient treatment.”* Herbert C. Munden, M.D. from "There's an Addict in My Closet, The Truth about Addiction."



All over the United States, communities, large and small, are awakening to the reality that a full-fledged substance abuse epidemic has crept quietly into their streets, their homes, their schools. It now has a solid grip. These are hardly hyperbolic words. All one has to do is take a look at the work of the Barnstable County Substance Abuse Council which has, over the past few years, performed an in depth analysis of our problem here on Cape Cod. The statistics and the findings are disconcerting (page 3). Ironically, many people who are suffering from the disease, directly and indirectly, might say that that was the easy part.

Now we ask the far more penetrating follow up question: “What are we going to *do* about it?”

Finding the answers, and implementing them, may prove be the harder work.

But certainly, much hopeful work is being done. And it begins and starts in the community.

Sam Quinones, in his powerful book “Dreamland,” describes the cause and spread of this epidemic into once idyllic towns, and also into more desperate ones. The element of shame was always a common contributor in fueling the epidemic in more affluent places. The lack of resources was a contributor in less affluent ones. However, the element of a strong community coalescing to both own up to the problem and provide resources to those suffering, was always the common thread in providing lasting solutions.

Fortunately, this is already happening in towns on the Cape, and certainly Barnstable

County and the State have already committed substantial resources to the epidemic.

The Barnstable County Substance Abuse Council continues its valuable work with a follow up “Action Plan” to their initial analysis. The action plan has the council dividing into “working groups” with a four-pronged strategy to address: PREVENTION, INTERVENTION, TREATMENT and RECOVERY.

The concept of “Community Coalitions” is a very popular one, and certainly the town of Falmouth provides an excellent example of this concept. Essentially it is a coming together of disparate members within the community to develop strategies to deal with the issue of substance abuse as it affects that particular community. In Falmouth it exists as the “Falmouth Substance Abuse Commission” under the umbrella of the town itself. The commission has been in existence for a number of years.

The town of Scituate, although not on the



Cape, provides an example of an extremely effective and active coalition, known by the acronym FACTS (Families, Adolescents, Communities Together Against Substances). According to local parent and coalition co-chair Annemarie Galvin, FACTS provides a multi-prong approach to addressing youth substance abuse, including strategies in education, more communication and information sharing with interest groups, and enhanced access to treatment.

There have been numerous educational forums that have occurred across the Cape from Mashpee to Provincetown, all attempting to educate the community and bring minds together in search of solutions.

Certainly, treatment - beds for detox, for longer term recovery, and then options for follow up outpatient treatment, appears to present the biggest challenge. Gosnold is the prime provider here on the Cape.

A particularly powerful concept with regard to long-term recovery (a lifetime journey, as all recovering addicts will tell you) is the “Peer to Peer” model. Such a model exists in Hyannis, at the Gandara Center, a day center where all models of recovery are welcome, and persons in recovery provided support and resources to one another. It is truly an honest and inspirational place.

It is clear when looking at the resources available on pages three and four, that lower Cape is lacking. We have our work cut out for us. Thankfully, the one thing we certainly possess at the outset is a strong sense of community.

Look for additional upcoming publications.

*“Every time that I hear about an overdose, it makes me even more determined to stay clean and sober. It can happen to anyone. That's why it's important to maintain a strong support system, work with other addicts and stay connected. It's when you start becoming complacent with your recovery that things can go downhill.”*

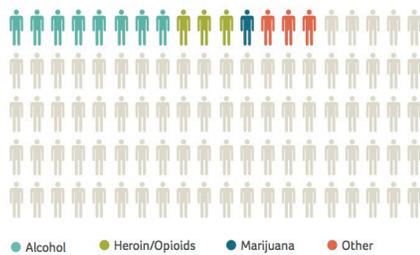
Anne: New Orleans, Louisiana, US

## SUBSTANCE USE IN BARNSTABLE COUNTY

Based on a report by the Barnstable County Regional Substance Abuse Council, March 2015

### THE HUMAN COSTS

14% of Cape residents live with the chronic condition of substance use disorder.

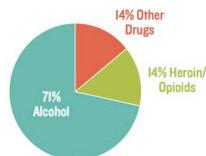


● Alcohol ● Heroin/Opioids ● Marijuana ● Other

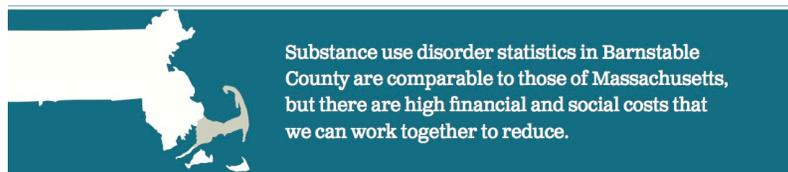
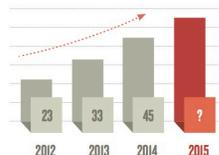
**7.9%**

of Cape residents are addicted to alcohol. Alcohol is a persistent and serious problem for the residents of Barnstable County.

Substance use disorder related deaths



Deaths from heroin and prescription opioid abuse have **more than doubled** since 2012.



## THE FINANCIAL COSTS

In 2013 over \$110,000,000 was spent fighting substance abuse disorder in Barnstable County

Law enforcement 52%

Harm Reduction 0.6%

### Total Costs by Substance

43% Alcohol

53% Heroin/Opioids

4% Other

1% Marijuana

Total Costs Are Likely Much Higher

Research suggests that for every \$1 of direct costs, there can be an additional \$3 in productivity costs such as work loss due to premature death, incarceration, and lost days of work

### PREVENTION CAN SAVE LIVES AND MONEY

Barnstable County spends less than 1% on substance abuse disorder prevention

[www.bchumanservices.net](http://www.bchumanservices.net) or email [sac@barnstablecounty.org](mailto:sac@barnstablecounty.org)

## Information and Services:

**MA Substance Abuse Information and Education Helpline** – Confidential information and treatment options. (800) 327-5050 (TTY 800-439-2370) [www.helpline-online.com](http://www.helpline-online.com)

**Stop Addiction** – Online information about opioid addiction, tips for parents for talking to kids, information on Narcan, and links and resources for getting help. [www.mass.gov/eohhs/gov/departments/dph/stop-addiction/](http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/)

**Healthy Connected Cape Cod** – Local, online clearinghouse for human service resources. [www.HealthyConnectedCapeCod.org](http://www.HealthyConnectedCapeCod.org)

**Massachusetts Organization for Addiction Recovery (MOAR)** – State wide organization to organize and educate the public about the value of recovery. Please visit [www.moar-recovery.org](http://www.moar-recovery.org)

**Bureau of Substance Abuse Services, MA Department of Public Health** – For more information, including downloadable publications, information on state-wide initiatives, and statistics: [www.mass.gov/dph/bsas](http://www.mass.gov/dph/bsas)

## Local Groups/Meetings:

### Parent Support Groups

**Learn to Cope** - Learn to Cope is a support group for parents, family members, spouses, and caregivers who have a family member who is addicted to opiates, alcohol, or other drugs.

Learn to Cope offers experienced facilitators, resources, informational material, guest speakers, overdose education, and Narcan enrollment at all weekly meetings.

Weekly meetings are held on Tuesdays 7:00-8:30 PM at the Yarmouth Police Station, One Brad Erickson Way. For more information call (508) 738-5148 or visit [www.learn2cope.org](http://www.learn2cope.org).

**Parents Supporting Parents** - Parents Supporting Parents is a group of people who have come together as parents and family members coping and dealing with children/loved one's addiction.

Weekly meetings are held on Monday 6:30-8:30 PM at the Mashpee Chamber of Commerce, 5 Bates Road, Mashpee, MA 02649.

### Gosnold Family Support Groups

The Gosnold Reaching Out program is a resource for family members and loved ones affected by addiction. It assists the family at all stages of addiction through education, intervention, and support.

Information and Education Forums help family members gain a basic understanding of the signs and symptoms of addiction, treatment options, and stages of recovery. Tuesday 6:00-7:30 PM

*(continued on page 4)*

(continued from page 3)

Gosnold Counseling Center  
1185 Falmouth Road  
Centerville, MA 02632 Wednesday 6:00-7:30 PM  
Gus Cauty Community Center  
790 Main Street  
Falmouth, MA 02540  
For more information contact Mary Fisher  
844-558-4357 or [mfisher@gosnold.org](mailto:mfisher@gosnold.org)  
Sunday 1:00-2:30 PM  
Scituate Senior Center  
27 Brook Street  
Scituate, MA 02066 Sunday 4:00-5:00 PM  
(Educational Group)  
Falmouth Hospital - Faxon Center  
100 Ter Heun Drive  
Falmouth, MA 02540



photo by Justin Lynch

## Twelve-Step Family Groups

**Alateen** - **Alateen** is a fellowship of young Al-Anon members, usually teenagers, whose lives have been affected by someone else's drinking. For more information, call 508-366-0556 or visit [www.capecteens.com](http://www.capecteens.com).

**Al-Anon** - We are a fellowship of men, women, and children who share our experience, strength and hope in order to solve our common problems. The primary purpose of Al-Anon/Alateen is to help families and friends of alcoholics. For more information, visit [www.ma-al-anon-alateen.org](http://www.ma-al-anon-alateen.org)

**Nar-Anon - Nar-Anon Family Groups** is a twelve step fellowship that offers a recovery program for those affected by someone's addiction. The only requirement for membership is that there be a problem of addiction in a relative or friend. For more information, visit [www.nar-anon.org](http://www.nar-anon.org)

## Mutual Support Groups

### Mothers Helping Mothers

Mothers Helping Mothers is a support group for women struggling with the emotional difficulties associated with addiction and recovery during the pregnant and postpartum phases of life.

Free childcare is provided during the meetings by The Children's Study Home. Anyone planning on attending the meeting and needing childcare is asked to call ahead. All ages are welcome.

Weekly meetings are held every Tuesday 7:30-9:00 PM at the John Wesley Methodist Church in Falmouth at 270 Gifford Street and every Monday 5:30-7:00 PM at the Federated Church in Hyannis at 320 Main Street. For more information, contact Deborah (774) 392-0446 or Danielle (508) 209-7533.

**Alcoholics Anonymous** - Alcoholics Anonymous is an international fellowship of men and women who have had a drinking problem. It is nonprofessional, self-supporting, multiracial, apolitical, and available almost everywhere. There are no age or education requirements.

Membership is open to anyone who wants to do something about his or her drinking problem. [www.capecodaa.net](http://www.capecodaa.net)

**Narcotics Anonymous - NA** is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. We are recovering addicts who meet regularly to help each other stay clean. This is a program of complete abstinence from all drugs. There is only one requirement for membership, the desire to stop using. [www.nerna.org](http://www.nerna.org)

Barnstable County Regional Substance Abuse Council

Contact Us

3195 Main Street, PO Box 427

Barnstable, MA 02630

(508) 375-6628

(508) 362-5855 (TTY)

[www.BCHumanServices.net](http://www.BCHumanServices.net)

[www.Facebook.com/CapeCodSAC](http://www.Facebook.com/CapeCodSAC)

## LOST TO ADDICTION: Outstanding athlete beaten by drugs' grip

by K.C. Myers, Cape Cod Times, October 18, 2015

WELLFLEET — Louie LeBart's parents gave him his name because they thought Louie — not Louis — sounded like someone who would be athletic and have a lot of friends. It turned out to be prophetic. Louie excelled at sports, particularly swimming. While at Nauset Regional High School, he and three teammates set a 200 freestyle relay record in 2006. Louie set the 500 freestyle record in 2006, and the 200 freestyle record in 2007. These times still have not been beaten, according to Louie's high school swim coach Katie McCully.

"Louie was a workhorse in practice and in competition," McCully recalled in an email. "Louie was mentally tough and didn't melt under pressure. He thrived. His teammates looked up to him. His presence and relentless appetite for hard work was contagious throughout the team. He made people around him better." A testament to the friends that Louie made in his life would be the number of people who came to his wake. For five hours, his parents, Todd and Holly LeBart, stood in the receiving line of the funeral home on Main Street in Wellfleet, the town where Louie was born and raised. The freezing temperatures on that February day in 2014 didn't stop the long line of people from standing outside to pay their respects.

There had been a lot of heroin overdoses that winter, so many that former Gov. Deval Patrick would declare opioid addiction a public health emergency the following month. Louie LeBart became one who didn't survive the epidemic.

It doesn't make sense, his father said, unless you consider addiction a disease.

"I think if you gave OxyContin to all of us, one of us would have the compulsion to keep taking it," Todd LeBart said.

"You try to think what went wrong, you blame yourself," Holly LeBart said.

She thought about the bonfires Louie organized outside the Beachcomber, the family business. Wellfleet's pristine ocean beaches were like his backyard. As young boys, Louie and his younger brother, Nick, had endless energy. They played exuberantly from early in the morning until forced to bed, she said.

"They had a really good life," Holly LeBart said. "They just had a blast."

When Louie was 10, a swim coach at Willy's Gym in Eastham asked him to join a team.

Todd LeBart took him to watch a practice and through the glass partition they watched for an hour while swimmers moved back and forth.

"Is this something you want to do?" he asked his son, a bit incredulously, since the practice had seemed monotonous to him.

"Yeah!" the boy said.

For a time, Louie practiced twice a day, one with his high school team at 3 p.m. and again at 6 p.m. with his league team, Todd LeBart said.

"He loved to practice," he continued. "That was his secret."

Academically, Louie sometimes made the honor roll and he graduated in the top third of his class, his mother said.



"But that did not come naturally to him," Holly LeBart said. "He worked hard for it."

Even in elementary school, Louie would set his alarm for 6 a.m. so he'd have time to practice his trumpet.

"That's who Louie was," Holly LeBart said. "He was strong, stubborn, and a little bit of a perfectionist."

Sometime in high school, his parents believe, he began to smoke pot and take pills like oxycodone recreationally. But they didn't notice any problems until he went to college in California. The LeBarts noticed that Louie's grades were falling and he seemed to be always asking for money. Sometime after returning from a worrisome visit with their son, Todd LeBart got a horrifying text from Louie, with a picture showing words painted in red on his door.

"A heroin dealer lives here," the words said.

Although Louie denied selling drugs, the LeBarts flew back to California in a panic. Eventually, they arranged to have an interventionist meet with Louie and extended family members. The intervention was tough and took so long that Louie almost missed the prearranged flight to the treatment center, Holly LeBart said. Louie gave in only after taking a walk with his brother. Afterward, he seemed better for a time. That changed when Holly LeBart noticed silverware missing when Louie was living back at home.

"He said, 'I stole it.' And then he cried," she said. "I think that was the worst. I was angry and I thought, 'This is not my son.'"

Louie was prescribed the medication Suboxone at Outer Cape Health Associates, which runs a medically assisted program to help get people off opiates.

That worked for a while.

Living with his girlfriend in Quincy was good for him, Holly LeBart said. Louie and his girlfriend, also a swimming champion at Nauset High, worked out several times a week. They looked healthy and fit, she said. But then, the Christmas before his death, Louie showed up at home without a single present for anyone, his mother said. It was a confusing time.

"I talked to him a lot," Todd LeBart said. "He sounded good."

"But he kept asking for money," Holly LeBart added. *(continued on page 8)*



## THE DISEASE MODEL OF ADDICTION

Addiction is defined as a disease by most medical associations, including the American Medical Association and the American Society of Addiction Medicine.

Like diabetes, cancer and heart disease, addiction is caused by a combination of behavioral, environmental and biological factors. Genetic risks factors account for about half of the likelihood that an individual will develop addiction.

Addiction involves changes in the functioning of the brain and body. These changes may be brought on by risky substance use or may pre-exist.

The consequences of untreated addiction often include other physical and mental health disorders that require medical attention. If left untreated over time, addiction becomes more severe, disabling and life threatening.

### HOW SUBSTANCE USE CHANGES THE BRAIN

People feel pleasure when basic needs such as hunger, thirst and sex are satisfied. In most cases, these feelings of pleasure are caused by the release of certain chemicals in the brain. Most addictive substances cause the brain to release high levels of these same chemicals that are associated with pleasure or reward.

Over time, continued release of these chemicals causes changes in the brain systems involved in reward, motivation and memory. When these changes occur, a person may need the substance to feel normal. The individual may also experience intense desires or cravings for the addictive substance and will continue to use it despite the harmful or dangerous consequences. The person will also prefer the drug to other healthy pleasures and may lose interest in normal life activities. In the most chronic form of the disease, addiction can cause a person to stop caring about their own or other's well-being or survival.

These changes in the brain can remain for a long time, even after the person stops using

substances. It is believed that these changes may leave those with addiction vulnerable to physical and environmental cues that they associate with substance use, also known as triggers, which can increase their risk of relapse.

### IS ADDICTION A CHRONIC DISEASE?

A chronic disease is a long-lasting condition that can be controlled but not cured.

About 25-50% of people with a substance use problem appear to have a severe, chronic disorder. For them, addiction is a progressive, relapsing disease that requires intensive treatments and continuing aftercare, monitoring and family or peer support to manage their recovery.

The good news is that even the most severe, chronic form of the disorder can be manageable and reversible, usually with long term treatment and continued monitoring and support for recovery.

### WHY IS WILL POWER OFTEN NOT ENOUGH?

The initial and early decisions to use substances reflect a person's free or conscious choice. However, once the brain has been changed by addiction, that choice or willpower becomes impaired. Perhaps the most defining symptom of addiction is a loss of control over substance use.

### ARE PEOPLE WITH ADDICTION RESPONSIBLE FOR THEIR ACTIONS?

People with addiction should not be blamed for suffering from the disease. All people make choices about whether to use substances. However, people do not choose how their brain and body respond to drugs and alcohol, which is why people with addiction cannot control their use while others can. People with addiction can still stop using – it's just much harder than it is for someone who has not become addicted.

People with addiction are responsible for seeking treatment and maintaining recovery. Often they need the help and support of family, friends and peers to stay in treatment and increase their chances of survival and recovery.

### WHY SOME PEOPLE SAY ADDICTION IS NOT A DISEASE

Some people think addiction cannot be a disease because it is caused by the individual's choice to use drugs or alcohol. While the first use (or early stage use) may be by choice, once the brain has been changed by addiction, most experts believe that the person loses control of their behavior.

Choice does not determine whether something is a disease. Heart disease, diabetes and some forms of cancer involve personal choices like diet, exercise, sun exposure, etc. A disease is what happens in the body as a result of those choices.

Others argue that addiction is not a disease because some people with addiction get better without treatment. People with a mild substance use disorder may recover with little or no treatment. People with the most serious form of addiction usually need intensive treatment followed by lifelong management of the disease. However, some people with severe addiction stop drinking or using drugs without treatment, usually after experiencing a serious family, social, occupational, physical, or spiritual crisis. Others achieve sobriety by attending self-help (12-step or AA) meetings without receiving much, if any, professional treatment. Because we do not understand why some people are able to stop on their own or through self-help meetings at certain points in their life, people with addiction should always seek treatment.

CASA Columbia  
casacolumbia.org



Message From The Secretary

Dear Friend:

Three to four people die each day in Massachusetts as a result of the opioid crisis. This epidemic is affecting individuals, families and communities across the Commonwealth.

We need your help. It will take all of us to bend the trend of opioid deaths.

A primary reason why individuals do not seek treatment is the stigma associated with addictions. Stigma perpetuates negative attitudes and images around this disease – it is communicated in the way we behave or act towards or talk about someone. For the person struggling with addiction, it can make them feel worthless. When we define someone with words such as “addict” and “junkie,” it dehumanizes the person and creates a powerful obstacle to seek treatment or to ask for help.

Join us in taking the pledge to support those with addictions and to help them get the treatment they need. Stigma hurts. Treatment works and recovery is possible.

Together, Massachusetts will be a “#StateWithoutStigMA.”

Marylou Sudders

Secretary, Executive Office of Health and Human Services

Chair, Governor’s Opioid Addiction Working Group



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*(continued from page 6)*

Louie LeBart died Feb. 1, 2014, at the age of 25. He had driven to Winchester to meet a dealer and then dialed 911 from his car, his mother said. When police found him, his car had veered off the road and rolled to a stop in someone's yard. They had to break the windows to get him out. It was too late, she said.

Sometime after the funeral, a few of Louie's friends asked the family if they could do something to honor Louie’s life. That’s how the Live For Lou event began.

Held at the Beachcomber in September, the event serves as a fundraiser for scholarships for swimmers and some charities.

The fund is also raising money to establish a memorial garden next to Preservation Hall on Main Street in Wellfleet. The garden will be dedicated to Louie and other local young people who died too soon, including Kevin Fitzgerald, 17, who died of cancer in 2013 and Miles Tibbetts, 16, who was fatally struck by a car on Route 6 in 2013.

After just two events, the Live For Lou fund has raised nearly \$100,000, said Todd LeBart.

That is a positive testament to all the friends Louie had made during his life.