

History of Addiction Treatment and Recovery in America

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Disclosures

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Objectives / roadmap

- ▶ Cite significant events in the history of addiction treatment, and recovery in the United States.
- ▶ Identify changes in the approach and strategy of addiction treatment.
- ▶ Outline the role of 12 Step programs in the history of treatment and recovery.
- ▶ Recognize lessons learned from the history and controversies that exist today.

Self-Assessment Questions

1. The term alcoholism was coined by what person and when?
2. Early miracle cures for alcoholism often included what ingredients?
3. In the late 1930s, where were Federal Narcotic Farms established?
4. One early obstacle to the success of Narcotic anonymous was:



References & suggested reading

Slaying The Dragon –William L. White

- The Rise of Addiction and Personal Recovery Movements in the 19th Century
- The Birth of Addiction Treatment in America
- Approaches to Alcoholism Treatment: 1860-1940 and Treating Addictions to Narcotics and Other Drugs
- A.A. and the Modern Alcoholism Movement Mid-Century to Late 20th Century Addiction Treatment
- Lessons from History

Dreamland – Sam Quinones

- America's Opiate Epidemic
- Influences of pain medicine, pharmaceutical industry, heroin markets, & societal changes

DEA Museum.org

Primary substances

- ▶ **Alcohol:** Stone ages
- ▶ **Marijuana:**

"...alcohol has existed longer than all human memory. It has outlived generations, nations, epochs and ages. It is a part of us, and that is fortunate indeed. For although alcohol will always be the master of some, for most of us it will continue to be the servant of man."

Morris Chafetz, Founding director, National Institute on Alcohol Abuse and Alcoholism

<https://www.deamuseum.org/ccp/opium/history.htm>

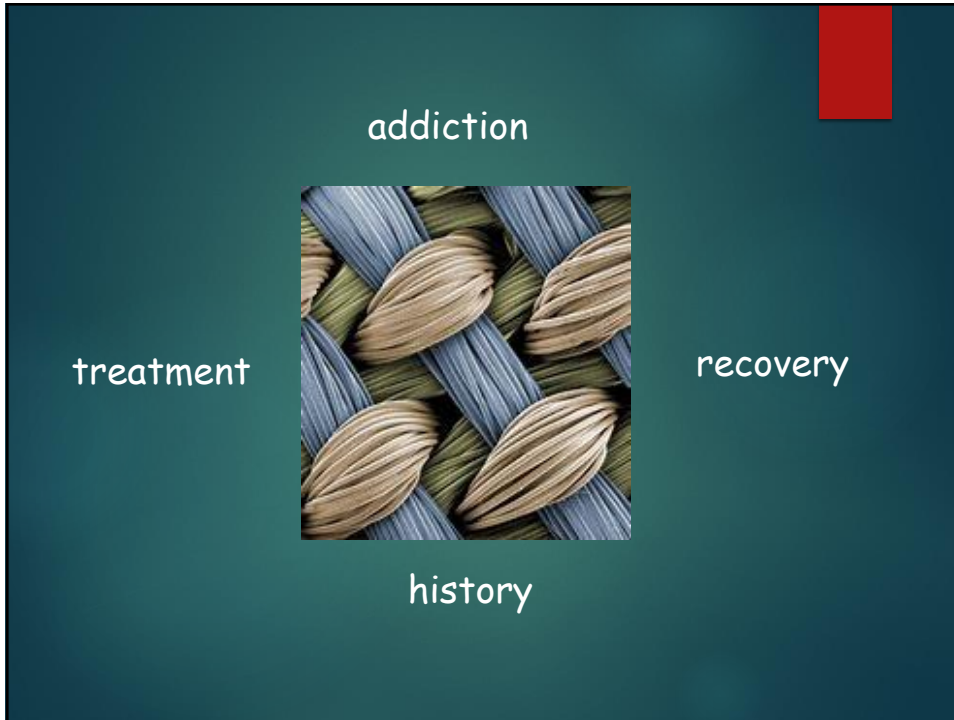
<https://www.livescience.com/48337-marijuana-history-how-cannabis-travelled-world.html>

Historic US epidemics

- ▶ Alcohol from pre- colonial to 1800s
- ▶ Opiates in the late 1800s
- ▶ Cocaine in the 80-90s
- ▶ Opinions on MJ throughout

Primary treatment models

- ▶ Seeds of addiction treatment in the US
- ▶ Impactful movements and their demise
- ▶ AA & 12 step History
- ▶ Addiction treatment today



Problems of Language

"The very naming of something creates new realities, new situations, and often new problems" Thomas D Watts

► 1784 – Benjamin Rush:

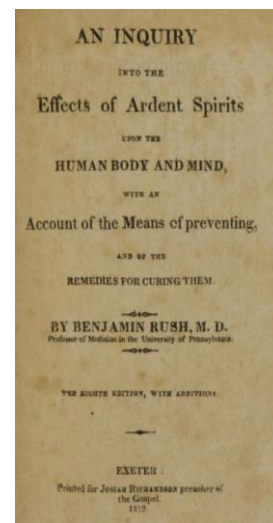
An Inquiry into the effects of Ardent Spirits.....

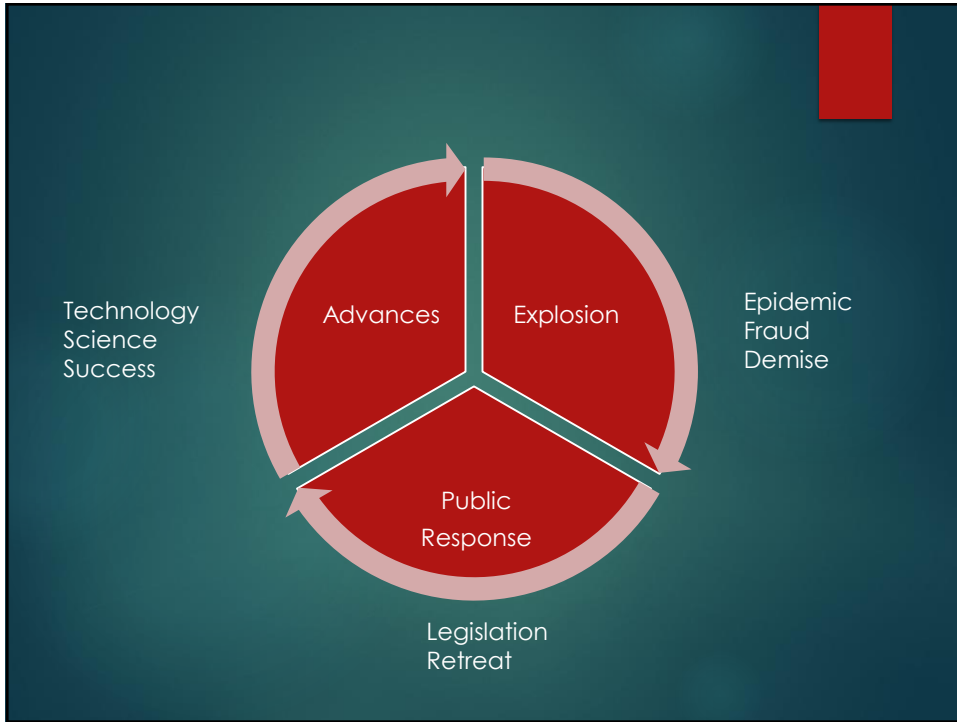
"an odious disease"

Intemperance, Dipsomania, Inebriety

Magnus Huss – coined Alcoholism
1849

Alcohol dependence, Addiction, substance abuse, substance use disorder, chemical dependency, recovered, recovering, sober, clean, slip, relapse, treatment, rehab





Cycles of Belief / Cycles of Remedy

#NoMoreShame
BREAK THE STIGMA OF ADDICTION

The Stigma of Addiction

Working

SECTIONS Q SEARCH **The San Diego Union-Tribune** SPRING SALE 3 MONTHS FREE LOGIN

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Driver high on pot who caused head-on fatal crash convicted of manslaughter

By **City News Service**

JANUARY 28, 2019, 2:15 PM

up to perform surgery while intoxicated

BY MORGAN EADS
moads@herald-leader.com

Reasons # 800 – 805 why the disease of **addiction will always be stigmatized**

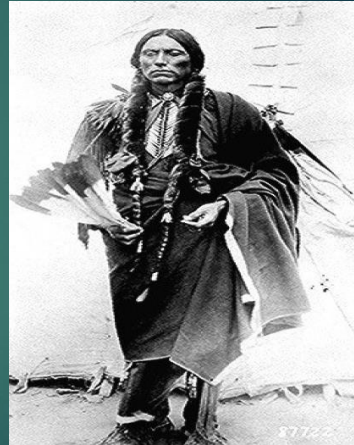
treating

Alcohol Problems in Native America

- ▶ Native America
 - ▶ Little use except in religious or medical rituals
 - ▶ Rise of alcohol problems & "Firewater Myths"
 - ▶ Myths of drunken devastation
- ▶ African American slaves
- ▶ New Resource:
 - ▶ Alcohol Problems in Native America: The Untold Story of Resistance and Recovery (Coyhis & White, 2006)

Abstinence-based Religious/ Revitalization Movements

- ▶ The Shawnee Prophet
- ▶ The Kickapoo Prophet
- ▶ The Indian Shaker Church
- ▶ The Native American Church (Quannah Parker)



Alcohol Problems in Colonial America

- ▶ Pervasiveness of Drinking in Colonial America
- ▶ High Risk Occupations
 - ▶ Clergy, physicians
- ▶ Binge of a New Republic (1780-1830)

Binging in America

Excessive Drinking 1790 – 1830

Cider → Wine → Beer → Distilled Spirits

Annual per capita Consumption 2.2 – 7 gallons

1792 2600 Distilleries in US

1810 14000 Distilleries in US

“The Alcoholic Republic”, W.J. Rorabaugh

Early Technology and the Rise of American Drug Problems

Technological Innovation	Significance
Increased Distillation	Increased Alcohol Addiction (shift from fermented beverages to distilled spirits)
Isolation of Plant Alkaloids	Increased Morphine & Cocaine Addiction
Hypodermic Syringe	Increased Opiate & Cocaine Addiction
Newspaper Advertising	Promotion of Alcohol-, Opiate-, and Cocaine-based Patent Medicines
The Wooden Match; Cigarette Rolling Machine	Increased Nicotine Addiction

Dr. Benjamin Rush

Father of the
American Disease
Concept of
Alcoholism



Seeds of Addiction Medicine

- ▶ Benjamin Rush
 - ▶ Multifaceted approach to achieve sobriety
 - ▶ First to propose medical treatment for alcoholism
- ▶ AASCI – American Association for Study and Cure of Inebriates
- ▶ Medicalization of Addiction
- ▶ Increase number of asylums – Large Profits
- ▶ Dr. T.D. Crothers - *Quarterly Journal of Inebriety*, 1876-1914

Bylaws of the American Association for the Study and Cure of Inebriates (1870)

- 1. Intemperance is a disease.*
- 2. It is curable in the same sense that other diseases are.*
- 3. Its primary cause is a constitutional susceptibility to the alcoholic impression.*
- 4. This constitutional tendency may be either inherited or acquired.*

Early Treatment of Alcoholism

Dr. Benjamin Rush  Dr. Sam Woodward

Early on inebriants "treated" in jails, asylums, county farms

N.Y. Inebriate Asylum

1864 – 1867 Martha Washington Home for Women

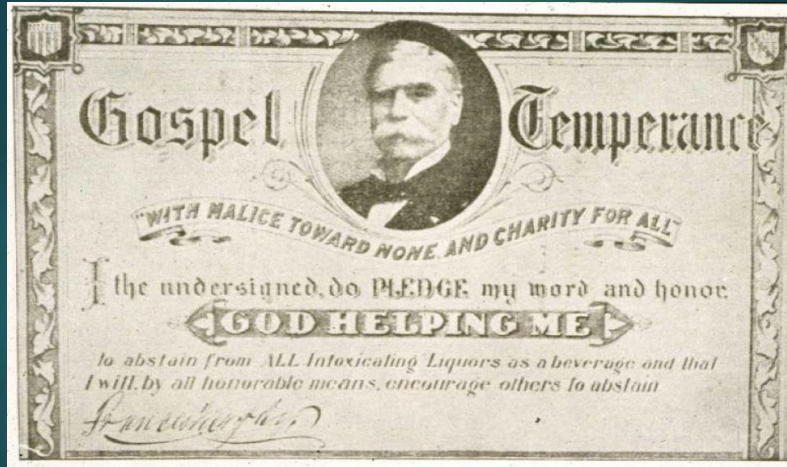
18th-19th Century Recovery Mutual Aid Societies

Native American Religious/Cultural
Revitalization Movements (1730s-present)
Washingtonian Movement (1840)
Fraternal Temperance Societies (mid-1840s)
Ribbon Reform Clubs (1870s)
The Drunkard's Club (early 1870s)
Institutional Support Groups
—Ollapod Club (1864-1868)
—Godwin Association (1872)
—Keeley Leagues (1891)
Business Men's Moderation Society (1879)

Temperance Movement

- a) Process of moral reformation
- b) Moved from moderation to abstinence
- c) Initial focus on alcohol moved to other drugs after civil war
- d) Moved from individual to shared recovery

The Gospel Temperance Pledge



Murphy Pledge Card

Washingtonian Revival Baltimore 1840

- ▶ Followed Struggling Temperance Movement
- ▶ Leaders from Working Class, in Contrast to Temperance Elite
- ▶ Ritual of Public Confessions by Charismatic Leaders
- ▶ Washingtonian Total Abstinence society

Washingtonians Movement 1840-1845

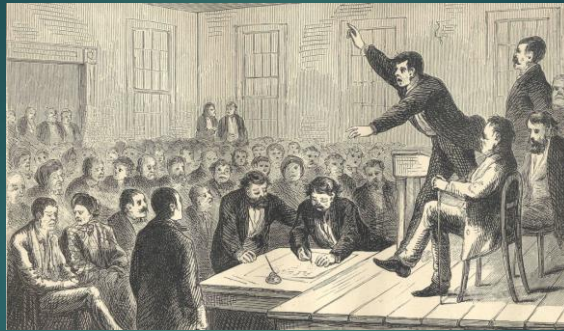
1st Mutual Aid Society for Alcoholics

Foundation / Focus

- Welfare/ reformation of individual
- Abstinence
- Fellowship
- Sharing Recovery
- Spiritual foundation

Demise

- Ideological issues
- Relapse
- Religious issues
- Political involvement



Washingtonian Meeting

Abraham Lincoln on Alcoholism (1861-1865)



From Lincoln's address
to the Washington
Temperance Society,
Springfield, Ill.
February 22 1842

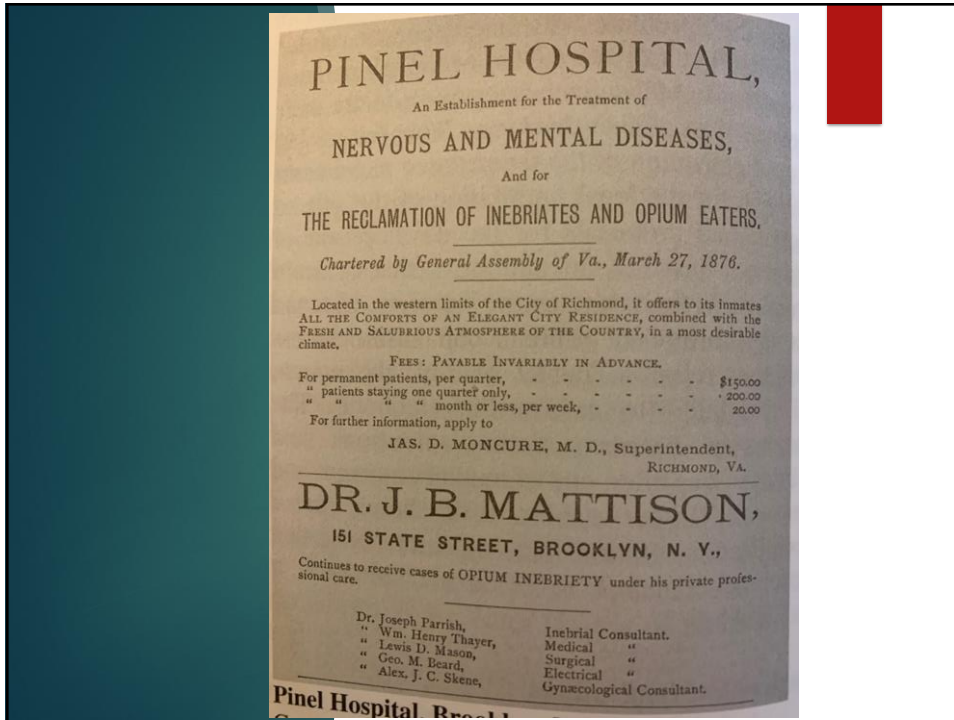
... "In my judgment such of us as have never fallen victims have been spared more from the absence of appetite than from any mental or moral superiority...."

... "I believe if we take habitual drunkards as a class, their heads and their hearts will bear an advantageous comparison with those of any other class.

... "The victims of it were to be pitied and compassionated, just as are the heirs of consumption and other hereditary diseases.."

Professionalized Treatment of Addiction in the 19th Century

Treatment/Care of Inebriates	Representative institution/product	Founding date
Inebriate Homes	Washingtonian Home -Boston -Chicago Martha Washington Home (first women's facility)	1857 1863 1869
Inebriate Asylums	New York State Inebriate Asylum	1864
For-Profit Addiction Cure Institutes	Keeley Institutes Gatlin Institutes Neal Institutes	1879
Bottled/Boxed Addiction Cures	Hay-Litchfield Antidote Knight's Tonic for Inebriates Collin's Painless Opium Antidote	1868 1870s 1880s
Urban Missions & Inebriate Colonies	Water Street Mission Keswick Colony of Mercy	1872 1897
City Hospital Inebriate Wards	Bellevue Hospital—New York City	1879



Do not
edit
How to
change
the design



What drug was associated with "Soldier's Disease" and when did it occur?

① The Slido app must be installed on every computer you're presenting from

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Civil War

1861-1865

Soldiers' Disease

- ▶ Morphine in wounded soldiers
 - ▶ 1806 isolation
 - ▶ Merck
 - ▶ 1853 hypodermic needle
- ▶ **The original opioid epidemic?**



Miracle Cures

- ▶ Medicine still not “established”
- ▶ Premise – secrecy, low cost, quick fix (no long term treatment)
- ▶ Often contained cocaine, alcohol, morphine
- ▶ Fraud as a theme in treatment of the addicted

Treatment Franchises

- ❖ Keeley Institutes (1840-1966) – Dr. Leslie Keeley
- ❖ Double Chloride of Gold Cure
 - ❖ (alcohol, opium, tobacco, coke, hash, chloral)
- ❖ Believed Heredity and Childhood Exposure to Alcohol Critical

Treatment at Keeley Institutes

^ 4 weeks

4x/day injection of Keeley remedy

Focus on regular sleep, exercise, health recreation, abstinence and *careful selection of friends*



Keeley Home Cure Bottles

Graduation Card:

“You are now numbered among thousands of men and women who have broken the shackles of alcohol and drug addiction...

.....your cure will be as permanent as your life....

...you will never have any craving unless you create it by returning to use.”



Keely Patients in Line for Shots

Keeley Legacy

Contents of remedy never revealed

Approach carried aura of scientific truth and lots of emotional intensity

Helped pioneer disease model

Hired recovered alcoholics as physicians and staff

The milieu of receiving shots greatest legacy



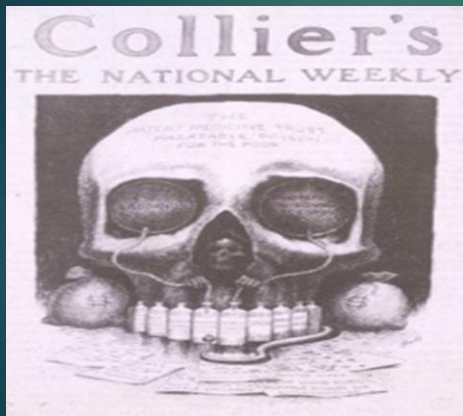
Tonics, Extracts, Bitters

Product	Percentage Alcohol
Scotch Oats Essence	35.0%
Golden's Liquid Beef Tonic	26.5%
The "Best" Tonic	7.5%
Carter's Physical Extract	22.0%
Hostetters Stomach Bitters	44.3%
Hoofland's German Tonic	29.3%
Hop Tonic	7.0%
Howe's Arabian Tonic	13.2%
Jackson's Golden Seal Tonic	19.6%
Liebig Co's Cocoa Beef Tonic	23.2%
Mensman's Peptonized Beef Tonic	16.5%
Parker's Tonic	41.6%
Schenck's Seaweed Tonic	19.5%

Miracle cure quackery eventually addressed through combined efforts

- AMA
- APhA Committee on Acquirement of the Drug Habit
- AASCI

Collier's List of Quack Cures 1905



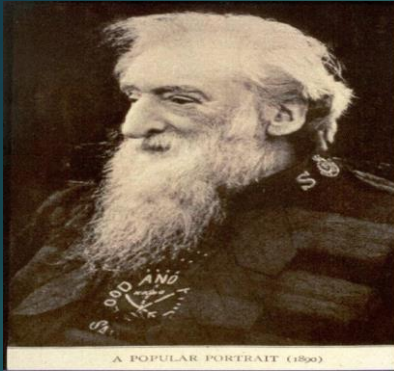
The Cure.	What It Contains.
Richie Painless Cure	Morphin
St. Paul Association Cure	Morphin
Tri-Elixir (Charles B. James)	Morphin
The Pardy Cure	Morphin
Maplewood Institute (J. I. Stephens)	Morphin
St. James Society Cure	Morphin
O. P. Coats Co. Cure	Morphin
Harris Institute Cure	Morphin
Morphina-Cure	Morphin
Opacura	Morphin
Prof. M. M. Waterman	Morphin
Drug Crave Crusade	Morphin
Denarco	Morphin
Dr. J. C. Hoffman Cure	Morphin
Dr. B. M. Woolley Cure	Morphin
Dr. J. Edward Allpart System	Morphin

THE PRINCIPAL QUACK MORPHIN CURES.

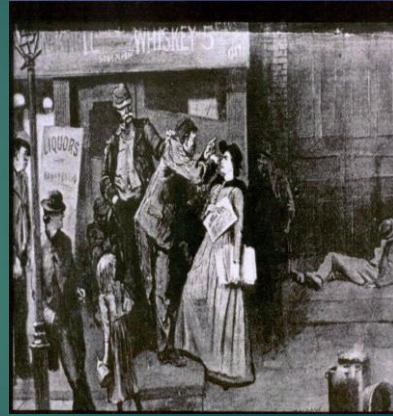
Religious Influences

Late 1800's

- ❖ Ripe Climate - little services for poor
- ❖ "Skid Row" Alcoholic (Seattle Washington)
- ❖ "The Bowery" Manhattan
- ❖ Water Street Mission – Jerry McAuley
- ❖ Keswick Colony of Mercy
- ❖ Salvation Army - William Booth (1878)
 - ❖ Attract with food and shelter
 - ❖ Provide stability and then relocate to rural
- ❖ Christian salvation / religious conversion



William Booth, Founder – Salvation Army



The Salvation Army's Alcoholism Ministry
"Lassies" Carrying the Message to the Bowery

Fall of 19th Century Treatment

- ▶ Inadequate Clinical Technology/Science
- ▶ Fragmentation of Field
- ▶ Ethical Abuses/ Public Exposure
- ▶ Failure of Leadership Development
- ▶ Social Policy Shifts--Criminalization
- ▶ Economic Depressions

A Shameful Regression

- ▶ Inebriate Penal Colonies
- ▶ Insane Asylums
- ▶ “Foul wards” and “cells” of urban hospitals
- ▶ Invasive Treatments, e.g., mandatory sterilization, ECT, psychosurgeries



Electroshock Therapy

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How to change the
design



What substance was touted as
“...provides exhilaration and lasting
euphoria, which in no way differs from the
normal euphoria of the healthy
person.....”

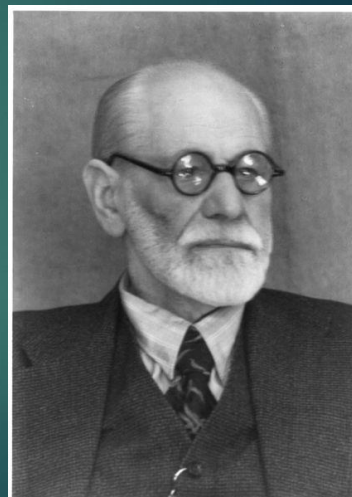
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Sigmund Freud (1856-1939)

*COCAINE ... treatment for
morphine addiction.*

Prescribed it to his
fiancée and sisters



Psychological Approaches

- Psychoanalytic approach – fixation on oral stage of development
 - mothers milk, childhood injury
 - Latent Homosexuality (Freud, others)
- Didn't believe in need for abstinence
- Psychological Disease (alcoholism as a symptom)
- Lay Therapy
- Character Reconstruction

Freud Menninger Rado Knight Baylor Peabody

Previous Medical Approaches to Alcoholism

- ▶ Rush used bleeding, blistering, mercury laden calomel
- ▶ Water Cures (every orifice!!)
- ▶ Drugs: Cocaine, Morphine, Bromide (20% fatality)
- ▶ Drink wine in which eels suffocated
- ▶ Aversion
- ▶ ECT, Psycho-surgery, convulsive therapy
- ▶ Mandatory sterilization (Let old drunks die and prevent new drunks from forming)
- ▶ Equisine Vaccine for alcoholism

Treatment Settings

1900 - 1940

- ▶ Inebriate Farm / Colony – T.D. Crothers
- ▶ Local Hospital
- ▶ Local Psychopathic Hospital
- ▶ State Insane Asylums
- ▶ Private Sanitarium

“Every time we've taken a drunk in this place, we've regretted it.” *Dr. Quigley, 1930*

Addiction to Narcotics and Other Drugs

1880 - 1925

- ❖ Cocaine and Freud
- ❖ Opiate Addiction – Hidden Disease
 - ❖ Women > men
 - ❖ Secrecy of ones' own home
- ❖ Treatment Mostly “cold turkey and tapers”
 - ❖ Codeine, Sedatives, and aversion tx
- ❖ Drastic change after Harrison Act (1914)
- ❖ Criminalization followed

Opioid Hidden Maintenance

1920 – 1950

- ▶ Doctor Shopping
- ▶ “Pain” Complaints
- ▶ Prescription Forgery

Narcotics and Other Drugs

1925 - 1950

- ❖ Hidden Drug Maintenance / Strains of Harrison Act
- ❖ Federal Narcotic Farms:

Lexington, KY and Fort Worth Texas

source of treatment for poor & criminals, 1938 – 1950

“Hospitalization is a public health measure that prevents the spread of addiction”

- ❖ Isolation of the Addict
- ❖ Classified
- ❖ Great Majority of Addicts Relapse

Narcotic Farms

- ▶ Patients with Spectrum of Profiles
- ▶ Long Treatment (Voluntary vs Involuntary)
- ▶ Little (no) Involvement of Family
- ▶ High Relapse Rate
- ▶ Labor Focused
- ▶ Experimental



The Modern Alcoholism Movement 1930-1955

- ▶ Contextual Factors
 - ▶ Repeal of Prohibition (1933)
 - ▶ Great Depression (1929-1939)
 - ▶ Rising Public Health Movement
- ▶ Alcoholics Anonymous
- ▶ Research Council on Problems of Alcohol
- ▶ Yale Center for Alcohol Studies
- ▶ National Committee for Education on Alcoholism

Birth of AA

- ▶ Timing
- ▶ Carl Jung, Rowland H. failed treatment
- ▶ Oxford Groups
- ▶ 12 Steps - 1938
- ▶ 12 Traditions - 1946
- ▶ 12 & 12 - 1953

Shaping of AA

- ▶ Bill Wilson
- ▶ Dr. Bob Smith
- ▶ Sister Ignatia
- ▶ Dr. William Silkworth
- ▶ Dr. Harry Tiebout

Dr. William
Silkworth –

“The Little
Doctor Who
Loved
Drunks”



Anderson and Mann's Five “Kinetic” Ideas

1. Alcoholism is a disease.
2. The alcoholic, therefore, is a sick person.
3. The alcoholic can be helped.
4. The alcoholic is worth helping.
5. Alcoholism is our No. 4 public health problem, and our public responsibility. (Mann, 1944)

AA and Predecessors

- ▶ Recognition of the physical, mental and spiritual dimensions of alcoholism
- ▶ Acceptance of total abstinence as goal
- ▶ Use of charismatic speakers
- ▶ Focus on self-reflection, self-inventory, confession and restitution
- ▶ Need for service for others to help oneself
- ▶ Fellowship (sober networking)

Three of AA's Historical Innovations

1. Emancipated spirituality from its roots in religious institutions
2. Legitimized varieties of spiritual experiences in recovery
3. Separated antidotes for guilt from religion: self-inventory, confession, acts of restitution, acts of service

Distinction Between AA and Treatment

Linda Kurtz summarized that mutual aid societies

- 1) Focused on prohibition of resources with self, family, and community
- 2) Inherently personal, egalitarian, and anti bureaucratic
- 3) Eschew expert advice in lieu of hope, strength and experience

Mid-Century Addiction *Medical* Treatment

- 1940's to 1950 – Insulin Shock Therapy, ECT, Psychosurgery
- Medically infecting alcoholics with Gonorrhea
- Natural Therapies
- Biggest Changes – Drug Interventions
 - Sedative, Tranquilizers, Amphetamines (including Meth), LSD, Hallucinogens, Hormones, Co₂,
- 1972 – Study 15,000 Docs ~ 65% prescribed benzo's post detox!
- Methadone – Opiate Maintenance

Mid Century *Addiction* Treatment

- ▶ Increase in drug (heroin) use especially in juveniles
- ▶ Eisenhower “new war on narcotic addiction”
- ▶ Treatment for drug addiction lagged behind alcoholism treatment - Methadone just arriving
- ▶ Methadone use for heroin addiction in mid 1960's
- ▶ Narcotics Anonymous

Methadone

- ▶ 1946 Dolophine vs Intelligence
- ▶ 1965 The Addict and the Law
Alfred Lindesmith
- ▶ Dr. Marie Nyswander and Dr. Vincent Dole
- ▶ Opiate Addiction vs Metabolic Abnormality
- ▶ Programs developed different than those proposed



The Church Tackles Rising Narcotics Addiction (1950's-1960's)

- ▶ Father Daniel Egan (the "Junkie Priest Priest")
- ▶ Saint Mark's Clinic in Chicago (1954)
- ▶ Addict's Rehabilitation Center in Manhattan (1957)
- ▶ Samaritan Halfway Society (1958)
- ▶ Exodus House (1958)
- ▶ Teen Challenge (1961)
- ▶ Village Haven (1962)

Integrating Spirituality and Professional Treatment

- ▶ Pioneer House, Hazelden, Willmar, State Hospital
- ▶ Minnesota Model
- ▶ From Hazelden to Lutheran General/ Parkside & the world



Willmar State Hospital,
1940's

Elements of MN Model

- ▶ Alcoholism is an involuntary, primary, chronic, progressive biopsychosocial (& spiritual) disease
- ▶ Recovery is contingent upon, but is more than, abstinence from all non non-medical alcohol and other drug use. Early conceptualization of "chemical dependency"
- ▶ Recovery best achieved through the Twelve Steps of AA and immersion in a community of shared experience, strength & hope.

Elements of MN Model cont..

- ▶ Focus on direct treatment of the disease. Abandonment of psychoanalytic and moral views of addiction
- ▶ Addiction best treated in a milieu of dignity and respect
- ▶ Altered view of motivation
 - Motivation or lack of it at intake is not a predictor of outcome
 - Motivation is as much the responsibility of the milieu as the patient

Early Treatment Innovations

- ▶ Patient education via introduction of lectures
 - 28 lectures over 60 days at Willmar
- ▶ AA participation during treatment
- ▶ AA viewed as essential framework for long-term recovery
- ▶ Use of Multidisciplinary Team
 - ▶ Introduced "Counselor on Alcoholism"
 - ▶ Introduced Use of patient, AA and alumni volunteers
- ▶ Philosophy of Respect / Choice
 - ▶ Unlocked the "inebriate wards"

Minnesota Counseling Model

- ▶ 1954 Counselor on Alcoholism, title created

Minnesota Model

1. created means of preparing recovering persons to work as counselors
2. integrated AA counselors into interdisciplinary team of psychiatrist, psychologists, social workers and clergy
3. helped separate responsibilities of professional counselor and AA member ("2-hatters")

Evolution & Adaption of Mid-Century Treatment

- ▶ Increase in # of Programs
- ▶ Diversity of Settings
- ▶ Multi-disciplinary Teams
- ▶ Advances in Psychosocial Rehab (Halfway Houses)
- ▶ Linkage of MN Model to emerging halfway house movement
- ▶ Movement of MN model to community hospitals
- ▶ Growing emphasis on family-focused care

Early Milestones in American Narcotic Control Policy

Year	Event	Significance
1906	Pure Food and Drug Act	Requires labeled of medicines containing opium, cocaine, cannabis and
1909	Shanghai Opium Commission	First international discussion of drug control
1909	The Smoking Opium Exclusion Act	Prohibits importation of opium for smoking
1912	The Hague Opium Convention	Commits U.S. to pass drug control legislation
1914	Harrison Anti-Narcotic Act	Establishes physicians as gatekeepers of access to opiates and cocaine
1919	Webb v. United States Supreme Court decision	Threatens legal punishment for physicians medically maintaining addicts on opiates
1922	Narcotics Import and Export Act	Prohibits importation of processed morphine and cocaine into the U.S.
1924	Heroin Act	Prohibits importation of opium for use in manufacture of heroin
1937	Marihuana Tax Act	Prohibits sale and possession of cannabis
1942	Opium Poppy Control Act	Prohibits growth/harvesting of opium poppies without
1951	Boggs amendment to the Harrison Act	Implemented mandatory minimums in sentencing of drug offenders
1956	Narcotic Control Act	Increases penalties and introduces first death penalty provision within drug control

Drug Control Policy / Legislative Milestones: 1960-Present

Year	Event	Significance
1963	President's Advisory Commission on Narcotics and Drug Abuse	Recommends exploring option of treatment for drug offenders as an alternative to incarceration
1965	Drug Abuse Control Amendments	Provides strict controls on amphetamines, barbiturates and LSD
1972	President's Commission on Marijuana and Drug Abuse	Recommends relaxation of marijuana laws; 12 states follow with decriminalization laws.
1970	Controlled Substances Act	Replaced all previous drug legislation; introduces drug scheduling
1984	Crime Control Act	Increased mandatory minimum penalties for drug possession/sale; property forfeiture provisions
1977	President Carter advocates federal decriminalization of marijuana	Drug-related controversies among White House staff led to abandonment of this initiative
1980	President Reagan introduces "zero tolerance" for drug use	Restigmatization, Demedicalization, & Recriminalization of alcohol & other drug problems
1986 1988	Anti-Drug Abuse Act	Acts focuses on discouraging causal drug use; 2/3rds of funds go for law enforcement; 1/3 for prevention and

Narcotics Anonymous

1953

1st Addicts Anonymous in Lexington KY

NY and California – 1st Narcotics Anonymous

- initially small
- habit forming drugs (HFD)
- Jimmy K – considered the father of NA

NA's 1st step powerless over "addiction", not alcohol

3 Obstacles:

- members getting high after meetings
- **presence of pushers and undercover agents at meetings**
- lack of sufficient personal sobriety

20th-21st Century Recovery Mutual Aid Societies

Jacoby Club (1909)
 United Order of Ex-Boozers (1914)
 Alcoholics Anonymous (1935)
 —Calix Society (1949)
 —JACS (1979) Alcoholics
 Victorious (1948) Narcotics
 Anonymous (1947/1953) Al-Anon
 (1951)
 Women for Sobriety (1975)
 Cocaine Anonymous (1982)
 Dual Disorders Anonymous-1982
 Secular Organization for Sobriety (1985)
 Rational Recovery (1986)
 Dual Recovery Anonymous-1989
 Moderation Management (1993)
 SMART Recovery (1994)
 LifeRing Secular Recovery (1999)

Achievements 1960-1980

- ▶ Federal/State/Local Partnership
- ▶ Alcoholism Education and Local Treatment
- ▶ Decriminalization/Diversion
- ▶ Medicalization
- ▶ Betty Ford and the "Recovery Movement"

Key Policy Statements on Alcoholism (1950-1970)

Year	Organization	Position
1951	American Hospital Association (AHA)	Resolution on "Admission of Alcoholic Patients to the General Hospital" declares alcoholism a "serious health problem"
1952	American Medical Association (AMA)	Defines alcoholism
1956	AMA	Resolution calling on general hospital to admit the alcoholic as a "sick individual"
1957	AHA	Resolution urging local hospitals to develop programs for the treatment of alcoholism
1963	American Public Health Association	Resolution declaring alcoholism a treatable illness
1965	American Psychiatric Association	Publishes a statement recognizing alcoholism as a disease
1967	AMA	Resolution that alcoholism is a "complex disease that merits the serious concern of all

Modern Evolution of Addiction Treatment

- ▶ Deluge of Addiction Treatment Legislation
 - 1970 – Hughes Act Comprehensive Alcoholism Treatment and Prevention Act
- ▶ NIAAA / NIDA
- ▶ Two Worlds: Alcoholism and Drug Addiction
- ▶ Rebirth of Addiction Medicine
 - ASAM - 1983 VS APA
- ▶ Hidden Story: Exploitation and Relapse of Recovery Folks

Future Direction?

Addiction Treatment From 1965 – 1985:

- ▶ Increased Accessibility
- ▶ Increased Intensity, and
- ▶ Increased Duration

Since 1985:

- ▶ Decreased Accessibility
- ▶ Decreased Intensity, and
- ▶ Decreased Duration

Evolving Treatment Technology

- ▶ One Disease
- ▶ Single to Multiple Pathways of Addiction and Recovery
- ▶ Biology of Addiction – Genetics Functional Imaging Pharmacology
- ▶ Developmental Model of Recovery
- ▶ Addiction as Chronic Disease
- ▶ Continuation of Care
- ▶ Pain vs Hope
- ▶ Specialized Treatment

The Prevailing Acute Care Model

- ▶ An encapsulated set of specialized service activities (assess, admit, treat, discharge, terminate the service relationship).
- ▶ A professional expert drives the process.
- ▶ Services transpire over a short (and ever-shorter) period of time.
- ▶ Individual/family/community is given impression at discharge ("graduation") that recovery is now self-sustainable without ongoing professional assistance (White & McLellan McLellan, in press).

Acute Care Treatment as a Revolving Door

- ▶ Of those admitted to the U.S. public treatment system in 2003
 - ▶ 64% were re-entering treatment including
 - ▶ 23% accessing treatment the second time
 - ▶ 22% for the third or fourth time
 - ▶ 19% for the fifth or more time

(OAS/SAMHSA, 2005).

Treatment (Acute Care Model) Works!

- ▶ Post-Tx remissions one one-third
- ▶ AOD use decreases by 87% following Tx
- ▶ Substance-related problems decrease by 60% following Tx (Miller, et al, 2001).
- ▶ Lives of individuals and families transformed by addiction treatment.

Treatment Works, BUT...

- ▶ POST-TREATMENT RELAPSE
- ▶ The majority of people completing addiction treatment resume AOD use in the year following treatment (Wilbourne & Miller, 2002).
- ▶ Of those who consume alcohol and other drugs following discharge from addiction treatment, 80% do so within 90 days of discharge (Hubbard, Flynn, Craddock, & Fletcher, 2001).

Treatment Works, BUT ...

- ▶ LOW ATTRACTION

Only 10% of those needing treatment received it in 2002 (SAMHSA, 2003) & access compromised by waiting lists (Donovan, et al, 2001).

- ▶ HIGH ATTRITION

More than half of clients admitted to addiction treatment do not successfully complete treatment

- ▶ LOW SERVICE DOSE

Inadequate doses of Tx contribute to risk of relapse & future readmissions

- ▶ LACK OF CONTINUING CARE

- ▶ Only 1 in 5 adult clients participated in continuing care (McKay, 2001)

- ▶ 36% of adolescents received any continuing care (Godley, Godley & Dennis, 2001)

Fragility of Early Recovery

- ▶ Most individuals leaving addiction treatment are fragilely balanced between recovery and re-addiction in the hours, days, weeks, months, and years following discharge.

- ▶ Recovery and re-addiction decisions are being made at a time that service professionals have disengaged from their lives, while many sources of recovery sabotage are present.

Recovery Stability

- ▶ Durability of alcoholism recovery (the point at which risk of future lifetime relapse drops below 15%) is not reached until 4-5 years of remission (Jin, et al, 1998).
- ▶ 20-25% of narcotic addicts who achieve five or more years of abstinence later return to opiate use (Simpson & Marsh, 1986; Hser, et al, 2001).

Where We Are Now

- ▶ Expanded and diverse recovery communities
- ▶ Increased societal awareness (acceptance??)
- ▶ Coming of Age:
 - ASAM, ABAM, Residencies
- ▶ New Technology – Suboxone, Vivitrol, apps
- ▶ Repeat of History? - ketamine, iowaska, kratom, mushrooms

Considerations:

- ▶ Don't forget the past
- ▶ Many pathways to Discovery
- ▶ It's not a Disease Concept
- ▶ Addiction, like all other illnesses has a spectrum
- ▶ Keep it Simple (Don't Forget)
- ▶ Many Paths to Recovery

Thank You!



Self-Assessment Questions

1. The term alcoholism was coined by what person and when?
 - a. Sigmund Freud 1910
 - b. Dave Merk 1980
 - c. Charles Dederich 1956
 - d. Magnus Huss 1849



Self-Assessment Questions

2. Early miracle cures for alcoholism often included what ingredients?
 - a. Diazepam, alcohol, hydrocodone
 - b. buprenorphine, marijuana, alcohol
 - c. Cocaine, chlordiazepoxide, ether
 - d. Cocaine, opium, alcohol



Self-Assessment Questions

3. In the late 1930s, where were Federal Narcotic Farms established?

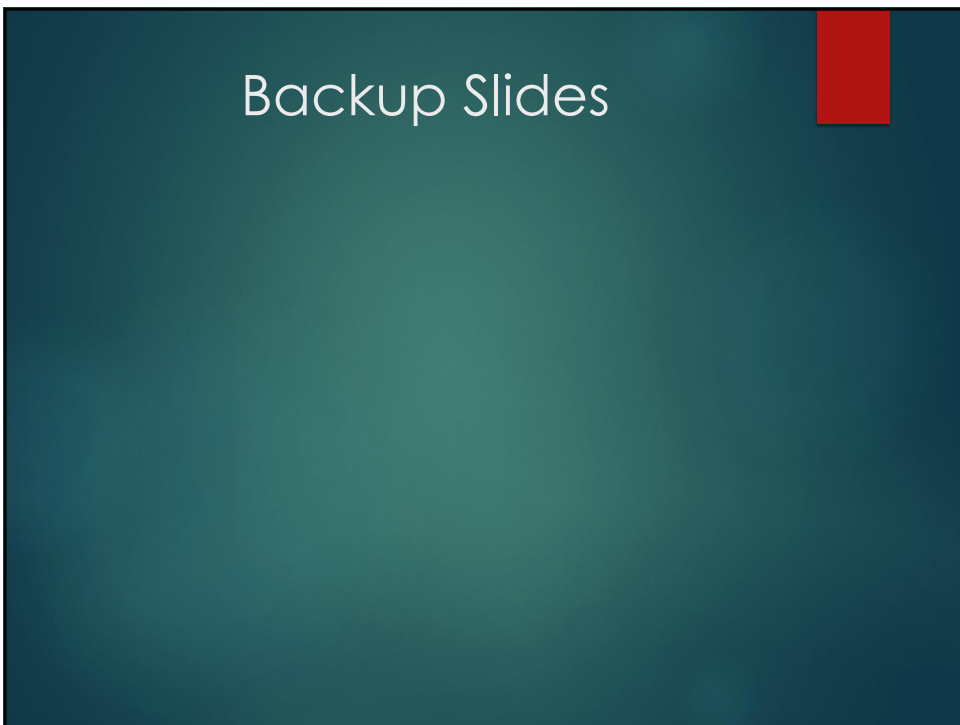
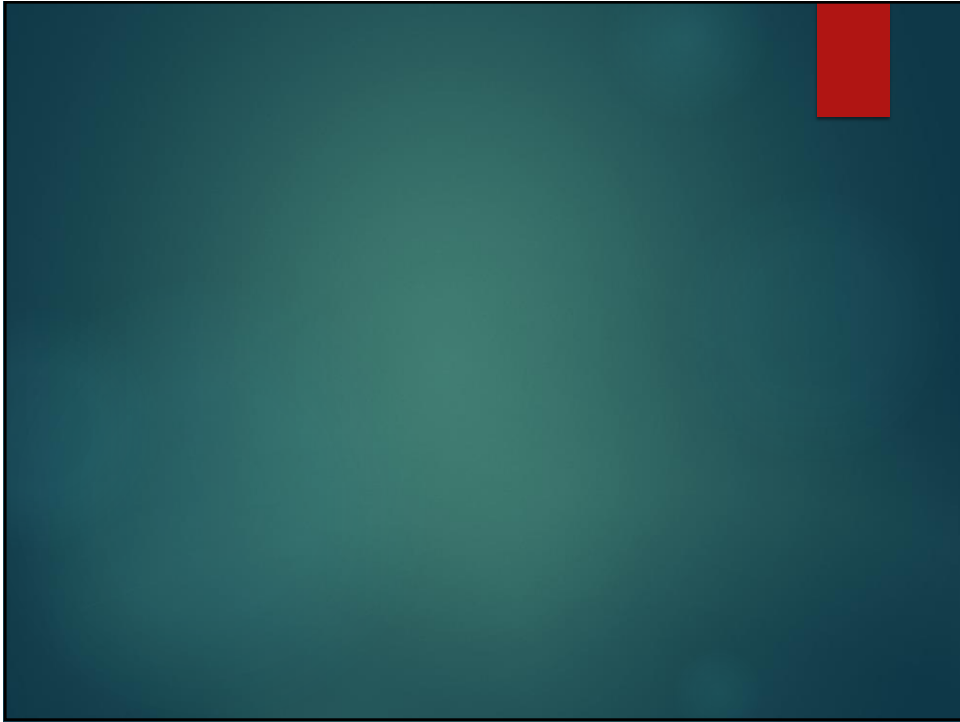
- a. Toledo and Lexington
- b. Celina and Chillicothe
- c. Lima and Van Wert
- d. Lexington and Ft. Worth



Self-Assessment Questions

4. One early obstacle to the success of Narcotic anonymous was:

- a. Competition with AA
- b. Steps out of order
- c. Wrong higher power
- d. Drug dealers and undercover agents attending



Keeley League No. 1 in Open Air Session, Dwight, Illinois



Modern Alcoholism Movement 1930-1955

- ▶ Radical Re-definition of Alcohol Problems
- ▶ Contextual Factors
 - ▶ - Repeal of Prohibition
 - ▶ - Great Depression
 - ▶ - Rising Public Health Movement
- ▶ The Role of the Alcohol Industry
 - ▶ - Wet vs. Dry (Alcoholism Safe Topic)
- ▶ Workplace, Church, State, Philanthropy
- ▶ Changing view of Alcoholism

Alcoholism and The Urban Mission Movement

- ▶ Jerry & Maria McAuley
 - ▶ Founded Water Street Mission (1872)
 - ▶ “Everyone welcome, especially drunkards”
- ▶ United Order of Ex-Boozers
- ▶ Boozer’s Brigades
- ▶ Drunkard’s Club

America’s First Addiction Counselors

- ▶ Native Americans – “Fool’s water”, “Devil’s spittle” shared own recovery
- ▶ Temperance Missionaries – Changed from moderation to abstinence
- ▶ Washingtonians – John Hawkins, John Gough
- ▶ High Causality Rate – Luther Benson, Edward Uniac (15 years in Hell, important lesson about working in field)
- ▶ Use of recovered persons controversial

Hughes & Mann



AA and Alcoholism Treatment

- ▶ AA made but abandoned plans to create "AA Hospitals"
- ▶ AA members served as advocates of alcoholism treatment on local, state, and national levels
- ▶ AA members served as primary referral sources – early on many institutions required AA membership
- ▶ AA members served as volunteers often in educational and in "co-therapist" roles
- ▶ AA members eventually got paid

Dynamics of Narcotic Control

Problem not just medical or legal but Political

Alcohol – Immigrants Corrupting Others

Cocaine - Blacks and “ability to withstand bullets”
and sexual assault of whites

Opium - Facilitated sexual contact between Chinese
and white people

Marijuana - Chicanos and Violence

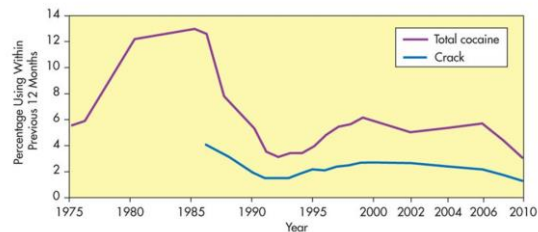
Everyone agreed on evils of drugs, not alcohol

Marijuana – Here We Go Again...

Current Trends in Cocaine and Crack Use by High School Seniors

Cocaine /
crack

1970 - 2000



Source: Johnston, L.D., P.M. O'Malley, J.G. Bachman, and J.E. Schulenberg. *Monitoring the Future: Long-Term Trends in Annual Prevalence of Use of Various Drugs in Grade 12 (Table 16)*. Ann Arbor, MI: University of Michigan, 2010. Available at: <http://monrctomgthefuture.org/data/10Data/pr1016.pdf>. Accessed March 4, 2011.

Policy Retreat Through the 1980's and Early 1990's

Cultural and policy shifts (Zero Tolerance)

Restigmatization

Demedicalization

Recriminalization

- ▶ Commercialization and Profiteering
- ▶ • An Ideological Backlash
 - ▶ Addiction is a myth.
 - ▶ Excessive AOD learned, not a disease.
 - ▶ Treatment and mutual aid ineffective and harmful.
 - ▶ Treatment experiment is a failure and should be de-funded.
- ▶ • Financial Backlash
 - ▶ UR and QA
 - ▶ Managed Care
 - ▶ Closure/downsizing of Hospital Hospital-based and private programs (1990 1990-1995)
 - ▶ Mergers and emergence

Lessons From History

- ❖ Stay Clinically and Ethically Centered
- ❖ Practice within Boundaries of Care
 - Addiction Technology
- ❖ Monitor Political and Economic Environment
 - Pay Attention and be Active
- ❖ Don't lose sight of Singleness of Purpose
 - To Help the Suffering Addict and Families

Jeopardy: Famous Quotes for 200

“...provides exhilaration and lasting euphoria, which in no way differs from the normal euphoria of the healthy person.....”

ANSWER: COCAINE Sigmund Freud

Treatment Models

Therapeutic Community – Synanon

Methadone Maintenance – Dr. Vincent Dole and Marie Nyswander

Federal Funding (Harold Hughes)

Flourishing of Addiction Treatment

“Who is Qualified”



The Great Challenge For Addiction Treatment in 21st Century

To Integrate:

Addiction Medicine, Psychiatry, Religion and
Spirituality in the Treatment of Substance Use
Disorders.

Early Addiction Medicine (Early 19th Century)

- ▶ Non-Specialty Institutions, jails, county farms, water cure institutes, insane asylums.
- ▶ Failure of approaches led to medial, religious, legal, and business influences.
- ▶ Inebriate Homes, (Based in Boston, San Francisco, Chicago), Voluntary and Short Treatment funded through liquor taxes (Ohio Adai Laws)



When “Evidence” Goes Awry

- ▶ 1980 Letter to the Editor in NEJM
- ▶ Single paragraph
- ▶ No methods, definitions, or analysis
- ▶ Broad conclusions
- ▶ **Cited 608 times**

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

JANE PORTER
HERSHEL JICK, M.D.
Boston Collaborative Drug
Surveillance Program
Boston University Medical Center
Waltham, MA 02154

1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Slone D. Comprehensive drug surveillance. JAMA. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. J Clin Pharmacol. 1978; 18:180-8.

Porter J, Jick H. N Engl J Med 1980

When “Evidence” Goes Awry

Quotes referencing Porter & Jick as evidence:

“This pain population with no abuse history is literally at no risk for addiction”

“ In reality, medical opioid addiction is very rare...”

“ Fear of addiction may lead to reluctance by the physician to prescribe. However, there is no evidence that this occurs when prescribing opioids for pain.”

N Engl J Med 2017; 376:2194-2195 June 1, 2017

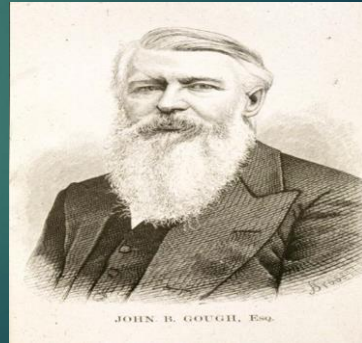
Trying to distinguish “healthful” beer from dangerous liquor, brewers liked to refer to it as “liquid bread.” Detroit brewer George H. Gies took the healthfulness argument several steps further.



Religious Conflict in the Washingtonians

- ▶ “Unassisted human strength is utterly unable to afford adequate support in the hour of weakness. We are only safe when we depend on a mightier arm than our own for support.”

- ▶ John B. Gough, ESQ 1845



Lay Therapy Movement – Pre AA

- ▶ Boston's Emmanuel Church, 1906 Integration of Religion, Psychology and Medicine
- ▶ Jacoby Club – Mutual Support by Friendly Visitors (Recovery Alcoholics)
- ▶ Courtney Baylor – 1st Person Without Professional Credentials to be Employed as Addiction Therapist
- ▶ Remaking of a Man (Baylor 1919) and Peabody's Common Sense of Drinking

Further Specialization



Federal "Narcotics Farm," Lexington, Kentucky



Di

ders

Meeting Specialization

- ▶ Gender
- ▶ Age or duration of sobriety
- ▶ Ethnicity
- ▶ Sexual orientation
- ▶ Smoking status
- ▶ Degree of religiosity
- ▶ Endless varieties of meeting formats



Anonymous Alcoholics

Minnesota Model at Hazelden

- ▶ Conflict early on
- ▶ Imitated counselor training programs, family programs, relapse prevention
- ▶ Great expansion (FL, NY, Illinois)
- ▶ Publishing Activities
- ▶ Dan Anderson Dr. Nelson Bradley



Dr. Vincent Dole and Dr. Marie Nyswander
Methadone Pioneers

History of Minnesota Model

- ▶ Context
 - ▶ Pat C. gets sober: AA Comes to MN (1940)
 - ▶ NCEA
 - ▶ NCEA's 5 Kinetic Ideas & 5 point strategy (1944)
- ▶ Synergy of 3 Programs
 - ▶ Pioneer House (1948)
 - ▶ Hazelden (1949)
 - ▶ Willmar State Hospital (1950)

1980's & 1990's

- ▶ • Commercialization and Profiteering
- ▶ • An Ideological Backlash
 - ▶ Addiction is a myth.
 - ▶ Excessive AOD learned, not a disease.
 - ▶ Treatment and mutual aid ineffective and harmful.
 - ▶ Treatment experiment is a failure and should be de-funded.
- ▶ • Financial Backlash
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 - ▶ Managed Care
 - ▶ Closure/downsizing of Hospital Hospital-based and private programs (1990 1990-1995)
 - ▶ Mergers and emergence

Mechanisms of Diffusion

- ▶ AA Network
- ▶ Professional Conferences
- ▶ NCEA
- ▶ Former Patients
- ▶ Internships and Training Programs
- ▶ Visitors
- ▶ Former Staff

Emerging (rediscovered) Strategies to Enhance Recovery Outcomes

1. Post-treatment monitoring
2. Sustained recovery coaching
3. Stage-appropriate recovery education
4. Assertive linkage to communities of recovery
5. When needed, early re-intervention
6. Recovery community resource development

Altered View of Motivation

- ▶ Motivation seen as important, but as an outcome of a service process, not a pre-condition for entry into treatment. A strong therapeutic relationship can overcome low motivation for treatment and recovery (Ilgen, et al, 2006).
- ▶ Motivation for change no longer seen as sole province of individual, but as a shared responsibility with the treatment team, family and community institutions (White, Boyle & Loveland, 2003).

Current Threats to Addiction Professionals

- ▶ Restigmatization, De-medicalization & Recriminalization (Opiates vs Marijuana)
- ▶ Diminished cultural status of addiction treatment as a social institution
- ▶ Transfer of AOD problems to systems of punishment and control
- ▶ De-professionalization of addiction Treatment

Further Specialization

- Co-Occurring Problems
 - Dual Disorders Anonymous (1982), Dual Recovery Anonymous (1989), Double Trouble in Recovery (1993)
- Criminal Justice
 - Inner Circle
- Winner's Circle/Community
- Family
- Al-Anon (1951), Alateen (1957), Families Anonymous (1971), Recovering Couples Anonymous (1988) & Teen Teen-Anon (1999)
- Emergence of Concept of "Family Recovery"
- Occupational
 - International Doctors in Alcoholics Anonymous (1949), Lawyers (1975), Anesthetists (1984), Nurses (1988), Veterinarians (1990), etc.

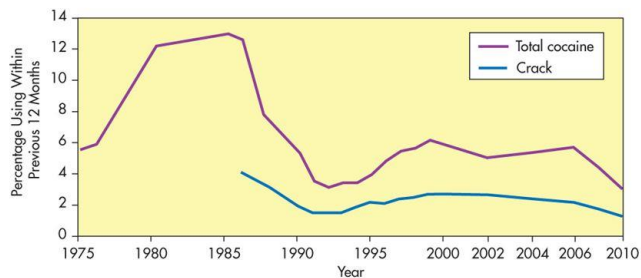
Implications for Addiction Professionals

1. We must all become students of American Communities of Recovery
2. We (recovering and non-recovering) can play key roles in the new recovery advocacy movement and local recovery community development
3. We must help re-engineer addiction treatment toward a greater focus on long long-term recovery.

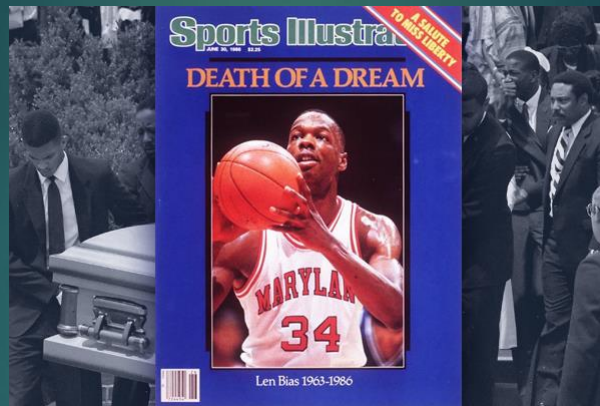
Implications for Addiction Professionals, Cont....

4. The growing diversity of communities of recovery calls for use of a philosophy of choice with clients in addiction Tx.
5. We must move towards more assertive models of linkage to recovery support societies and larger recovery support institutions.
6. We must begin to see the community as our client—openness to models of community organization and community/cultural development

Current Trends in Cocaine and Crack Use by High School Seniors



Source: Johnston, L.D., P. M. O'Malley, J. G. Bachman, and J.E. Schulenberg. *Monitoring the Future*. "Long-Term Trends in Annual Prevalence of Use of Various Drugs in Grade 12 (Table 16)." Ann Arbor, MI: University of Michigan, 2010. Available at: <http://monitoringthefuture.org/data/10data/pr10t16.pdf>. Accessed March 4, 2011.



Therapeutic Communities

- ▶ Synanon and Charles Dederich
- ▶ Climate was right "Human Potential Movement"
- ▶ Synanon → I → II → III
 - ▶ Became more cult like
- ▶ Many contributions, ex-addicts as counselors laid foundation for other therapeutic communities
- ▶ Saw addiction as characterological issue

Therapeutic Communities (Con't)

- ▶ Addict had to fight his/her way into program
- ▶ Long length of stay (12 mo – 3 yrs)
- ▶ Staffed with ex-addicts
- ▶ Own language
 - “tipping out”
 - “punching holes”
 - “selling wolf tickets”

Synanon Advertisement

Charles Dederich

(Founder, Synanon)

Synanon.

the people business.

These Synanon people used to drink, gamble, smoke, and cheat. They thought that was life. But now they're clean, sober, and happy. They're a new kind of people. They're the people who've found a better way to live. They're the people who've found a better way to work. They're the people who've found a better way to play. They're the people who've found a better way to love. They're the people who've found a better way to live. They're the people who've found a better way to work. They're the people who've found a better way to play. They're the people who've found a better way to love. They're the people who've found a better way to live.

The world has demonstrated what it can do for the old-fashioned good neighbor. It's not just about getting a better looking guy, though that's not the only reason.

Synanon, Inc., 1215 West Beach (Hollywood) Blvd., Hollywood, CA 90028, Tel. (310) 444-1111.

Other Synanon communities in San Francisco, Santa Monica, Los Angeles, New York, Berkeley, California and in Britain and New York.

AA and Counseling

- ▶ Initially members served as managers, physicians, social workers, etc.
- ▶ AA and 12 Traditions – Bill W.
- ▶ Boundaries Between AA and Treatment

Disease ?

... "Heroin addicts spring from sin and crime...Society in general must protect itself

...drug addiction is not a mysterious disease ... drug addiction is simply a degrading, debasing habit, and it is not necessary to consider this indulgence in any other light than an antisocial one.

Dr. Dana Hubbard
NY City Health Commissioner

Parkside – A Good Lesson

- ▶ Grew from Minnesota Model Influence
- ▶ Originally Lutheran General
- ▶ Multidisciplinary to Interdisciplinary
- ▶ Differentiated 12 Step Work and Counseling “Two Hat” Issues
- ▶ Explosive Growth

Demise of Parkside

- ▶ Dilution – Lower Standards for Staff
- ▶ Grandiosity – “We’ve Got the Truth”
- ▶ Distraction – Addicted to “making the deal”
- ▶ Insulation
- ▶ Lasting Legacy