An Abbreviated History of Addiction Treatment

Benjamin Rush, M.D.

• Asserted that alcohol was the causal agent in alcoholism.
• Loss of control over drinking is the characteristic symptom of inebriety.
• Total abstinence the only effective cure.

The 19th Century

• In the early 1800’s, an increase in grain supply, rapid crop spoilage and entrepreneurial spirit increased the supply of distilled alcohol.
• Drinkers increased their consumption of distilled alcohol.
• Alcoholism seemed to increase, especially in urban areas.
• In the 1840s, the temperance movement took on the alcohol problem.
The Washingtonians

1840 to 1855

Social network, public recitation of stories, faith-based change

New York State Inebriate Asylum

Containment

Towns Hospital

Focused on removing the craving, restoring physical health and diet.
Varied from NY Inebriate Asylum about issues of treatment coercion.
The Keeley League

Medical Cure with a Social Network for Continued Sobriety

Francis Murphy Temperance Pledge

Faith-based and early contingency contracting

The Salvation Army
Drugs and the Legal System

• At the turn of the century, the sale of drugs was not controlled in any manner.

• The Pure Food and Drug Act, and later the Harrison Act created a split between legal and illegal drugs.

The Harrison Act

• Drugs deemed legal (and thus, taxed):
  - Alcohol
  - Tobacco (Nicotine)

• Illegal drugs placed into a hierarchy
  - Heroin and cocaine at the top
  - Misplacements of other drugs, marijuana especially, led to disbelief that the legal system understood addiction risk or was interested in medical or social safety.

• Paradoxically, the two legal drugs are the most medically toxic to the body.

The Legal System

• The brain center that drives addiction is unaltered by the Harrison Act.
  - Individuals who become addicted commonly become criminals.

• Today, the prison industry flourishes and the treatment industry is all but defunct.
Symptoms and Drug Use

Prime mover according to Psychodynamic Theory

Symptom → Drug Use

Much more critical to understand for initial abstinence and recovery

Prohibition

- Based upon the concept that alcohol itself is the cause of personal and social evil, thus no one should drink.
- Lasted in the U.S. from 1919 until 1923.

Bill Wilson meets Bob Smith
The Founders of A.A.

Dr. Bob Smith and Bill Wilson

Social movement: a spiritual based program with explicit instructions.

Hazelden – 1955

A organized center focused on detoxification and the principles of A.A.

Synanon’s Dederich

Rebuilding character through peer pressure and confrontation

"Don’t mess with us — you can get killed, raped, physically dead."
The Origins of Addiction Treatment

- Therapeutic Communities
- Traditional Psychiatric Hospital Care
- Addiction Treatment
- A.A.

The Addictionectomy

Substance Abusing Patient  \(\rightarrow\) Treatment  \(\rightarrow\) Non-substance Abusing Patient

Addiction Treatment

- Comes from traditions with validated by history and not science.
- Little or no treatment efficacy research.
- Hatched during the era of acute care medicine.
- And yet, is surprisingly effective
Evolving Model for Treatment

Continuing Care / Monitoring
Early Detection of Relapse

Modified from the work of A. Thomas McLellan, Ph.D.

Escalate and Taper Treatment as needed

The ASAM PPC – Treatment Axis

Roman numerals and decimals (.1 to .9) provide a nomenclature for describing the continuum of addiction services. The higher the number, the greater the intensity of service within that Level of Care.

Level 0.5 Early Intervention
Level I Outpatient Treatment
Level II.1 Intensive Outpatient
Level II.5 Partial Hospitalization
Level III.1 Clinically Managed Low Intensity Residential Services
Level III.3 Clinically Managed Medium Intensity Residential Treatment
Level III.5 Clinically Managed High Intensity Residential Treatment
Level III.7 Medically Monitored Intensive Inpatient Treatment
Level IV Medically Managed Intensive Inpatient Treatment
Chronic Disease Model

• Initial care:
  – Acceptance of illness and need for chronic care.
  – Subvert character defects that sabotage recovery.

• Maintenance Phase:
  – Behavioral and biochemical screening
  – Contingency Contracting
  – Ongoing therapy and support group attendance

Education and Consultation

• Contact:
  – By phone at Talbott Recovery: 678.251.3188
  – Web-based information:
    – www.paulearley.net
    – www.earleyconsultancy.com
  – By E-mail: paul.earley@uhsinc.com