ADDICTION IS A DISEASE, NOT A STIGMA

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Stigma?

- The American Medical Association officially called alcoholism a disease in 1956
- American Society of Addiction Medicine (ASAM) published an extended definition of addiction in 2011 that described it as a primary and chronic disease of brain reward, motivation and memory.

History of Addiction care

- 1750 to Early 1800s Alcoholic mutual aid societies (sobriety "Circles") are formed within various Native American tribes.
- 1784 Dr. Benjamin Rush's Inquiry into the Effects of Ardent Spirits on the Human Mind and Body catalogues the consequence of chronic drunkenness and argues that this condition is a disease that physicians should be treating. Rush's writing marks beginning of American temperance movement.
- 1810 Dr. Benjamin Rush calls for creation of a "Sober House" for the care of the confirmed drunkard.
Temperance Movement

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

1864 The New York State Inebriate Asylum opens
- 1879 Dr. Leslie Keeley announces that "Drunkenness is a disease and I can cure it."

Early Addiction Medicine (19th Century)

- Non-Specialty Institutions, jails, county farms, water cure institutes, insane asylums.
- Failure of approaches led to medical, religious, legal, and business influences.
- Inebriate Homes, (Based in Boston, San Francisco, Chicago), Voluntary and Short Treatment.

Other drugs at the turn of the century

- 1880s Cocaine + Freud!
- Racism and opiates
- Alcoholics as moral inferiors
- 1907-1913 State laws called for on mandatory sterilization of "defectives":
  - the mentally ill,
  - the developmentally disabled,
  - and alcoholics and addicts.
In the early 1920s narcotics clinics that had been created to help addicts were closed. Addiction was not seen as a disease but rather a degrading and debasing habit of indulgence.

Equisine

Treatment 1900-1940

- 1935 Shadel Sanatorium & Aversive Conditioning
- The first federal "narcotics farm" (U.S. Public Health Prison Hospital) opens in Lexington, Kentucky.
- The second facility opens in Fort Worth, Texas in 1938.
- The meeting of Bill W. and Dr. Bob S. (and Dr. Bob’s last drink) mark the beginning of Alcoholics Anonymous (AA).
AA

- 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)

Mid-Century Treatment (1940s-50s)

- 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

Mid-Century 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

1944 Marty Mann founds the National Committee for Education on Alcoholism (today the National Council on Alcoholism and Drug Dependence) around the following propositions:

- 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 calls for a five-prong approach to be achieved by local NCEA affiliates:
- 1. Launching local public education campaigns on alcoholism.
- 2. Encouraging hospitals to admit alcoholics for acute detoxification.
- 3. Establishing local alcohol information centers.
- 4. Establishing local clinics for the diagnosis and treatment of alcohol

1956 AMA: “Hospitals should be urged to consider admission of such patients with a diagnosis of alcoholism based upon the condition of the individual patient, rather than a general objection to all such patients.”

1957 The Veteran's Health Administration begins developing alcoholism treatment units within its national network of VA hospitals.

American Hospital Association passes resolution to help prevent discrimination against alcoholics.

Fordham University School of Social Services offers first full university course on alcoholism for credit.

1970 Congress passes the “Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act,” known as the Hughes Act for its sponsor in the Senate, Harold E. Hughes.

The legislation establishes the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Those testifying in support of the legislation include Marty Mann of NCA and Bill Wilson, Co-founder of AA.

1972 The Joint Commission on Accreditation of Hospitals develops accreditation standards for alcoholism treatment programs.

The Alcoholism Report, the first newsletter devoted exclusively to the field of alcoholism, begins publication.

The National Association of Alcoholism Counselors and Trainers is founded at a meeting of Organization for Economic Opportunity regional alcoholism programs.
- It will evolve into the National Association of Alcoholism and Drug Abuse Counselors (NAADAC).
■ The Food and Drug Administration approves use of methadone for treating heroin addiction.

■ The Drug Abuse Treatment Act of 1972 creates the Special Action Office for Drug Abuse Prevention that will lay the groundwork for the creation of the National Institute on Drug Abuse in 1974.

■ TASC (Treatment Alternatives to Street Crime) is created by the Drug Abuse and Treatment Act to screen addicts in the criminal justice system and then to link and manage their involvement in treatment services.

■ 1980s criminalization and zero-tolerance

■ President Reagan formally announces a renewed "War on Drugs"

■ American Medical Association calls all drug dependencies diseases whose treatment is a legitimate part of medical practice.

■ 1995 U.S. Food and Drug Administration approves prescription use of naltrexone in treatment for alcoholism.

Surgeon General’s Report

■ “We must help everyone see that addiction is not a character flaw – it is a chronic illness that we must approach with the same skill and compassion with which we approach heart disease, diabetes, and cancer.”
Decreased Dopamine Transporters in a Methamphetamine Abuser

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<thead>
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<th>Risk Factors</th>
<th>Protective Factors</th>
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<td>Aggressive behavior in childhood</td>
<td>Good self-control</td>
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<td>Lack of parental supervision</td>
<td>Parental monitoring and support</td>
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<td>Poor social skills</td>
<td>Positive relationships</td>
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<td>Drug experimentation</td>
<td>Academic Competence</td>
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<td>Availability of drugs at school</td>
<td>School anti-drug policies</td>
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<tr>
<td>Community poverty</td>
<td>Neighborhood pride</td>
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RISK FACTORS

- Genetics
- Gender
- Prior disorder
- Route of administration
- Effect of drug itself
- Early use
- Availability
- Cost
- Chaotic home and abuse
- Parent’s use and attitudes
- Prior interferes
- Community attitudes
- Poor school achievement
- Multiple drug use
- Sleep disturbances
- Emotional disturbance
- Family environment
- Stress

Brain Mechanisms

- Addiction

COMPARISON OF RELAPSE RATES BETWEEN DRUG ADDICTION AND OTHER CHRONIC ILLNESSES

- Drug Addiction: 40 to 60%
- Type 1 Diabetes: 50 to 70%
- Hypertension: 50 to 70%
- Asthma: 50 to 70%

http://www.williamwhitepapers.com/pr/AddictionTreatment%26RecoveryInAmerica.pdf