EVOLUTION OF ADDICTION AND TREATMENT: HISTORY AND IMPACT

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The ASAM Review Course of Addiction Medicine

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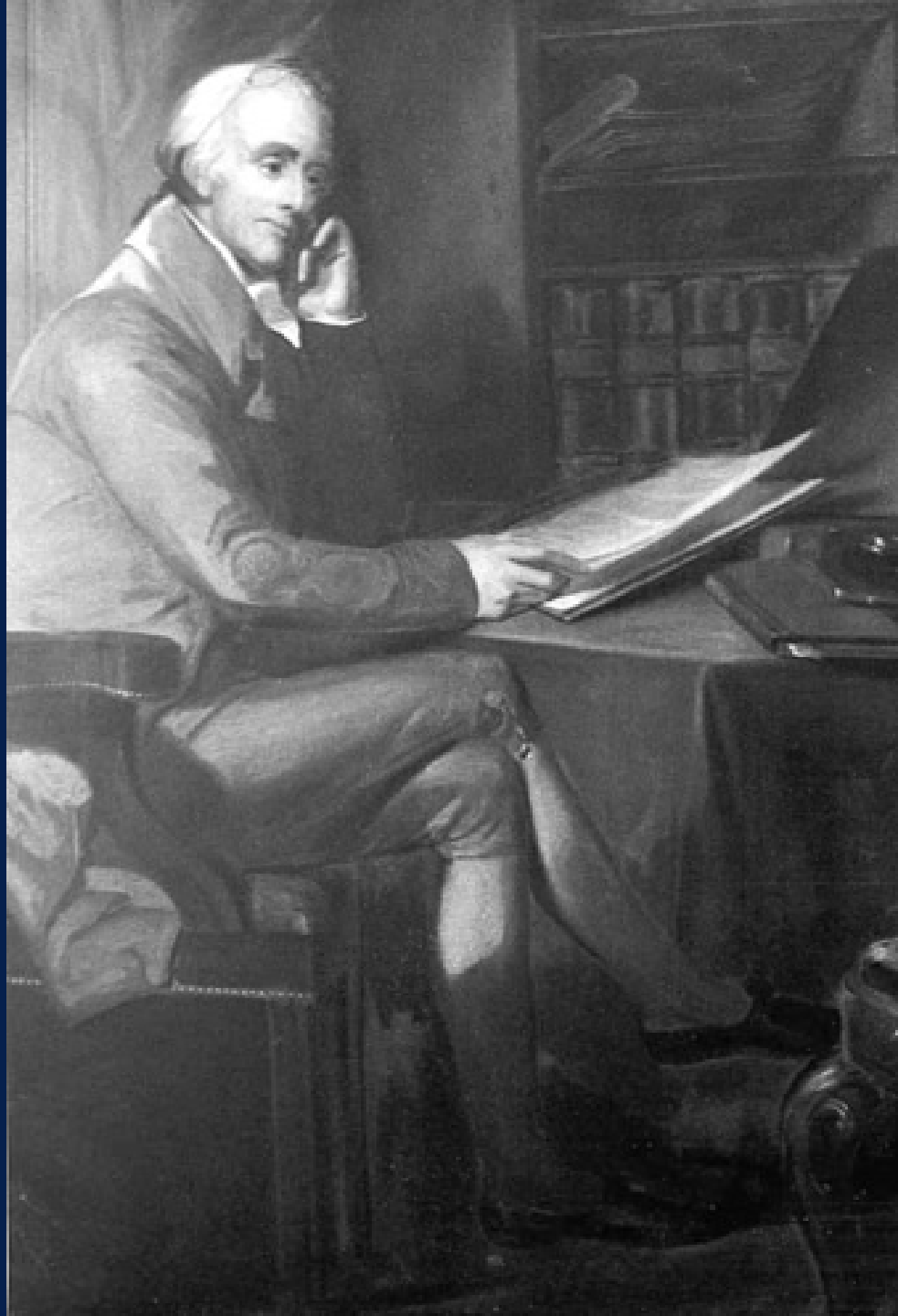
Addiction Treatment History

Benjamin Rush, M.D.

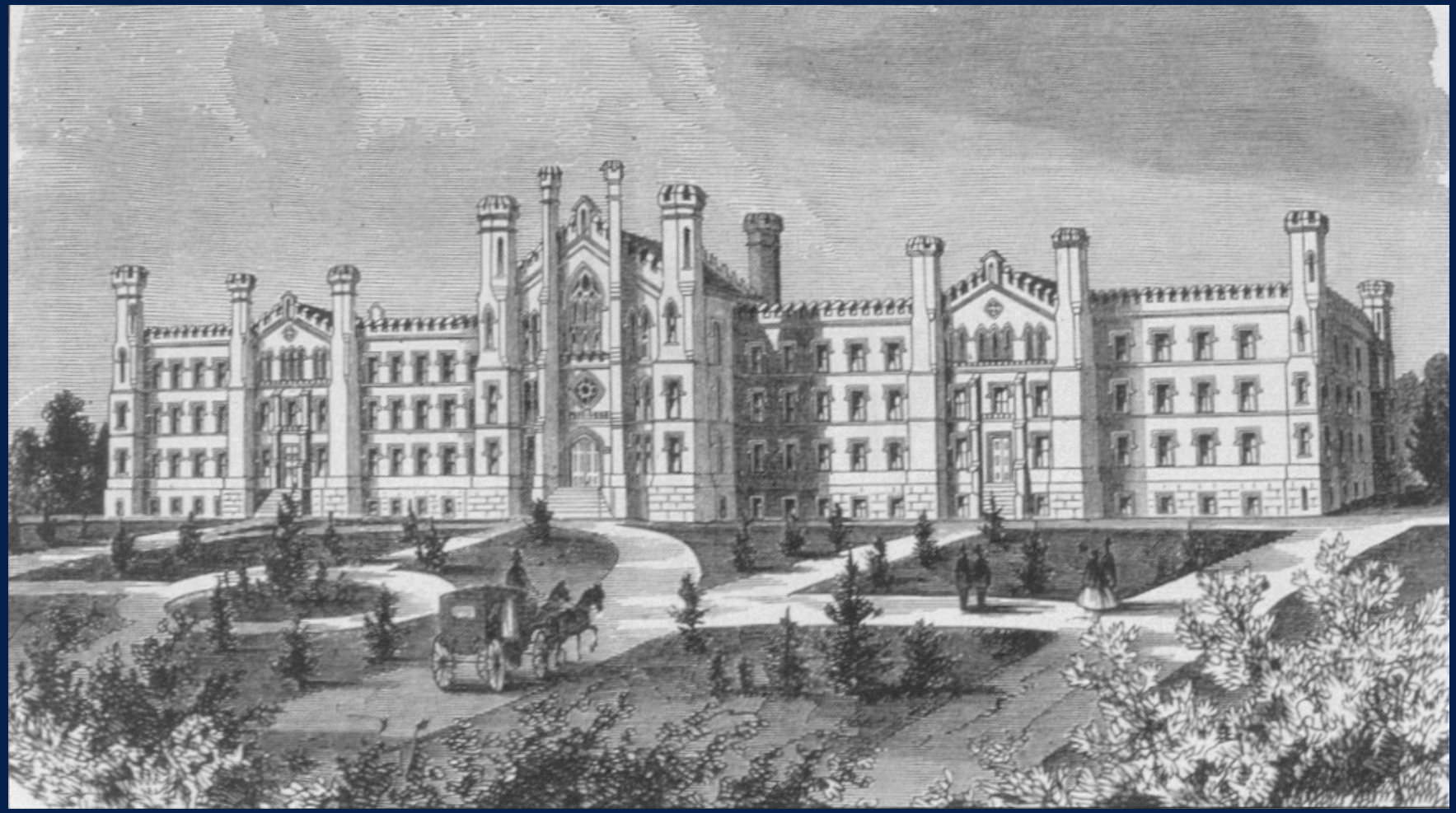
- Published: *Inquiry into the Effects of Ardent Spirits on the Human Mind and Body* in 1784
- Asserted that alcohol was the causal agent in alcoholism
- Asserted that loss of control over drinking is the characteristic symptom of inebriety
- Stated that total abstinence from alcohol was the only effective cure
- Called for creation of a “Sober House” for the care of the confirmed drunkard (1810)



The 19th Century

- In the early 1800's, an increase in grain supply, rapid crop spoilage, and an emerging entrepreneurial spirit increased the supply of distilled alcohol.
- As a result, drinkers increased their consumption of distilled alcohol.
- Definitive data is missing, but alcoholism seemed to increase, especially in urban areas.
- In the 1840s, the temperance movement took on the alcohol problem.

New York State Inebriate Asylum

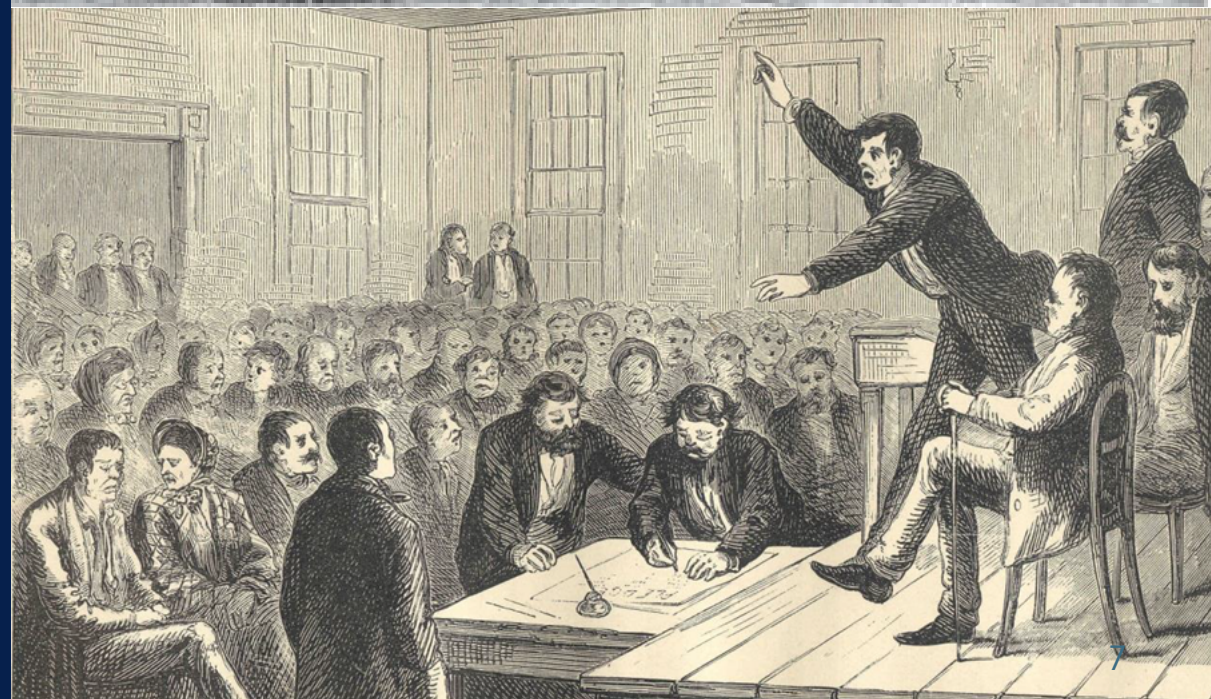


1864 - Containment

The Washingtonians

- Social network
- Public recitation of stories
- Faith-based change

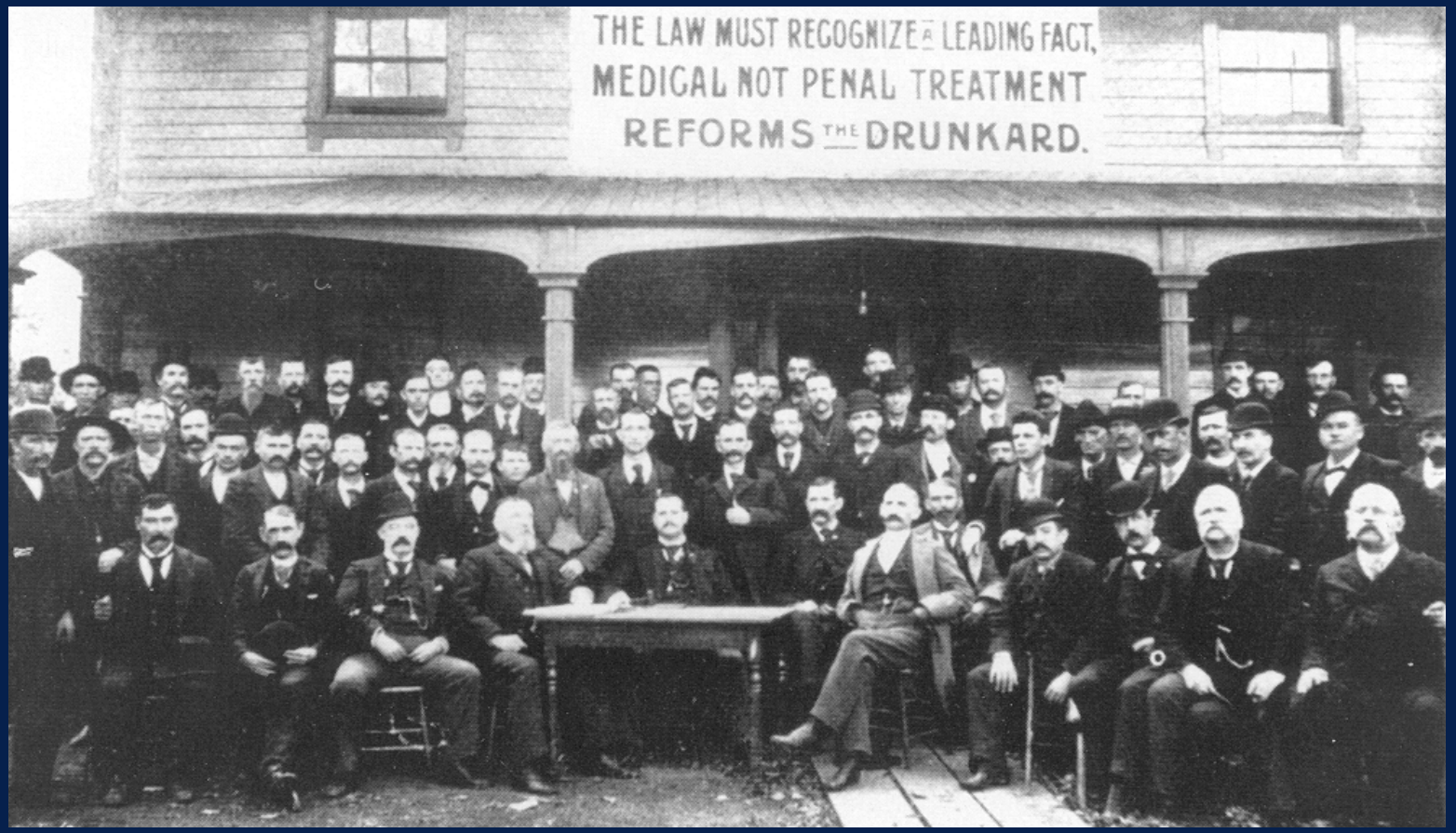
1840 to 1855



The Salvation Army

Founded in 1865, it continues to be the largest addiction treatment system in the world.

The Keeley League



- 1879 - First franchised, private, for-profit addiction treatment system
- 1891 – Keeley forms first patient mutual aid society

Keeley League

- Keeley used repeated “double chloride of gold” injections. Followed up with “take home bottles.”
- This was part of the dangerous patent medicine industry that led to subsequent regulation and development of science-based medications.
- However, other elements became part of later addiction treatment programs:
  - Regular sleep, exercise, health recreation
  - Abstinence and careful selection of friends
  - Continued socializing by graduates
  - Viewed inebriety as a disease
  - “Recovered” alcoholics worked in his centers

Towns Hospital

CHARLES B. TOWNS HOSPITAL

293 Central Park West New York, New York

For ALCOHOLISM and DRUG ADDICTION

ANY PHYSICIAN having an addict problem is invited to write for Hospital literature.

This institution has specialized in addictions for over 30 years. Its method of treatment has been fully described in THE JOURNAL A. M. A.; in The Handbook of Therapy, from the A. M. A. Press; and in other scientific literature. The treatment is a regular hospital procedure, and provides a definite means for eliminating the toxic products of alcohol and drugs from the tissues. A complete Department of Physical Therapy, with gymnasium and other facilities for physical rebuilding, is maintained. Operated as an "open" institution. Physicians are not only invited but urged to accompany and stay with their patients.

Located Directly Across from Central Park

1901

- Focused on removing the craving and restoring physical health and diet
- Varied from NY Inebriate Asylum about issues of treatment coercion
- Physicians were not only invited but urged to accompany and stay with their patients

Prohibition

- Based upon the concept that alcohol itself is the cause of alcoholism (and what was described at the time as personal and social evil), thus no one should drink.
- In the U.S., lasted from
  - 1919 until 1933

Drugs and the Legal System

- At the turn of the century, the sale of drugs was not controlled in any manner.
- Starting in the late 1800's, home remedies containing alcohol, opium, morphine, cocaine, and cannabis professing "cures" for any number of illnesses.
- Sigmund Freud experiments with cocaine and winds up recommending it for the treatment of morphinism for his friend and colleague Ernst von Fleischl-Marxow.
- The Pure Food and Drug Act, and later the Harrison Act (1914), created a split between legal and illegal drugs consumed by U.S. citizens.

The Harrison Act

- Drugs deemed legal (and thus, taxed): alcohol and tobacco (Nicotine)
- Illegal drugs placed into a hierarchy
  - Heroin, cocaine, and many hallucinogens were placed as Schedule I. This includes peyote; however, Native Americans can apply for special dispensation as a religious sacrament.
  - Misplacements of certain drugs, notably marijuana. This increased the belief that the legal system does not understand addiction risk and is uninterested 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 was unaltered by the Harrison Act.
  - Once addicted, economics of supply and demand describes use of substances in such individuals as “inelastic demand.”
  - As a result, many individuals who develop addiction violate laws and become criminals.
- Today, the prison industry flourishes, and the treatment industry is all but defunct.
  - 65% of prison inmates meet criteria for SUDs.
  - Recent evolution of state and local drug court programs promise innovative and effective solutions.

†Shoveling Up II: The Impact of Substance Abuse on Federal, State and Local Budgets, CASA (2009)

Self-Medication Theory

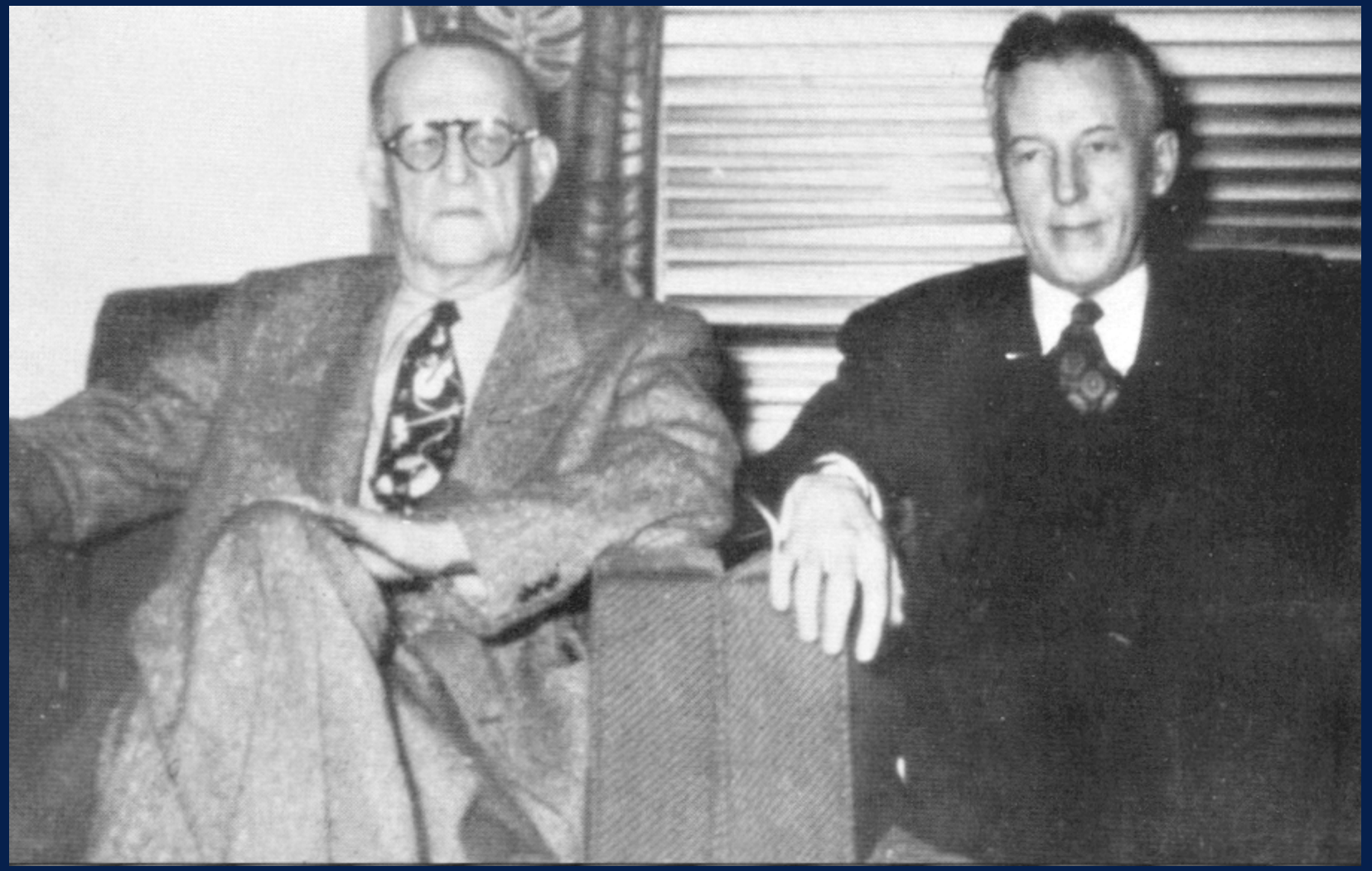
Prime mover according to Psychodynamic Theory (in some cases may be helpful to explore once remission is established)

Symptom

Substance Use

Much more critical to understand for initial abstinence and recovery

Bob Smith and Bill Wilson



Met in 1935

Innovations from A.A.

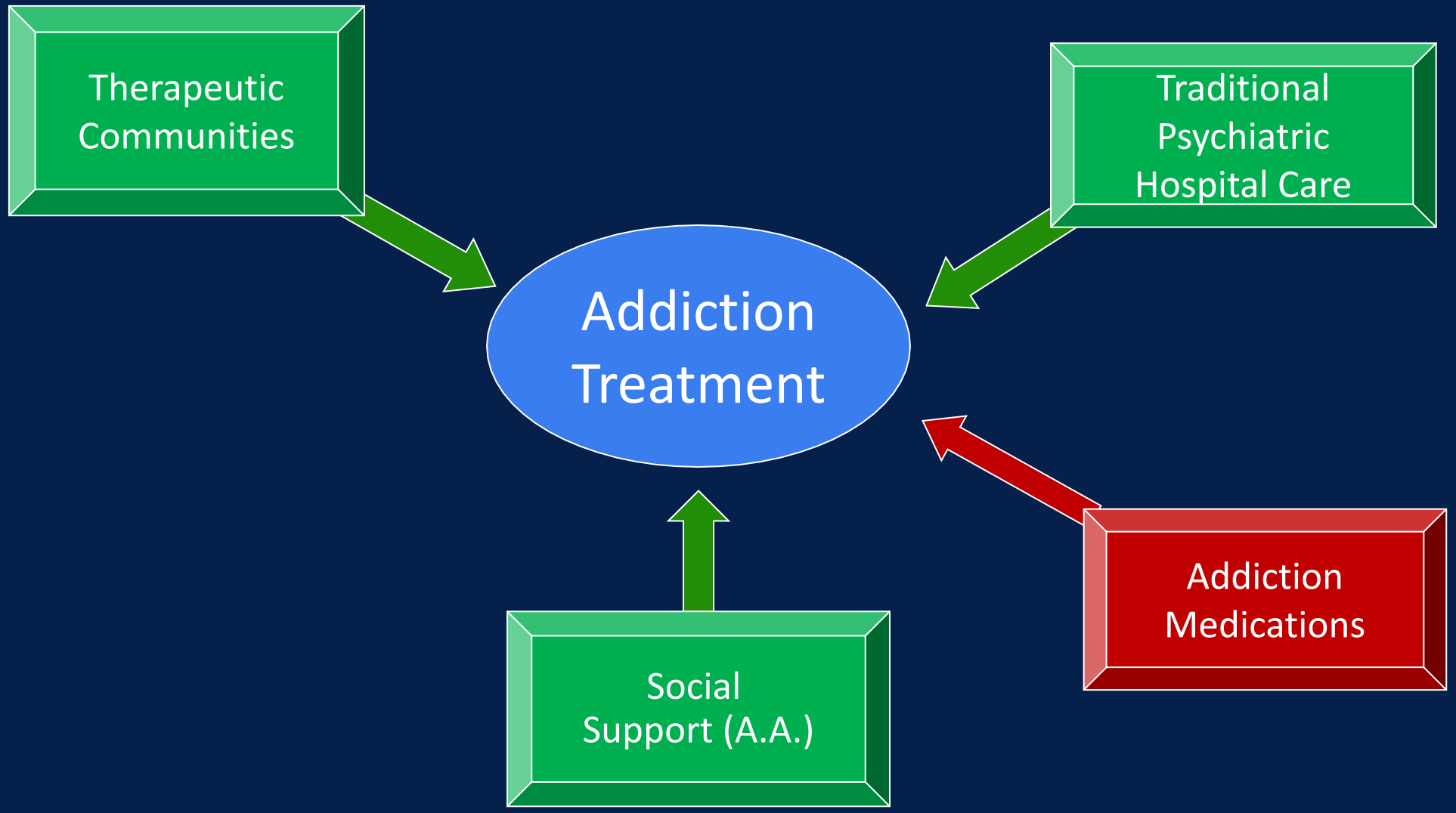
- Emancipated spirituality from its roots in religious institutions.
- Legitimized varieties of spiritual experiences in recovery.
- Found alternatives to religious antidotes for guilt including self-inventory, confession, acts of restitution, and acts of service.
- Encouraged service work and working with others.
- Established the first chronic care system for a chronic disease.
- A.A. was a peer-led social movement that used a spiritually-based program with explicit instructions.

Hazelden and the Minnesota Model

A centralized treatment system that focused on detoxification and the principles of A.A.

Opened 1949

The Origins of Addiction Treatment



Elements of the Minnesota Model

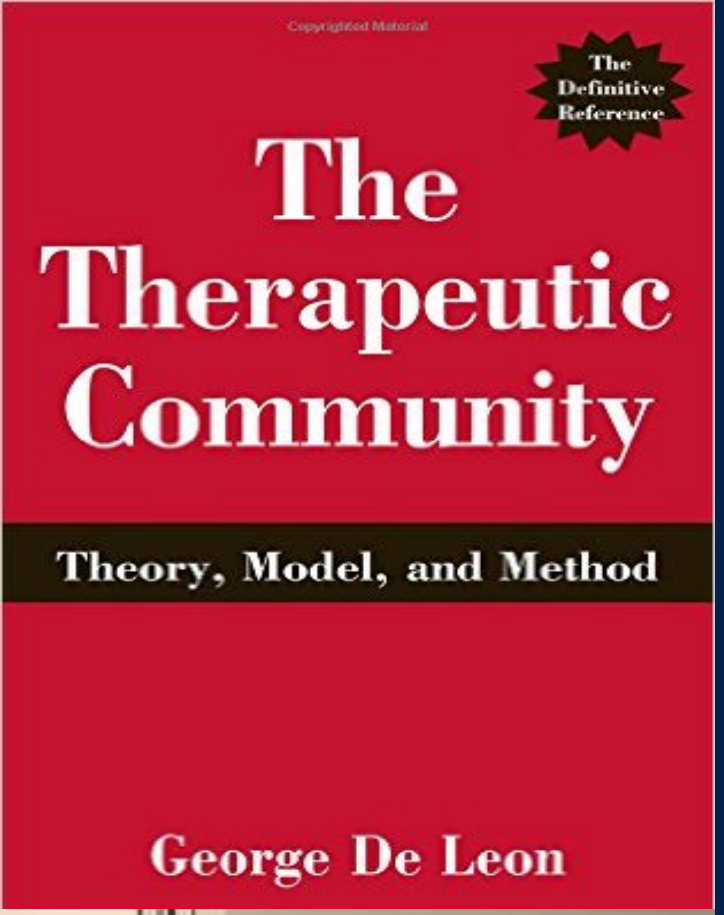
- Alcoholism is an involuntary, primary, chronic, progressive biopsychosocial spiritual disease.
- Recovery is the goal of treatment, not abstinence.
- Focus on treatment of a central disease process, abandoning the psychoanalytic and moral models of addiction.
- Addiction is best treated in a milieu of dignity and respect.
- A revised view of motivation: initial motivation (or lack thereof) is not a predictor of outcome. Also, motivation is as much the responsibility of the milieu as the patient.

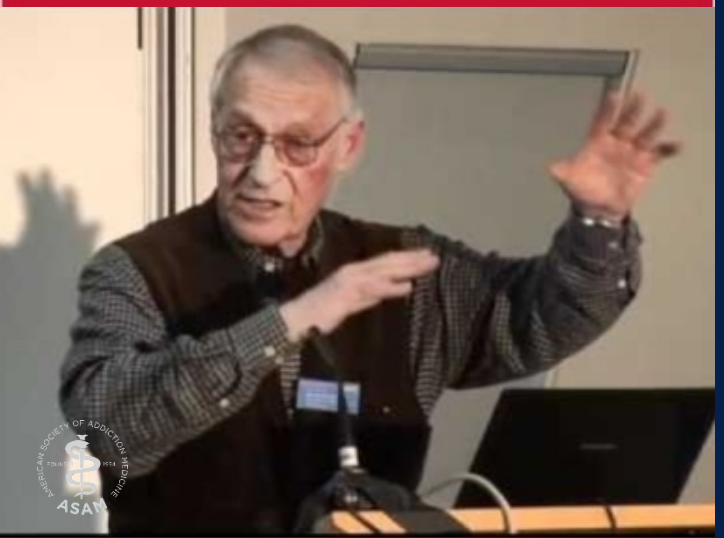
Federal Narcotics Farm

Lexington, Kentucky

For a long period of time, this was the world's epicenter for addiction research and drug treatment . Convicts did time alongside individuals who volunteered
to enter the center for treatment.

1935 to 1970





The Therapeutic Community

- Whole person focused, centered on lifestyle changes
- Goals are:
  - Becoming pro-social
  - Honesty
  - Taking responsibility for self
  - Willingness to learn from others
- Democratically run, everyone, including staff, are part of the community
- Drives individual change through “community as method”
- Introduced the concept of ongoing support, most often lifelong disease management

Synanon's Dederich

- Rebuilding character through community, peer pressure and confrontation.
- "Don't mess with us – you can get killed dead, physically dead."
- Founded 1958

Medications for the Treatment of OUD

- Heroin dispensing in England and Switzerland.
- Methadone therapy in the U.S. (1964)
  - Humane treatment in an era of discrimination and legal interdiction
  - Biological disease model
  - Although A.A. took this stand earlier, this was the first medical treatment that took a firm stand that addiction is a chronic disease.
  - In *The ASAM Criteria,* it is referred to as Opioid Treatment Services (OTS)

Drs. Dole and Nyswander

Addiction is a Brain Disease

- Alan Leshner, Ph.D. and former head of NIDA, began describing addiction as a **brain disease** in 1996
- He stated that addiction is a *disease of the brain* that has several important components:
  - A social context
  - Behavioral, psychological and spiritual aspects
- Recovery takes time, time measured in years

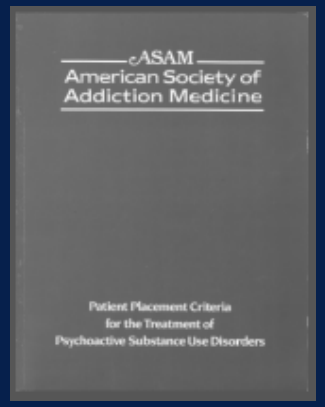
Lessons From History

- Addiction is an ever-present phenomenon, changing focus from time to time on different substances and behaviors. (Don’t believe that the current drugs abused will be the primary drug of misuse!)
- Treatment has focused on religious conversion, psychotherapy, characterological manipulation, legal interdiction, and pharmaceutical intervention at various times—a single modality, universally applied, has, inevitably, failed.
- Short-term interventions **do not work.** Addiction is a chronic condition requiring long-term care.
- The illness is very complex and has multiple antecedents. The clinician must adapt his or her approach to each patient.

The ASAM Criteria

The Evolution of the ASAM Criteria

1991



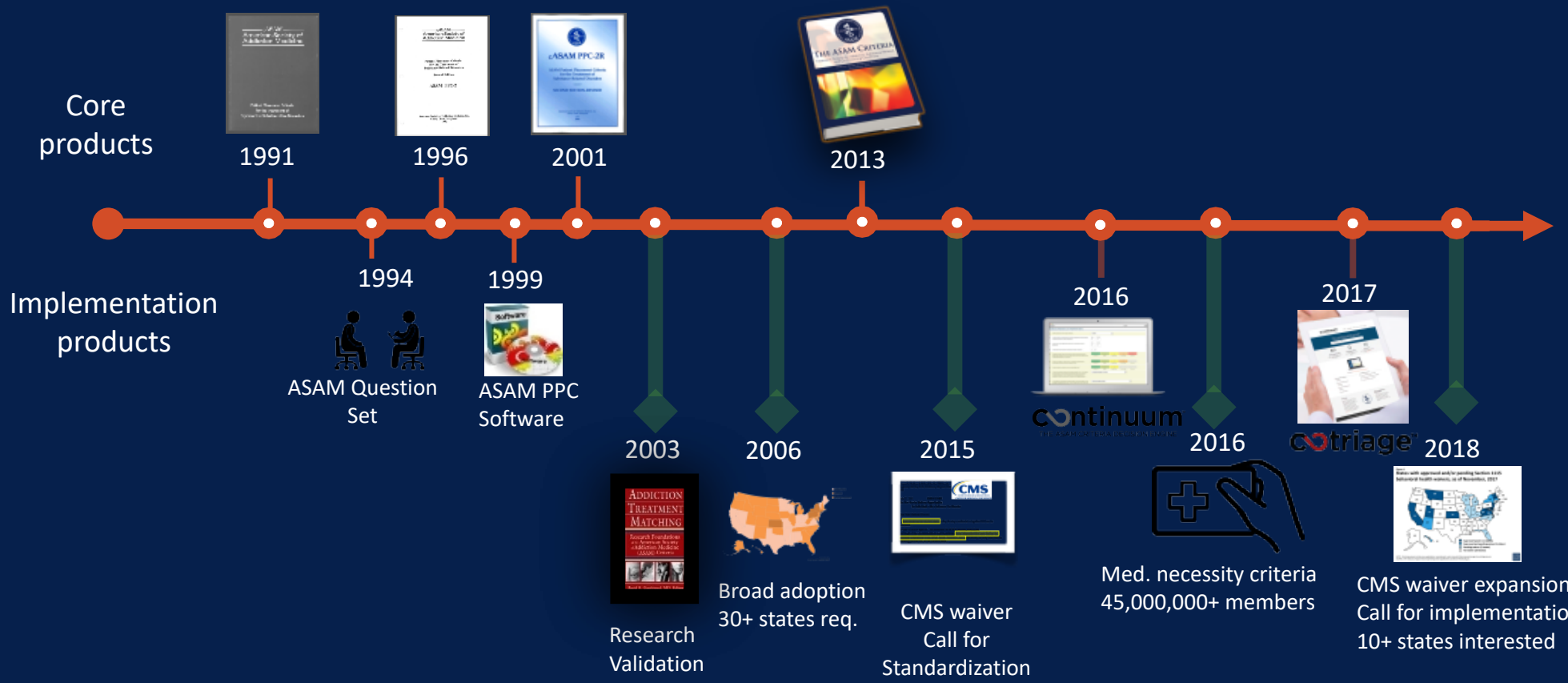
1996

2001

2013

For the least intensive or restrictive care that meets the patient's multi-dimensional needs and to ensure ongoing care and the optimal treatment outcome.

The ASAM Criteria
Widespread adoption & validation



The ASAM Criteria – Treatment Axis

Digits demarcate major types of treatment with decimal places defining intensity. The system is designed for increased granularity and refinement in the future.

Level 0.5 Early Intervention
Level 1 Outpatient Treatment
Level 2.1 Intensive Outpatient
Level 2.5 Partial Hospitalization
Level 3.1 Clinically Managed Low Intensity Residential Services
Level 3.3 Clinically Managed Medium Intensity Residential Treatment
Level 3.5 Clinically Managed High Intensity Residential Treatment
Level 3.7 Medically Monitored Intensive Inpatient Treatment
Level 4 Medically Managed Intensive Inpatient Treatment

Prevention Services

Less than three times per week, commonly individual services

Group-based treatment at a specialized center

Residential Services

Medical Hospital

The ASAM Criteria – The Dimensional Axis

- Dimension 1: Acute Intoxication and/or Withdrawal Potential
- Dimension 2: Biomedical Conditions and Complications
- Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications
- Dimension 4: Readiness to Change
- Dimension 5: Relapse, Continued Use or Continued Problem Potential
- Dimension 6: Recovery/Living Environment

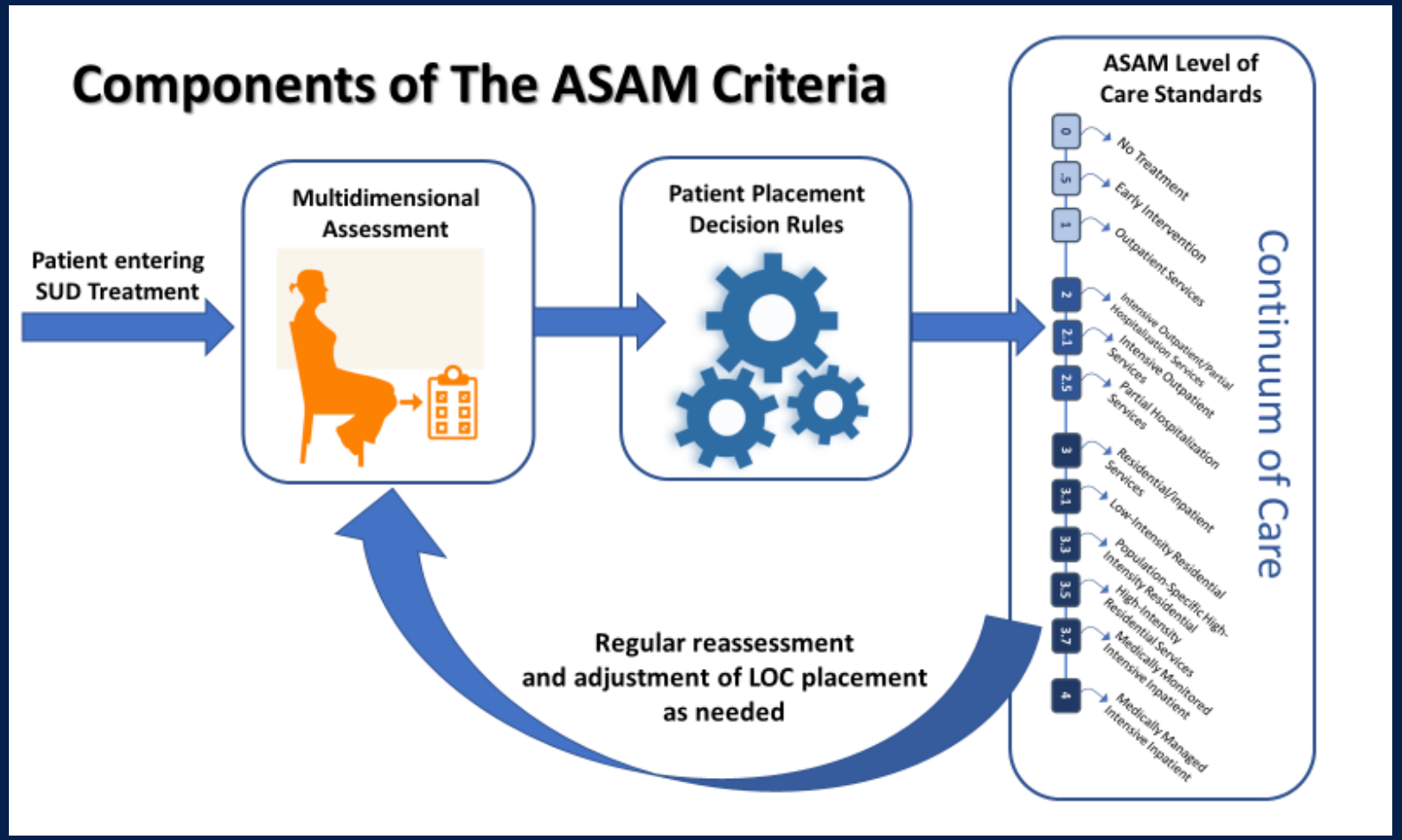
Putting the ASAM Criteria Axes Together

		Levels of Care								
		0.5	1	2.1	2.5	3.1	3.3	3.5	3.7	4
Dimensions of Care	Dimension 1									
	Dimension 2									
	Dimension 3									
	Dimension 4									
	Dimension 5									
	Dimension 6									

Disease Typology

- In many levels, there are specialty services outlined for:
  - Co-Occurring Capable services (a COC Program)
  - Co-Occurring Enhanced services (a COE Program)
  - Biomedical Enhanced services (a BIO Program)
  - Withdrawal Management services (a program with WM)
  - Opioid Treatment services (OTS must be available in all levels of care, some levels can do this through liaison with opioid treatment services - OTS)

Assessment & Care Placement



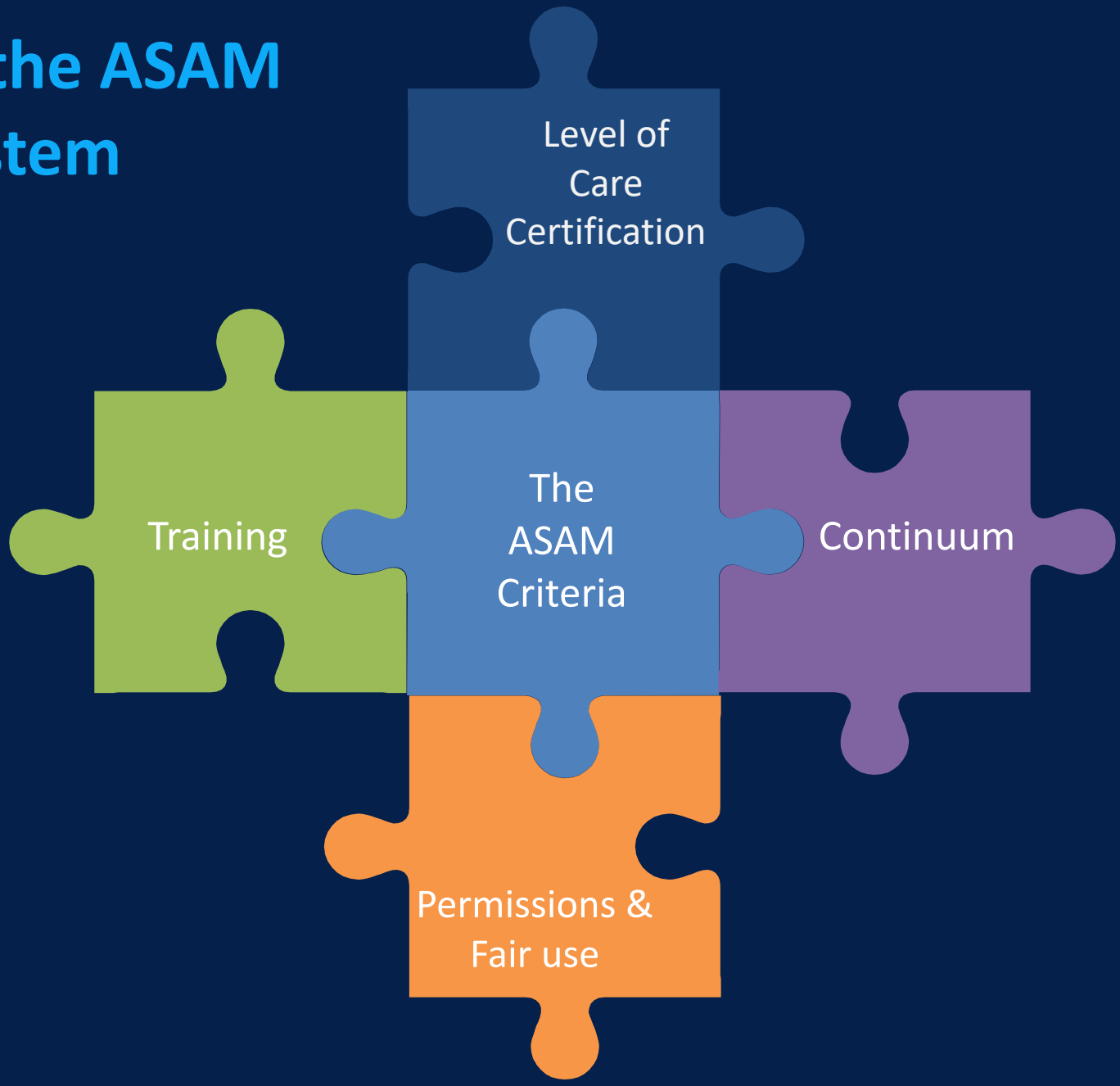
Integrated or Available Biomedical Care

- Pain and Addiction
- Care for Medical Complications of Addiction
- Treatment of addiction during pregnancy
- Consult liaison services at every major hospital
- Physician Involvement – when indicated – in all levels of care.

The ASAM Criteria

- Provides a template for the type and intensity of addiction treatment.
- Reiterates the importance of long-term management.
- Ensures cost-effective care.
- Ensures adequate staffing for the different levels of care.
- Emphasizes the importance of patient evaluation and ongoing reevaluation.
- Is the emerging national standard that will reengineer our disorganized and chaotic addiction treatment system in the U.S.

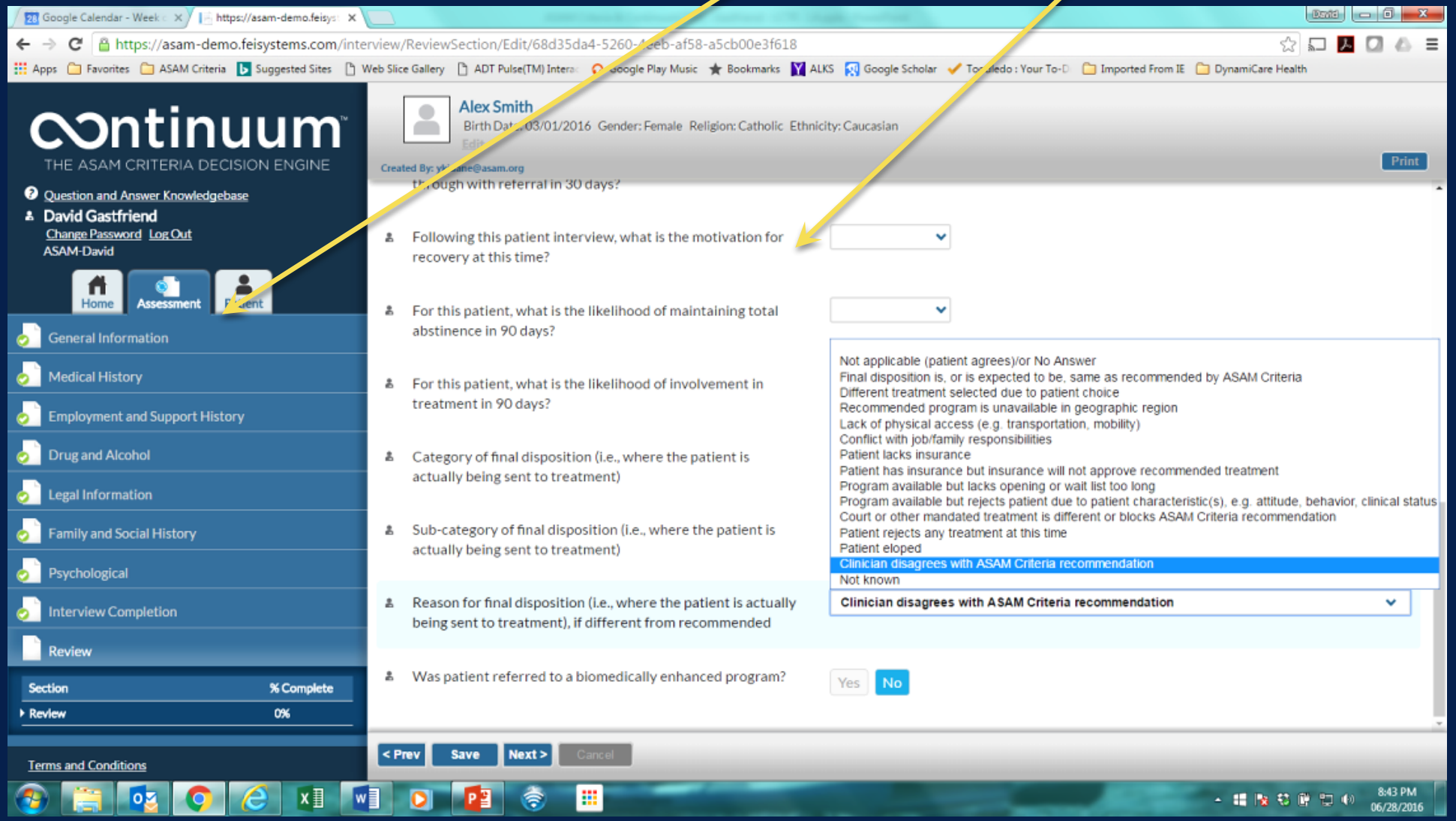
Components of the ASAM Criteria System



The ASAM Criteria System

- Definitions of Levels and Types of Care
- Implementation Training to ensure fidelity
- Treatment System Certification
- Proper Use of ASAM Criteria Language
- Assessment using the ASAM Continuum, a research-based assessment tool.

ASAM Continuum



Future Goals: The ASAM Continuum & Repository

CONTINUUM™ Raw Program Data

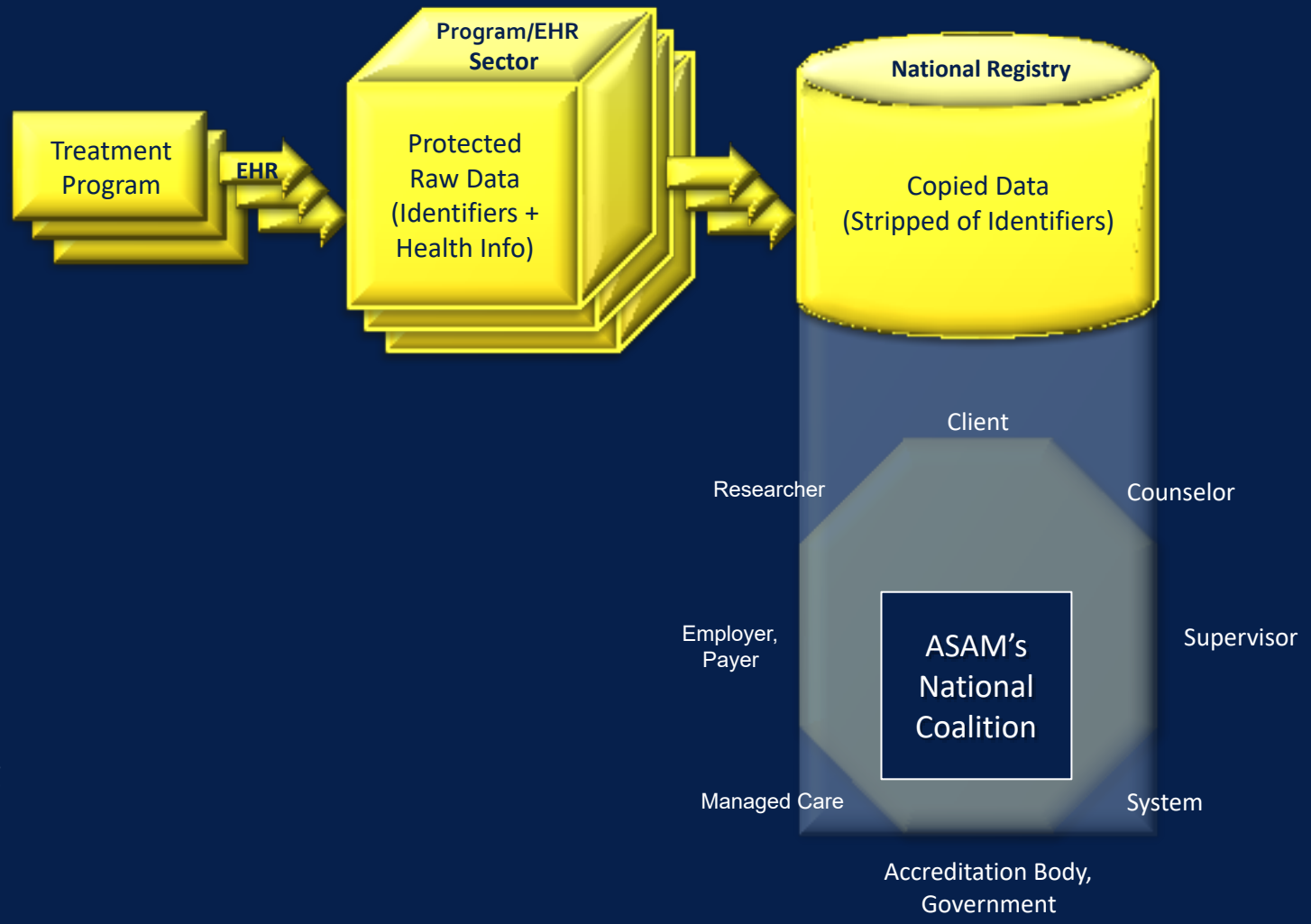
- ✓ Referral, Placement, Care Planning
- ✓ HITECH Act, ACA population expansion

ASAM LOC Recommendation

- ✓ Parity Act monitoring & compliance
- ✓ MCO Prior Authorization & UR reform

State Databases & National Registry

- ✓ Needs analysis, Value-Based Contracting
- ✓ CMS 1115 Waiver requirements
- ✓ SAMHSA STR reporting requirements



The Fourth Addition of The ASAM Criteria

- → The levels of care will be expanded and become more consistent.
- → Increased integration of medical care and medications for treatment.
- → Dimensions will be rearranged for mor logical assessment.
- → Treatment will be extended in scope and time frame in recognition of the need for long term care of this chronic condition.

The ASAM Definition of Addiction

The Definition of Addiction

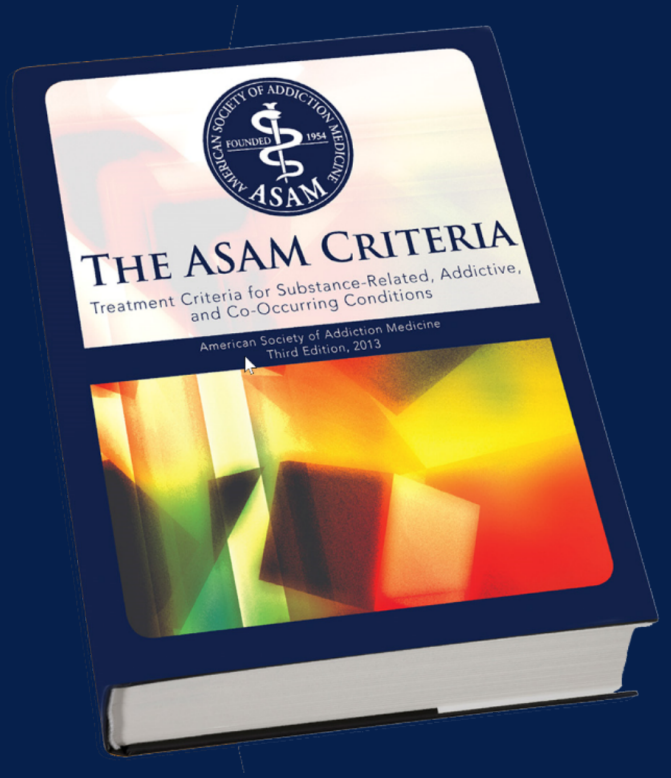
Recently Revised

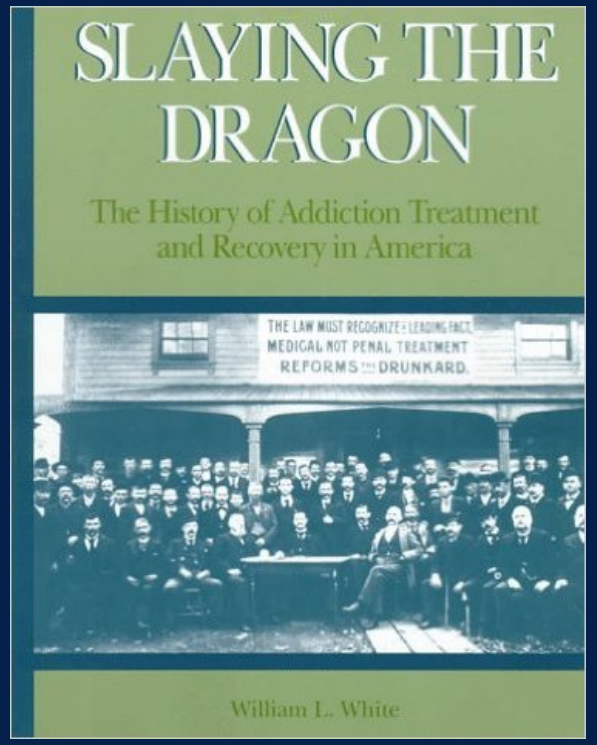
- Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.
- Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

The Definition of Addiction

- Note that ASAM's definition of addiction is distinctly different that the criteria in the DSM-5.
  - DSM-5 uses characteristic signs and symptoms to make a diagnosis.
  - The ASAM definition used the word Addiction and outlines causation and characteristics of the disease.
- ASAM's definition emphasizes
  - Addiction is chronic
  - Addiction is treatable
  - The illness is complex, and its many etiologies are important in its genesis and treatment
  - The response to prevention and treatment is similar to other chronic conditions.

Further Reading





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