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ISSUE

Does Drug Abuse Treatment Work?

YES: National Institute on Drug Abuse, from *Principles of Drug Addiction Treatment: A Research-Based Guide* (National Institute on Drug Abuse, 2009)

NO: Sacha Z. Scoblic, from "The Dogma of AA Has Taken Over," *The New Republic* (2013)

Learning Outcomes

After reading this issue, you will be able to:

- Identify and describe the different approaches used by clinicians to treat drug addiction.
- Identify the different factors and variables that contribute to the success and failure of a treatment program and how they are assessed.
- Consider the different metrics used to determine whether a treatment program is successful from a political perspective and from the perspective of the person with addiction.

ISSUE SUMMARY

YES: The National Institute on Drug Abuse report acknowledges that drug addiction is difficult to overcome but that treatment can be effective and works best when individuals are committed to remain in treatment for an extended time.

NO: Sacha Z. Scoblic, a Carter fellow for mental health journalism, argues that anti-addiction programs, such as Alcoholics Anonymous, can be ineffective and are misused. Popular programs might not adhere to the vast body of research on addiction treatment.

Drug addiction is a complex disease that has many causes and dimensions. Men and women, younger and older people, members of every ethnic, religious, racial, and socioeconomic group, and residents from all communities experience addiction. Many individuals with addiction also suffer from other psychological or medical conditions that contribute to the development or maintenance of drug use, or make it difficult to stop using drugs.

The United States has generally accepted that drug addiction should be considered under a moral or criminal justice model. This perspective assumes that those with addiction have a problem with drugs and are deficient in their character, morals, and self-control. As such, drug use and compulsive use are behaviors should be punished by incarceration or civil penalties. However, research has demonstrated that addiction treatment is far less expensive and far more productive than incarceration. The annual financial costs of some effective drug addiction programs (e.g., methadone for narcotic addiction) can be one-sixth the costs of keeping someone in prison. Treatment programs can decrease the lost costs (e.g., drug crimes, theft, and criminal justice expenses) incurred when addiction is managed by incarceration. Also, treatment can improve the quality of life of individuals with addiction by decreasing social conflicts, improving job prospects, and reducing incidents of other criminal behaviors.

There are a variety of treatment programs that can be used. For some, the final goal is total abstinence, while others focus on achieving controlled use. Total abstinence is the goal of Alcoholics Anonymous (AA). A basic principle of AA is that someone with alcoholism is different from someone without alcoholism in their control of drinking behavior. The difference between these two groups of

people, possibly based in biology or genetics, is what is responsible for the individual with alcoholism to drink. Therefore, the person with alcoholism should not drink and is not to blame for their drinking behavior. Guilt for alcoholism should not be experienced. It is important to note that AA does not remove responsibility from someone with alcoholism. The individual is responsible to managing the disease of alcoholism day-by-day.

The AA program uses a group support and "buddy" system: AA members help each other with their alcoholism and encourage sobriety. For many members, AA is not a short-term treatment, but a long-term commitment to the program and its goal of total abstinence. Some AA meetings are open to anyone who has an interest, while closed meetings are for people with alcoholism who have a desire to completely stop drinking. A member of AA works to follow the twelve steps of the program that should be followed successively through the recovery process. These steps include admitting an addiction to alcohol, recognizing that the individual has no power over alcohol, a belief in a power that can help someone overcome shortcomings, ongoing personal assessments, admission of wrong doing, and making amends to those that have been hurt by the individual. Other drug treatment programs (e.g., Narcotics Anonymous) are modeled off of the AA approach to treatment.

While open and closed AA meetings can be found in almost every community in the United States and worldwide, the overall success of the twelve-step approach is unclear. AA has not been subjected to the scientific evaluation performed for other treatments. There is no doubt that AA has been successful for many people, but it is not possible to assert that its twelve-step approach is the "best" or "most successful."

AA is considered a behavioral or psychosocial addiction treatment because it helps the person with addiction engage in the treatment process, modify their attitudes and behaviors related to drug abuse, and increase healthy life skills. It is also an outpatient treatment because the individual visits the meeting or clinic on a regular basis, while living at home and taking care of normal responsibilities (e.g., family and work). Other outpatient behavioral treatments include cognitive-behavioral therapy, where the individual learns to recognize, avoid, and manage against the situations and emotions that contribute to drug use. Multidimensional family therapy focuses on the interaction between home life and drug use and its goal is to address the impact of family function on addiction. Contingency management programs seek to use positive reinforcement to decrease or eliminate drug use.

Medications are also used in combination with behavior/psychosocial treatments or independently to treat addiction. Some medications are used for detoxification, the initial stage of treating addiction where the unpleasant physiological and psychological withdrawal symptoms accompanying sudden cessation of drug use are minimized. An example would be a nicotine gum that is used to treat the unpleasant withdrawal from long-term tobacco use. Medications that are used for detoxification can also be used for maintenance, the long-term prevention of relapse to using the abused drugs. Some maintenance drugs are used under substitution for the abused drug. An example is methadone for narcotic addiction. For some, methadone has been successful at preventing relapse and craving for heroin over a period of months or years. In contrast, antagonist drug therapies focus on blocking the pleasurable or reinforcing effects of the abused drug. For example, the narcotic antagonist naltrexone can minimize or prevent the reinforcing experiences of heroin use in someone with narcotic addiction. Finally, punishment drug therapies produce an unpleasant psychological or physiological state when someone uses the abused drug. Disulfiram (Antabuse) induces headache and nausea when someone drinks alcohol, but not when they are abstinent.

There are a variety of treatments available to help someone with drug abuse or dependence. As discussed, treatment programs are more cost effective and have greater long-term success than incarceration to manage addiction. Many drug experts believe that more funding should go toward treatment than toward the criminal justice system. However, how effective are drug treatment programs? Is greater success than incarceration really success? Furthermore, which drug treatment programs are actually successful? In the YES selection, the National Institute on Drug Abuse report maintains that treatment can be effective. However, it is necessary for the individual to be committed and to remain in treatment for an extensive time. Drug treatment results in lesser drug use and lower health and social costs. In the NO selection, Sacha Z. Scoblic argues that anti-addiction programs, such as AA, are not as effective as promised and are misused. Furthermore, drug treatment programs might be developed based on the scientific research and evidence, but they might not adhere to the research and evidence in practice, making them ineffective.

EXPLORING THE ISSUE

Does Drug Abuse Treatment Work?

Critical Thinking and Reflection

1. What should an individual and society expect from a drug treatment program that it considers successful? When should a treatment program be considered a failure?
2. What are the most important components of a successful drug addiction treatment program?
3. Is it feasible or realistic to expect total abstinence from an addiction treatment program?
4. What factors contribute to drug relapse and how can they be minimized in a treatment program?
5. How does the popular media (e.g., reports about famous people with addiction who experience relapse) influence society's views on addiction treatment?

Is There Common Ground?

Research on the efficacy of drug addiction treatment is inconclusive. Researchers and clinicians have not reached consensus on the best ways to measure if a treatment program is effective. It is controversial whether total abstinence or controlled use should be a program's goal. Determining the efficacy of a drug addiction treatment program is critical because the federal government and state and local governments debate how much should be allocated for drug treatment and what types of program should be funded. Experts in the addiction field argue that much of the money has not been wisely spent. It is essential to determine what makes an effective drug addiction treatment.

The National Institute of Drug Abuse (NIDA) in its guide "Drug Facts: Treatment Approaches for Drug Addiction" (available at http://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction) identified key principles that should be the basis for any effective program—behavioral/psychosocial or medicinal—for addiction.

- Addiction is a complex but treatable disease that affects brain function and behavior.
- No single treatment is appropriate for everyone.
- Treatment needs to be readily available.
- Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.
- Remaining in treatment for an adequate period of time is critical.
- Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
- Many drug-addicted individuals also have other mental disorders.
- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.
- Treatment does not need to be voluntary to be effective.
- Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
- Treatment programs should assess patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases.

Additional Resources

Daley, D. C. & Marlatt, G. A. (2006). *Overcoming Your Alcohol or Drug Problem: Effective Recovery Strategies Workbook*. New York: Oxford University Press.

This workbook provides the reader with practical information and skills to help them understand and change a drug or alcohol problem.

Johnson, B. A. (2010). We're addicted to rehab. It doesn't even work. *The Washington Post*. http://www.washingtonpost.com/wp-dyn/content/article/2010/08/06/AR2010080602660.html.

According to this article, "The therapies offered in most U.S. alcohol treatment centers are so divorced from state-of-the-art of medical knowledge that we might dismiss them as merely quaint—if it

weren't for the fact that alcoholism is a deadly and devastating disease."

Scoblic, S. Z. (2011). *Unwasted: My Lush Sobriety*. New York: Citadel Press.

The author of the NO selection for this issue describes her life while drinking and while sober.

Smith, B. & Wilson, B. (2006). *The Big Book of Alcoholics Anonymous*. Seattle WA: CreateSpace Independent Publishing Platform.

This is the classic text written by the original founders of Alcoholics Anonymous. It is the originator of the seminal "twelve-step method" widely used to attempt to treat many addictions.

Smith, F. M. & Marshall, L. A. (2007). Barriers to effective drug addiction treatment for women involved in street-level prostitution: A qualitative investigation. *Criminal Behaviour and Mental Health*. 17:163–170.

Drug addiction treatments must be targeted to individual needs (e.g., gender, ethnicity, and socio-economic status). This review article discusses the barriers for treatment for women who are prostitutes—an impoverished sense of self-worth, a lack of trust and consistency in treatment, and the absence of a comprehensive treatment package.

Internet References . . .

Alcoholics Anonymous

http://www.aa.org/

HBO: Addiction

http://www.hbo.com/addiction/

National Institutes of Health—National Institute on Alcohol Abuse and Alcoholism

http://www.niaaa.nih.gov/

National Institutes of Health—National Institute on Drug Abuse

http://www.drugabuse.gov/

Women for Sobriety

http://www.womenforsobriety.org/