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### 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)



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### 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.



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### New York State Inebriate Asylum



1864 - Containment



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### The Washingtonians

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

1840 to 1855



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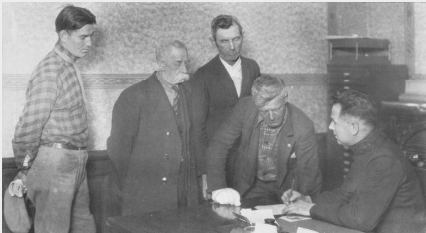
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### The Salvation Army



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

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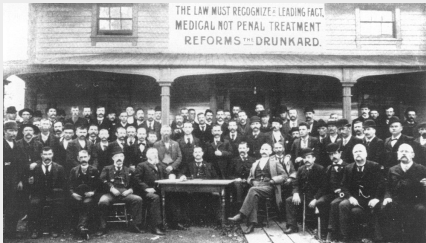
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### The Keeley League



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

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### 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



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### Towns Hospital

**CHARLES B. TOWNS HOSPITAL**  
233 Central Park West New York, New York  
**For ALCOHOLISM and DRUG ADDICTION**



ANY PHYSICIAN whose an old diet problem is limited to with for Hospital Members.

This institution has specialized in alcoholism 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 gymnastics and other facilities for physical retraining, 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



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### 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



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### 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.



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### 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.



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### 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)



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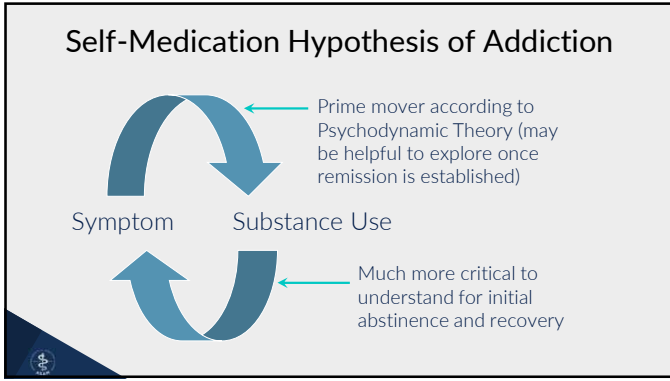
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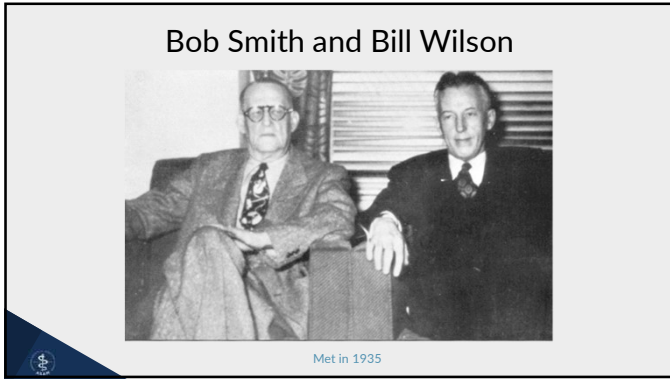
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- ### Innovations from A.A.
- Emancipated spirituality from its roots in religious institutions.
  - Legitimized varieties of spiritual experiences in recovery.
  - Found alternatives to religious antidotes for guilt including self-inventory, confession, 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.

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### Hazelden and the Minnesota Model



A centralized treatment system that focused on detoxification and the principles of A.A.  
Opened 1949

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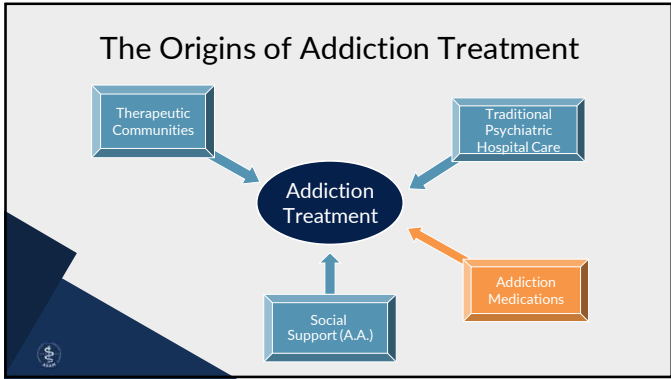
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### Elements of the Minnesota Model

- 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.

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**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



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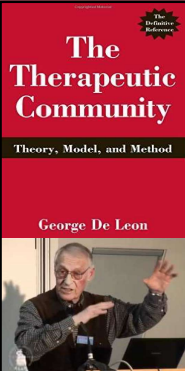
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**The Therapeutic Community**  
Theory, Model, and Method  
George De Leon



**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

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**Syanon's Dederich**

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



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### 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

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### 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



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### 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.



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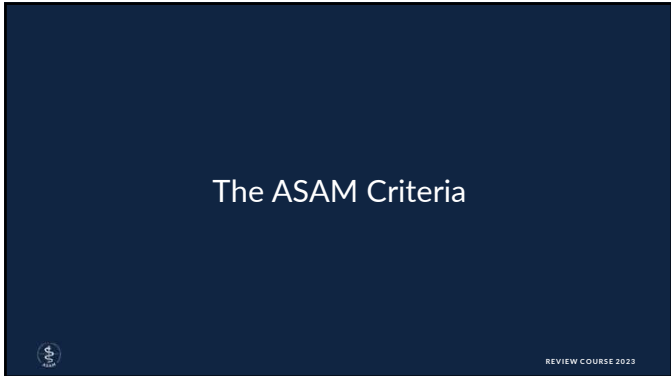
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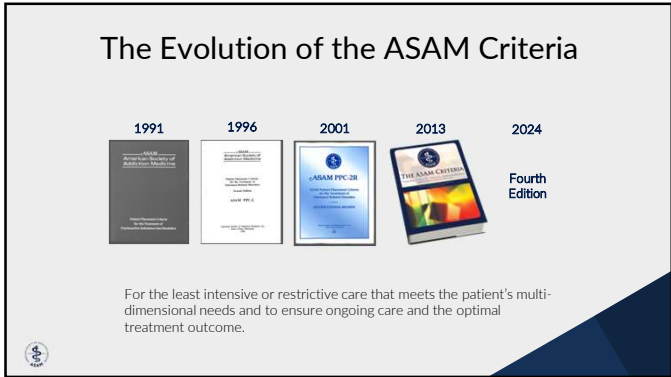
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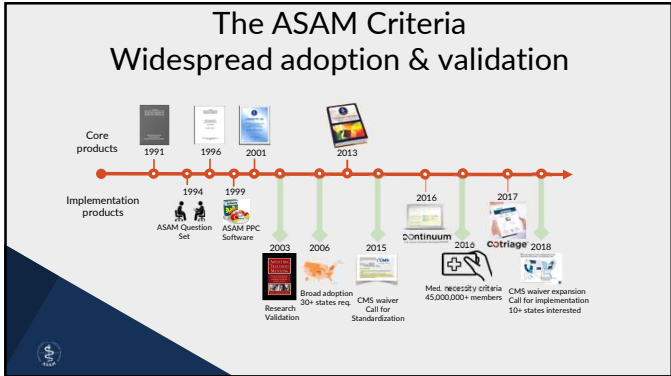
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### The ASAM Criteria – Treatment Axis

- 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 ← Prevention Services
- Level 1 Outpatient Treatment ← Less than three times per week, commonly individual services
- Level 2.1 Intensive Outpatient
- Level 2.5 Partial Hospitalization } Group-based treatment at a specialized center
- 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 } Residential Services
- Level 3.7 Medically Monitored Intensive Inpatient Treatment
- Level 4 Medically Managed Intensive Inpatient Treatment ← Medical Hospital

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### 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

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### 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									

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### 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)

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### Assessment & Care Placement

The diagram illustrates the ASAM process. It starts with 'Patient entering SUD Treatment' leading to 'Multidimensional Assessment' (represented by a person icon). This leads to 'Patient Placement Decision Rules' (represented by gears). These rules determine the 'ASAM Level of Care Standards', which are listed in a vertical column. This leads to the 'Continuum of Care'. A feedback loop labeled 'Regular reassessment and adjustment of LOC placement as needed' connects the 'Continuum of Care' back to the 'Multidimensional Assessment'.

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### 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.

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### 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.



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### Components of the ASAM Criteria System



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### 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.



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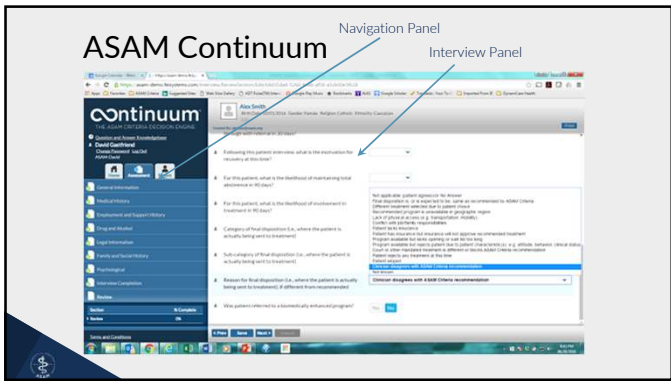
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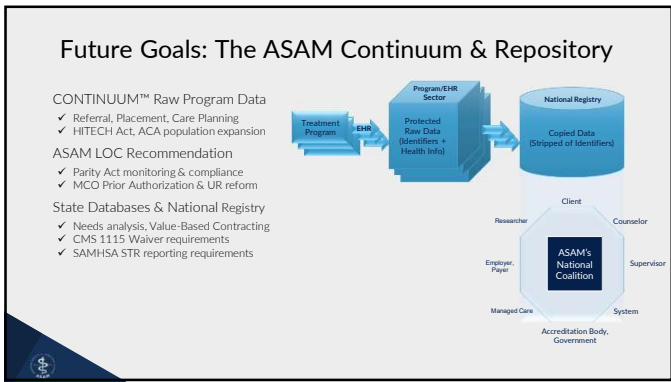
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### The Fourth Addition of The ASAM Criteria

- 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.

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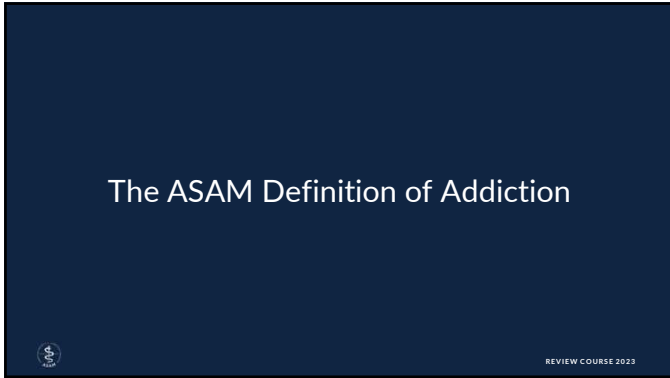
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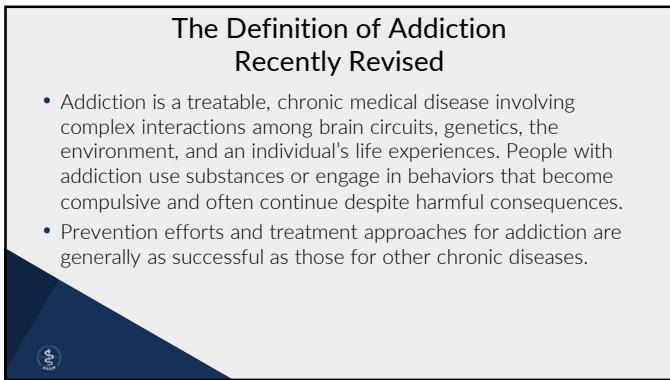
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**Further Reading**



The image shows three book covers. On the left is 'The ASAM Criteria' with a colorful abstract cover. In the middle is 'Slaying the Dragon: The History of Addiction Treatment and Recovery in America' with a green and white cover. On the right is 'Emperors of Dreams' with a classical painting cover.

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**Regarding legal sanctions and addiction:**

- A. Legal sanctions reduce consumption in the population at large.
- B. Once addicted, individuals have "inelastic demand" that results in criminality in many individuals
- C. The two legal drugs (Alcohol and Tobacco) are the least medically toxic to the body.
- D. Cocaine is a Schedule 2 drug according to The Harrison Act of 1914.

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**Which of the following is the best description of The ASAM Criteria?**

- A. The ASAM Criteria is a way of matching a patient's needs for intensity and type of services needed with the least restrictive level of care that ensures patient safety.
- B. The ASAM Criteria is a way of matching a patient's preferences to the type of services, ensuring the safest type of care.
- C. The ASAM Criteria is a way of ensuring proper withdrawal management services are provided, based upon the substances used.
- D. The ASAM Criteria is a way for clinicians to manage the complex relationship between pain and addiction.

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The Minnesota Model was based upon which precepts:

- A. Abstinence is the goal of treatment
- B. Initial motivation (or lack thereof) is a major predictor of outcome
- C. Alcoholism is an involuntary, primary, chronic, progressive biopsychosocial spiritual disease
- D. Motivation is the responsibility of the patient



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