# CQ Researcher

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# Combating Addiction

*Should insurance cover more treatment?*

Many scientists now agree that genetics and environment play about equal roles in addiction. And researchers recently identified brain differences in addicts that may eventually lead to treatments that eliminate drug cravings. But with U.S. addiction rates remaining steady at about 9 percent of the population, the secret to who stays hooked and who breaks free — either through treatment or by their own efforts — remains a mystery. As a result, debate still rages over whether health insurance should cover more addiction treatment. Advocates for addicts also argue that states should reduce tough penalties for drug offenders, such as depriving ex-felons of the right to vote. Recovered addicts are banding together to lobby for better insurance and an end to laws that stigmatize substance abusers. But opponents argue that treating addiction as a disease, not a choice, merely encourages some people to continue abusive behavior.

*Terrence Williams, 42, faced 30 years in prison on drug charges but instead is receiving treatment through a drug court program in Davenport, Iowa.*

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# COMBATING ADDICTION


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# Combating Addiction

**By Marcia Clemmitt**

## The Issues

When people think of addiction among women, they usually think of "prostitutes — shriveled crack addicts huddled in a corner," says Carol McDaid, a prominent Washington lobbyist.

And then there's McDaid, "a 46-year-old, white, upper-middle-class woman with a graduate-school education," as she puts it. "I look like the Campbell's Soup girl, and I shot heroin when I was 16."

People like the successful, elegant McDaid do not usually come forward to confess their past abuse, she says. But a new advocacy movement among recovered addicts is trying to banish the public stigma that surrounds addiction while advocating for better insurance coverage for treatment, more funding for treatment research and a repeal of laws limiting the rights of nonviolent drug offenders.

Courtesy Carol McDaid

*"I shot heroin when I was 16," says Carol McDaid, a successful lobbyist in Washington, D.C. A new advocacy movement among recovered addicts is battling the stigma that surrounds addiction while fighting for better insurance coverage for treatment, more funding for treatment research and the repeal of laws limiting the rights of nonviolent drug offenders.*

Addiction is a compulsion — not only to use an addictive substance like tobacco or cocaine but also to gamble or even shop — despite serious negative consequences. Addicts generally feel a loss of control over their behavior, and many give in to their compulsions after quitting.

The brain rewards certain behaviors — such as eating sweet food or having sex — with an evolution-ensuring payoff: pleasure. Many scientists believe drugs like cocaine hijack that reward system, skewing the brain to prefer a drug to other experiences. But skeptics say it's not surprising that some people habitually seek a predictable, intense drug reward. Others point out that psychological problems or a stressful environment may predispose some people to develop addictions.

Nevertheless, "most people who try any drug, even heroin, use it only experimentally or continue use moderately and without ill effect," according to analysts from the Drug Policy Research Center at the Rand Corporation think tank. [1] Only about 9 percent of marijuana users become clinically dependent on the drug, as do 15 percent of alcohol users, 17 percent of cocaine users and 23 percent of heroin users. But 32 percent of those who use tobacco — considered the most addictive substance — become addicted. [2]

Not all substance abusers remain addicted, however. In a long-term study of heroin addicts, for example, after 33 years just under half of the surviving participants said they'd been off heroin for five years or longer. At the same time, 11 percent of the original participants had died from a drug overdose; 10 percent from homicides, suicides and accidents — many probably related to drugs — and 7 percent from a chronic liver disease that afflicts injection-drug users. [3]

No one knows why only a small percentage of people become addicts or how best to help addicts kick their habits for good. "We basically know how to get people off drugs for a month," says Alexandre B. Laudet, director of the Center for the Study of Addictions and Recovery at the New York City-based National Development and Research Institutes. "But we know there are people in recovery for 35 years."

Finding out how to help kick addictions permanently is vital, not just for addicts but also for society, says David C. Lewis, a professor of medicine at Brown University. "When people get into treatment, crime costs and accident costs both dive," he says. "A family's health-care costs also go right down within the first year or two, along with absenteeism" from work. A Brandeis University study found that addiction costs the American economy $400 billion a year. [4]

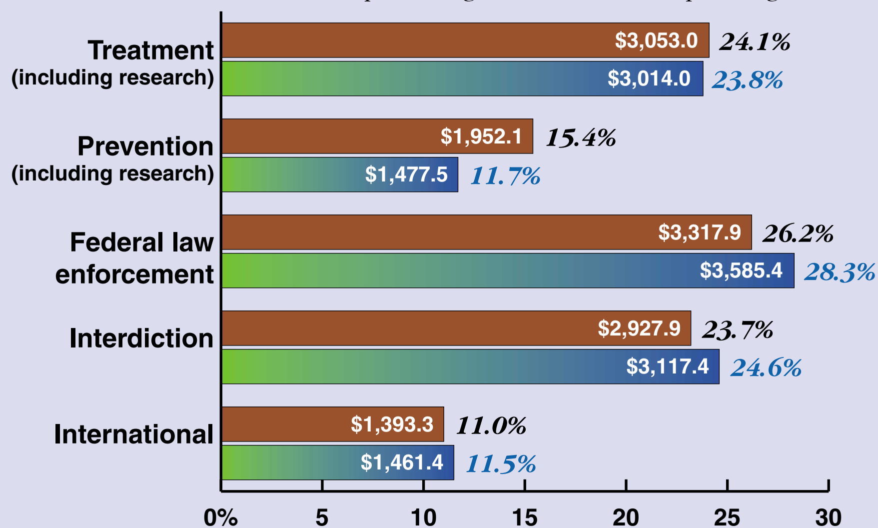
New neuroimaging techniques are enabling scientists to learn more about how addictive substances affect the brain, possibly eventually leading to new drugs or other treatments for addiction. Recent studies have found, for instance, that:

## Treatment and Prevention Funds Drop

*Federal funding for drug treatment and prevention dropped from 2005 to 2007 while spending on law enforcement increased.*

**Federal Drug Control Spending, 2005-2007**

(in $ millions and as a percentage of total federal spending)




*Source: Office of National Drug Control Policy, February 2006*

- Stroke patients with damage to a particular brain area were able to quit smoking without experiencing cravings or relapse;
- Socially dominant monkeys are less likely to overuse cocaine than more passive monkeys;
- Drug addicts show impaired function in several brain regions that are important for distinguishing the relative value of different rewards and behaviors.

Researchers also have learned that social and personal environments can influence people in unexpected ways to either seek or avoid treatment, Laudet says. In a study of women addicts, for example, researchers initially thought husbands and boyfriends might reinforce women's efforts to kick drugs and encourage them to stay in treatment. Not so, one study participant said of her partner: "Actually, he likes me better when I'm high."

The new recovery-advocacy movement hopes that showing lawmakers and others how addicts have successfully conquered substance abuse will lead to better policies and encourage more addicts to seek help. "Addiction is on television all the time, and recovery is not," says Laudet.

To counteract the public focus on the seeming hopelessness of addiction, there must be "a concerted effort to show people that recovery is possible, and not just for those who've been to Betty Ford," says Laudet, referring to the pricey rehab center in Rancho Mirage, Calif., founded by former first lady Betty Ford, a recovering alcoholic and pill addict. Low-income "people on the street, they recover, too. They can improve their lives 2,000 percent." But without real-life images of recovered people to look to, "people say, 'I think I may be too far gone.' Once you've lost lope for anything, it's over, because you're not going to try," she says.

Ending laws that ban nonviolent drug offenders from voting or receiving food stamps or housing subsidies is also key, says McDaid. "People with a drug or alcohol offense on record have trouble getting a job or student loan" because of laws passed in the last decade. "People emerging from prison have trouble getting housing . . . so we're dooming an entire generation to fail. If you can't get a job, a home, an education — that's not good prevention."

Some state and federal lawmakers are getting the message, says Pat Taylor, executive director of Faces and Voices of Recovery, a Washington-based advocacy group. "Now states are stepping in and looking for alternatives" to just incarcerating people for drug offenses. "More states are saying, 'We want to keep people from going to jail.' "

On Capitol Hill, there's growing interest in improving things for people who seek drug treatment or who have been convicted of drug crimes, says Taylor. For instance, she says, Congress probably will pass this year a federal law requiring health insurance to cover substance-abuse treatment on the same terms that it covers other illnesses.

As more former addicts come out of the closet and press lawmakers to repeal laws stigmatizing former abusers, here are some of the questions being asked:

### *Is addiction a disease?*

Americans have long debated whether addiction should be viewed as a disease or a moral choice. "We're really torn as a society on whether we want to help addicted people or punish them," says Scott Kellogg, a psychotherapist and clinical assistant professor of psychology at New York University.

Advocates of the "disease" point of view note that current science shows high levels of drug use change brain

function. They also cite the value of removing addiction's moral stigma so substance abusers will come forward and seek help. Opponents of the disease label argue that addiction science remains fuzzy and that calling addiction an incurable disease robs abusers of hope that they can change.

Addiction is more serious than substance abuse and indeed qualifies as a disease, according to John T. Schwarzlose, president of the Betty Ford Center. "There is a well-defined criterion that distinguishes between the abuse of alcohol and alcoholism," he said. "Once someone is addicted . . . there is a change, an alteration, of the neurochemistry of the brain. And you cannot go back once you've become addicted." [5]

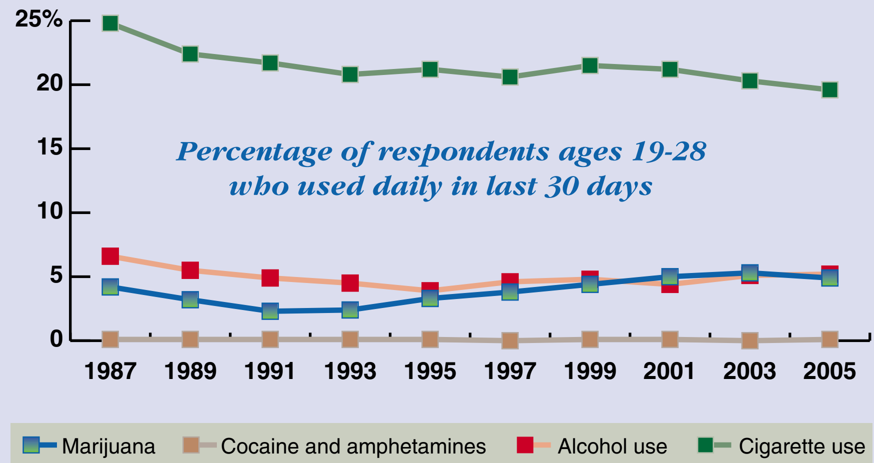
Actress Mariette Hartley, a long-time spokesperson for alcoholism recovery who wrote a book about her own struggle with alcoholism and depression, calls alcoholism "a self-diagnosed disease" in which sufferers realize they are powerless over their own desire to drink. For an addict, "it's very, very hard to try to drink like a normal drinker. I find it impossible," she said. "A lot of people who've tried . . . desperately to control their drinking, can't physically control their drinking." [6]

Most who see addiction as a disease view it as a "primary" disease — not a symptom of another medical or psychological condition — and believe it afflicts those who are "biologically susceptible," according to William L. White, a senior research consultant for Illinois-based Chestnut Health Systems, a mental-health and substance-abuse treatment organization. "One either has or does not have the biological risk for addiction." [7]

Laudet, of the Center for the Study of Addictions and Recovery, contends that addiction is not just a disease but a chronic disease — similar to diabetes and high blood pressure — characterized by a tendency to relapse if the sufferers go off their treatment.

## Use of Legal Substances Decreased

*Since 1987, the use of alcohol and cigarettes has declined, but use of illegal drugs such as marijuana and cocaine has changed little.*




*Source: Monitoring the Future Study, University of Michigan, 2005*

"There is a behavioral component" to developing addictions, as with other chronic diseases, says Laudet. Addicts who relapse are like someone who has had a heart attack and goes back to eating unhealthy foods, she says. "But we don't blame people" with chronic disease for their relapses the way we do addicts who fall off the wagon, she notes. "As long as society — at least in the back of its mind — thinks addiction is a moral failing, it's very difficult to sell enhanced treatment."

In fact, brain scientists are finding, among other things, that drugs change the brain and that different brain structures may give people different predispositions to begin or relapse into drug abuse.

Michael A. Nader, a professor at North Carolina's Wake Forest University School of Medicine, studies the relationship between brain function and behavior. Among his findings: Cocaine use changes the brains of laboratory monkeys, and socially dominant monkeys have fewer of certain neuroreceptors in their brains and are less prone to use large amounts of cocaine. (*See sidebar, p. 134.*) This research and a series of other studies are showing that drug addiction "is at main a disease," Nader says. "It's clear as day" that addiction is not the result of "some moral weakness."

The new science is "guilt-relieving," says Brown University's Lewis, and may give people hope to continue or re-enter substance-abuse treatment instead of giving up because they think they are doomed to failure. The new findings allow people to see that a drug relapse, for example, "isn't 100 percent within their control, that people relapse despite their best efforts," Lewis says.

He is quick to point out, however, that by calling addiction a disease scientists are helping people to better understand the condition — not trying to justify substance abuse or abuse-related bad behavior.

And while science could eventually demonstrate that non-substance addictions — like compulsive gambling, shopping or Internet use — trigger the same brain changes that drugs do,

# Addiction Treatment Evolves Slowly

*Long-term help and early intervention deemed vital*

Treatment researchers continue to seek the elusive goal of finding a reliable way to help substance abusers kick their addictions.

In the process, their views of addiction treatment constantly evolve, says Brown University Professor of Medicine David C. Lewis. Today, researchers increasingly stress the importance of providing long-term help, intervening earlier and helping abusers learn how to stick to new and better behaviors.

But even when researchers verify a promising strategy, moving it into widespread practice is difficult. "A very powerful research train" has moved forward during the past decade, when the National Institutes of Health received large funding boosts from Congress, says M. Douglas Anglin, associate director of Integrated Substance Abuse Programs (ISAP) at the University of California, Los Angeles. "The engine is chugging along, and boxcars like genetic and behavioral information keep being added on. But way down at the end of the train is the little caboose of practice, and it keeps getting farther and farther behind."

In one promising new technique, called "screening and brief intervention (SBI)," substance-abuse specialists question people about signs of possible excessive drinking, offer strategies for cutting back and then check back to see if they have curbed their problem tendencies. The approach "works best to help the non-addicted" use less and is a good preventive strategy, says Lewis. But the technique also helps find those already addicted, "because they are the ones who try to cut back, but can't," he says.

In another new trend, substance-abuse clinics use more positive reinforcement to encourage people to persist in treatment and meet their goals, says psychotherapist Scott Kellogg, a clinical assistant professor of psychology at New York University. Several studies have shown that addicts stay in treatment more consistently and moderate their substance use when money, food, clothing, a job or some other positive reinforcement is provided for curbing addictions, he says.

But such programs are controversial because they don't require total abstinence to earn rewards. They have shown, however, that when people are required to remain sober to keep a job, for instance, "they decreased their drinking and worked more," he says, and positive results occurred among "people you really wouldn't have expected" to succeed.

Today, the National Institute on Drug Abuse is disseminating information on a similar strategy adopted by the country's largest drug-treatment program — the Health and Hospitals Corporation's chemical-dependency center in New York City. Dubbed "contingency management," it offers small rewards to people who complete small steps toward ending substance abuse.

"there are upsides and downsides to medicalizing these things," he says. "Given the amount of devastation drug and alcohol addiction cause," the disease designation is appropriate in order to focus public-health attention on addiction's serious consequences, says Lewis. But "it's less clear" with conditions like obesity. "You could end up calling everyone who's overweight 'addicted.' "

Furthermore, treating addiction as a "disease" may imply that it can be treated with drugs — such as methadone for heroin addicts — and "this creates controversy," Lewis says. "Using a drug to treat a drug-related problem seems like a moral issue to some people." In its "wishful, utopian view of itself, the United States is an abstinence-based society," he says. "There can be almost religious overtones to abstinence only."

Some critics of the disease model say that neurological research shows such wide variations in the way different substances affect brain structure and function that the science can't possibly lead to the conclusion that addiction is an actual disease.

In fact, "recent research on the effects of drugs points us toward the conclusion that . . . addiction has little to do with what drugs contain, although it has a lot to do with what we think drugs can do to us," according to New Jersey psychologist Stanton Peele, the author of several books on substance abuse. [8] This means that addiction is not a disease in which drugs alter brain structure in a way that forces addicts to seek more drugs, as some argue, Peele says.

Peele argues that brain research actually provides evidence that addiction is not a disease, because brain studies find different drugs acting differently in many different regions of the brain. Many neuroscientists "try to unify all drugs of abuse around their impact on dopamine," which they "regard as the mediator of pleasure in the brain," he says. But since other behaviors, like eating, having sex, winning a competition or being praised, also affect the brain's dopamine system, just as drugs do, "drug use cannot be distinguished from a hundred other activities." [9]

Instead, Peele says the variety of responses to drug and alcohol use — some people growing addicted, some not, some breaking away from addiction on their own or with treatment — shows that "addiction is caused by environmental factors" that lead people to feel insecure or unhappy. Increasingly in modern society, people don't have a personal sense of "joy and competence," according to Peele. Developing

"It's changed the clinics," says Kellogg. "We used to yell, but now we use reinforcement," which clinic workers as well as patients have found they like, he says. "People are more likely to stay in treatment."

"Motivational interviewing" is another new strategy, says Kellogg, in which counselors "get people to engage in internal dialogue" to reach their own conclusions about what they gain and lose from substance abuse. The goal is for addicts to resolve their conflicting desires to continue abusing drugs and to stop abusing based on "internal motivations," he says.

But in our abstinence-biased culture, "motivational interviewing" is seldom used to full effect, says skeptic Stanton Peele, a psychologist in Chatham, N.J., who has written several books on addiction. The technique "only works when people set their own goals," he says, including deciding whether to quit using entirely or to try instead to moderate their usage. Few addiction counselors allow clients that much control, he says.

While treatment modes are changing, nationwide "there's still too much focus on acute interventions and outcomes rather than life-changing trajectories," says Anglin.

ISAP Principal Investigator David Farabee agrees. Out in the real world, where actual treatment happens, he says, "The field has not been particularly innovative over the past 20 years."

For instance, many government grants "go to the same old programs doing things in the same old ways, even though you can go to a database" and find new strategies that work better, says Anglin. Although authorities say they want to pay only for treatment that shows good results, for the most part "performance-accountability rhetoric is still just that. There are no teeth in it," he adds.

In the past two decades, he says, the treatment industry, both for-profit and nonprofit, consolidated under the ownership of entrepreneurs and gained "a lot of political power." As a result, current treatment tends to be run "by recovering addicts, who stick to what they've always done," he says. "I despair of seeing" government hold programs more accountable any time soon.

In fact, most interventions in widespread use today "haven't been evaluated," says Farabee.

Moreover, "the professional level of the staff is a problem," says ISAP researcher Elizabeth Hall. The level of training in addiction-treatment programs "can be very very low," she says. "They've come through the system themselves and been apprentices. So they're completely invested in what worked for them."

Eventually, health insurance will pay for more treatment, and that may create more pressure to produce results, says Lewis. Insurers will ask, "How do you get to outcomes in the most effective way?" Insurance coverage also will drive research aimed at "better matching the treatment to the individual," Lewis predicts.

a regular, ritualized habit of using pleasure-producing substances like drugs and alcohol, often in a social situation, or engaging in activities like gambling, shopping, or overeating, provides "a soothing sensation that everything is all right," Peele said. As such, it is experienced as a difficult-to-end addiction by people plagued with "uncertainty, self-doubt and anxiety." [10]

Other critics say the disease model makes it too easy for addicts to keep using drugs, since by definition they cannot control their addiction on their own.

"There is a good side to responsibility," says Jack Trimpey, a sociologist and recovering alcoholic in Lotus, Calif., whose Rational Recovery Web site offers abusers a method for quitting addiction on their own. "If I'm not sick with this disease, then I'm stupid. So I can do something about it."

The news media help to push the disease theory down the public's throat, according to Trimpey. The media are full of stories "of famous people who get drunk and do criminal things, like [actor] Mel Gibson. They get shuffled off into rehab, where they get medical absolution, and they come out with no apologies for drinking, just saying 'I'm a sick person, and I can't help myself.' "

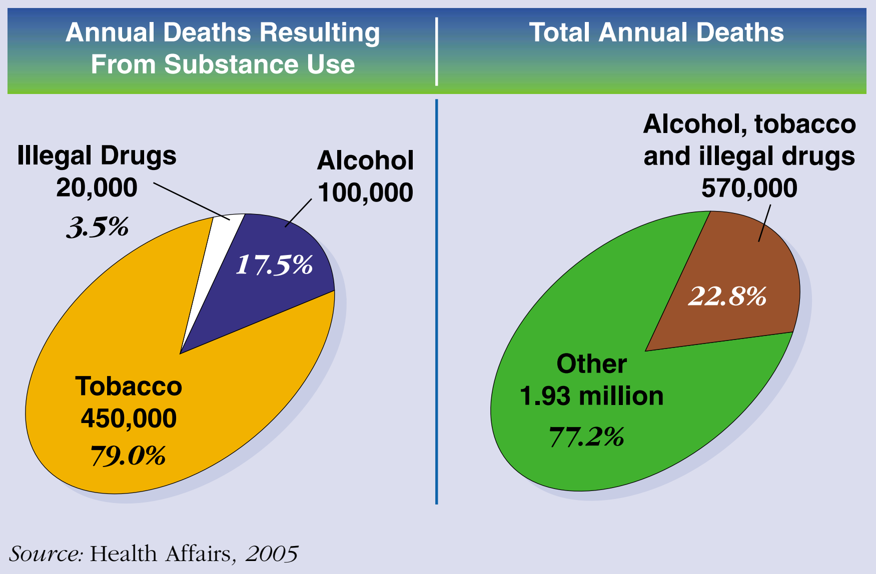
Treatment professionals have a vested interest in ensuring that people believe they can't beat addiction alone, Trimpey says. "Professions have an interest in creating dependent caseloads."

### *Do 12-step programs work?*

Twelve-step programs like Alcoholics Anonymous (AA) and Narcotics Anonymous rely on two vital tools for recovery: mutual support and the acknowledgment that addicts are "powerless" to combat their addiction alone. But critics argue that most people who beat addictions do so without such groups and that the idea of being "powerless" over drugs or alcohol may make some people more rather than less likely to go on using.

Twelve-step programs insist that abusers keep up their participation in a program and help other recovering addicts, says former addict McDaid, the Washington lobbyist. "In treatment, they tell you, 'When you're not using, your addiction is doing pushups,' " she says, so staying involved in a recovery group is a crucial source of ongoing support — even for addicts who are not currently using.

And helping other addicts keeps recovering abusers conscious of their own vulnerability to addiction's dangers, says McDaid. "If I'm not working with new people, I'm much less




likely to stay tuned in" to that fact, she says.

Most of the low-income addicts she knows who are kicking their habit say their success is due to mutual support and reliance on some higher power, says Laudet, of the Center for the Study of Addictions and Recovery, and "most go to 12-step" programs. Ex-addicts continually talk about the need for support from family and friends, and many are involved in churches. "People draw enormously on religion," she adds.

Twelve-step groups also subscribe to the addiction-is-a-disease theory, says Brown University's Lewis. "They've always gravitated toward the medical explanation, in part because it's guilt-relieving."

Nevertheless, 12-step programs generally have not been the model for substance-abuse programs in prisons, says Elizabeth Hall, a researcher at the Integrated Substance Abuse Programs of the University of California, Los Angeles. Institutional programs rely more on manuals that teach abusers specific skills, such as how to recognize relapse "triggers" and how to handle situations in which they might relapse, says Hall.

Addicts go to 12-step programs because they identify with the model of addiction presented by such programs, says psychotherapist Kellogg, at New York University. According to AA, addicts cannot control their response to the addictive substance, he says. "Some addicts respond to this idea very deeply, and others are troubled by it."

Current science may be leaving some AA doctrine behind, Kellogg says. For example, 12-step groups have long stressed the "mysterious" nature of alcohol and its hold on addicts. "But scientists are finding now that relapses are very predictable."

Some 12-step critics say that by emphasizing quitting "one day at a time," 12-step groups let addicts off too easily. "American society at large is now the carrier of AA doctrines," says Trimpey, always assuming there is a hidden reason for misconduct. This theory has contributed to a creeping national philosophy of powerlessness that makes addicts less likely to end their addictive behavior, he says.

By suggesting that an addict commit only to staying substance-free one day at a time, 12-step programs "inexplicably reserve the privilege of relapse," says Trimpey, making it more likely that they will do so. That approach robs people of their belief that "they have free will, that humans have a choice in the matter."

Saying "no" one day at a time gives the abuser an excuse for any future failures, so it doesn't have the good effect of saying "never," Trimpey continues.

Mutual-help groups aren't needed to beat the most physically addicting substance, nicotine, which suggests that they aren't the answer for other addictions either, according to psychologist Peele.

Surveys indicate that nicotine is the most hard-to-quit addictive substance — harder than crack or alcohol, he wrote. "Yet . . . a large percentage (half or more) of people ever addicted to smoking have quit," says Peele, most without any group work or treatment. [11]

***Should insurance cover substance-abuse treatment?***

Public and private health insurance should cover substance-abuse treatments just as other medical treatments are covered, say many health-care experts and treatment advocates. Without such "parity" in coverage, far too many addicts now go untreated, they say.

But some opponents of broadening coverage argue that covering treatment would only worsen addiction problems, allowing more people to excuse their substance abuse as a disease, rather than a choice.

Others say more coverage would unduly raise insurance costs without increasing benefits, since most addiction treatments are unproven. With health-insurance prices rising, consumers should face different deductibles and treatment co-pays, to encourage them to purchase only the best health value for the money, says John C. Goodman, president of the Dallas-based National Center for Policy Analysis, which favors free-market principles. Providing coverage for substance-abuse treatment that's equivalent to coverage for other health care would jeopardize such efforts, he says.

*Recovered methamphetamine addicts are sworn in on June 28, 2006, before telling the Subcommittee on Criminal Justice, Drug Policy and Human Resources how treatment programs helped them conquer their addiction.*

Getty Images/Joshua Roberts

Addicts always have the option, of course, initially of choosing a free alternative — such as AA or quitting on their own — before paying for treatment. If addiction treatments were insured, many addicts would immediately opt for expensive services, whether they provided better value or not, he says. "You can always ask whether 'free services' from AA are any better or worse than expensive services," Goodman says.

Goodman also argues that commercial addiction-treatment services aren't necessarily high quality. For example, a study at Stanford Medical School found that participants in Alcoholics Anonymous and Narcotics Anonymous "were significantly less likely to relapse into alcoholism than those in professional, high-priced programs," which cost, on average, $4,729 per year, he wrote. [12]

Goodman worries that besides driving the already high cost of health coverage even higher, insuring substance-abuse treatment is a slippery slope — especially as other compulsive activities, such as gambling, come to be accepted as addictions. For example, he says, California, Vermont, North Carolina and Maine enacted coverage parity for mental-health treatments and then expanded it to include services like marriage counseling and psychological counseling by clergy.

Those who oppose insurance coverage tend to strongly dispute the disease model of addiction. "Passing the coverage-parity bill now in Congress puts every drunk and lush in the same class as cancer patients or the battle-wounded in Vietnam," says treatment skeptic Trimpey.

Likewise, supporters of equivalent insurance coverage tend to accept the idea that addiction is a chronic disease. They believe society would be the ultimate winner if addiction treatment were a more organic part of health care.

Currently, "treatments are short and getting shorter by the minute," says Laudet, at the Center for the Study of Addictions and Recovery, because insurers are striving to hold down costs. Yet for other chronic diseases, such as high blood pressure, insurers cover very long-term treatment because they know that it is the only way to control the diseases. Insurers should treat addiction treatment the same way, she says, because most people who kick their habit relapse several times before treatment is finally successful.

Taylor, at Faces and Voices of Recovery, says that in the interest of public health, substance-abuse treatment should be integrated into overall health care, but she says that won't happen unless Congress requires insurance companies to cover it.

Rep. Patrick Kennedy, D-R.I., a principal sponsor of the coverage-parity bill Congress will consider this year, says that covering addiction treatment will end up costing society less because untreated addictions carry financial and personal costs.

Hospital emergency rooms see injuries every day that "get billed as sutures or contusions and brain injuries but not as what they really are — untreated addictions," says Kennedy. Similarly, jails and prisons "pick up the broken pieces" and shoulder the "sheer cost of the current system — or lack thereof" — for helping substance abusers.

The criminal and health consequences of allowing addictions to run rampant "are bankrupting us, when the cost of treatment is a pittance by comparison," says Kennedy. As more people tote up those "misplaced dollars," interest grows in providing insurance coverage for the root problem, he says. ■

# BACKGROUND

## Sick or Sinning?

Whether addiction is a disease and, if so, how best to treat it, has "been the subject of heated debate in America for more than 200 years," with the arguments rising to a "heated crescendo" today, wrote White, the research consultant for Chestnut Health Systems. [13]

Historically, the debate has been characterized by ambivalence. For example, in an 1825 sermon, the Rev. Lyman Beecher, a Presbyterian clergyman and temperance leader, simultaneously dubbed uncontrolled drinking "a disease as well as a crime." Were "any other disease as contagious . . . and as mortal, to pervade the land, it would create consternation," Beecher said. Despite calling addiction a disease, however, he condemned intemperate drinkers as being "addicted to the sin," and enmeshed in "an evil habit."

In 1829, Boston-born physician William Sweetser wrote of alcoholism as both a medical and a moral problem. Chronic drunkenness has bad physical effects, creating a "morbid alteration" in most bodily structures and functions, and some alcoholics have inherited vulnerability to the problem, he wrote.

But he worried about the implications of the "disease" label. It's clear that chronic drunkenness "becomes a disease," he wrote, but a "disease produced and maintained by voluntary acts." Thus, he wrote, "should the opinion ever prevail that intemperance is a disease like fever, mania, etc., and no moral turpitude be afflicted to it, drunkenness . . . will spread itself even to a more alarming extent than at present."

Similar ambivalence attended public views of other drugs. For example, women and higher-income Americans widely used opium-based drugs like morphine in the late 19th and early 20th century, and most had been introduced to the drugs by their physicians. In fact, most "opium eaters" were women, partly because doctors widely prescribed opiates for menstrual pain and menopausal symptoms. An 1885 survey in Iowa, for example, revealed that 63.8 percent of opiate users were female. [14]

Many opium users became addicted. A 19th-century adage attested to opium's power: "It is not the man who eats opium. It is opium that eats the man."

But others fought the notion that addicts were powerless over drugs. "That the responsibility of taking the opium or whiskey . . . is to be excused and called a disease, I am not willing for one moment to admit," wrote Chicago physician C. W. Earle, in the 1880s. "I propose to fight this pernicious doctrine as long as it is necessary."

## Understanding Addiction

Today, brain imaging and other neuroscience research have revealed much about how some drugs operate, and decades of experience offer clues about what treatment techniques work. But the question of what addiction is and how best to deal with it remains cloudy.

"Addiction is a mystery, and it continues to be a mystery," says New York University psychotherapist Kellogg, even though addiction knowledge has advanced substantially. "We're like the blind men and the elephant," taking on an issue too complex for simple conclusions.

For instance, drug use may be different for different people, and "some drugs may have more biological issues involved," he continues. "Because of genetics, perhaps, some substances may be more reinforcing for some people."

Many different models exist, all with different consequences for how addicts and addiction are viewed, he says. For example, he says, there is a significant difference between the traditional "disease" model promoted by 12-step programs and the "medical" model pursued by neuroscientists.

Calling addiction a "disease" has been interpreted as saying, "once you're an alcoholic, you can never change, and it's impossible to control your alcoholism," says Kellogg. "Many people experience that as true. They talk about their disease as a metaphor for the part of themselves that wants to keep drinking. It could be the brain, or a spiritual part of the self."

Brain scientists may or may not buy that idea, but they have their own "medical" — or "pharmacological" model — whose key goal is to develop addiction treatments, especially anti-addiction drugs, Kellogg says. So far, studies show that chronic substance abusers are especially vulnerable, because there are changes in the brain that could increase the strength of drug cravings.

"Ten years ago, people believed everything was genetic," says Brown University's Lewis. With time has come a different understanding. While everyone is born with certain inherited brain structures, " 'genetic' is not a fixed entity," he says. Increasingly, scientists believe vulnerability to addiction is due to an interaction between genetic and environmental factors. Rather than being a disease that's biologically determined, "a 50-50 equation looks closer to the mark," Lewis says.

## Epidemic Proportions

While it remains unclear just how addiction works in the individual, statistics reveal a clearer picture at the national level.

Continued on p. 132

# Chronology

## 1930s-1950s

***Cigarette smoking rises sharply as World War II begins. Heroin addiction emerges in cities.***

***1930***
Wickersham Commission on Alcohol Prohibition concludes that use declined during the first few years of Prohibition but then rose afterwards.

***1933***
Prohibition is repealed by two-thirds vote in Congress and majority passage in legislatures of three-quarters of the states.

***1934***
Widespread poverty at the height of the Depression sends annual alcohol consumption to all-time low of just under a gallon per person.

***1939***
Alcoholics Anonymous is founded by two alcoholics — Ohio surgeon Robert Smith and New York businessman William Wilson.

***1954***
In the first study of its kind, British epidemiologist Richard Doll suggests a link between smoking and cancer. A follow-up study in 2004 shows even stronger results.

## 1960s

***Annual U.S. cigarette consumption peaks at more than 4,345 cigarettes per person, then drops as cancer fears emerge. (Pack-a-day smokers smoke about 7,500 cigarettes a year.) . . . . Young Americans' use of illegal drugs such as marijuana and LSD increases.***

***1964***
Surgeon General Luther L. Terry issues first report linking cigarettes to health problems.

## 1970s-1980s

***Twenty-nine states lower their legal drinking age as the Vietnam War draft is enacted and the legal voting age is lowered to 18. Heroin addiction treatments, including regular doses of methadone, become popular. Cigarette advertising is banned as health fears increase. Illegal-drug use begins to decline.***

***1978***
First Lady Betty Ford announces she'll seek treatment for addiction to alcohol and painkillers.

***1980***
Candy Lightner founds Mothers Against Drunk Driving (MADD) after a drunken driver with previous convictions for drinking and driving kills her 13-year-old daughter.

***1982***
Betty Ford Center for addiction rehabilitation is founded in Rancho Mirage, Calif.

***1984***
National Minimum Drinking Age Act urges states to raise their drinking ages to 21.

***1987***
All states have now raised drinking age to 21.

## 1990s-2000s

***Substance abuse continues to decline, although abuse of methamphetamines and prescription drugs surges.***

***1991***
The anti-smoking nicotine patch is introduced.

***1993***
Environmental Protection Agency classifies secondhand smoke as a top carcinogen.

***1994***
Naltrexone is approved to treat alcoholics' cravings. . . . Mississippi becomes first state to sue the tobacco industry, alleging it knowingly harmed smokers by denying that tobacco is addictive.

***1998***
Congress makes drug felons ineligible for federal education aid and grants.

***2006***
Congress partly repeals its ban on education aid for drug offenders; makes it easier for physicians to treat more narcotic addicts with the anti-craving drug buprenorphine. . . . President Bush signs the STOP Act, launching research, local grant programs and a media campaign to end underage drinking. . . . A large international study concludes that there are no effective programs to help adolescent smokers quit. . . . Researchers find that far fewer substance-abusing mothers can collect welfare benefits since the 1996 welfare-reform law.

***2007***
Recovery-advocacy groups urge Congress to require insurance coverage for substance-abuse treatments equal to the coverage provided for other medical conditions, such as heart attacks or broken legs. . . . New Speaker of the House Nancy Pelosi, D-Calif., bans smoking in the lobby outside the House chamber.

## Many Brain Functions Involved in Addiction

*Learning, memory and judgment are affected*

Neuroscientists have discovered that addiction activates or changes many brain centers, including those dealing with learning, memory and judgment.

"Reward circuits, deep in the brain" evolved to reward with feelings of pleasure behaviors important to survival and reproduction, like having sex or eating the sweet and fatty foods that were hard to find before humans lived in urban civilizations.

Historically, drug addiction was thought to focus in those pleasure areas, says Rita Z. Goldstein, a scientist at the Brookhaven National Laboratory in Upton, N.Y. "But now we realize more and more that the prefrontal cortex" — the region of the brain responsible for higher mental functions such as self-monitoring and decision making — "also is involved," she says.

A recent study she conducted showed that addicts' decision making is different from — and less effective than — that of non-addicted people. When presented with a series of different monetary rewards, ranging from $1 to $1,000, many cocaine addicts ignored the differences; more than half didn't differentiate between $10 and $1,000, for example, Goldstein says. "This may make sense if you think that even $1 or $10 brings them closer" to being able to make a drug buy, she says. By contrast, the control group "did distinguish between different amounts of money."

Differences also showed up in their brain activity on neuroimages, Goldstein says. Three separate brain regions became active when participants mulled rewards, but addicts' brain regions showed less activity than non-addicts' brains in all three areas, she says.

Researchers still don't know, however, whether addicts lost the ability to recognize differences in the relative values of things through their drug addiction or whether they had less ability to make such judgments in the first place, Goldstein says.

Among other recent findings:

- Stroke patients with damage to the brain's insula region were immediately able to quit smoking, without relapsing or experiencing persistent cravings, even though they had had problems quitting before their strokes. The insula is involved with consciousness and memory. [1]
- People with narcolepsy — a brain disorder that causes them to fall asleep suddenly — lack a brain molecule that helps strengthen some drug highs. As a result, narcoleptics are nearly immune to amphetamine addiction. [2]
- Chronic drinkers experience a disturbance in a part of the brain that triggers sleep, and their brains do not immediately return to normal after they stop drinking. Scientists posit that the continued disturbed sleep may cause some former drinkers to relapse; they hope to develop medications targeting the disturbance. [3]

*Continued from p. 130*

Most addictive substances go through epidemic-like periods when use is high, and then wanes in popularity among casual users. For example, marijuana use rose quickly during the 1970s, reaching an epidemic peak around 1979, when more than 35 percent of Americans between the ages of 18 and 25 reported using the drug. Since a quick drop-off in the 1980s, marijuana use has not risen even half as high again. [15]

Historically, each quick increase in use of a specific substance has caused public and media outcry and, often, exaggerated fears that the new substance will cause far more severe problems than substances past.

In a Web chat on addiction last August, a visitor queried A. Thomas McLellan, director of the Philadelphia-based Treatment Research Institute, about methamphetamine's apparently stronger addictive qualities than drugs like cocaine and heroin and how meth users might transmit addiction problems to their children. [16]

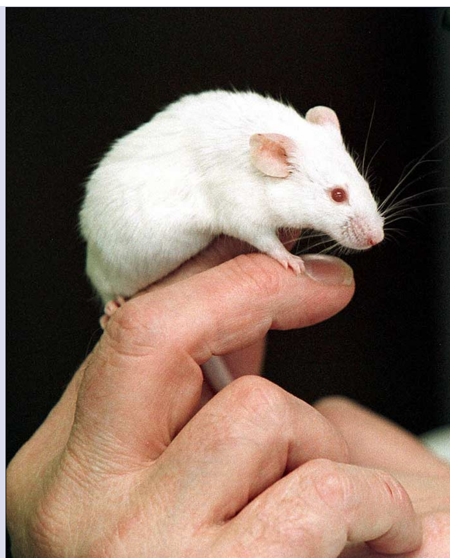
While meth does show some stronger effects than other drugs, "it is premature to think of generational problems or even that this very serious problem is somehow unlike all others," said McLellan. "Remember . . . the horror stories that attended the very serious problems with 'crack babies' and how they were almost certain to grow up in a very impaired way. That has not been the case at all. Similarly, it was said, based on pretty sound information at the time, that users of LSD would almost certainly have affected genetic transmission of their traits. Again, seemingly not so." [17]

Moreover, individual-drug epidemics always die down. "All the epidemics are transitory. People don't believe it, but the current one" — meth — "will be too," says Brown University's Lewis.

Nevertheless, while individual drugs come and go, overall addiction and abuse remain more constant, and new epidemics occur. The epidemic currently on the horizon — "a rising tide of prescription-drug use for non-prescription purposes," says Lewis.

Drug use tends to show the same characteristics of contagious epidemics like flu or other illnesses for two reasons, according to Rand researcher Jonathan Caulkins and colleagues. Like contagious disease, "drug use is spread mainly though social contacts," and, just as most infected people recover from a disease and develop

- Trifluoperazine, a drug long approved to treat psychotic illnesses like schizophrenia, prevents mice from becoming addicted to opioid painkillers and might have the same effect on humans. [4]
- Recovering addicts may relapse not just to get the high but because of powerful, haunting memories associated with situations in which drugs are used, say some experts. By injecting addicted rats' brains with a molecule that helps consolidate memories, scientists at England's Cambridge University erased the rats' previous memory associations with cocaine, lessening their interest in seeking the drug. [5]
- Memory manipulation may also help humans kick drugs, according to University of California, Irvine, scientists who have examined another rat brain area involved with memory and drug use. The findings suggest that strong, drug-related memories can be weakened and thus made "susceptible to disruption by pharmacological or other neurobiological interventions, providing opportunities for new therapies," according to Professors Courtney A. Miller and John F. Marshall. [6]



Getty Images/Simon Baker

*The anti-psychosis drug trifluoperazine prevents mice from becoming addicted to opioid painkillers and may have the same effect on humans.*

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[1] Nasir H. Naqvi, David Rudrauf, Hanna Damasio and Antoine Bechara, "Damage to the Insula Disrupts Addiction to Cigarette Smoking," *Science*, Jan. 26, 2007, pp. 531-534.

[2] "UCSF Research Pinpoints Brain Molecule's Role in Developing Addiction," University of California, San Francisco, press release, EurekAlert! American Association for the Advancement of Science, Feb. 15, 2006.

[3] "New Finding Could Make Addiction Treatment More Effective," Wake Forest University Baptist Medical Center, press release, EurekAlert! American Association for the Advancement of Science, Oct. 27, 2004.

[4] "Antipsychotic Drug May Block Addiction, UIC Researchers Find," University of Illinois at Chicago, press release, EurekAlert! American Association for the Advancement of Science, Feb. 8, 2006.

[5] Jonathan C. Lee, *et al.*, "Disrupting Reconsolidation of Drug Memories Reduces Cocaine Seeking Behavior," *Neuron*, Sept. 15, 2005, pp. 795-801.

[6] Courtney A. Miller and John F. Marshall, "Molecular Substrates for Retrieval and Reconsolidation of Cocaine-Associated Contextual Memory," *Neuron*, Sept. 15, 2005, pp. 873-884.

immunity to future outbreaks, "most" substance users "sooner or later desist from use." [18]

Drug epidemics become widespread quickly, most likely because, in the early stages, "large numbers of new, light users are recruiting even larger numbers of light users," the Rand authors say. Later, however, more people use the drug heavily and "adverse effects become more noticeable and . . . the sheen begins to wear off," making light use look less attractive. Law enforcement and other anti-drug campaigns also help stop epidemics, but they aren't the main factor because epidemic patterns are similar in countries with many different drug policies, according to the Rand study. [19]

Despite public distress over individual drug epidemics, it's the persistent problems of the relatively few people who become chronic substance abusers that take the biggest toll, and the percentage of people who become addicts has remained relatively stable over time.

For example, the number of Americans age 12 and older reporting any use of alcohol has declined from a peak of 60 percent in 1985 [20] to around 51.8 percent in 2005. [21] Binge drinking fluctuated, with 20 percent in 1985 reporting they'd had five drinks or more on some occasion within the past month, 14 percent in 1990, 16 percent in 1998, and 22.7 percent in 2005. The percentage of people reporting chronic, heavy alcohol use was 8 percent in 1985, 6 percent from 1990 through 1998, and 6.6 percent in 2005. [22]

Alcohol has long been the most expensive addictive substance in terms of social problems, and tobacco has created the most medical costs, says Brown University's Lewis.

Of the approximately two-and-a-half million annual deaths in the United States, for example, about one-in-five is attributable to the use of alcohol, tobacco, or illicit drugs. Tobacco causes between 400,000 and 500,000 deaths per year, from illnesses like heart disease and lung cancer. Alcohol use causes about 100,000 deaths, mostly from accidents. And use of illegal drugs causes around 20,000 deaths, from multiple causes including overdose, drug-related crime and accidents. [23]

For any drug, most people either continue to use moderately or use for a while and then quit, either on their own or through some kind of treatment.

Overall, social problems related to substance use in the United States have

## Seeking Risk Factors for Addiction, Relapse

*Stressful environment increases vulnerability*

Researchers continue to uncover factors that increase the risk of addiction or relapse. Although many possibilities pop up, some things — such as a stressful environment or substance use before age 15 — pop up repeatedly.

Among the more surprising new discoveries: Gastric-bypass surgery puts people at risk for "addiction transfer." After the thrill of major weight loss fades, a significant number of patients start overusing alcohol or cigarettes, or shopping or gambling obsessively, apparently to ease the same troubled feelings that led to overeating.

Singer Carnie Wilson, daughter of Beach Boy Brian Wilson, for example, drank as many as 10 martinis a day after she lost 150 pounds through surgery. [1]

Many people "are emotional eaters, and when you take that away, they're left with, 'What do I do with my emotions?' " said mental-health counselor Kathryn Friedman Sloan of Palm Beach Gardens, Fla. [2]

Vulnerability to addiction, however, is determined by both biological and environmental factors, says psychologist Alexandre B. Laudet, director of the Center for the Study of Addictions and Recovery at the National Development and Research Institutes in New York City. Poverty and stress generally increase vulnerability to addiction, "but rich people are addicted, too," she says.

One finding keeps popping up: Substance use before age 15 "is pretty predictive of problems later on," says Brown University Professor of Medicine David C. Lewis. It's unclear whether early users are just people who are more prone to abuse, at any age, or whether very early use changes people in some way to make addiction more likely later on, he says.

Researchers at the Yale School of Medicine concluded in 2003 that neural development during adolescence makes youths particularly prone to developing addictions. "Particular sets of brain circuits involved in the development of addictions are . . . rapidly undergoing change during adolescence," said Assistant Professor of Psychiatry Andrew Chambers. The circuits in question "cause adolescents to be more driven than children or adults to have new experiences," which may include overuse of drugs and alcohol. [3]

In a related finding, Spanish researchers discovered in 2006 that curious rats — those that explore their environments tenaciously and seek new sensations — are more likely to become addicted to morphine, even if they aren't stressed. The rat findings "can to a certain extent be applied to humans without the need to experiment directly upon them," said psychobiology researcher Roser Nadal of the Universitat Autonoma de Barcelona. [4]

Environmental stress is a huge contributor to addiction, "even for people who don't have a genetic predisposition" to use drugs, says Michael A. Nader, a professor at Wake Forest University School of Medicine, noting the connection has been shown in both animal and human studies.

For example, when monkeys become dominant in their social groups — thereby gaining easy access to benefits like the most desirable mates and the best food and toys — they are less likely to overindulge in cocaine. Moreover, neuroimaging reveals that the brain actually changes in dominant monkeys; they have fewer of certain neuroreceptors than subordinate monkeys, who overuse the drug.

Such studies show that environmental enrichment "decreases vulnerability to cocaine addiction," while a stressful environment increases it, Nader says.

Researchers at the University of California, Irvine, have found that many drug addicts have a childhood history of attention-deficit disorder (ADD). Further research is needed, however, to determine whether ADD may cause drug addiction later in life, or if addiction and ADD may have some other, more funda-

declined over the past two decades, according to Steven A. Schroeder, a professor of health care at the University of California, San Francisco. "Steady declines in tobacco and drug use, as well as motor vehicle accidents from drunken driving, have occurred during the past 20 years," he wrote. Violent crime — long associated with alcohol and drug abuse — also has declined, with homicide rates dropping from 10.2 deaths per 100,000 population in 1980 to 5.5 in 2000. [24]

Such changes are evidence of "slow but impressive progress," Schroeder said. [25]

At least half of Americans who have used the most addictive drug, tobacco, have managed to quit, says psychologist Peele. "Surveys of multiple-substance abusers tell us that nicotine is at the top of the list of addictive substances that are hard to quit," he wrote. Nevertheless, at least half of all smokers have quit, and surveys during the 1980s showed over 90 percent of people who quit smoking did so without treatment or assistance of any kind. Since 1990, more people are using medical aids, such as nicotine gum or patches. [26]

## Stigmatizing Abuse

Throughout the 20th century, U.S. drug policies increasingly cracked down on addicts. [27] Doubt that addicts could recover permanently, combined with news of fraudulent "cures," led to a decline in treatment efforts and increasing criminalization, according to White, the research consultant at Chestnut Health Systems. Addicts and alcoholics were even "swept under the umbrella of mandatory sterilization and legal commitment laws in the early 20th century," he wrote. [28] A "popular

mental cause, said Professor of Psychiatry Louis Gottschalk. [5]

People whose mothers smoked while pregnant show signs of nicotine dependence after "just a handful of cigarettes" — much faster than normal, said Theodore Slotkin, a professor of neurobiology at Duke University. Duke research with rats finds corroborating evidence and a possible brain pathway involved, according to Slotkin. When female rats are exposed to nicotine while pregnant, their offspring show altered structures in brain regions related to learning and memory, which scientists believe are implicated in addiction. [6]

Kicking addiction hinges to a large extent on a person's attitude and thinking processes, says Laudet. "If someone can say, 'I'm very confident that I'm not going to use,' " it's a good sign. "But you also need coping strategies," such as building a post-treatment support network.

Active efforts to heal personal problems also make overcoming addiction more likely, says psychotherapist Scott Kellogg, of New York University. "For some people, the substances are being used around a lot of pain."

Among substance abusers in prison, women tend to do better in the long run than men and are more likely to volunteer for treatment, says Betsy Hall, a researcher at the Integrated Substance Abuser Programs at the University of California, Los Angeles. That suggests that policymakers should steer treatment dollars toward women, she says, "since they tend to be a population that's interested."

Courtesy Alexandre Laudet

*Alexandre B. Laudet, director, Center for the Study of Addictions and Recovery*

A disadvantaged, difficult background makes it harder for people to get "back on their feet," because people with more financial and social resources "have feet to get back on," says Laudet, who works with low-income substance abusers. In fact, the idea of "recovering" is a misnomer for addicts from poor and troubled backgrounds. "One of my people said, 'I don't want to "re" anything.' They look back and see parental drug use; sexual abuse; often, no family support."

Many people identify "stress as the main thing that triggers relapse," Laudet says. And while the risk of relapse never ends, the longer it's been since an addict has used, the better, say researchers. After three to five years of sobriety, "the risk of relapse decreases," says Laudet.

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[1] Loretta Grantham, "Eating Replaces Other Behaviors," *Jackson Hole* [Wyoming] *Star Tribune*, Dec. 8, 2006.
[2] *Ibid.*
[3] "Adolescents Are Neurologically More Vulnerable to Addictions," Yale University, EurekAlert! American Association for the Advancement of Science, press release, June 18, 2003.
[4] "A Link Is Found Between Morphine Addiction and the Tendency to Explore," Universitat Autonoma de Barcelona EurekAlert! American Association for the Advancement of Science, press release, Feb. 21, 2006.
[5] "Software Detects Possible Link Between Childhood Attention-Deficit Disorder, Adult Drug Addiction," press release, University of California, Irvine, EurekAlert! American Association for the Advancement of Science, Nov. 26, 2002.
[6] "Prenatal Nicotine Primes Adolescent Brain for Addiction," Duke University Medical Center, press release, EurekAlert! American Association for the Advancement of Science, April 20, 2004.

(and spurious) association of substance abuse with minorities" also contributed to a climate of stigma, according to Schroeder.

Stigmatizing drug abuse as being connected to minorities has a long history, according to White. In the 1870s, for example, although most opiate addicts were white women, "opiate use was publicly linked to Chinese immigrants at a time . . . of heightened racial and class conflict surrounding the question of Asian immigration." The country's first "dope fiend" caricature showed a Chinese immigrant smoking the drug, White writes. [29]

Today, "all too often substance abuse is seen as having a black face" even though a higher percentage of whites (24 percent) than blacks (22 percent) smoke and only slightly more blacks — 9.5 percent — abuse drugs and alcohol than whites (9.3 percent). [30]

Racial stigma has affected both individuals and policy, say some substance-abuse researchers and advocates. "Stigma has been one of the main problems keeping people from coming into treatment early or seeking treatment for their families," says Laudet, at the Center for the Study of Addictions and Recovery.

Meanwhile, in recent years federal and state lawmakers have limited various rights and opportunities for those with drug convictions. Beginning in 1992, Congress encouraged states to revoke or suspend the driver's licenses of anyone convicted for drug offenses. The 1996 welfare reform law placed a lifetime ban on cash assistance and food stamps for anyone convicted of a drug-related felony.

However, under an "opt out" provision, about a dozen states have sidestepped the ban, and more than 20 others have modified it, allowing people to receive aid after meeting requirements such as a stint in rehab. The

Higher Education Act of 1998 made students with drug convictions ineligible for federally funded education loans, grants or work assistance. [31]

A 1998 federal housing law requires public-housing agencies and other housing providers receiving federal assistance to exclude tenants involved in drug-related criminal activities or households in which a member's drug or alcohol use disturbs the neighborhood. [32]

AP Photo/*Wisconsin State Journal*, John Maniaci

*Beer drinking is out in the open at a University of Wisconsin block party in April 30, 2005. Alcohol use causes about 100,000 U.S. deaths annually, mostly from accidents. The number of Americans age 12 and older reporting any use of alcohol has declined from a peak of 60 percent in 1985 to around 51.8 percent in 2005.*

Thousands of people around the country have been denied federal benefits as a result of these and other laws, the nonpartisan Government Accountability Office (GAO) said in 2005. Given the large population of convicted drug offenders in the United States, the bans might "work at cross-purposes with recent federal initiatives intended to ease prisoner re-entry into society," the GAO noted. [33]

For example, in the 2003-2004 school year, about 41,000 student-aid applicants either said they had a drug conviction or left that question blank on their applications, disqualifying them from federal assistance. In 2001, in 12 states that had fully implemented the federal ban on food stamps, about 23 percent of drug offenders released from prison were parents eligible for food stamps. [34]

Laws in many states also deny voting rights to convicted felons, many of whom have committed drug-related offenses. More than 40 states deny the vote to convicted adults in prison, while around 30 deny the vote to those on parole and probation. [35]

Nine states ban ex-felons from voting, some for life. Nebraska recently cut its lifetime ban to two years. [36]

"We don't let children vote . . . or the mentally incompetent. . . .We don't trust them or their judgment," said Roger Clegg, general counsel for the conservative think tank Center for Equal Opportunity. "Do criminals belong in that category? . . . Yes. . . . If you're not willing to follow the rules . . . you should not be able to make the rules for everyone else." [37]

American policies toward addiction are shaped by a strong preference for abstinence, and that's not necessarily beneficial, some critics argue. By focusing exclusively on abstinence, the federal government gives no funding or support for any programs that aim at "harm reduction," such as distributing clean needles to injection-drug users or pursuing therapy that reduces but may not stop a person's drug use, says 12-step critic Peele.

The federal government strongly opposes harm reduction, producing a "split personality" in addiction research because "out in the real world there's nothing else," he says. For example, even the National Institute of Drug Addiction (NIDA) sometimes favorably reports on treatment programs that simply reduce people's consumption of drugs or alcohol rather than immediately leading to complete abstinence. But the NIDA studies downplay the harm-reduction results and highlight numbers of those who quit drugs entirely.

"If you told [conservative lawmakers] that the government is funding research that shows you can reduce young people's use of heroin, they'd shoot themselves," Peele says.

Although Congress refuses to fund such programs, at least 148 cities and states have needle-exchange programs to head off the spread of HIV/AIDS and hepatitis. [38]

In other countries, abstinence and stigma play a smaller role in government approaches to addiction. Many industrialized nations have needle-sharing programs for drug users and have a lower incidence of HIV infections among drug users, said Roseanne Scott, director of the New Jersey chapter of Drug Policy Alliance, a national organization that promotes harm reduction. While 22 percent of U.S. HIV infections come from needle sharing, Australia's infection rate is only 4 percent, the United Kingdom's is 6 percent and Canada's is 17 percent, she said. [39]

Australia's policies focus on "a harm-minimization paradigm until addicts decide to stop," which most do, says Laudet, of the Center for the Study of Addictions and Recovery. On the other hand, America's abstinence-only approach may cause addicts to delay seeking help for addiction-related troubles, including HIV, "until they're on their knees," she says, because they know they'll be told to stop using completely. ■

*Continued on p. 138*

# At Issue:

## *Should Congress require equitable insurance coverage for substance-abuse treatment?*

**REP. JIM RAMSTAD, R-MINN.**
***CO-FOUNDER, HOUSE ADDICTION, TREATMENT AND RECOVERY CAUCUS***

**WRITTEN FOR *CQ RESEARCHER*, JANUARY 2007**

yes

As a grateful recovering alcoholic of 25 years, I know firsthand that chemical-dependency treatment works, and recovery is possible.

I am alive and sober today only because of the grace of God, the fellowship of recovering people and the access I had to treatment.

Unfortunately, too many people suffering the ravages of chemical addiction are unable to get life-saving treatment. That's why I am so committed to passing the Paul Wellstone Mental Health and Addiction Equity Act, which I will soon reintroduce with Rep. Patrick Kennedy, D-R.I.

With more than 26 million Americans suffering from addiction, we can't afford to wait any longer. Last year alone, 150,000 of our fellow Americans died as the result of chemical addiction. And the public costs of untreated addiction are staggering. A Brandeis University study found that addiction costs the American economy $400 billion a year.

But no dollar value can quantify the way chemical addiction ravages the lives of spouses, children and other loved ones. This is not just another public-policy issue. This is a life-or-death issue for millions of Americans who are unable to get treatment.

Our "treatment parity" legislation will give Americans suffering from mental illness and addiction greater access to treatment by prohibiting health insurers from placing discriminatory restrictions on treatment through higher co-pays, deductibles and out-of-pocket expenses.

Passing this legislation is not only the right thing to do but also the cost-effective thing to do. According to the National Institute on Drug Abuse (NIDA), for every dollar we spend on treatment, we save up to $12 in health care, social services and criminal-justice costs.

Rep. Kennedy and I have introduced this life-saving legislation for the past two Congresses, and both times we were able to gain strong bipartisan support from more than 218 members of Congress. Unfortunately, the bill was never brought to the floor for a vote.

In the 110th Congress, we are confident the measure will finally get the up or down vote it deserves. Millions of Americans with substance-abuse problems can't afford to wait any longer.

**JACK TRIMPEY**
***FOUNDER, RATIONAL RECOVERY***

**WRITTEN FOR *CQ RESEARCHER*, JANUARY 2007**

no

I know a woman twice-convicted of drunken driving who finally quit drinking but is now mandated to addiction treatment. She knew after her first arrest she'd better quit drinking altogether, as other teetotalers in her family had done. However, she was sentenced to Alcoholics Anonymous (AA), where groupers warned her against quitting her addiction. Only one-day-at-a-time sobriety, while learning the stepwise piety of recoveryism, would suffice. Thus was her problem drinking converted into a chronic addiction. She had her obligatory "relapses," and two years later she received her second DUI.

This time, in an unyielding act of moral judgment, she quit drinking for life. She has since abstained effortlessly without support, based on moral principle alone. However, during clinical interrogation, her probation officer (an AA member) discovered that she denies addictive disease and considers self-intoxication by problem drinkers immoral.

Noting her "deep denial," he ordered her into a 28-day rehab, where, under color of treatment, physicians and counselors certified as 12-steppers will wrench her from her original family values, impregnate her with addict-identity, stain her ancestry with congenital disease, and, upon discharge, require proof of AA immersion to retain custody of her children. When she tells her counselors she will never drink again, she is told, "This is not about abstinence; this is about surrender of control." This true anecdote is standard-operating procedure everywhere.

Addiction treatment is an economic black hole. A travesty of pseudoscience. An iatrogenic nightmare. An ethical catastrophe. A public danger. A violation of common sense and traditional American values. The 12-step program and group recoveryism make sense only to addicted people who deny the immorality of their own self-intoxication, and whose beliefs and values are comprehensively inverted. Addiction treatment does not work and simply aggravates addiction.

There can be no sanity nor success in the addictions field until independent recovery through abstinence alone is a viable option for all addicted people. Independent recovery is commonplace, costs nothing and is easily learned.

Because the states will not revoke the drinking licenses they grant to citizens of age, we should therefore grant addicted people the privilege of doing so themselves. Increased insurance support and funding for addiction treatment, especially when sponsored by 12-steppers in elected office, must not pass.

*Continued from p. 136*

# CURRENT SITUATION

## Recovering Advocates

With a new Democratic majority in Congress and burgeoning grassroots organizing going on among recovering addicts, state and federal lawmakers this year will consider bills to improve insurance coverage for addiction treatment and restore some benefits to addicts convicted of drug crimes.

For the past several years, grassroots groups of recovering addicts have sprung up around the country, says Michael W. Barry, a former television newscaster who chairs one such group in Kentucky — People Advocating Recovery (PAR) — and coordinates local volunteers working with recovering substance abusers and their families.

He started the program about three years ago because he felt that people were not focusing on the benefits of recovery, such as greater job and personal stability and vastly improved relationships with friends and family.

"News stories on addiction abound, but they're always on the subject of bad things," he says "So I started speaking to legislators about the positive things, saying, 'Here's what happens when you help people.' "

Now boasting 500 members, PAR — along with similar groups around the country — strives to put a clearer public face on the millions of Americans who have moved on from substance abuse. The nationwide organization Faces and Voices of Recovery does the same thing from its base in Washington, D.C.

The groups first focus on convincing lawmakers to drop the stigma embodied in laws and policies that withhold rights and benefits from former substance abusers, Barry says. "Once a person has begun this journey to recovery, we don't need to be putting more obstacles in the way," Barry says.

Getty Images/William Thomas Cain

*Gamblers try their luck at a casino in Atlantic City, N.J., in July 2006. Scientists believe the brain rewards gambling and other potentially addictive behaviors with an evolution-ensuring payoff: pleasure. Addiction is a compulsion — not only to use an addictive substance like tobacco or cocaine but also to gamble or even to shop — despite serious negative consequences.*

Kentucky, for instance, bans felons from voting for life. With thousands cycling through the prison system each year due to nonviolent drug crimes, this "silences a huge voice in the community," he says. "Once you've paid your debt to society, you should have the right to vote."

In 2006 Congress enacted two measures intended to help some former addicts make a fresh start. Last February, federal lawmakers amended the long-standing ban on education assistance for convicted drug felons, exempting those who committed their offenses before entering college. But some criticized the move as too little too late.

"After years of political posturing and empty promises, Congress has finally helped some students harmed by this misguided policy," said Kris Krane, executive director of Students for Sensible Drug Policy. "But this minor change is just a ploy to sweep the penalty's problems under the rug." [40]

In December, Congress lifted a 30-patient limit on physicians prescribing buprenorphine, the only drug approved for private doctors to treat opioid dependence.

As with methadone — which may only be dispensed through licensed clinics — regular doses of buprenorphine reduce drug cravings. Under the new law, private doctors who've worked with buprenorphine for a year or more may treat up to 100 patients each. However, the drug's high cost — up to $500 a month — limits the population who can access it. [41]

## Insurance Parity

In 2007, Congress is expected to pass legislation requiring federally regulated health-insurance plans — which include most plans operated by large employers — to cover mental-health services and substance-abuse treatment on the same terms as other health care.

Reps. Jim Ramstad, R-Minn., and Patrick Kennedy, D-R.I., will introduce the Senator Paul Wellstone Mental Health and Addiction Equity Act, named for the late Wisconsin senator — a long-time crusader for improved insurance coverage for behavioral health — who died in a 2002 plane crash. The bill is a new version of a measure that's had strong bipartisan House sponsorship for several years but was never brought up for a floor vote.

About 76 percent of substance-abuse treatment is funded from public sources — mostly direct-grant programs rather than public programs like Medicaid, according to a 2006 Institute of Medicine (IOM) report. [42] Both public and private financing of treatment declined during the past 15 years. States' ability to fund local agencies offering substance-abuse services to low-income people has been limited by slow growth in federal grants in recent years, said the IOM. For example, from 2003 to 2004, the federal Substance Abuse Prevention and Treatment Block Grant grew by only 1.4 percent, well under the economy's rate of price inflation. [43]

Meanwhile, use of addiction treatment paid for with employer-based health insurance also has declined. From 1992 to 2001, for example, the percentage of people who used employer-based health coverage to pay for substance-abuse treatment — including inpatient or outpatient therapy or drugs — dropped 23.4 percent, according to analysts at the Ann Arbor, Mich.-based market research company Medstat. [44]

Many insurers have dropped or strictly limited substance-abuse coverage as part of an effort to discourage high-cost patients from enrolling in their coverage, according to the IOM report. But to maintain high quality, comprehensive health coverage must include treatment for substance abuse, so "parity" laws requiring insurers to offer the coverage are needed, the IOM report said. [45]

Congress is "going to pass the bill this year," insists Kennedy. Speaker of the House Nancy Pelosi, D-Calif., has promised to bring the bill up for floor vote, where it is expected to pass. In the Senate, Sen. Edward M. Kennedy, D-Mass. — Rep. Kennedy's father and a strong supporter of the legislation — now chairs the Committee on Health, Education, Labor and Pensions, which is expected to pass the bill.

Some states already require parity coverage, but the proposed federal bill would not only establish minimum state parity rules but also allow states to enact even stronger coverage parity. The federal measure would require insurers to cover conditions listed in the authoritative *Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association. In other words, it "leaves it to the medical profession" to define precisely what is covered, says Kennedy.

Unlike some earlier bills, including Wellstone's, the new bill would require insurers to cover not just mental-health conditions like depression but substance-abuse disorders — which it defines as "physiological diseases of the brain" — on the same terms as other physical illnesses.

"You'd think this would have been embraced by the mental health community as a logical and obvious step forward, but in fact there's been a lot of resistance to it, out of fear that it would set back efforts to get coverage for mental illness," says Rep. Kennedy.

But addiction treatment is essential, he says. "My feeling, as is Jim's, is that we can't end up restigmatizing one illness in the process of destigmatizing another." ■

> **"After years of political posturing and empty promises, Congress has finally helped some students harmed by this misguided policy."**
>
> ***— Kris Krane, Executive Director, Students for Sensible Drug Policy***

# OUTLOOK

## Better or Worse?

Substance-abuse researchers hope neuroscience and behavioral research will yield new medications to treat substance abuse and a better understanding of what treatments help which people. But most agree that addiction's complexities will not be easy to crack.

Independent researcher Peele believes addictions arise mostly from social conditions that leave people feeling powerless and directionless and that addiction may be more prevalent in the coming decades. During speeches to parents around the country, he often asks if they think there will be more addicted kids in the future. "About 90 percent raise their hands," he says.

Americans increasingly have been "medicalizing" more and more conditions, such as childhood hyperactivity, Peele explains. "In college, kids swap pharmaceuticals." That all adds up to more future addiction, he predicts.

Others say it is more likely there will be a future boom in addiction treatments rather than a jump in addiction rates. Over the next decade more and better anti-craving medications will be on the market, says Brown University's Lewis. "The big pharmaceutical companies have figured it out, especially with alcohol. There are a lot of people out there who want these treatments."

Meanwhile, the addiction-as-disease theory may extend to more behaviors, says Lewis. "I suspect that when the science is in, most similar things — like gambling — will show some of the same neuroceptor changes as drug addiction."

"Gambling, sex and shopping will probably get in," says New York University's Kellogg.

When it comes to treatment, today "we're stuck with the reality that everything works with somebody, and nothing works for everybody," he says. While many who recover do so entirely on their own, many different kinds of help — from 12-step programs to medication — also seem to work for some people.

"We're seeing greater flexibility" in how treatment professionals and researchers view the addiction and recovery landscape, he says. For instance, while it was once unthinkable, he predicts that the U.S. substance-abuse paradigm may slowly shift toward "an increased emphasis on moderation" in substance use, rather than immediate total abstinence. "It's kind of moving that way now," he says.

Researchers will continue their quest to "tailor treatments" to the right people, says Laudet, at the Center for the Study of Addictions and Recovery. In the complex landscape of addiction, that's a top goal, but it will be difficult to reach, she says.

Ending social stigma so addicts are more willing to get treatment may be even more important, but that depends on the public — not on medical researchers, says Laudet. "If all of these people in respected roles in society could come forward and show a positive face of recovery, it would probably do more to change things than all the research we can do in our lifetimes." ■

## About the Author

Staff writer **Marcia Clemmitt** is a veteran social-policy reporter who previously served as editor in chief of *Medicine and Health* and staff writer for *The Scientist*. She has also been a high-school math and physics teacher. She holds a liberal arts and sciences degree from St. John's College, Annapolis, and a master's degree in English from Georgetown University. Her recent reports include "Climate Change," "Health Care Costs," "Cyber Socializing" and "Prison Health Care."

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**Alcoholics Anonymous**, A.A. World Services, Inc., P.O. Box 459, New York, NY 10163; (212) 870-3400; www.alcoholics-anonymous.org/en_information_aa.cfm. Offers mutual support and assistance to alcoholics trying to quit their addiction.

**Betty Ford Institute**, P.O. Box 1560, Rancho Mirage, CA 92270; (760) 773-4101; www.bettyfordinstitute.org/welcome/mission.php. Nonprofit organization that supports and conducts research on addiction policy and substance-abuse prevention and treatment.

**Harm Reduction Coalition**, 22 West 27th St., 5th Floor, New York, NY 10001; (212) 213-6376; www.harmreduction.org. Nonprofit group that advocates a harm-reduction approach to drug abuse, focusing on programs like needle exchange.

**Institute for Behavior and Health**, 6191 Executive Blvd., Rockville, MD 20852; (301) 231-9010; www.ibhinc.org. Nonprofit led by former director of the National Institute on Drug Abuse Robert L. Dupont; advocates for policies to stop illegal-drug use, including random drug testing for students.

**Medical News Today**, www.medicalnewstoday.com/sections/alcohol. Web site of an independent medical-information publisher; reports breaking medical, scientific news on addiction.

**National Institute on Drug Abuse**, 6001 Executive Blvd., Room 5213, Bethesda, MD 20892-9561; www.nida.nih.gov/NIDAHome.html. A federal agency and the world's largest sponsor of addiction research; provides public information on all aspects of addiction, its prevention and treatment.

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# The Next Step:

## *Additional Articles from Current Periodicals*

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**CITING *CQ RESEARCHER***

Sample formats for citing these reports in a bibliography include the ones listed below. Preferred styles and formats vary, so please check with your instructor or professor.

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