

A Vision for a World without Stigma:

Policy Goals for Addiction Recovery Advocates

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Congratulations! Congratulations to all of you who care about those suffering from addictive disease! Congratulations to all who have worked these many years to change the course of our nation toward a more sensible public policy regarding chemical dependency treatment. The signing into law of the Paul Wellstone and Pete Domenici Mental Health and Addiction Equity Parity bill by President George W. Bush on October 3, 2008 brought the right to treatment to all those Americans covered by private insurance and Medicare who suffer from this ageless malady. Oh, the work is not done yet, even on the most basic level. We still have to be sure that the implementation regulations are written in a way that actually manifests the spirit of the law—that is, improving access to treatment for addiction—but the framework has been built and it is up to us to continue to build on that structure.

We have achieved our goal. Addiction treatment parity is ours! What more needs to be done? Come with me a moment and I will explain. True, we have come a long way. But we still have a long, long way to go. We will only get there by first understanding where we are now, selecting policy goals through discussion and consensus building, developing a realistic strategy as to how to get there, and striking out to achieve those goals. But we must strike out, not as a collection of individuals, but as a movement with a common purpose to all our actions. Let me kick off that discussion with two obvious suggestions for public policy goals for the field of addiction treatment.

Nationwide, institutionalized discrimination against those who suffer, or who have ever suffered, from drug and alcohol chemical dependency occurs every day in every town, city and state in America. Our first goal must be to bring an end to that discrimination once and for all. I spoke recently to a group of adolescents in treatment at the Daytop Village treatment center in New York City. After the talk I answered a few questions from the young people in the audience. One of their major concerns, perhaps their greatest concern, was how were they ever going to get into college or get a job if they were honest about their drug treatment and their past. This is a sad state of affairs. These were teenagers mind you. Instead of focusing on getting well and getting on with their lives, they are worrying about how they will overcome the stigma and discrimination that they know is waiting for them down the road.

I recently attended a talk in California on discrimination in the workplace. During the talk I realized that, along with race, gender, national origin, and other protected classes of people, some areas of California law include “medical condition” as a protected class of individuals. Yet, for the most part, federal law offers no such protection. Think about this. Should somebody who has had a cancer surgically removed, or even is in long term remission, be refused employment because of their medical condition? Should somebody who has suffered a heart attack, and is now healthy and active, be passed over for

advancement based on their past medical history? Of course not! That would not be right. Everybody deserves a chance to get better.

Similarly, though, should an alcoholic or addict who is clean and sober for many years or decades have to continue to answer the ubiquitous job interview question, 'Have you ever been treated for drug or alcohol dependence?' Should our patients always have to wear the scarlet letter embroidered on their shirts? I am not suggesting that we should wish to shut the door on the past. But everyone does have to live in the present and at some point we have to be able to move forward into the future. These are egregious examples of institutionalized discrimination. But they are perpetuated against recovered and recovering people every day across our nation. And we have to put a stop to this sort of stigma if we ever hope to help our recovering citizens fully recover and fully re-integrate back into their roles in family and society.

The second issue we must address is the lack of access to treatment in America. I am not advocating for any particular type of treatment. Different types of treatment seem to be most appropriate and most effective for different individuals. My point relates to access, not to type of treatment.

Our second goal should be to provide welcome access to treatment on request on a public health level for every American suffering from addiction and alcoholism. Those who understand the chronicity of this disease, and the associated denial so often present, understand that over the years or even decades-long course of this disease, the windows of treatment receptive opportunity may span only a few weeks, days, or even hours. If we are ever to bring this disease to its knees we must address addiction at the level of a public health malady.

Think about this. If we wanted to prevent the spread of tuberculosis we would not make those suffering from this disease have to beg, scrape, or demand treatment. No, we would welcome them into treatment. We would make treatment easily accessible whenever and wherever they wanted it. At the very least we would want to make access to treatment easy so they do not continue to spread this disease to others. And so we do. Our public health policies encourage people suffering from tuberculosis and other similar sorts of communicable diseases to readily access treatment.

Similarly, with addiction and alcoholism, particularly amongst our youth, we should want to stop the spread of this disease. We should not want them to continue to have peer pressure or adult role models of socially accepted addiction and alcoholism on television, in their communities or in their homes. The only way to accomplish this, however, is to provide a nationwide public health environment where every American, even at the earliest stages of addiction and alcoholism, is welcomed into treatment whenever they reach that willing window of opportunity in the course of their disease.

Now, I am not advocating against private treatment—not in the least. For those with adequate means, private treatment should be available as well. But we all know that for every private treatment slot there are dozens of individuals without the means to pay for that treatment. Welcome access to effective treatment must be there for every American, if we ever hope for success.

In July 2008, then Senator Barack Obama said, “Anybody who sees the devastating impact of the drug trade in the inner cities, or the methamphetamine trade in rural communities, knows that this is a huge problem. I believe in shifting the paradigm, shifting the model, so that we focus more on a public-health approach.” Our President is right. This disease has to be addressed on a public health level and our role as addiction recovery advocates must be to educate our policy makers and lead the way for our nation. Come join us in changing the world for all those who suffer from this lethal disease. Write your Congressman; write your Senator; or get involved in your own home town. Let’s understand where we are today, begin the discussion, set our goals, and get this movement underway! The world is ours to change if we are willing to get involved.

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