


**An Abbreviated History
of Addiction Treatment**

Paul H. Earley, M.D., FASAM
Medical Director
Talbot Recovery Campus
Atlanta, Georgia
USA

Benjamin Rush, M.D.

- Asserted that alcohol was the causal agent in alcoholism.
- Loss of control over drinking is the characteristic symptom of inebriety.
- Total abstinence the only effective cure.




2

The 19th Century


- In the early 1800's, an increase in grain supply, rapid crop spoilage and entrepreneurial spirit increased the supply of distilled alcohol.
- Drinkers increased their consumption of distilled alcohol.
- Alcoholism seemed to increase, especially in urban areas.
- In the 1840s, the temperance movement took on the alcohol problem.

The Washingtonians

1840 to 1855




Washington Pledge
We, whose names are affixed, desirous of forming a society for our mutual benefit, and to guard against a pernicious practice, which is injurious to our health, standing and families – we do pledge ourselves as gentlemen, not to drink any spirituous or malt liquors, wine or cider.



Social network, public recitation of stories, faith-based change

4

New York State Inebriate Asylum




Containment

5

Towns Hospital

CHARLES B. TOWNS HOSPITAL
293 Central Park West New York, New York
FOR
Alcoholism and Drug Addiction

Provides a definite eliminative treatment which obliterates craving for alcohol and drugs, including the various groups of hypnotics and sedatives.
Complete department of physical therapy. Well equipped gymnasium. Located directly across from Central Park in one of New York's best residential sections.
Any physician having an addict problem is invited to write for "Hospital Treatment for Alcohol and Drug Addiction."



Focused on removing the craving, restoring physical health and diet.
Varied from NY Inebriate Asylum about issues of treatment coercion.

6

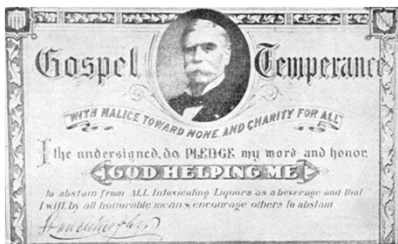
The Keeley League



Medical Cure with a Social Network for Continued Sobriety

7

Francis Murphy Temperance Pledge



Faith-based and early contingency contracting

8

The Salvation Army



9

Drugs and the Legal System

- At the turn of the century, the sale of drugs was not controlled in any manner.

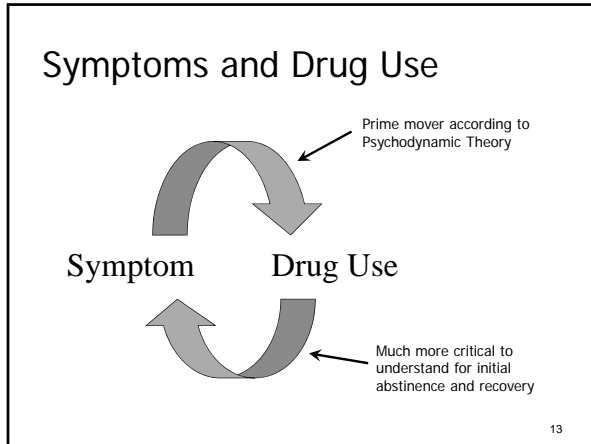
- The Pure Food and Drug Act, and later the Harrison Act created a split between legal and illegal drugs.

The Harrison Act

- Drugs deemed legal (and thus, taxed):
 - Alcohol
 - Tobacco (Nicotine)
- Illegal drugs placed into a hierarchy
 - Heroin and cocaine at the top
 - Misplacements of other drugs, marijuana especially, led to disbelief that the legal system understood addiction risk or was interested in medical or social safety.
- Paradoxically, the two legal drugs are the most medically toxic to the body.

The Legal System

- The brain center that drives addiction is unaltered by the Harrison Act.
 - Individuals who become addicted commonly become criminals.
- Today, the prison industry flourishes and the treatment industry is all but defunct.



Prohibition

- Based upon the concept that alcohol itself is the cause of personal and social evil, thus no one should drink.
- Lasted in the U.S. from 1919 until 1923.

14

Bill Wilson meets Bob Smith

15

The Founders of A.A.

Dr. Bob Smith and Bill Wilson



Social movement: a spiritual based program with explicit instructions,

16

Hazelden – 1955



A organized center focused on detoxification and the principles of A.A.

17

Synanon's Dederich

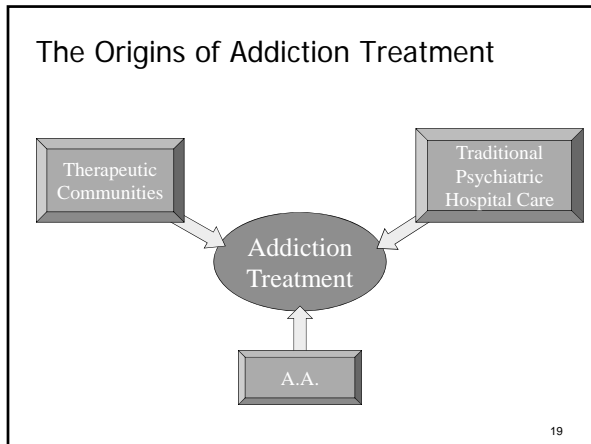


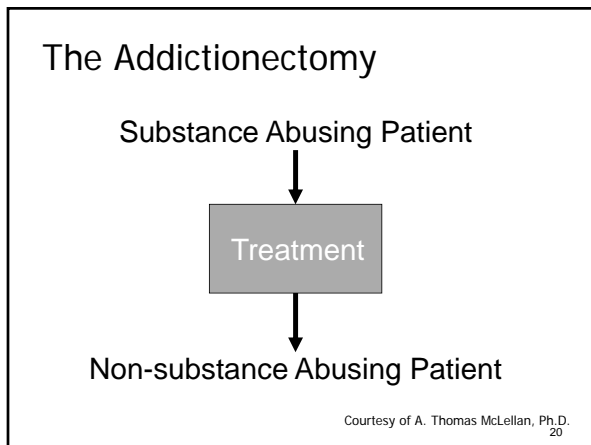
Rebuilding character through peer pressure and confrontation



"Don't mess with us -- you can get killed dead, physically dead."

18

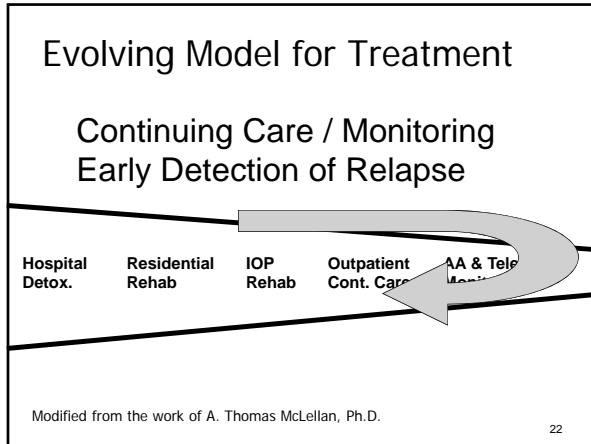


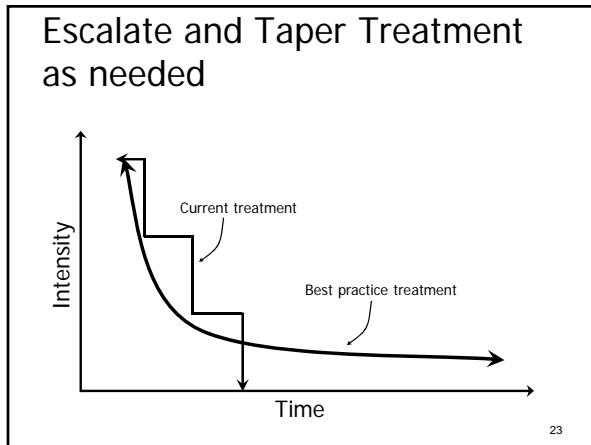


Addiction Treatment

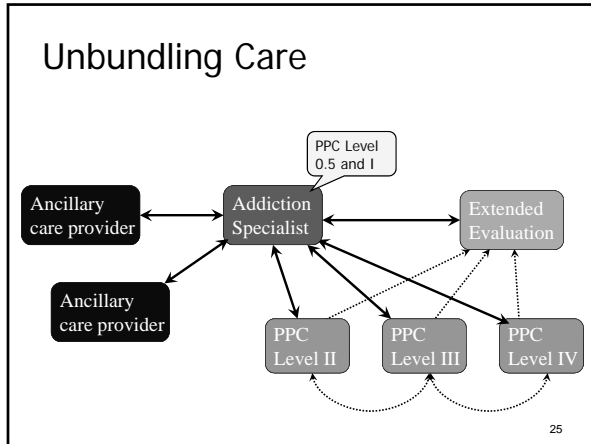
- Comes from traditions with validated by history and not science.
- Little or no treatment efficacy research.
- Hatched during the era of acute care medicine.
- And yet, is surprisingly effective

21





- ### The ASAM PPC – Treatment Axis
- Roman numerals and decimals (.1 to .9) provide a nomenclature for describing the continuum of addiction services. The higher the number, the greater the intensity of service within that Level of Care.
- Level 0.5** Early Intervention
 - Level I** Outpatient Treatment
 - Level II.1** Intensive Outpatient
 - Level II.5** Partial Hospitalization
 - Level III.1** Clinically Managed Low Intensity Residential Services
 - Level III.3** Clinically Managed Medium Intensity Residential Treatment
 - Level III.5** Clinically Managed High Intensity Residential Treatment
 - Level III.7** Medically Monitored Intensive Inpatient Treatment
 - Level IV** Medically Managed Intensive Inpatient Treatment
- 24



Chronic Disease Model

- Initial care:
 - Acceptance of illness and need for chronic care.
 - Subvert character defects that sabotage recovery.
- Maintenance Phase:
 - Behavioral and biochemical screening
 - Contingency Contracting
 - Ongoing therapy and support group attendance

26

Education and Consultation

- Contact:
 - By phone at Talbott Recovery: 678.251.3188
 - Web-based information:
 - www.paulearley.net
 - www.earleyconsultancy.com
 - By E-mail: paul.earley@uhsinc.com

27
