CQ PRESS

CQ RESEARCHER

In-depth reports on today's issues

Published by CQ Press, an Imprint of SAGE Publications, Inc. www.cqresearcher.com

Treating Addiction

Is medication the best way to treat drug abuse?

An estimated 22 million Americans are dependent on or abusing drugs or alcohol, at huge costs to society. Deaths from overdoses due to heroin and other opioids, including the prescription painkillers OxyContin and Vicodin, are on the rise, with many parts of the country fighting what U.S. Attorney General Eric Holder has called a public health crisis. But the way to stem the crisis isn't clear. Scientists and clinicians differ over what causes addiction, with some calling it a genetic disease and others contending that its roots are psychological or psychosocial. And with differences over the causes come disagreements over the way to treat addiction. The controversial medication buprenorphine is being prescribed to opiate addicts in a bid to reduce the number of deaths. But some clinicians believe the 12-step program pioneered by Alcoholics Anonymous, coupled with psychotherapy, still represents the best chance for recovery.

The number of Americans dependent on or abusing heroin more than doubled from 2002 to 2012, to 467,000 people. With deaths from heroin and prescription painkillers on the rise, Attorney General Eric Holder says many communities face a public health crisis. Treatment professionals differ over what causes addiction and how best to treat it.

INSIDE THIS REPORT

CQ Researcher • May 2, 2014 • www.cqresearcher.com
Volume 24, Number 17 • Pages 385-408

SAGE | CQ PRESS
Los Angeles | London | New Delhi
Singapore | Washington DC

RECIPIENT OF SOCIETY OF PROFESSIONAL JOURNALISTS AWARD FOR EXCELLENCE ◆ AMERICAN BAR ASSOCIATION SILVER GAVEL AWARD

TREATING ADDICTION

Cover: Getty Images/Universal Images Group

CQ RESEARCHER
CQ PRESS

May 2, 2014
Volume 24, Number 17

MANAGING EDITOR: Thomas J. Billitteri
tjb@sagepub.com

ASSISTANT MANAGING EDITORS: Maryann Haggerty, maryann.haggerty@sagepub.com, Kathy Koch, kathy.koch@sagepub.com

SENIOR CONTRIBUTING EDITOR: Thomas J. Colin
tom.colin@sagepub.com

CONTRIBUTING WRITERS: Brian Beary, Marcia Clemmitt, Sarah Glazer, Kenneth Jost, Reed Karaim, Peter Katel, Robert Kiener, Barbara Mantel, Tom Price, Jennifer Weeks

SENIOR PROJECT EDITOR: Olu B. Davis

EDITORIAL ASSISTANT: Ethan McLeod

FACT CHECKERS: Eva P. Dasher, Michelle Harris, Nancie Majkowski

INTERN: Kaya Yurieff

SAGE | CQ PRESS
Los Angeles | London | New Delhi
Singapore | Washington DC

An Imprint of SAGE Publications, Inc.

VICE PRESIDENT AND EDITORIAL DIRECTOR, HIGHER EDUCATION GROUP:
Michele Sordi

EXECUTIVE DIRECTOR, ONLINE LIBRARY AND REFERENCE PUBLISHING:
Todd Baldwin

CQ Researcher (ISSN 1056-2036) is printed on acid-free paper. Published weekly, except: (March wk. 4) (May wk. 4) (July wk. 1) (Aug. wks. 3, 4) (Nov. wk. 4) and (Dec. wks. 3, 4). Published by SAGE Publications, Inc., 2455 Teller Rd., Thousand Oaks, CA 91320. Annual full-service subscriptions start at $1,054. For pricing, call 1-800-818-7243. To purchase a *CQ Researcher* report in print or electronic format (PDF), visit www.cqpress.com or call 866-427-7737. Single reports start at $15. Bulk purchase discounts and electronic-rights licensing are also available. Periodicals postage paid at Thousand Oaks, California, and at additional mailing offices. POSTMASTER: Send address changes to *CQ Researcher*, 2300 N St., N.W., Suite 800, Washington, DC 20037.

Treating Addiction

By Jane Friedman

The Issues

The sad news about Philip Seymour Hoffman broke on a sunny Sunday in February. The Oscar-winning actor, 46, had been found dead from a drug overdose in a New York City apartment, a needle still hanging from his arm. [1] More than 50 packets of heroin were scattered through the apartment.

As fans and neighbors began the ritual of leaving bouquets and notes in front of the building, Americans were once again gripped by a very public, and shocking, celebrity drug death.

The death of Hoffman, who had gone into rehab in May 2013 after remaining sober for more than two decades, highlighted once again how little is known about addiction, even though it is omnipresent. It weighs down U.S. society with an estimated $400 billion-plus in annual lost worker productivity, court costs, hospitalizations and outlays for prisons, not to mention the wreckage of tens of millions of American families. [2]

Getty Images/*Variety*/Johnathan Leibson

The shocking death of acclaimed actor Philip Seymour Hoffman from a drug overdose on Feb. 2 underscores the impact that drug abuse has on the nation. In addition to the wreckage of millions of individual lives and families, drug and alcohol addiction costs the nation an estimated $400 billion-plus annually in lost worker productivity, hospitalizations, court costs and prison operations.

The U.S. government says an estimated 22.2 million Americans 12 or older were dependent on or abusing alcohol or drugs in 2012, including marijuana, cocaine, heroin, hallucinogens, inhalants and prescription painkillers. [3]

Nonetheless, scientists and doctors are still debating what kind of disease addiction is: genetic, biological, psychological or psychosocial. They also disagree over which treatments work. The 12-step program of Alcoholics Anonymous (AA), coupled with counseling and psychotherapy, has been the standard of care. But now, some scientists and therapists say those 12 steps are ineffective in helping many addicts and alcoholics into recovery. And a growing number of physicians are using medications to combat addiction to heroin and opioid* painkillers. *(See "At Issue," p. 401.)*

Of the 22 million Americans who are dependent on or abusing substances, about 18 million abuse alcohol, according to the federal government's most recent National Survey on Drug Use and Health. [4]

According to the federal Centers for Disease Control and Prevention (CDC), about 88,000 deaths each year are "attributable to excessive alcohol use," far more than the deaths from illicit drugs and painkillers. [5]

More than 4 million Americans met the clinical standard for dependence on or abuse of marijuana, according to government statistics for 2012, followed by 2 million hooked on prescription pain pills, such as Vicodin and OxyContin. Cocaine and heroin followed. There is overlap; almost 3 million people were classified as dependent on or abusing both alcohol and illicit drugs.

From 2002 to 2012, the number of Americans dependent on or abusing heroin more than doubled, to 467,000, according to the government's statistics. [6] Heroin delivers a rush of euphoria, according to the National Institute on Drug Abuse. [7] But heroin and prescription opiates depress breathing, which can be fatal.

More than 3,000 Americans died from heroin overdose in 2010, up 45 percent from 1999, according to the government. [8] Overdoses from prescription painkillers and methadone, a heroin substitute, quadrupled from 1999 to 2010, killing more than 16,000 people in 2010 alone. [9]

In March, Attorney General Eric Holder declared the rise in overdoses from heroin and prescription painkillers "an urgent public health crisis." [10] The governor of Massachusetts echoed his warning. [11]

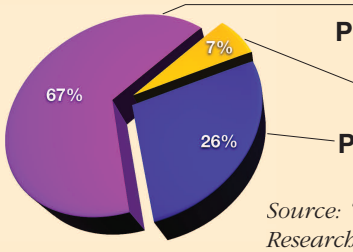
The Mental Health Parity and Addiction Equity Act, known as the Parity Act, requires most health plans to provide the same level of benefits for

* Opioids are narcotic pain medications made from opium poppies or synthetically created from chemicals. The terms opioid and opiate are used interchangeably.

Most Americans Favor Treatment for Abusers

Nearly 70 percent of Americans surveyed said federal drug policy should focus on providing treatment to drug users, versus one-quarter who want more focus on prosecution.

Percentage Favoring Treatment or Prosecutions in Drug Policy



Source: "America's New Drug Policy Landscape," Pew Research Center, April 2, 2014, http://tinyurl.com/mvylx98

mental health and substance abuse treatment as for other illnesses. However, the health insurance industry, addiction-care activists and government regulators have not agreed on what specifically should be covered.

What Americans increasingly do know, though, is how addiction affects people's lives, because more people are talking about it, including those from affluent families.

Author David Sheff, in his 2008 memoir *Beautiful Boy*, described his son's descent into addiction beginning as a teenager. [12] Once, after disappearing for four days, Nic called his dad, who fetched him in an alleyway not far from their California home. "He goes limp in my arms," Sheff wrote. "He spends the next three days shivering as if feverish, curled up in bed, whimpering and crying." Nic was addicted to crystal meth, a form of the stimulant methamphetamine.

Ben Cimons, a 23-year-old from suburban Bethesda, Md., wrote in *The Washington Post* about his near-death from a heroin overdose. [13] "I snuck out of the house after my mom was asleep, met my friend, and we drove to Southeast Washington looking for heroin. We both shot up in the car. I remember starting to drive, but then — as I later learned — I passed out and slumped onto the horn, blocking traffic on Pennsylvania Avenue. I had stopped breathing and my lips were turning purple. My friend, already on probation, made the 911 call — then fled."

Cimons wrote that he's working to repair his relationship with his mother and that he is living in North Carolina, far from where he became addicted.

According to government statistics, drug use is highest among people ages 18 to 25. Marijuana use by teenagers is on the rise, with 6.5 percent of 12th-graders using marijuana every day, compared with 5 percent in the mid-2000s, says the National Institute on Drug Abuse. [14] The increase is partially fueled by the perception that "weed" is not an addictive drug. However, of those who use it, 10 percent will become addicted, says A. Thomas McLellan, head of the nonprofit Treatment Research Institute in Philadelphia.

Currently, 62 percent of American teens in drug treatment are dependent on marijuana. [15]

The spike in heroin overdoses is overturning stereotypes. Heroin addicts used to be seen mainly as inner-city predators or homeless people living under bridges in big cities. Now, though, use of heroin, an opiate, is spreading to suburban and rural areas and many of its victims are young.

"Opiate addiction is the great leveler. It doesn't discriminate anymore," says George Kolodner, a psychiatrist whose Kolmac Clinic provides outpatient addiction treatment in the Washington, D.C., area.

Many addicts go untreated. Although Hollywood figures such as Lindsay Lohan and Robert Downey Jr. may be able to disappear into expensive residential rehabilitation facilities costing upwards of $50,000 a month, that level of treatment is beyond the reach of most addicts. Nationally, only 2.5 million alcoholics and drug addicts received treatment in 2012, or one out of 10. [16] Most who don't get treatment deny they have a problem, says Westley Clark, director of the Center for Substance Abuse Treatment at the government's Substance Abuse and Mental Health Services Administration (SAMHSA). But some say they can't afford it.

Although the Obama administration says it is focused on expanding treatment, Washington's reaction to the increase in heroin and prescription painkiller overdoses has been muted, some say.

Kevin Sabet, a former senior adviser in the Obama administration's White House Office of National Drug Control Policy, says the administration sees addiction as a lose-lose issue. "They don't want to make their constituency think they're soft on drugs. And they don't want the liberals to feel they're too tough on drugs. This has been a White House agnostic to the drug problem."

Holder's Justice Department has moved to reduce federal prison sentences for some drug offenders, and to offer clemency to others. [17] (*See "Current Situation," p. 400.*) The administration also has promoted the expanded use of naloxone, a prescription drug that reverses heroin and other opioid overdoses, often called by its brand name, Narcan. In early April, the Food and Drug Administration (FDA) approved a new form of naloxone that will be available by prescription to friends and families of heroin and opiate addicts so they can administer it in the event of an overdose. [18] It will be injectable, the way

medication for allergic reactions is delivered via an EpiPen.

But advocates for treatment, such as Carol McDaid, a Washington lobbyist who urged Congress to pass the mental health and parity bill, say the administration should make naloxone available over the counter so that fewer overdoses end in death. For now, naloxone is mostly available to first responders and law enforcement.

Scientists and treatment professionals continue to disagree over which treatments work best, such as regimens that use medication versus those that don't. McLellan, of the Treatment Research Institute, who lost his son to a drug overdose and is a leading researcher on programs for prevention and treatment of addiction, calls the fights between advocates of medication-assisted treatment and 12 steps "silly."

He says doctors should tailor treatment to the individual.

The Parity Act and the Affordable Care Act, which requires more Americans to have health insurance, could be the arbiters on the standard treatment. Former Rep. Patrick Kennedy, D-R.I., a recovering painkiller addict, is calling on the treatment community to unite around the standard of care that it wants insurance to cover.

"The insurance industry will define it for us if we don't do it," says Kennedy, who was key in guiding the Parity Act through Congress in 2008.

As expanded insurance coverage for Americans with substance abuse disorders goes into effect, here are questions scientists and treatment specialists are debating:

Is addiction a biological disease?

Stuart Gitlow, president of the American Society of Addiction Medicine (ASAM), likes to talk about addiction so lay people will understand it. "The disease is a genetically transmitted illness that works by making a person uncomfortable in their own skin," he explains. "Hundreds of times it's been proven that it's genetics. That's not debated anymore, just like the Earth isn't flat."

In 2011, ASAM issued a new definition of addiction, which may be less understandable for lay readers than Gitlow's, but does not touch on whether addiction is genetic: "Addiction is a primary chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors."

While scientists studying addiction tend to subscribe to this definition, they differ about the specifics. And a minority of physicians and therapists don't believe addiction is biological at all, saying instead that it is psychological or psychosocial.

Fifty-eight years after the American Medical Association first defined alcoholism as a disease, the debate about the nature of addiction still kicks up a storm, probably because rates of recovery are generally agreed to be low.

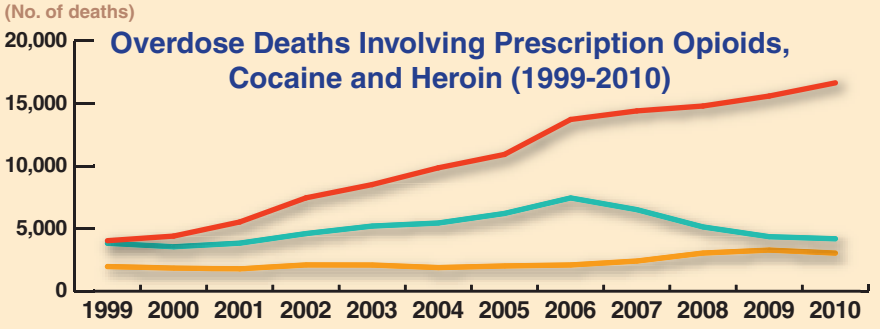
"The American Society of Addiction Medicine is now in two very vocal camps," says Dr. Ronald Smith, a psychiatrist in Washington who has long specialized in treating addicts. "One camp says this is a biological disease and the treatment is biological. The other group believes it's a psychosocial disease and believes in Alcoholics Anonymous, using people to support recovery."

Those who back the biological model cite advances in science and brain imaging. Leading the pack is Nora Volkow, a neuroscientist who is director of the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health (NIH). She has been examining brain scans of human drug users and rats and has shown that as drug use increases, so do changes in the receptors of the brain involved with feelings of reward and happiness.

Addiction is genetic, biological and psychosocial, she says, "Fifty percent of the vulnerability to addiction is genetic." By genetic, she means inherited. "Exposure to drugs strengthens the areas of the brain sensitive to substances and can lead to addiction. The environment is the other 50 percent."

Prescription Overdose Deaths Rose the Most

Deaths from overdoses of prescription medications rose five times more than deaths from heroin between 2006 and 2010. Deaths from cocaine overdoses fell by 44 percent.*



** Most recent data available.*

Source: "5 Things to Know about Opioid Overdoses," Office of National Drug Policy Control, http://tinyurl.com/kj5jqhz; data retrieved from Centers for Disease Control, http://wonder.cdc.gov/

Getty Images/*The Washington Post*/Eva Russo

Kara Schachinger, 22, from Oakton, Va., died of a heroin overdose in 2012. Two other people who bought heroin from her supplier also died. The dealer who sold it to them was sentenced in April to 30 years in prison. Heroin is one of the hardest drugs to conquer. Withdrawal causes muscle and bone pain, insomnia, diarrhea, vomiting and cold flashes. After withdrawal, people who relapse can die from an overdose.

She concedes that because she has studied brain images of addicts but not images taken of those same people before they began using drugs, a genetic cause is not obvious from that work. Instead, she says, there are controlled studies on identical twins that compare them to nonidentical twins. "And there's a much greater concordance between the identical twins regarding addiction. So you can assume that it has genetic components."

Mark S. Gold, chair of the psychiatry department at the University of Florida College of Medicine, has done groundbreaking research on the causes of addiction. "There is universal agreement that genes can be changed by exposure to drugs," he says.

"A person [whose] mom smoked when she was pregnant has genetic receptors that were changed because of the exposure," making that person more likely to become addicted to nicotine, Gold says.

But some physicians and psychologists reject biology as the source. Lance Dodes, a psychoanalyst and former head of substance abuse treatment at Harvard's McLean Hospital in Boston, has been making waves with a new book, *The Sober Truth*. [19] He argues that addiction is a psychological compulsion, plain and simple.

"Addictive acts are always precipitated by a feeling of helplessness," he says. "When people feel helpless, they have to do something about it. If you're stuck in a cave, you won't stay calm. There's an intense drive to reverse helplessness. That's the drive behind addictive behavior. It's compulsive behavior, and that's why it can shift from one drug to another."

Similarly, Smith, the Washington psychiatrist, boils it down to this: "Life is painful. So we have work, diversions like wrestling, football, TV and intoxicating substances."

He says the destruction of traditional culture isn't helping. "We take more antidepressants than everywhere else. We medicate the hell out of ourselves. There's not much that glues the family and there's a breakdown in worship."

The plethora of explanations reflects the lack of solid proof about the cause of addiction.

McLellan, at the Treatment Research Institute, says that addiction is similar to diabetes. "It's an acquired illness. You eat your way into diabetes, and you're in denial."

The same with addiction, he says. "You drink your way into it. Nobody in science knows when that switch gets flipped. You don't make a choice to be an addict."

Are AA's 12 steps effective in helping to beat addiction?

Every day across the world, alcoholics and other addicts gather for 12-step meetings. Many start with a moment of silence. The 12 steps of AA are then read, starting with "we admitted we were powerless over alcohol and that our lives had become unmanageable."

Members take turns identifying themselves by first name only. They share their struggles in reaching sobriety. Before disbanding, they hold hands in a circle and recite the Serenity Prayer. [20]

Alcoholics Anonymous was created in 1935 by Bob Smith, a physician,

and Bill Wilson, a stock broker. Both alcoholics, they encouraged other alcoholics to band together to help one another stop drinking through spiritual support.

AA has helped uncounted numbers of addicts and alcoholics reach sobriety, meaning they neither take drugs nor drink.

Those who have reached sobriety through the 12 steps, like Tara, a young professional in Washington, D.C., swear by it. She's 13 years sober and says, "My dad is 74, and he's been sober for more than two years. I never thought he'd be able to walk me down the aisle. But now he will."

For decades, 12-step programs have been at the core of most rehab facilities, which offer them along with counseling. In addition to teaching about the 12 steps, many facilities require patients to attend 12-step meetings. [21]

But in recent years, the program has come under criticism as ineffective in treating a chronic, relapsing disease.

Bankole A. Johnson, head of psychiatry at the University of Maryland's School of Medicine, fired an early salvo in the recent debate. In a 2010 article, he wrote, "There is little compelling evidence that the AA method works, inside or outside a rehab facility." [22] He said AA can be harmful because it blames addicts and alcoholics if they fail to remain sober. Johnson advocates medicine to combat addiction and is researching medications already on the market but not approved for addiction that he says have reduced cravings for alcohol and cocaine in clinical studies he led.

"If you have a serious disease, you get medical help," he says. "For example with cancer, support groups will help. But I would still want treatment for my cancer."

One of the most recent critiques comes from psychoanalyst Dodes, whose new book attacks the 12 steps. [23]

"The statistics for AA are among the worst," he says, adding that only 5 to 10 percent of those who achieve sobriety are AA members. He cites the Cochrane Library, an international collection of databases that contains independent evidence and studies related to health care decision-making. It examined clinical trials spanning 40 years and found "no experimental studies unequivocally demonstrated the effectiveness of AA or Twelve Step Facilitation approaches for reducing alcohol dependence or problems." [24]

Dodes says studies finding AA and 12-step programs effective, such as one by Lee Ann Kaskutas, a senior scientist at the University of California Berkeley's School of Public Health, were flawed because they based their conclusions on addicts and alcoholics who remained in the program. [25] "The people who dropped out were undoubtedly those who didn't do well." Kaskutas's study, which is a survey of other research, points out that reviews of experimental studies, including the Cochrane Library work, have found varying results; it argues that on a number of criteria, "the evidence for AA effectiveness is strong." [26]

Dodes favors psychotherapy so addicts will discover the underlying source of their problems and recommends they be allowed to remain in therapy even if they continue to use drugs and alcohol.

Robert DuPont, a psychiatrist and former head of the National Institute on Drug Abuse (NIDA), the federal drug abuse research institute, opposes that approach. First, he says, addiction is a primary disease, not a symptom of something else. Plus, "patients don't typically tell their therapists that they're using, and the therapist doesn't ask questions. The patient is using the therapist as a cover for continuing the addiction."

Adding to the challenges facing the 12-step approach is the growth of "medication-assisted treatment." AA and its spin-offs insist that total abstinence from alcohol and drugs defines recovery, and that includes drugs meant to wean addicts, such as buprenorphine. Sold under trade names including Suboxone, buprenorphine is a "partial opioid agonist," says McLellan of the Treatment Research Institute, that is unlike methadone, meaning it doesn't fully stimulate the body's opioid receptors.

Buprenorphine reduces cravings and can prevent deadly relapses. It is used to treat those addicted to prescription painkillers and heroin. [27] "And it's almost impossible to overdose on. It's an advance," McLellan says.

Hazelden in Center City, Minn., among the most respected residential rehab facilities, has long opposed medication and championed 12-step recovery. Recently, however, it announced it would also use medication-assisted treatment, saying such treatments had been proved effective. [28]

As at Hazelden, many scientists say medication coupled with counseling and 12-step meetings, rather than either approach alone, offers the best chance for heroin and opiate addicts to recover their lives.

But DuPont says some advocates of medication-assisted treatment "are deeply involved in harm reduction." In other words, they're not aiming for abstinence, and that goes against the philosophy of AA and related programs.

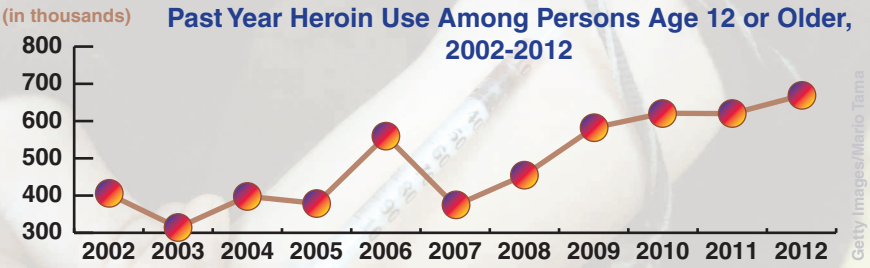
Some Narcotics Anonymous groups have refused to allow heroin and opiate addicts who are taking buprenorphine to speak at meetings because it violates the groups' tradition of abstinence.

Neither side is absolutely right, DuPont says. "Medication-free people are going to have to accept that a lot of people are being helped by medication," he says. But, at the same time, he believes, "you have to be working towards recovery," and the standard for recovery should remain abstinence from all drugs.

"The recovery standard" espoused by AA is right, he says.

Number of Heroin Users Rose 66 Percent

Heroin use among Americans grew from 404,000 persons in 2002 to 669,000 in 2012.



Source: "Research Report Series: Heroin," National Institute on Drug Abuse, February 2014, p. 2, http://tinyurl.com/kjypozn

Is access to treatment available for all who need it?

Anthony and his cousin both are addicts. Anthony, 21, lives in a small Ohio town. He didn't go to college and he began stealing his mom's prescription painkillers some years back. His grandmother, who has a high school education, tried to get him into treatment, but she was afraid of the cost and didn't know how to research available programs. She dragged Anthony to an AA meeting, but that was as far as they got. Since then, Anthony, who asked that his full name not be used, has not been able to hold a job and is still using.

His cousin grew up in a middle-class suburb outside Washington, D.C. He flunked out of college, mostly due to drinking and drugs. But his mother got him into a residential treatment program, dipping into her savings. But it was worth it. He's been sober for more than a year and is working the 12 steps. Following the 12-step tradition, the cousin asked to remain anonymous.

On the surface, it's a tale of unequal access to treatment.

According to the federal government, only about a tenth of people who needed treatment in 2012 received it. [29] That would seem to indicate a lack of access.

However, Clark at the Center for Substance Abuse Treatment says that treatment programs are available — but many addicts don't use them. "Ninety-five percent of people who need treatment don't think they do. They say 'there's nothing wrong with me.' " Only 1.7 percent of those who needed treatment in 2012 felt they needed it and made an effort to get it. Of those, almost 40 percent had no health coverage and could not afford to pay for treatment. [30] In the end, says Clark, 2.5 million received treatment.

Denial is characteristic of addiction. "It takes people six to eight years before they realize they have a problem," says Clark. "The standard is, you drink a six pack of beer every night and go to work the next day. That's okay until you crash your car and beat up your wife." That sort of crisis is when many seek treatment, he says.

Treatment is generally available, even if it varies by type and cost, says Clark. The most expensive residential treatment runs about $70,000 a month, Clark says. The average cost is $30,000 for a month. For treatment of a single drug episode, the low range, he says, is $2,000. Eighty percent of treatment facilities offer outpatient programs in which patients spend several hours a week or some hours every day at a facility but don't live there. It's much less costly than residential treatment.

Under the Affordable Care Act, most health plans must offer coverage — both residential and outpatient — for substance abuse treatment. Clark says residential treatment centers currently have about an 89 percent occupancy rate. But with only half of treatment facilities accepting Medicaid, or health insurance for the poor, there are waiting lists in some places. "People say, 'Guess what? I'll go back to using' " if a spot isn't open immediately, Clark says.

Marvin Seppala, chief medical officer at Hazelden, says the quality of care in the public system, where most people are treated, leaves much to be desired. He says addiction counselors "are poorly paid, often don't have graduate degrees, and there's high turnover. You don't get counselors who can get the job done."

But the Kolmac Clinic's Kolodner says inequality of access is mostly linked to geography. In some rural areas, treatment is many miles away. [31] Kolodner also says the number of doctors who are federally approved to prescribe buprenorphine for opiate dependence varies by state and city.

There are other subpopulations — such as prisoners and soldiers returning from battle — who are known to be seriously underserved by treatment programs. But, says Gold, the University of Florida researcher, some kind of care is accessible for all.

At the high end, Gold and DuPont studied 904 physicians receiving treatment that included several months of intensive care, then outpatient treatment, 12-step meetings and five years of monitoring and drug testing. After five years, 78 percent of the physicians were abstinent. [32]

That kind of care is rare, but Gold points out that treatment is available in many different ways, including through Medicaid and drug courts for those who face criminal penalties. Drug courts focus on sending arrested drug offenders to rehab instead of jail.

"Are we doing people a favor by telling them that they can't afford the same treatment that a doctor gets?" Gold asks rhetorically, making the point that some care is better than none.

Clark, at the Center for Substance Abuse Treatment, is worried about the impact of the Affordable Care Act, with millions of Americans newly insured. "If twice the number of people turn up on your doorstop, there's not enough people with the skill sets to treat them," he says.

The Treatment Research Institute's McLellan believes greater demand will fuel an expansion of services. "What we need the public to do is step up and say, 'I want this for my kid.' That will be the start of market forces. In a year or so, you're going to see a whole different approach to addiction treatment. The public has rights." ■

Getty Images/*The Boston Globe*/Hugh E. O'Donnell

Police dump liquor after a raid on an illegal liquor operation in Cambridge, Mass., during the Prohibition era. Congress banned the sale, production and possession of alcohol in 1920 but repealed the unpopular law in 1933.

BACKGROUND

Ancient Addicts

"Addiction goes as far back in recorded history as you can go — to the Egyptians, Romans and Greeks," says William L. White, author of an authoritative history of addiction and addiction treatment, *Slaying the Dragon*. [33] "The literature shows there were specialized roles for people helping those who were suffering from excessive alcohol use." In fact, the word addiction is derived from the Latin *addictus*, a Roman term for a person who is enslaved. [34]

In his 340-page account, White quickly moves forward to the 18th century, when Americans wavered between seeing alcoholism as a moral failing and as a disease, an ambivalence that continues today.

Drinking became a concern even before the republic was established, White wrote. Benjamin Rush, a signer of the Declaration of Independence and a physician, was concerned about drunkenness among soldiers in the Continental Army. He also recommended that farmers stop providing daily rations of liquor to their laborers. [35]

A temperance movement emerged in the early 1800s and, in the middle of that century, so-called asylums specializing in the medical treatment of "inebriety," spread around the country, as did quack remedies for both alcoholism and opium use. [36] Eventually, asylums disappeared, and in the 20th century alcoholics were confined in psychiatric hospitals.

As support grew for the view that alcoholism was a disease, treatments arose including diet and exercise; water cures such as baths, steam and vaporizers; and even lobotomies. There was also a search for a vaccine against alcoholism that used antibodies in horses' blood. It didn't work. [37]

In 1920, with the 18th Amendment to the Constitution, the United States established Prohibition, which barred the production, sale and importing of alcoholic beverages. Prohibition fostered corruption, and criminal gangs became rich from bootlegging. In 1933, the 21st Amendment repealed Prohibition. [38]

Two years later, two alcoholics — physician Smith and stockbroker Wilson — had a chance encounter in Akron, Ohio, and ended up talking for hours about their struggles. Some months later, they founded Alcoholics Anonymous, a spiritual movement that would radically change the approach to treating alcoholism and drug addiction. [39]

As they reached out to other alcoholics, Bill W., as he came to be known, set about writing *The Big Book*, the AA text published in 1939 that describes the steps to recover from alcoholism and documents stories of recovery. In 2012, the Library of Congress said the book, which has sold some 30 million copies, was among the 88 books that have shaped America. [40]

By the early 1950s, AA membership had grown to more than 90,000. [41] AA is a mutual aid society with no eco-

nomic or social barriers to participation, where membership is free and meetings are available just about anywhere, any day. Soon there were spin-offs, notably Narcotics Anonymous, established in 1953, to help drug addicts.

Minnesota Model

According to historian White, AA and medical advances led to the growing acceptance of alcoholism as a disease. In 1949, Hazelden, one of the earliest private treatment centers organized around the 12 steps, opened in Minnesota.

"It was started by a handful of businessmen and began on a potato farm," says Christine Anderson, spokeswoman for the Hazelden Betty Ford Foundation, which runs Hazelden, still located on that "farm." Betty Ford, who died in 2011, was the former first lady whose public admission of her drug and alcohol addiction raised the profile of the issue. The Betty Ford Center in Rancho Mirage, Calif., is another respected residential treatment program.

At first, Hazelden was a guest house for alcoholic men, but it developed into the prevailing method of treating addiction, which came to be called the Minnesota Model. [42] It incorporated lectures about AA's 12 steps into its treatment program and encouraged family involvement as well as participation in AA during and after treatment, according to a historical study. [43] Today, it handles 2,200 patients a year, says Seppala, Hazelden's chief medical officer.

The Minnesota Model spread across the country, carried by people who had been treated at Hazelden or who had treated patients there. They were converts, committed to the cause.

Although the American Medical Association recognized alcoholism as an illness in 1956, government policies on alcoholism and drug addiction have flip-flopped over the last 58 years, frustrating scientists and clinicians on the front lines.

In the early 1960s, addictions were divided along class lines, with heroin afflicting mainly inner-city populations. Young people from more affluent backgrounds revolted against the "Establishment" and the Vietnam War. Drugs — especially marijuana and LSD — became symbols of youthful rebellion, social upheaval and political dissent.

After taking office in 1969, Republican President Richard M. Nixon shifted federal drug policy from emphasizing law enforcement to reducing demand. In 1971, he declared a "war on drugs," focusing on prevention, treatment and rehabilitation of drug abusers and research into addiction. NIDA, the national drug abuse research center, was set up in 1973 to study the effects of drugs on the human body and to develop new approaches to treatment and prevention. Federal spending on drug programs expanded from $3 billion in the 1970-75 period to $5.2 billion in 1976-81. [44]

The military also had a major role in focusing on treatment over enforcement. "As many as a third of the people in uniform were using drugs in the 1970s, and it absolutely wrecked our professional competence," said Gen. Barry R. McCaffrey, a former director of the Office of National Drug Control Policy. "We worked our way out of it, and we did so not by arresting people, but by running one of the largest drug-treatment programs the world had ever seen. It took us a decade." [45]

The 1970s also saw the beginning of major government programs partnering with the states. Government money flowed through NIDA and the National Institute on Alcohol Abuse and Alcoholism to the states, where regional training centers were set up and "Washington did major training of physicians and addiction counselors," says White.

Crack Cocaine

However, the administration of Republican President Ronald Reagan, inaugurated in 1981, initiated a period of stepped-up law enforcement with less emphasis on treatment. Cocaine became the big drug on the scene, fueled by Colombian drug cartels and massive smuggling. Crack cocaine, a cheap, highly addictive smokable form, took over inner cities, sending the murder rate skyrocketing as drive-by shootings became a regular occurrence in some big urban areas. The crack epidemic triggered "an explosive growth of the penal system and the incarceration of black males," says White. "We went from systems of care to systems of criminal justice."

Both state and federal legislators reacted to the crack epidemic by adopting stiff, mandatory-sentencing rules, and many low-level, nonviolent drug offenders were locked up for long periods, triggering a rapidly rising prison population and a prison-building boom across the country. [46]

Disparate sentences for crack, used mainly by blacks in inner cities, and powdered cocaine, used largely by whites, led to controversy (*see p. 400*).

First lady Nancy Reagan punctuated the administration's emphasis on personal responsibility with her famous slogan, "Just Say No."

As the prisons filled up and the judicial system became overloaded with drug cases, some jurisdictions began experimenting with alternatives to locking up drug addicts and throwing away the key. In 1989, Miami, a hotbed of cocaine use, began experimenting with diverting low-level, nonviolent drug offenders to so-called drug courts.

To avoid jail time, defendants who appear in drug court must agree to outpatient treatment, usually for two years, regular meetings with judges and urine

Continued on p. 396

Chronology

1900s-1930s

Drinking is seen alternately as a moral failing and a disease. Sanatoriums and inebriety asylums give way to psychiatric hospitals for alcoholics and morphine addicts.

1920
The United States adopts Prohibition, banning the sale and production of alcoholic beverages.

1933
Prohibition is repealed.

1935
Bill Wilson and Bob Smith launch Alcoholics Anonymous in Akron, Ohio.

1939
The book *Alcoholics Anonymous*, known as *The Big Book*, is published.

1940s-1960s

Progress is made in treatments for addiction, but drug use escalates.

1949
Hazelden, a guest house for alcoholics, is founded in Minnesota.

1953
Narcotics Anonymous is launched.

1956
The American Medical Association recognizes alcoholism as an illness.

Mid-1960s
Heroin use is rampant in inner cities and prisons. Methadone, a synthetic opiate, is approved for treating heroin addiction.

Late 1960s
Drugs, especially marijuana and LSD, become popular among young white Americans.

1970s-1980s

"War on Drugs" launched; cocaine use skyrockets.

1970
Congress passes the Comprehensive Drug Abuse Prevention and Control Act.

1971
President Richard M. Nixon launches the "war on drugs," says drug abuse is "public enemy No. 1."

1978
Former First Lady Betty Ford announces she's addicted to alcohol and prescription drugs and will seek treatment.

1984
First Lady Nancy Reagan's "Just Say No" campaign becomes centerpiece of President Ronald Reagan's anti-drug campaign.

1985
Crack cocaine use races through urban areas, adding to pressure to impose stiff jail sentences for drug users.

1986
The Anti-Drug Abuse Act creates mandatory minimum penalties for federal drug trafficking offenses. Penalties for possession of crack cocaine outweigh penalties for the powder form by 100 to one, fueling huge racial disparities in prisons.

1990s-Present

Use of crystal methamphetamine, prescription drugs and heroin escalates; health insurance for substance abuse is mandated.

1990s
Methamphetamine and crystal meth (speed) pervade America, with cooks producing it in hidden labs.

Mid-1990s
President Bill Clinton signs bills barring addicts with felony convictions from welfare, food stamps, public housing and Social Security Disability benefits.

1995
The Food and Drug Administration (FDA) approves OxyContin, an opioid for pain reduction, for use in the United States.

2003
Buprenorphine is marketed as a better alternative to methadone for helping heroin and prescription drug addicts.

2008
Congress passes the Mental Health Parity and Addiction Equity Act, requiring health plans that cover substance abuse disorders to do so in a way that is comparable to coverage of medical illnesses.

2010
Drug deaths climb to more than 38,000, mainly from prescription drug overdoses. Congress passes the Affordable Care Act, requiring most health plans to cover treatment for substance abuse.

2013
With prescription painkillers more strictly regulated, addicts turn to heroin, fueling an epidemic.

2014
The Obama administration calls for reducing minimum sentences for nonviolent drug offenders.

States Struggle as Heroin Spreads

"We don't expect drug addiction to be here."

Anita Gadhia-Smith knows about heroin. By age 11, she was drinking her parents' liquor. When she got to college, she began using heroin, shooting up intravenously.

"You get addicted to a state where you're not suffering," she says. "It's complete bliss," a contrast with what she recalls as her "horrific" childhood.

But heroin can be deadly. As an addict progresses in heroin use, the body requires more. Withdrawal is painful and can come within hours of the previous dose. And use of the drug, long perceived as a scourge confined to the most desperate of addicts, has spread to the middle class in recent years.

"My life got darker," says Gadhia-Smith, now a psychologist in the Washington area. "I was up using at night and sleeping all day. You spend a lot of time being sick. And you spend a lot of time procuring the drugs so you don't get sick. I was sinking, not functioning."

After she was caught driving under the influence for a second time and was facing jail, she says, "That broke my denial." She attended support meetings and got sober. She now mostly treats addicts.

Heroin is one of the hardest drugs to conquer. Withdrawal involves muscle and bone pain, insomnia, diarrhea, vomiting and cold flashes. [1] After an addict has been sober for a while, the body loses its tolerance for the drug. If the addict relapses — and heroin addicts have among the highest rates of relapse — they can die from an overdose. [2]

In recent years, given heroin's addictive grip on users, Mexican drug cartels knew they could make a financial killing selling the drug, according to *The Washington Post*. [3] As the wholesale price of marijuana fell, partly because of decriminalization in parts of the United States, Mexican drug farmers began tearing up their marijuana fields and planting opium poppies instead.

Meanwhile, the United States was cracking down on the illicit trade in prescription painkillers after lethal overdoses more than quadrupled from 1999 to 2010. As the pills became difficult to find, addicts around the country turned to heroin. [4]

And the price was right for both dealers and addicts.

"In New York, a bag of heroin is $6," says Vermont Health Commissioner Harry Chen. "Dealers resell them for $30 in Vermont."

In the past two years, Vermont and the surrounding New England states have experienced a heroin epidemic, according to health officials. Chen says deaths from heroin in Vermont have doubled. Like other Northeastern states, the Green Mountain State was ill-prepared.

"One of the challenges of rural states," Chen says, "is that we don't expect drug addiction to be here."

In an unprecedented move, Democratic Vermont Gov. Peter Shumlin devoted his Jan. 8 State of the State address to what he called Vermont's "full blown heroin crisis" and proposed measures to expand treatment. [5]

But Vermont's geography is working against its ability to deal with the crisis. Many people seeking treatment are poor and live in rural areas. "Some people have to go 30 miles to get to their doctor," Chen says.

So the state is creating hubs to stabilize patients, some with methadone, a replacement opiate prescribed for some addicts. Opiate addicts will then connect with the spokes, where they will find a nurse practitioner and a therapist and also get access to buprenorphine, which eases cravings and helps addicts move toward recovery. The medication is sold under names including Suboxone.

Vermont, 17 other states and the District of Columbia also have expanded legal access to naloxone, also known by its trade name Narcan, a substance that, when administered quickly to

Continued from p. 394

tests. If they are abstinent, they stay out of jail. According to studies cited by the National Association of Drug Court Professionals, 75 percent of drug court graduates remain arrest-free at least two years after leaving such programs. [47] Today, there are nearly 3,000 drug courts nationwide, and the Department of Health and Human Services provides $40 million a year to help fund them. [48]

During the late 1980s and early '90s, Republican President George H. W. Bush continued the crackdown on abusers. In a nationwide address, he launched a national strategy, with increased spending for treatment but also tougher sentences, beefed up law enforcement and the construction of new prison space for 24,000 inmates. He said the states must pass their own laws with "stiffer bail, probation, parole and sentencing." [49]

Successive presidents have targeted the eradication of the drug supply, focusing on spraying coca fields in Colombia and Peru or hacking down opium poppies in Afghanistan. But as one drug of choice faded away, another appeared. The 1990s saw the increased use of methamphetamine, especially in the form of crystal meth, a powerful central nervous system stimulant that sparks an intense high that can last for several hours. The ingredients — a variety of easily purchased chemicals in addition to ephedrine and pseudoephedrine found in cold remedies — were so flammable that home laboratories sometimes exploded. Thousands of young addicts ended up in emergency rooms with delusions, hallucinations, severe depression, exhaustion and suicidal thoughts, as well as heart attacks and strokes.

According to one study, "Methamphetamine use among short-stay hospital patients more than tripled" between 1991 and 1994, as did methampheta-

overdosing opiate addicts, reverses the overdose and has saved thousands of lives. [6]

But some states, such as Maine, say naloxone only encourages heroin addicts to keep using because they come to believe they won't die from the drug.

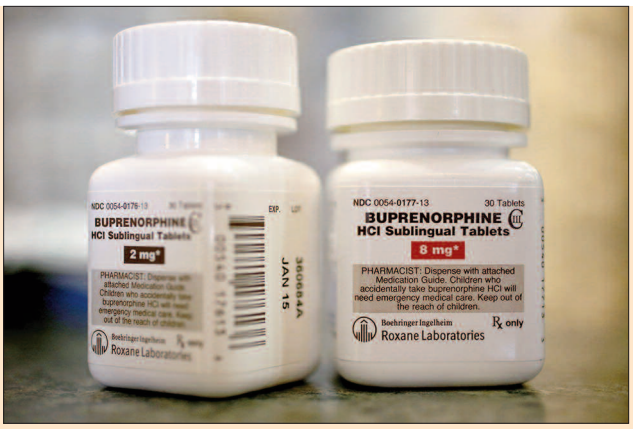
Hazelden, the respected residential program in Center City, Minn., last year announced it will use buprenorphine, a partial opioid itself, to treat people addicted to heroin and prescription painkillers, saying the treatment has been proven "effective and safe." [7] The treatment center for decades had been committed exclusively to counseling and treatment organized around the 12-step program originated by Alcoholics Anonymous.

Dr. George Kolodner, who runs several intensive outpatient centers in the Washington, D.C., area, says doctors who refuse to use buprenorphine for their opiate addicts do so "at the peril of their patients."

But buprenorphine is being diverted and showing up on the street, according to *The New York Times*. Buprenorphine has become "a treatment with considerable successes and also failures, as well as a street and prison drug bedeviling local authorities," the newspaper reported, adding that the drug was a "primary suspect in 420 deaths reported to the Food and Drug Administration" since reaching the market in 2003. [8] Buprenorphine provides an initial rush that subsides and then makes addicts feel normal, without cravings for heroin and painkillers. But some people are buying it to get high. And that has resulted in deaths because, as an opiate, it can trigger respiratory depression. There are also indications that some addicts who are prescribed buprenorphine are using it to ease withdrawal while they seek more heroin, or are continuing to use other drugs that could be deadly.

Many treatment specialists, however, say the downside to buprenorphine is minimal compared with the large number of lives it has saved and the thousands of addicts who have been able to rejoin society because of it.

— Jane Friedman



Getty Images/Joe Raedle

The opioid buprenorphine is widely prescribed to addicts as a substitute for heroin and painkillers. It does not cure addiction but prevents cravings and is hard to overdose on. Nearly a million addicts were prescribed "bupe" in 2012.

[1] "What are the long-term effects of heroin use?" National Institute on Drug Abuse, undated, http://tinyurl.com/knym8vp.

[2] Marty Ferrero, "Men, Addiction and Relapse," *Caron*, July 22, 2013, Caronchit chat.org.

[3] Nick Miroff, "Tracing the U.S. Heroin Surge Back South of the Border as Mexican Cannabis Output Falls," *The Washington Post*, April 6, 2014, http://tinyurl.com/n7tocx3.

[4] "Heroin Use Among People 12 And Over," 2012 National Survey on Drug Use And Health, September 2013, http://tinyurl.com/mt3lzyq..

[5] Katherine Q. Seelye, "In Annual Speech, Vermont Governor Shifts Focus to Drug Abuse," *The New York Times*, Jan. 8, 2014, http://tinyurl.com/m2jcvuo.

[6] "Legal Interventions to Reduce Overdose Mortality: Naloxone Access And Overdose Good Samaritan Laws," The Network for Public Health Law, March 15, 2014, http://tinyurl.com/l3mrtgc.

[7] Marvin D. Seppala, "Hazelden Responds to America's Opioid Epidemic," The Partnership at Drugfree.org, Feb. 8, 2013, http://tinyurl.com/alycnj5.

[8] Deborah Sontag, "Addiction Treatment With a Dark Side," *The New York Times*, Nov. 17, 2013, p. A1, http://tinyurl.com/k747uck.

mine-related deaths reported by medical examiners. [50]

By the time the government restricted access to Sudafed and the other cold remedies that were being used to produce meth, new drugs were emerging.

The stigma of drug addiction worsened, especially under Democratic President Bill Clinton in the 1990s. "We lost addiction being a qualifying event for Social Security disability," the government payments that go to people who are unable to work, says McDaid, the lobbyist for better treatment and rights for people with substance abuse problems. In addition, "Student federal loan applications asked if you ever have been convicted for a drug offense," McDaid continues, and that could affect eligibility. Some states drug-tested welfare or food stamp applicants who had a previous drug conviction.

By the mid-1990s, OxyContin, a new prescription painkiller, had been approved by the FDA, joining Vicodin, another prescription pain pill. These medications are opioids — partly derived from opium — and people with chronic pain were becoming addicted, as were people who took the drugs to get high. [51]

The government eventually cracked down on prescription drug addiction by reclassifying the main ingredient in Vicodin as a restricted, Schedule II substance because, like OxyContin, it has a high potential for abuse. [52] In addition, drug makers reformulated OxyContin to make it more difficult to abuse.

Addicts soon turned to heroin, which had become cheap and easier to acquire. [53] (*See sidebar, p. 396.*)

Medicating Addicts

In 2003, buprenorphine, an opiate replacement that eliminates cravings and helps to prevent relapse, was re-

The "Anonymous People" Speak Out

"I felt their story needed to be told."

Greg Williams is a documentary film maker from a small, affluent community in Connecticut. He's been in recovery from addiction for 12 years. And he wants you to know about it.

His film "The Anonymous People" is making the rounds of small movie theaters and art houses around the country.

"My name is Greg Williams'" it begins. "I'm 29 years old and I live in a small house in Connecticut. Here are my two best friends in the world: my wife Michelle and our dog Jersey. . . . Oh, there's one other thing I should tell you. I'm a drug addict. I can't have a drink or use any drug without wanting more.

"I'm not supposed to tell you about my addiction," he continues. "I'm not supposed to want to tell you.

"My friends and I are people with addiction who don't use alcohol and drugs anymore. We prefer to describe ourselves like this: I'm Greg Williams and I'm a person in long-term recovery."

And that's the point. Most addicts and alcoholics in recovery used to believe they had to remain anonymous, especially if they had worked a 12-step program such as Alcoholics Anonymous. They got used to describing themselves as addicts, not as persons in recovery.

But now, a small group of addicts in recovery is trying to change the way alcoholics and addicts see themselves and are seen. They believe those in recovery have only to gain by coming out of the shadows. They're lobbying for better prevention, treatment and support systems for those in recovery.

Williams' film, which he completed in 2013, is part of that movement.

"Addiction is the leading epidemic in our country, especially for people under 30, and we don't talk about it," he says. "The film is trying to get people talking openly about addiction and recovery so people will be interested in solutions."

And talk they do, throughout the film. Emmy Award-winning actress Kristen Johnston, who played Sally Solomon in the TV series "3rd Rock from the Sun," speaks about her addiction to prescription painkillers and how she made TV host David Letterman uncomfortable when she discussed it on his show.

Former Rep. Patrick Kennedy, D-R.I., jokes in the film that he was never able to be anonymous. In 2006, after crashing his car into a concrete barrier on Capitol Hill, he admitted he was addicted to prescription painkillers and entered rehab.

Williams' story is powerful and, sadly, typical. He started using alcohol when he was 12, stealing it from his parents' liquor cabinet. When he was 15, he moved on to prescription painkillers. He liked the way they made him feel.

"One night, I wrapped my car around a tree," he explains. "I was so high on drugs, I didn't feel anything, and I walked into town."

His parents found him and got him into treatment.

leased; it became the first blockbuster medication for addiction. The British company Reckitt Benckiser develped it in a joint venture with the U.S. government, which financed the clinical trials.

Addicts take Buprenorphine, sold under the trade name Suboxone, by putting a medication-infused strip under the tongue. The government requires doctors to get permission from the Drug Enforcement Administration (DEA), along with eight hours of training, to prescribe buprenorphine. Numerous reports have found that the medication nevertheless is being diverted and sold on the street. [54]

Most private residential treatment centers initially declined to prescribe it to their opiate patients, except for detoxification. But in 2012, Hazelden decided it could no longer refuse the medication to heroin and prescription drug addicts in its care. Reports had started trickling in that about 10 opiate addicts it had treated with its traditional mix of psychotherapy and 12 steps had died from overdoses after leaving the Hazelden campus.

"It was devastating to everyone involved — families, staff members and counselors who were very involved with these people. It was a recognition that we needed to do more," says Seppala, Hazelden's chief medical officer.

Hazelden developed a special program for opiate abusers, separating them from other patients regularly for their own group therapy and prescribing buprenorphine for those who agreed. In 2013, about 100 opiate addicts entered the special program and none has died. Of those who didn't enter the program, six died last year. Thirty of those in the special program agreed to take buprenorphine.

"Our goal is to get them off buprenorphine when they get into good recovery," says Seppala, because Hazelden still embraces 12-step recovery, which means abstinence. "Maybe in six months, a year. We suspect some will be on it their whole lives."

If addicts have been abusing drugs for years, the standard 28-day residential treatment is not enough to rewire their brains, experts say. That doesn't mean that patients need to live at a residential treatment center for years. Instead, says Gold, the University of Florida researcher, it means that several months in treatment is optimum, followed by five years of regular urine testing, peer group meetings and the addict's understanding that his or her job could be in jeopardy if there's a relapse. ■

"I just wanted to get my family off my back," he says. But treatment changed his mind, and he wanted to get better. A year later, he went to college, earning a master's degree that combined filmmaking with the study of addiction and became involved in the "youth recovery world."

And that led him to drug historian William L. White and lobbyist Carol McDaid, two people in long-term recovery who were leading a movement to get the 23 million Americans in recovery to raise their voices for better policies. In 2001, they formed Faces and Voices of Recovery. McDaid was key in lobbying for the Mental Health Parity and Addiction Equity Act, a 2008 law that guarantees equitable insurance coverage for substance abuse treatment.

"I felt their story needed to be told," says Williams. "I understood they were on the front end of what will become massive social, cultural and political change in the coming years, when people and their families most closely connected to this issue begin to end their silence and no longer accept the status quo."

To do it, he raised money on the crowd-funding website Kickstarter and depleted his savings.

The movie advocates for community centers that provide life coaching and moral support for recovering addicts; it takes viewers to a recovery high school in Boston. It interviews prisoners who want access to drug treatment. And it profiles well-known addicts in recovery, including a former Miss America, who have chosen to "come out."

4th Dimension Productions, LLC

Documentary filmmaker Greg Williams interviews Emmy-winning actress Kristen Johnston about her addiction to prescription painkillers. She is now in recovery.

Beyond those who appear in the movie, celebrities increasingly are talking about their recovery, including former "Friends" star Matthew Perry and Disney's "High School Musical" star Zac Efron.

Says McDaid, "I think it's a personal decision for celebrities to speak openly about their recovery. But I think it's fair to say we have played a role in making it easier to do that."

— Jane Friedman

CURRENT SITUATION

Parity Act Rules

The recent rise in heroin deaths, including actor Hoffman's highly publicized overdose, appears to have created new momentum for substance abuse treatment, coinciding with the roll-out of the Parity and Affordable Care acts. Some say the increasing numbers of people seeking treatment for addiction could overwhelm the current system.

"The Affordable Care Act is going to flush in addicts, and the system won't be ready for them," says Kolodner of the Kolmac Clinic.

Nevertheless, lobbyist McDaid, who helped get Congress to pass the Parity Act, is optimistic. At the end of April, a forum on addiction treatment, heroin and the criminal justice system was held on Capitol Hill, signaling the possibility of new legislation, McDaid says. "There's a feeling in the air," she says, "that it's finally our time."

As the rollout of the two laws progresses, advocates for more and better-defined benefits for substance abuse treatment are pushing for their vision of the best standard of care.

The federal government issued its final rule in November on how the Parity Act will work to ensure coverage for mental illness and substance abuse treatment that is comparable to coverage for medical illnesses.

The two laws act together. The Parity Act applied to employer-backed insurance plans that were already covering mental illness and substance abuse. It did not apply to plans purchased by individuals. But the Affordable Care Act made such coverage mandatory in most insurance policies.

The final Parity rule prohibits insurers from setting higher copays and deductibles or stricter limits on treatment than they do for medical and surgical treatment. For instance, if employers and insurers don't set limits on the number of doctor visits and hospital days for medical illness, they can't do it for mental illness or substance abuse. They also cannot put geographical limits on where one gets treatment if they don't do so for other illnesses. [55]

The Parity rule issued in November doesn't apply to Medicaid, which provides health care for the poor. The final rule for Medicaid is expected later this year.

Advocates for those suffering from substance abuse say the standard of care needs clarity. How will insurers define medical necessity? What treatments will be covered and for how long?

Kennedy, the former congressman who cosponsored the Parity bill, says he's mobilizing treatment professionals and scientists for a Mental Health Leadership Alliance that will define what is necessary in substance abuse treatment. "We need early screening and a checkup from the neck up once a year," he says, referring to a substance abuse session with a primary care provider every year, among other things.

Susan Pisano, a spokeswoman for America's Health Insurance Plans, a health insurance trade association in Washington, says, "The full scope of treatments for substance abuse are covered. Care plans will be tailored to the individual patient." Typically, she says, "There would be a combination of treatment settings and treatments."

Getty Images/Chip Somodevilla

Former Rep. Patrick Kennedy, D-R.I., a recovering painkiller addict, played a key role in guiding the Parity Act to passage in 2008. Kennedy is mobilizing treatment professionals and scientists into an alliance that will help determine what is necessary for substance abuse treatment and what should be covered by health insurers. "We need early screening and a checkup from the neck up once a year," he says.

Sentencing Changes

Bipartisan bills to reduce mandatory minimum sentences for drug offenders in federal prisons are making their way through the House and Senate.

The legislation, if passed, would also make retroactive recently revised sentences for crack cocaine offenses, which critics had called racially unfair. The sentences were longer by 100 to one for crack cocaine — used mostly by minorities — compared with the powder form preferred by whites. The change could result in up to 12,000 federal prisoners having their sentences reduced. [56] It would also give federal judges more leeway in sentencing, says Jesselyn McCurdy, senior legislative counsel at the American Civil Liberties Union (ACLU).

The Obama administration has been trying for years to reduce the country's prison population and reserve the harshest penalties for the most serious offenses. Some 2.2 million Americans are in either federal prison, state prisons or local jails. [57] Of the 216,000 people in federal prison, almost half were drug offenders, according to the Justice Department. [58]

The administration also wants to deal with racial inequities among prisoners: African-Americans, who make up 13 percent of the U.S. population, represent 37 percent of the federal prison population, largely because of the sentencing disparities for crack and powder cocaine. [59]

Speaking in March, Attorney General Holder said, "Certain types of cases result in too many Americans going to prison for far too long, and at times for no truly good public safety reason." [60]

The U.S. Sentencing Commission, which establishes some sentencing policies and practices for the federal courts, voted in April to lower federal sentencing guidelines for all drug offenses, including dealing, for prisoners convicted of federal crimes that don't carry minimum sentences mandated by Congress. The commission said about 70 percent of federal drug trafficking defendants would qualify for the change, with their sentences decreased by an average of 11 months. The commission estimates that, as a result, the federal prison population will drop by 6,550 inmates over five years. [61] But the commission does not have authority to change mandatory minimum sentences set by law. Only Congress and the states can do that.

In fact, most drug offenders are not in federal prison. Of the 1.36 million Americans serving time in state prisons, about 240,000 are there for drug offenses, more than twice as many as in the federal system. [62]

At least 30 states — run by both Republicans and Democrats — have rolled back mandatory sentences in some form since 2000, usually by relaxing sentences for low-level drug offenders. [63] Often the motivation has been to ease the states' financial bur-

Continued on p. 402

Should medication be used to treat addiction?

GEORGE KOLODNER, M.D.
MEDICAL DIRECTOR OF KOLMAC CLINIC IN MARYLAND AND WASHINGTON, D.C.

WRITTEN FOR *CQ RESEARCHER*, MAY 2014

My decision to use medications beyond withdrawal management to treat patients who suffer from substance-use disorders is based on two sources.

First, the research literature consistently documents that medication improves treatment outcomes, reducing relapses and deaths as well as increasing overall recovery.

Second, many patients I have treated over the past 40 years credit medications with having increased their ability to resist returning to addictive substances. They also report a dramatic reduction in cravings, which — even more than withdrawal symptoms — can lead to relapses. I repeatedly hear reports that buprenorphine makes my opioid-addicted patients feel "normal" rather than high. I find that it enables them to do the difficult psychological work involved in recovery in a way that I rarely encountered before the advent of that medication in 2003.

Antabuse, another drug, enables my alcoholic patients to manage business situations and enjoy social occasions that would otherwise be high risk due to the presence of alcohol.

Medication is particularly important for people who choose to begin treatment in an outpatient setting. That is because they are exposed daily to reminders about the substances as well as to the actual substances at a time when they are just beginning to learn how to live without them. Medication can also be useful during continued treatment after discharge from inpatient care.

Addictions are best understood as chronic illnesses, similar to hypertension and diabetes, for which there is no cure. If, however, the illnesses are well managed — medications being a part of this management — acute crises can be minimized.

It is important not to overvalue medication. The available medications play a supplementary role to nonpharmaceutical approaches and can be compared to the use of anesthesia. Surgery has been done without it, but most people would not make that choice. On the other hand, to have the anesthesia without the surgery would be pointless. To be effective, medications must be used properly, including:

- In active collaboration with the patient, carefully supervised.
- Following accepted dosage guidelines, individualized.
- Prescribed in a way that minimizes diversion.
- Continued for as long as useful to the recovery process, with discontinuation being carefully monitored.

Patients should not be required to take medications against their will, but to not offer patients the choice is becoming a questionable medical decision.

RONALD E. SMITH, M.D., PH.D
PSYCHIATRIST/PSYCHOANALYST IN PRIVATE PRACTICE IN VIRGINIA AND WASHINGTON, D.C.

WRITTEN FOR *CQ RESEARCHER*, MAY 2014

The current zeitgeist in addiction treatment involves two different perspectives on the origins and definition of addiction and treatment.

The "medication first" group, usually physicians — who, incidentally, make their living by prescribing medication — views addiction as primarily a brain molecular problem. These "neuropsychopharmacologists" prescribe "medications" to alter brain chemistry so addicts won't use "illegal drugs" to alter their own brain chemistry.

The "meetings first" group sees addiction as a craving, a sustained drive to fill a void, whether it's psychological, physical or spiritual. Treatment involves love, service and a capacity for concern for others. This group would first acknowledge that life is painful, indeed miserable, at times, and this misery may be used as energy to make us grow, reach out to others and serve them. This is the basis of the self-help movement Alcoholics Anonymous. Suffering is relieved primarily by love and service.

The medication-first group has great support from Big Pharma, the American Medical Association and the American Psychiatric Association. The economic forces driving the medication of the culture are formidable. The promise of faster relief of psychic pain by medication avoids the suffering involved in self-help meetings, 12-step work and caring for others. Instead, front and center is the therapist-patient responsibility to find the right medication to treat brain chemistry imbalance.

The meetings-first group supports Sigmund Freud's observation that work, love and responsibility are three of life's most important areas. Those in the meetings-first group also are concerned about overmedication and the danger of a "numbing of America." Their emphasis on the responsibility to create meaning in one's life, serve others and make restitution is not popular in a zeitgeist where addiction is a molecular problem.

Meetings and medications both have roles. In a culture of materialism enamored with technology, though, where most people spend their waking hours relating to photons on a computer screen, medications will probably prevail.

However, should the recovering addict trade "alive, responsible and uncomfortable" for medications that make him "numb and happy?" Each addict ultimately must answer this question for himself. Prayerfully, we can hope the economic forces of Big Pharma and organized medicine will not overwhelm the soft voices of the 2 million men and women in recovery in Alcoholics Anonymous, Rational Recovery and other effective self-help movements that get very little press because they are, after all, free.

Continued from p. 400

den of building and maintaining large prisons, and in some cases due to court orders to halt prison overcrowding.

Even though many states are revising their mandatory sentencing laws, the ACLU's McCurdy says, "It's hugely important for the attorney general of the United States to be looking at who we are putting in federal prison. It sends a signal."

Getty Images/Bloomberg/Joshua Roberts

Neuroscientist Nora Volkow, director of the National Institute on Drug Abuse, says that addiction is caused by a combination of genetic, biological and psychosocial factors. "Fifty percent of the vulnerability to drugs is genetic," or inherited, she says.

But the signal may not reach Congress. McCurdy says, "Like most things in D.C., the question is whether it will happen on the [Republican-controlled] House side." A Senate committee has approved a sentencing bill, but it has not yet come up for a vote in the full Senate. [64]

As with some other issues, the Obama administration is working around Congress. In 2011, Holder asked U.S. attorneys not to charge low-level drug offenders with crimes that carry mandatory prison sentences. [65] In December, President Obama commuted the sentences of eight people with crack cocaine convictions who had already served long sentences. [66] And in January, the Justice Department announced it was asking defense attorneys to help the government locate prisoners who want to apply for clemency. [67] Now, the Justice Department is expanding that effort, saying it will canvass the federal prison population, seeking nonviolent felons who were convicted under tougher sentencing laws of the past and who will qualify for clemency. [68]

But some proponents of sentencing reform oppose reducing mandatory minimum sentences for drug dealers. "We shouldn't allow people to sell drugs to my kids," says Kennedy. "I want them locked up."

McCurdy says under the proposed federal legislation, minimum sentences wouldn't go away, but the length of time served would be halved for most drug crimes.

Buprenorphine Access

Buprenorphine, the opiate most frequently prescribed for people addicted to heroin and prescription painkillers, is being restricted by many states intent on cutting costs, even while it is keeping many addicts alive.

According to a new study, only 28 states cover all three of the medications that the FDA has approved for opioid addiction treatment: methadone, buprenorphine and naltrexone. [69]

The study also found that most state Medicaid agencies, even those that cover all three medications, are placing restrictions on access. For example, as of May 2013, 11 states had implemented lifetime limits on prescriptions for buprenorphine for treatment of opioid dependence. [70]

With the United States facing a surge in heroin and prescription drug overdoses, depriving opiate addicts of these medications could worsen the death toll. According to the Centers for Disease Control and Prevention (CDC), prescription drug overdoses killed more than 16,000 people in 2010. [71] In the same year, heroin overdoses rose to more than 3,000. [72]

"Now that we finally have medications that are shown to be effective and cost-effective, it is shameful to throw up roadblocks to their use," said Mady Chalk, director of the Center for Policy Research and Analysis at the Treatment Research Institute in Philadelphia. [73]

Buprenorphine, like methadone, is a substitute for heroin and opioid painkillers. "Bupe" is easier to take because it does not require going to a clinic. A doctor approved by the Drug Enforcement Administration (DEA) can prescribe it. It does not cure addiction, but it prevents cravings and is hard to overdose on. Patients report an initial rush that quickly wears off and then they just feel normal. Many physicians trained in addiction medicine say the ideal treatment for heroin addicts is a combination of buprenorphine, psychotherapy and 12-step groups or other support systems.

Some 940,000 addicts were prescribed buprenorphine in 2012, according to the government's Substance Abuse and Mental Health Services Administration (SAMHSA).

Vermont and Maine, two states hit hard by heroin and prescription drug overdoses, are among the states reducing access to buprenorphine.

Maine has imposed a two-year cap on prescriptions of either buprenorphine or methadone for opiate addicts receiving benefits through MaineCare, the state's Medicaid program. In his State of the State address earlier this year, Maine's Republican governor, Paul LePage, proposed hiring four new drug prosecutors, four new judges for drug courts and 13 new employees in the Maine Drug Enforcement Agency. [74]

Although Vermont aims to step up treatment for addicts, it intends to cut back on buprenorphine by lowering the number of patients an individual doctor can treat with the medicine, says Chen, the state's health commissioner. The federal limit is 100.

Medicaid patients are among the poorest in the country and, in Vermont, most addicts in treatment are receiving Medicaid, says Chen.

Gitlow, head of the American Society of Addiction Medicine, says it's all about money. "Until 10 years ago, opioid dependence was cheap for the states." He says methadone, which was the only opiate substitute, was inexpensive.

When buprenorphine came along in 2003, he says, "a doctor could prescribe it in his office. But it was expensive. The states felt they had to do something to deal with" the rising costs. ■

OUTLOOK

Vaccines, Genetics

In five to 10 years, addiction treatment will be very different, some scientists hope.

At the National Institute on Drug Abuse, researchers are working to develop vaccines against nicotine and cocaine. These are not traditional vaccines in that they would not prevent addiction. When injected, they would generate antibodies that prevent those drugs from reaching the brain. So far, the vaccines are in clinical trial but, says NIDA director Volkow, they have not produced a strong enough reaction in the patients to get FDA approval.

The vaccines would not stop addicts from snorting cocaine, for example, but scientists say if the injections stopped the drug from reaching the brain and addicts couldn't get high, eventually they would tire of using the drug.

There are no vaccines under development that would prevent addiction, says Volkow. "I don't know when we will have a vaccination against addictions," she says, "and I don't think in five to 10 years we will have cures for addiction."

Gitlow of the American Society of Addiction Medicine says the way out of addiction is through genetic engineering. "The goal in my mind is to fix the genetic abnormality. I don't know if that would fix the problem of people relating to other individuals. But the cure is biological, genetic," he says.

But vaccines and genetic engineering aren't an option yet. White, the historian of addiction in America, says he hopes the standard treatment for addiction will include prevention, early screening and long-term after-care that helps defeat recurrences, as with current treatments for diseases such as diabetes and heart ailments. Today, about half of addiction patients relapse shortly after a 28-day stay in residential treatment. Long-term care could make a difference, White says.

White is leading a project in Pennsylvania and Michigan to train primary-care physicians to do frequent "recovery checkups" on patients who have been discharged from treatment. "After five years, the risk of falling out of recovery is 15 percent," he says, versus a much higher risk if support ends earlier.

White also has been training primary-care physicians to identify patients who are at risk for addiction or are already abusing drugs.

"We've been training physicians in screening, brief interventions and referral to treatment. If we're successful, that will be in place in five to 10 years."

For opiate addicts trying to stay away from heroin and prescription painkillers, there likely will be improved versions of buprenorphine in the coming years. Although the FDA has not approved a buprenorphine implant that would release the medicine under the skin for six months, it recently approved a new buprenophine pill produced by the company Orexo. Orexo says its buprenorphine, Zubsolv, is an improvement over Suboxone because a lower dose achieves the same effect and it has a menthol flavor that patients in a clinical trial liked.

Kolodner of the Kolmac Clinic predicts that in five to 10 years, the American Psychiatric Association will classify more behaviors as addictions. In addition to dependence on alcohol, opioids, sedatives, marijuana, cocaine, amphetamines and nicotine, gambling was recently added to the official diagnostic manual as an addiction. Bulimia and other eating disorders, shopping, hoarding and sex addiction could be next, he says. Some treatment centers are already treating people with eating disorders.

Seppala says intensive outpatient treatment will become the accepted standard of care. Hazelden, which is known for its residential program in Minnesota, has already opened several intensive outpatient centers across the United States.

"Often, insurance will not pay for residential, but it will pay for intensive outpatient treatment," he says.

The population of people needing treatment is expected to surge by 2020 as America's baby boom generation ages, according to government researchers. Americans born between 1946 and 1970 used alcohol and drugs more than older generations, the researchers point out. They wrote, "The number of adults age 50 and older who will need treatment

for a substance abuse problem will grow to 4.4 million in 2020, compared to 1.7 million in 2000 and 2001." [75]

Notes

[1] Michael Schwirtz, "Hoffman Killed by Toxic Mix of Drugs, Official Concludes," *The New York Times*, Feb. 28, 2014, http://tinyurl.com/lq7fc89.
[2] "The Economic Impact of Illicit Drug Use on American Society," U.S. Department of Justice National Drug Intelligence Center, April 2011, http://tinyurl.com/krqylkf; "CDC reports excessive alcohol consumption cost the U.S. $224 billion in 2006," Centers for Disease Control, Oct. 17, 2011, http://tinyurl.com/3ggh9qo.
[3] "Results from the 2012 National Survey on Drug Use and Health: Summary of Findings," U.S. Department of Health and Human Services, September 2013, http://tinyurl.com/m947kbp.
[4] *Ibid.*
[5] "Fact Sheets: Alcohol Use and Health," Centers for Disease Control and Prevention, March 14, 2014.
[6] "Results from 2012 national survey," *op. cit.*
[7] "DrugFacts: Heroin," National Institute on Drug Abuse, April 2013, http://tinyurl.com/mr4btw7.
[8] "Five Things to Know About Opioid Overdoses," Office of National Drug Control Policy, Feb. 11, 2014, http://tinyurl.com/kj5jqhz.
[9] "Opioids drive continued increase in drug overdose deaths," CDC Newsroom, Centers for Disease Control and Prevention, Feb. 2, 2013, www.cdc.gov/media/releases/2013/p0220_drug_overdose_deaths.html.
[10] "Attorney General Holder, Calling Rise in Heroin Overdoses Public Health Crisis, Vows Mix of Enforcement, Treatment," Department of Justice Public Affairs, March 10, 2014, http://tinyurl.com/mp92x7r.
[11] Brian MacQuarrie and Martin Finucane, "With heroin overdoses on the rise, Gov. Deval Patrick declares public health emergency in Mass.," *The Boston Globe*, March 27, 2014, http://tinyurl.com/mqb6v6s.
[12] David Sheff, *Beautiful Boy* (2008).
[13] Ben Cimons, "A suburban heroin addict describes his brush with death," *The Washington Post*, Feb. 10, 2014, http://tinyurl.com/nygjlxs.
[14] "Drug Facts: High School and Youth Trends," National Institute on Drug Abuse, January 2014, http://tinyurl.com/7oass4y.
[15] Office of National Drug Control Policy, www.nsjrs.gov/ondcppubs/publications/pdf/marijuana_myths_facts.pdf.
[16] "Results from the 2012 National Survey on Drug Use and Health: Summary of Findings," *op. cit.*
[17] Sari Horwitz, "Justice Department prepares for clemency requests from thousands of inmates," *The Washington Post*, April 21, 2014, http://tinyurl.com/k2jrvbk.
[18] Brady Dennis, "FDA Approves Device to Combat Opioid Drug Overdose," *The Washington Post*, April 3, 2014, http://tinyurl.com/kwvq9jp.
[19] Lance Dodes and Zachary Dodes, *The Sober Truth: Debunking the Bad Science Behind 12-Step Programs and the Rehab Industry* (2014).
[20] "The Twelve Steps of Alcoholics Anonymous," Alcoholics Anonymous World Services Inc., undated, http://tinyurl.com/c4dkzk; "Origin of the Serenity Prayer: A Historical Paper," July 30, 2009, http://tinyurl.com/kcgnov4. A common version of the Serenity prayer is, "God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."
[21] David Sheff, *Clean* (2013), p. 207.
[22] Bankole A. Johnson, "We're addicted to rehab. It doesn't even work," *The Washington Post*, Aug. 8, 2010, http://tinyurl.com/2fccj4a.
[23] Dodes and Dodes, *op. cit.*
[24] Marica Ferri, Laura Amato and Marina Davoli, "Alcoholics Anonymous and other 12 step Programmes for Alcohol Dependence," *Cochrane Database of Systematic Reviews*, 2006, 3, http://tinyurl.com/nyf9d9s.
[25] Lee Ann Kaskutas, "Alcoholics Anonymous Effectiveness: Faith Meets Science," *Journal of Addictive Diseases*, 2009, 28: 145-157.
[26] *Ibid.*
[27] Marvin Seppala, "Hazelden Pioneers Treatment for the Opiod Epidemic," The Hazelden Foundation, November 2012, http://tinyurl.com/ku49n2a.
[28] *Ibid.*
[29] "Results from the 2012 National Survey on Drug Use and Health: Summary of Findings," Department of Health and Human Services, *op. cit.*
[30] *Ibid.*
[31] Linnae Hutchison and Craig Blakely, "Substance Abuse — Trends In Rural Areas," Texas A&M Health Science Center, 1999, http://tinyurl.com/l3uhyfb.
[32] Robert L. DuPont, *et al.*, "Setting the Standard For Recovery: Physicians' Health Programs," *Journal of Substance Abuse Treatment*, March 2009, Vol. 36, Issue 2, pp. 159-171, http://tinyurl.com/k9frfok.
[33] William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (1998).
[34] *Oxford English Dictionary*, http://tinyurl.com/asrvx.
[35] White, *op. cit.*, p. 2.
[36] *Ibid.*, pp. 64-71.
[37] *Ibid.*, p. 93.
[38] National Archives, "Constitution of the United States," http://tinyurl.com/5ahhq6.
[39] Alcoholics Anonymous, "Origins," http://tinyurl.com/l2rva43.
[40] Library of Congress, "Books That Shaped America," 2012, http://tinyurl.com/mx4vr2c.
[41] White, *op. cit.*, p. 135.
[42] "The Minnesota Model," Hazelden, undated, http://tinyurl.com/lpg2sfn.
[43] Daniel J.. Anderson, John P. McGovern and Robert L. DuPont, "The Origins of the Minnesota Model of Addiction Treatment, a First Person Account," *Journal of Addictive Diseases*, 1999, Vol. 18, Issue 1, pp. 107-114, http://tinyurl.com/l4wf8pp.
[44] For background, see Mary H. Cooper, "Drug-Policy Debate," *CQ Researcher*, July 28, 2000, pp. 593-624.
[45] *Ibid.*
[46] For background, see the following *CQ Researchers*: Margaret Edwards, "Mandatory Sentencing," May 26, 1995, pp. 465-488; Patrick Marshall, "Three-Strikes Laws," May 10, 2002,

About the Author

Jane Friedman is a writer/reporter based in Chevy Chase, Md. She was a foreign correspondent for 16 years with postings in Paris for *Newsweek* and in Jerusalem and Cairo for CNN. Her work has also appeared in *The New York Times*, *The Washington Post* and *The Christian Science Monitor.* She graduated from the University of Pennsylvania with a degree in political science. She is at work on a memoir tentatively titled *The Diamond Dealer's Daughter.*

pp. 417-432; and David Masci, Prison-Building Boom," Sept. 17, 1999, pp. 801-824.

[47] "The Verdict Is In: Drug Courts Work," from the National Association of Drug Court Professionals, www.nadcp.org/learn/drug-courts-work-0.

[48] "The National Drug Control Budget, FY 2014 Funding Highlights," Executive Office of The President of the United States, www.whitehouse.gov/sites/default/files/ondcp/about-content/fy_2014_drug_control_budget_highlights.pdf.

[49] George H. W. Bush, "Presidential Address on National Drug Policy," Sept. 5, 1989, http://tinyurl.com/mp7lrm6.

[50] Laurie Wermuth, "Methamphetamine use: hazards and social influences," *Journal of Drug Education*, 2000, Vol. 30, Issue 4, pp. 423-433, http://tinyurl.com/lsll6xy.

[51] For background, see Peter Katel, "Regulating Pharmaceuticals," *CQ Researcher*, Oct. 11, 2013, pp. 861-884.

[52] "Rescheduling of Hydrocodone Combination Products from Schedule III to Schedule II," Office of Diversion Control, Department of Justice, Drug Enforcement Administration, www.DEAdiversion.usdoj.gov/fed_regs/rules/2014/fr0227.htm.

[53] Jim Dryden, "OxyContin Formula Change Has Many Abusers Switching to Heroin," Washington University in St. Louis, July 11, 2012, http://tinyurl.com/oflt3sa.

[54] Deborah Sontag, "Addiction Treatment With a Dark Side," *The New York Times*, Nov. 17, 2013, http://tinyurl.com/k747uck.

[55] The Mental Health Parity and Addiction Equity Act, http://tinyurl.com/lk3pmw9.

[56] Matt Apuzzo, "Justice Dept. Starts Quest For Inmates to Be Freed," *The New York Times*, Jan. 30, 2014, http://tinyurl.com/nbgc3cv. For background, see also, Sarah Glazer, "Sentencing Reform," *CQ Researcher*, Jan. 10, 2014, pp. 25-48.

[57] The Sentencing Project, "Incarceration," http://tinyurl.com/lwdornm.

[58] Julia Edwards, "U.S. to expand clemency criteria for drug offenders," Reuters, April 21, 2014, http://tinyurl.com/lojg2zu.

[59] Matt Apuzzo, "Holder Endorses Proposal to Reduce Drug Sentences in Latest Sign of Shift," *The New York Times*, March 13, 2014, http://tinyurl.com/n5fqc29.

[60] "Attorney General Holder Urges Changes in Federal Sentencing Guidelines to Reserve Harshest Penalties for Most Serious Drug Traffickers," Testimony to Sentencing Commission, Department of Justice Office of Public Affairs, March 13, 2014, http://tinyurl.com/kfhpx87.

[61] *Ibid.*

FOR MORE INFORMATION

Alcoholics Anonymous, P.O. Box 459, Grand Central Station, New York, NY 10163; 212-870-3400; www.aa.org. Website offers detailed information about the 12-step program, where to get AA literature and how to find a meeting.

Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta, GA 30333; 800-232-4636; www.cdc.gov. Government research center that provides information about alcohol and drug addiction, including prevention, treatment and recent data.

Henry J. Kaiser Family Foundation, 2400 Sand Hill Rd., Menlo Park, CA 94025; 650-854-9400; www.kff.org. Focuses on health care issues facing Americans, including drug addiction and health coverage.

National Center on Addiction and Substance Abuse at Columbia University, CASAColumbia, 633 Third Ave., 19th Floor, New York, NY 10017-6706; 212-841-5200; www.casacolumbia.org. Has done groundbreaking studies on addiction and treatment for addiction.

National Institute on Alcohol Abuse and Alcoholism, 9000 Rockville Pike, Bethesda, MD 20892; 888-696-4222; www.niaaa.nih.gov. The government's primary agency responsible for biomedical and health-related alcoholism research; website contains information on alcohol abuse, alcoholism and the latest news about the disease.

National Institute on Drug Abuse, 6001 Executive Blvd., Rockville, MD 20852; 301-443-1124; www.drugabuse.gov. The government's primary agency responsible for biomedical and health-related opioid abuse research; website contains information on research regarding drug abuse, available treatments and statistics on which groups use which illicit drugs.

The Partnership at Drugfree.org, 352 Park Ave. South, 9th Floor, New York, NY 10010; 212-922-1560; www.drugfree.org. Nonprofit group that provides information for parents about how to help prevent children from turning to drugs and how to find treatment; has a hotline for immediate advice.

[62] "America's Prison Population: Who, What, Where and Why," *The Economist*, March 13, 2014, http://tinyurl.com/lznd3nn. Peter Wagner and Leah Sakala, "Mass Incarceration: The Whole Pie: A Prison Policy Initiative Briefing," Prison Policy Initiative, March 12, 2014, www.prisonpolicy.org/reports/pie.html.

[63] Glazer, *op. cit.*

[64] "Bill Summary and Status, 113th Congress (2013-2014) S.1410," Library of Congress, updated March 11, 2014, http://tinyurl.com/md9mklnc.

[65] "Attorney General Holder Urges Changes in Federal Sentencing Guidelines to Reserve Harshest Penalties for Most Serious Drug Traffickers," *op. cit.*

[66] Charlie Savage, "Obama Commutes Sentences for 8 in Crack Cocaine Cases," *The New York Times*, Dec. 19, 2013, http://tinyurl.com/jvpkqp2.

[67] "Justice Dept. Starts Quest for Inmates to be Freed," *op. cit.*

[68] Matt Apuzzo, "Justice Dept. Expands Eligibility for Clemency," *The New York Times*, April 23, 2014, http://tinyurl.com/kd2gk8j.

[69] Michael Ollove, "Painkiller Addicts Hit Medicaid Limits," Pew/Stateline, July 6, 2013, http://tinyurl.com/k48p5jv.

[70] Suzanne Gelber Rinaldo, PhD; David W. Rinaldo, PhD, "Availability Without Accessibility? State Medicaid Coverage and Authorization Requirements for Opioid Dependence Medications," The Avisa Group, 2013. Prepared for the American Society of Addiction Medicine, http://tinyurl.com/khep2cm.

[71] Centers for Disease Control and Prevention, "Opioids drive continued increase in drug overdose deaths," Feb. 20, 2013, http://tinyurl.com/bzw6f36.

[72] "5 Things to Know about Opioid Overdoses," Office of National Drug Control Policy, Feb. 11, 2014, http://tinyurl.com/kj5jqhz.

[73] Ollove, *op. cit.*

[74] Eric Russell, "Drug treatment funding in Maine is falling but demand is greater than ever," *Portland Press Herald*, Feb. 23, 2014, http://tinyurl.com/k4vasar.

[75] "More Americans Will Need Substance Abuse Treatment by 2020," Substance Abuse and Mental Health Services Administration," 2003, http://tinyurl.com/m5j9ksr.

Bibliography

Selected Sources

Books

Lawford, Christopher Kennedy, *Recover to Live*, BenBella Books, 2013.

A recovered addict and member of the extended Kennedy clan provides an encyclopedic look at addictions — including addictions to alcohol, drugs and pornography — and the latest treatments.

Sheff, David, *Beautiful Boy: A Father's Journey Through His Son's Addiction*, Houghton Mifflin Co., 2008.

The author, a journalist, describes his son's addiction to methamphetamine.

Sheff, David, *Clean: Overcoming Addiction and Ending America's Greatest Tragedy*, Houghton Mifflin Harcourt, 2013.

Sheff, author of the memoir *Beautiful Boy*, examines different treatments for overcoming addiction.

White, William, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*, Chestnut Health Systems, 1998.

White, a long-time researcher on addiction, has written what's considered a must-read on the history of addiction.

Articles

Ollove, Michael, "Painkiller Addicts Hit Medicaid Limits," Pew/Stateline, July 6, 2013, http://tinyurl.com/lyyhubh.

To save money, many states have restricted buprenorphine prescriptions to addicts receiving Medicaid, including imposing preauthorization requirements and lifetime caps.

Seelye, Katharine Q., "Heroin in New England, More Abundant and Deadly," *The New York Times*, July 18, 2013, http://tinyurl.com/jvgu754.

Young heroin addicts in Maine talk about their addictions.

Sontag, Deborah, "Addiction Treatment With a Dark Side," *The New York Times*, Nov. 17, 2013, http://tinyurl.com/k747uck.

Buprenorphine has both up and down sides.

Sontag, Deborah, "At Clinics, Tumultuous Lives and Turbulent Care," *The New York Times*, Nov. 18, 2013, http://tinyurl.com/katqp5h.

Two physicians dispensing buprenorphine to opiate patients have different approaches.

Zuger, Abigail, "A General in the Drug War," *The New York Times*, June 13, 2011, http://tinyurl.com/knz5c7d.

Neuroscientist Nora Volkow, director of the National Institute on Drug Abuse, has spent her career studying addiction.

Studies and Reports

"The Mental Health Parity and Addiction Equity Act," Centers for Medicare and Medicaid Services, undated, http://tinyurl.com/lk3pmw9.

The U.S. Department of Health and Human Services explains the provisions of the Mental Health Parity law.

"Prescription Drug Overdoses at Epidemic Levels," Centers for Disease Control and Prevention, Nov. 1, 2011, http://tinyurl.com/3pnfh93.

Addiction to prescription painkillers has become the main cause of drug overdoses in recent years.

"Principles of Drug Addiction Treatment: A Research-Based Guide (Third Ed.)," National Institute on Drug Abuse, 2012, http://tinyurl.com/7v5t7jg, www.drugabuse.gov/publications/principles-drug-addiction-treatment.

The nation's top drug addiction research arm lays out a list of principles for drug addiction treatment.

Collins, Gregory B., and Jason M. Jerry, "Medication-assisted treatment of opiate dependence is gaining favor," *Cleveland Clinic Journal of Medicine*, June 2013, http://tinyurl.com/ltfpk2z.

Physicians at a prestigious clinic's Alcohol and Drug Recovery Center provide a short history of medication-assisted treatment for opiate addiction.

Csete, Joanne, Richard Parker and Nancy Worthington, "Rethinking the War on Drugs: The Impact of US Drug Control Policy on Global Public Health," Columbia University Mailman School of Public Health, March 2010, http://tinyurl.com/k3lwh4y.

Public health researchers describe long-running U.S. policies to deal with the supply of drugs rather than the demand, and suggest ways the country could shift its drug policy focus.

Marlowe, Douglas B., "Research Update on Adult Drug Courts," National Association of Drug Court Professionals, December 2010, http://tinyurl.com/m937hdr.

The chief of science, law and policy for an association of drug courts professionals examines the courts' success rate in curbing drug use and crime.

Rinaldo, Suzanne Gelber, and David W. Rinaldo, "Availability Without Accessibility? State Medicaid Coverage and Authorization Requirements for Opioid Dependence Medications," The Avisa Group, 2013, www.asam.org/docs/advocacy/Implications-for-Opioid-Addiction-Treatment.

In a report prepared for the American Society of Addiction Medicine, researchers who have advised the federal government, states and counties on substance abuse initiatives studied addiction to opiate painkillers across the 50 states.

The Next Step:

Additional Articles from Current Periodicals

Buprenorphine

Elbow, Steven, "Suboxone might be the most effective way to beat heroin addiction. So why is it so hard to get?" *The Capital Times* (Madison, Wisc.), April 9, 2014, http://tinyurl.com/msmnmqj.

The drug Suboxone, a combination of buprenorphine and naloxone, is said to be extremely effective in helping addicts kick their opiate habits, but it is difficult to obtain because of high costs, long waiting lists and the lack of doctors certified to prescribe it.

Lowry, Fran, "Take-Home Induction of Buprenorphine Feasible, Safe," *Medscape Medical News*, April 16, 2014, http://tinyurl.com/mj4pq2w.

Research study gave patients a one-week prescription of buprenorphine, written instructions and telephone support and found that unobserved induction — that is, a patient's initial use of the prescribed medication at home rather than in a doctor's office — had very few adverse effects. That could help close the gap in treatment caused by the time-consuming process of administering initial doses of the drug in person.

Defining Addiction

"Addiction Now Defined As Brain Disorder, Not Behavior Problem," *LiveScience*, Aug. 15, 2011, http://tinyurl.com/3ryjy5l.

The American Society of Addiction Medicine updates its definition of addiction as a chronic brain disorder and not just a behavior problem involving alcohol, drugs, gambling or sex.

Kerr, David H., "Addiction Recovery Requires a Personal Commitment first, Treatment second," *NJ.com*, April 15, 2014, http://tinyurl.com/loemoru.

A recovery group leader says addiction is not a medical illness, but a choice made by the person to begin using drugs.

Heroin

DiSalvo, David, "Why Is Heroin Abuse Rising While Other Drug Abuse Is Falling?" *Forbes*, Jan. 14, 2014, http://tinyurl.com/muazokg.

A reporter concludes heroin abuse is likely rising because prescription drugs have become more expensive and harder to get, while heroin is cheaper and more available.

Elinson, Zusha, and Arian Campo-Flores, "Heroin Makes a Comeback," *The Wall Street Journal*, Aug. 8, 2013, http://tinyurl.com/qfwkezv.

Heroin use in the United States is becoming widespread, with the number of people who say they have used heroin in the past year increasing by 53.5 percent between 2002 and 2011.

Miroff, Nick, "Tracing the U.S. heroin surge back south of the border as Mexican cannabis output falls," *The Washington Post*, April 6, 2014, http://tinyurl.com/p9jup5b.

Mexican marijuana growers have converted their fields to poppies to meet the growing U.S. demand for heroin.

Welsh-Huggins, Andrew, "Ohio sees record high heroin overdose deaths," The Associated Press, April 18, 2014, http://tinyurl.com/kb5cmaz.

Heroin-related overdoses in Ohio increased from 426 deaths to 680 from 2011 to 2012, a 37 percent increase, according to the state's Department of Health.

Recovery Programs

DuPont, Robert, "Alcoholics Anonymous, the 12-Step Fellowship: A Modern Miracle (Op-Ed)," *LiveScience*, March 28, 2014, http://tinyurl.com/ke8f5co.

A psychiatrist says Alcoholics Anonymous offers a well-established, sophisticated and effective path to recovery.

Flanagin, Jake, "The Surprising Failures of 12 Steps," *The Atlantic*, March 25, 2014, http://tinyurl.com/mjb6vtc.

A reporter analyzes why society considers Alcoholics Anonymous a successful recovery program, despite research showing its limited success.

Heilig, Markus, "The right medicine for alcoholics," *The Washington Post*, Aug. 30, 2012, http://tinyurl.com/kqt5u2o.

A physician scientist at the National Institutes of Health argues that medications like Naltrexone are more effective at treating alcoholism than 12-step programs such as Alcoholics Anonymous.

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.

MLA STYLE

Jost, Kenneth. "Remembering 9/11." CQ Researcher 2 Sept. 2011: 701-732.

APA STYLE

Jost, K. (2011, September 2). Remembering 9/11. *CQ Researcher, 9*, 701-732.

CHICAGO STYLE

Jost, Kenneth. "Remembering 9/11." *CQ Researcher*, September 2, 2011, 701-732.

In-depth Reports on Issues in the News

Are you writing a paper?

Need backup for a debate?

Want to become an expert on an issue?

For 90 years, students have turned to *CQ Researcher* for in-depth reporting on issues in the news. Reports on a full range of political and social issues are now available. Following is a selection of recent reports:

Civil Liberties
Abortion Debates, 3/14
Voting Controversies, 2/14
Whistleblowers, 1/14
Religious Repression, 11/13
Solitary Confinement, 9/12

Crime/Law
Racial Profiling, 11/13
Domestic Violence, 11/13
Border Security, 9/13
Gun Control, 3/13
Improving Cybersecurity, 2/13

Education
Home Schooling, 3/14
Homeless Students, 4/13
Plagiarism and Cheating, 1/13

Environment/Society
Future of TV, 4/14
Media Violence, 2/14
National Parks, 1/14
Big Data and Privacy, 10/13
Future of the Arctic, 9/13
Women and Work, 7/13
Climate Change, 6/13

Health/Safety
Synthetic Biology, 4/14
Chemical & Biological Weapons, 12/13
Lyme Disease, 11/13
Domestic Drones, 10/13

Politics/Economy
Wealth and Inequality, 4/14
China Today, 4/14
Youth Unemployment, 3/14
Polarization in America, 2/14
Resurgent Russia, 2/14
Minimum Wage, 1/14

Upcoming Reports

School Discipline, 5/9/14 | U.S. Global Engagement, 5/16/14 | Online Journalism, 5/30/14

ACCESS

CQ Researcher is available in print and online. For access, visit your library or www.cqresearcher.com.

STAY CURRENT

For notice of upcoming *CQ Researcher* reports or to learn more about *CQ Researcher* products, subscribe to the free email newsletters, *CQ Researcher Alert!* and *CQ Researcher News*: http://cqpress.com/newsletters.

PURCHASE

To purchase a *CQ Researcher* report in print or electronic format (PDF), visit www.cqpress.com or call 866-427-7737. Single reports start at $15. Bulk purchase discounts and electronic-rights licensing are also available.

SUBSCRIBE

Annual full-service *CQ Researcher* subscriptions—including 44 reports a year, monthly index updates, and a bound volume—start at $1,054. Add $25 for domestic postage.

CQ Researcher Online offers a backfile from 1991 and a number of tools to simplify research. For pricing information, call 800-818-7243 or 805-499-9774 or email librarysales@sagepub.com.