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## The Road to Recovery from Alcoholism and Addiction: Retribution or Restoration?

### Abstract

According to the National Institute on Drug Abuse, the abuse of alcohol, tobacco, and illicit drugs in United States costs over 740 billion yearly (<https://www.drugabuse.gov/related-topics/trends-statistics>, accessed March 2018). However, statistics like this rarely include the toll that alcohol tobacco, and illegal drugs takes on family members, employers, educators, or the incredible number of accidental deaths from overdoses, car accidents, etc. This paper examines the historical ways that substance abuse has been dealt with in the US, and includes Portugal's and Germany's new policies toward addicts as a possible way forward. It focuses on education as a vehicle for restorative means of dealing with the addiction pandemic.

Keywords: alcoholism\*, addiction\*, substance abuse, retribution, restoration, harm reduction, the Twelve Steps, Alcoholics Anonymous, treatment

*\*It should be noted that alcoholism is an addiction and that the two words are used somewhat interchangeably throughout this paper.*

### Pete Schneller's vignette

I am an alcoholic and addict. Trust me, it was not a goal that I set for myself when I was in elementary school. It started out innocently enough; in fact, my first experience with alcohol at age twelve was like an answer to a prayer. My extreme shyness (aka social anxiety) disappeared, and under the influence of alcohol the world simply seemed like a better place. The comfort that alcohol gave me gradually dissipated, but by age twenty-two, I was a full-fledged alcoholic. Eventually my alcoholism and addiction cost me my family, many friends, and my sanity. Fortunately, after more than twenty years of heavy drinking and drug abuse, I sought help (perhaps in an odd way it sought me), and I'm now a recovering alcoholic and addict with almost thirty years of sobriety. I'm one of the lucky ones.

### Introduction

It is estimated that twenty-three percent of Americans over the age of twelve have abused alcohol; additionally, more than ten percent have abused illicit drugs (US Department of Health and Human Services, 2014). Predictions for 2018 forecast over one hundred deaths from opiate overdose per day in the United States (Trust for America's Health, 2017). The US has already lost more people by overdose than in the Korean War, the Vietnam Conflict, and Desert Storm combined. Worldwide each year 3.3 million people die from alcohol (Smith, 2017). Dire statistics are endless and staggering; they signal an ongoing pandemic perhaps more devastating than the Black Plaque, the Spanish Flu, and HIV combined. This

paper examines the history of alcoholism and addiction in the United States and briefly outlines the ‘curative’ measures, also known as treatment, harm reduction, and rehabilitation, that the US and other countries have taken to defeat this destructive disease of the mind, body, and spirit. It concludes with recommendations for proactive measures that may help battle this overwhelming international problem and recommends several possible solutions involving education.

### **Brief history of alcoholism and addiction in the United States**

The history of America not only celebrates inebriants, but also laments their destructive power. Susan Cheever’s *Drinking in America* (2015) chronicles the United States’ monumental history with alcohol. Her text starts with the alcohol rationing on the Mayflower and then details alcohol’s use during the American Revolution through the Twentieth Century. Her book includes the Whiskey Rebellion, John Adam’s family history with alcoholism, Susan B. Anthony (and the suffragettes), Prohibition, and concludes with the evolution of more modern temperance movements such as Alcoholics Anonymous.

Perhaps the most widely known part of America’s history with alcohol is the 18<sup>th</sup> Amendment to the United States Constitution. The nationwide prohibition of alcohol began on December 29, 1920 and ended with the passage of the 21<sup>st</sup> Amendment on December 5, 1933. During the later part of the 19<sup>th</sup> Century and early part of the 20<sup>th</sup> Century, widespread attention had been drawn to the alcohol problem in the US; however, the country was divided on the issue of prohibition. ‘Wets’ and ‘Drys’ battled over the practicality of prohibiting alcohol, and state and local laws were enacted and repealed with some rapidity prior to the 18<sup>th</sup> Amendment’s ratification (White, 1998). During this period of time the source of the problem shifted from the problematic characteristics of alcohol to problems within the character of alcoholics (White, 1998). Prohibition made the distribution of alcohol illegal and personal use forbidden. Like narcotic drugs alcohol use went underground; however, there was still widespread use and misuse.

By 1960, America’s counter to alcohol and drug addiction, the War-on-Drugs, a byproduct of alcohol’s prohibition, was well under way. When the *Archives of General Psychiatry* reported that the almost twenty percent of the US soldiers in Vietnam were addicted to heroin, American politicians were terrified by the notion that when the Vietnam War ended a plethora of addicted veterans would roam US streets. Ironically within a year, ninety-five percent of the addicted veterans who returned from Vietnam stopped using heroin (Hari, 2015). Despite this, alcoholism was still an endemic problem, but drug use also increased as the hippie generation touted their newly found freedom, which was complicated by an experimentation with a preponderance of ‘new’ drugs such as marijuana, cocaine, mescaline, LSD, et al. Addiction was on the rise; the “War-on-Drugs” intensified.

Opiate use in the US is the current addictive curse. Beginning in the 1990’s and continuing into the 21<sup>st</sup> Century, the escalation of America’s drug problem was created by the unforeseen confluence of several circumstances, including: 1) the American Medical Association’s claim that freedom from pain was a patient’s right; 2) Dr. Jick’s letter to the *New England Journal of Medicine* in 1980 which asserted that patients being treated for pain rarely, if ever, became addicted; 3) the rise of smuggling of cheap black tar heroin to the US from Mexico; 4) huge profits and

advertising campaigns of pharmaceutical companies for oxycodone and other opiates; 5) the government's focused attention to the problems with addiction caused by doctors' over prescribing of pain medications; and 6) the introduction of pill mills (Quinones, 2015). When doctors were compelled to stop prescribing so many opiates, their pain patients found access to cheap heroin, and heroin addiction reached epidemic proportions, which increased the need for treatment.

### **Brief history of treatment of alcoholism and addiction in the United States**

The precursor to treatment for alcoholism was the attention that Dr. Benjamin Rush brought to alcohol's use in the 18<sup>th</sup> Century. Dr. Rush, who was one of the signers of the Declaration of Independence, conceived the notion that alcoholism was a disease. He also condemned alcohol use among soldiers of the American Revolution and recommended that farmers halt rationing alcohol to their workers. During the early part of 19<sup>th</sup> Century, despite temperance movements among the Washingtonians, a mutual-aid society organized by alcoholics as well as religious effort by Methodists, Congregationalists, and Presbyterians, treatment for alcoholism was generally an individual struggle with the goal of moderation, not total abstinence. In the mid-1800's Dr. Samuel Woodward, one of American's leading authorities on mental illness proposed that inebriate asylums be used for drunks as an alternative to jail, and the institutional care for the addicted began (White, 1998).

There have been many starts and stops to treatment for alcoholism and drug addiction. Economic forces, social and political factors, patient selectivity, environment bias, conflict within the field, ethical abuses, and problems with leadership all played a part in the way that inebriate homes and asylums were marginalized in respect to medicine, law, and religion. There were also two broad philosophies at work; one philosophy touted recovery as the recouping of physical and mental faculties, while the other required moral conversion. Methods of recovery also varied widely; some institutions focused on isolation and self-reflection, some concentrated on religious inspiration, while others included induced aversion and hydrotherapy. In the late 1800's aftercare for the predicaments that patients faced when they left the institution was considered in some humanitarian institutions. The franchising of treatment for alcoholics also became an issue; frauds as well as miracle remedies were publicized without attention to actual results (White, 1998).

Throughout the 20<sup>th</sup> Century, US problems with addiction and alcoholism escalated. However, the founding and evolution of Alcoholics Anonymous (AA) by Bill Wilson and Dr. Bob Smith increased treatment for alcoholism. Wilson and Smith devised a program of recovery that utilized Twelve Steps for restoring alcoholics to a more normal lifestyle. AA began in 1935 with just two members and by 1955 had 133,000 members, who based their sobriety on a psychic change and treated alcoholism as a disease of the mind, body, and spirit; AA asks its members to follow the Twelve Steps which are based on spiritual principles, such as relying on a higher power, seeking forgiveness, making amends to those harmed, and helping others in their pursuit of a better and sober life (Kurtz, 1978). Today's membership

in AA exceeds two million members with roughly 100,800 groups that meet in approximately 150 countries (Wilson, 2001).

In spite of the rise of AA, beginning in 1986 and running into the 90's, newspaper reports of crime and violence caused by cocaine and methamphetamine addiction combined with the federal money generated from the War-on-Drugs increased dollars available for treatment of drug and alcohol addiction (White, 1998). Rehabilitation became a booming business; in fact, according to the National Survey of Substance Abuse Treatment Services, by 2010 there were 13,339 rehab facilities that served 2.6 million people (Fletcher, 2013). Rehab facilities cater to a variety of alcoholics and addicts and offer in-patient and outpatient care. Most facilities use the Twelve Steps of Alcoholics Anonymous and tout individualized counseling; some utilize motivational enhancement therapy, medication, and cognitive behavioral therapy, which requires the trained therapists and doctors (Szalavitz, 2016). Unfortunately, the reporting of results is tenuous; other ethical issues regarding autonomy, compassion, privacy, honesty, confidentiality, and legal implications confound the success of rehab facilities.

### **Today's treatment for alcoholism and addiction - can the US learn from other countries?**

As has been true in the past, treatment for addiction is mired in controversy. It is evident that America's War-on-Drugs has done little to stop, or even inhibit, the problem in the US. More harsh treatment of addicts has not stopped this problem in the Philippines, where President Duterte's War-on-Drugs demonstrates the inhumanity and futility of the violent treatment of suspected drug users. In 2017 over 12,000 lives have been lost during operations led by Philippine police at Duterte's command (Human Rights Watch, 2018). However, newer ideas such as Harm Reduction, which values compassion over punishment, and the decriminalization of drug use, offer hope. New Zealand is in the process of enacting a policy that regulates nationally approved recreational drugs. Uruguay has legalized all drugs. The United States could look to other countries that have managed to handle addiction proactively. Portugal and Germany are good examples of what a more humane approach to minimizing the damage created by the misuse of alcohol and drugs might entail.

In Portugal reforms include prevention programs, social education, harm reduction, treatment, and assistance in reintegrating addicts into society (Domostawki, 2011). Instead of imprisoning addicts and alcoholics, the Commission for Drug Dissuasion (CDD) processes their offenses as misdemeanors and applies sanctions according to the various conditions, such as what substances were used, the circumstances and place of use, and the economic situation of the user (Soares, 2016). Community service is utilized as a way to ease offenders back into society; health care (treatment) is also an option, but the individual must pay for the health care and the service provider must report to the CDD to determine whether or not the treatment must continue. "The highlight of Portugal's drug system is steering addicts away from the isolation of jail cells, to the more open arms of doctors, psychologists, social workers and therapeutic communities" (Bushak, 2016, p. 4). The Portuguese are hopeful that their unique way of handling addiction will continue to be effective.

Germany also provides a beacon of hope for those who break the law when either alcohol or drugs are involved. Their goal for prison is to rehabilitate prisoners and not to punish them. German prisons allow inmates to choose their clothes, prepare their own meals, and have romantic drop-ins. Furthermore, their view is that if a convicted criminal recommit a crime after having been incarcerated, it is the fault of rehabilitation and the staff of the prison (Chammah, 2017). The staff of prisons is highly trained and seeks to help each individual prisoner with their mental and physical well being; whereas, in US prisons, guards are authoritarian and trained to use force when confronted by inmates. Unlike American schools, German schools deal with students who show signs of mental illness (including addiction or traumatic stress) proactively. Once a child is identified with any special needs German schools make every effort to change the environment to fit the child. Humane strategies are inclusion and offsetting disadvantages through individual support, therapy and therapy-based assessment (European Agency, 2017).

### **A proactive way forward**

Treatment and rehabs are reactive measures for curbing addiction. It is possible that more proactive methods can be developed. One of the bright stars in respect to proactively treating addiction is Maia Szalavitz, who contends that alcoholism and addiction are learning disorders that are actually developmental. Szalavitz (2016) posits "...if addiction is a learning disorder, fighting a 'war on drugs' is useless" (p. 4). She asserts that if addiction is a learning disorder, it is not necessarily a problem that demands life-long treatment, but rather better education. Researchers have known for years that 90% of all substance addictions start in adolescence and that it is much less likely if use starts after the age of twenty-five. It follows that if there was a way to recognize potential addicts, there may be preventive ways to help stop addiction before it starts. Education may be the key to reducing addiction in the world.

Fortunately, there are new trends in education that may be at least part of the solution. Unfortunately, in the US public school teachers tend to teach skills that are oriented to school and workplace success rather than teaching skills that promote well being. Martin Seligman's (2011) Penn Resiliency Program (PRP) teaches topics rarely touched upon through mandated state standards of education in the US. PRP students are taught how to handle common problems of adolescence, and trained educators of PRP teach optimism as well as decision-making, relaxation, assertiveness, and flexibility. Turning trauma into growth is also a focus. The instruction that Seligman (2011) has devised includes positive psychology and not only teaches it, but embeds it in students. The acronym PERMA (positive emotion, engagement, meaning, positive relationships, and accomplishment) becomes the students' measure of prosperity.

However, much too often American students feel discontented rather than prosperous. *Better Than Carrots and Sticks* (Smith, Fisher & Fry, 2015) offers fresh insights into classroom management. Instead of making classroom management a set of routines and procedures, the authors discuss two aspects of an effective learning environment: 1) relationships and 2) high-quality instruction. Their view of discipline is focused on restoration and self-discipline rather than punishment. "The social and emotional development of students is often poorly articulated in schools –

relegated to an assembly and a few accompanying lessons. Traditional tools for addressing behavioral issues among students – rewards and consequences, shame and humiliation, suspensions and expulsions – run counter to a restorative culture and do not result in lasting change, much less a productive learning environment.” (Smith, Fisher & Fry, 2015, p. 6). Discipline can turn into self-discipline if learning is focused on how to be a better person, rather than how not to get caught. Incorporating restorative classroom management procedures would be an excellent step toward helping young people avoid the perils of drugs and alcohol.

## Conclusion

Ultimately, the choices regarding the solutions to the problem of addiction come down to reactive and proactive measures. Generally the legal reaction to addiction has been guided by violence. Johann Hari (2015, p. 32) writes “...everybody who has ever loved an addict – everybody who has ever been an addict – has this impulse in them somewhere. Destroy the addiction. Kill the addiction. Throttle it with violence.” However, newer ideas revoke retribution and seek to restore or habilitate (or rehabilitate) the addict to society. This can be done, but only through less punitive and more healing channels. Unfortunately, the common treatments of addiction further damage people who have already destroyed themselves. Hopefully, an educational curriculum that deals with remediating children who have experienced toxic trauma and stress and that includes coping skills to preventing the self-destructive nature of drug or alcohol use can be integrated into middle and high schools. This curriculum would emphasize gaining skills that utilize emotional intelligence and positive psychology, and with the help of trained teachers educators could help children avoid the lure of drugs and alcohol for handling the perils of adolescent development.

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