

So long as we trace the development from its outcome backwards, the chain of events appears continuous and we feel that we have gained an insight...

— Sigmund Freud



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ASSESSING OUR TRAJECTORY

The Freud quotation is a portion of a statement he made relative to the study of human development in 1920. It describes the difficulty of knowing where we find ourselves on a path of progress, or whether we are even on a path of progress, before we know the outcome from the other side. While observing a chain of events, or moreover while participating in a chain of events, it is a considerable challenge to appreciate the trajectory of our progress. ▶

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The Freud statement is quoted in the seminal 1983 text, "The Natural History of Alcoholism"¹, in which researcher George Vaillant reports the outcomes of the famous Harvard Cohort Study, one of the most important studies of addiction, if not human development, ever conducted. The value of the study lies largely in its breadth and longevity. It is a longitudinal study of adult development and life satisfaction conducted through Harvard Medical School over a period of more than 75 years. Parts of the study continue to this day, and through it, we can appreciate the trajectory of peoples' health because we have the perspective Freud referenced: the passage of time and the opportunity to look backward.

The study involved 268 healthy Harvard college sophomores from the classes of 1939–1944 (not the least of whom was President John F. Kennedy) and it ran in tandem with a study that included a second cohort of 456 disadvantaged inner-city youth who grew up in Boston between 1940 and 1945. Data were collected about mental and physical health, career enjoyment, retirement experience, and marital quality. The goal of the study was to identify predictors of healthy aging, and what emerged through the data collection was an entire subset of subjects with alcoholism. From this subset, Vaillant provided the most comprehensive findings to date on alcoholism and recovery.



KEY FINDINGS FROM THE STUDY INCLUDE

- Alcoholism is a disorder of great destructive power in peoples' lives
- Alcoholism was the main cause of divorce for the subjects
- Alcoholism strongly correlates with neurosis and depression, which tended to follow alcohol abuse, rather than to precede it
- Together with cigarette smoking, alcoholism was the single greatest contributor to early morbidity
- Achieving long-term sobriety usually involves a less harmful substitute dependency, new relationships, sources of inspiration and hope, and experiencing negative consequences of drinking.

Beyond specific findings regarding alcoholism causes and paths to recovery, the study made fascinating connections about more general life quality as it correlates to alcoholism.

The author's main conclusion is that the quality and warmth of relationships throughout life have the greatest positive impact on life satisfaction, happiness, and what is frequently seen as success. While the study in no way discounts the neurobiological component of alcoholism, in the final analysis, the environment, the "psycho-social-spiritual" pieces, proved to be enormous indicators of addiction cause and recovery. ▶

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¹ The Natural History of Alcoholism: Causes, Patterns, and Paths to Recovery, By George E. Vaillant, Harvard University Press, ©1983.

Additionally, and critically important to our understanding of the trajectory of our progress, the study showed that correlating interventions to successful outcomes is in fact time relevant and not an absolute, once-and-for-all matter. As an example, a shy and anxious child will indeed struggle to thrive in adolescence, but the condition becomes a less relevant predictor of welfare as the child matures. By the time he is a mature adult, the condition virtually disappears as a predictor of health and happiness. A 15-year study would not have revealed that information.

Our field is in now in a period of rapid development. We are making considerable strides in understanding the neurobiology of addiction, and we are developing treatment practices around that improved understanding. At NAATP, we are engaged in a rigorous and comprehensive treatment outcomes study, The OPP, which will measure our efficacy under several integrated treatment models from nine separate NAATP Provider Member campuses.

Much of the growth and change is a response to the emergency condition of opioid addiction that seems to lend itself particularly well to Medication Assisted Treatment (MAT) in the form of longer term medication protocols. Meanwhile, alcohol addiction continues to be the most prevalent destructive substance.

SO HOW ARE WE DOING? WHAT IS OUR TRAJECTORY?

We know more about treating addiction than we ever have. From the perspective of neuroscience to psychology, and the social and spiritual components of care, we have a wealth of experience and evidence-based practice to offer our patients. We recognize that recovery from a chronic disease occurs on a lifelong continuum of services and patient self-care, although we still get stuck in episodic “calendar care” at times.

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We have lifesaving medications and medications that can place a patient on a path to recovery, although we may not know how to keep them on the path or get them off the medications when they are no longer indicated.

The stigma of addiction as a moral failing rather than a disease is lessening considerably although it still exists. It remains difficult to perceive a brain disease with behavioral components as a real disease. One of the great by-products of neurobiological advances in addiction is that the research gives us solid disease evidence. ▶

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One of the outcomes of the opioid crisis within middle class America is that it caused the public, press, and policymakers to respond, and the Comprehensive Addiction and Recovery Act (CARA) was passed by bipartisan support. It is not adequately funded, yet.

The just-released report of the U.S. Surgeon General is no small matter. Not only is it the first-ever report on addiction by a U.S. Surgeon General, it also is significant evidence of progress toward de-stigmatization, treatment of addiction as a health care matter, and providing the best care for the most people.

Service delivery remains highly problematic and here our trajectory is quite unclear. Where 21 million people suffer from a disease and only 10% receive the care they need, we are not doing our job. It is certainly hopeful that 25 million people identify as “in recovery” from addiction.²

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Which brings us to money. The inclusion of addiction as an essential health care benefit in the Affordable Care Act (ACA), and the connection of the benefit to parity law through the Mental Health Parity and Addiction Equity Act (MHPAEA), create a tremendous potential for addiction care for these millions who do not receive care. We know that potential is far from realized but we have seen progress, particularly through the recent White House Parity Task Force Report³. It remains to be seen to what extent this progress will continue.

Seventy-five years from now we will know just how well we did in terms of developing treatment responses during this critical period. In the meantime, we must, as leaders in the field, assess the wisdom of our trajectory and make good decisions about treatment service delivery and program best practices. In doing so, we would do well to recall some of the lessons of history provided by the Harvard Cohort Study.

First, we should function with a large measure of humility. The Harvard Cohort data surprised some very smart researchers with information they did not know. Within each of our compartments along the continuum of care and within our respective disciplines, we frequently fail to recognize what we do not know. Our perspective⁴ can be narrow. What we believe has worked well for many of our patients has not always been well measured over time and may not be a recovery fit for a new kind of patient. It can also be very hard for a researcher who has not seen human transformation from sick to well though the application of psycho-social-spiritual care to understand it and believe it.

Next, we should remember that environmental factors, the social and spiritual components of treatment, are key predictors of sobriety and wellness and are not mere footnotes to medication. This is true for all patients, including the young opiate patient. Our development of improved treatment modalities must continue to be multidimensional. ▶

2 Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, U.S. Department of Health and Human Services, November 2016. naatp.org/resources/news/surgeon-general-issues-landmark-addiction-report/nov-17-2016.

3 The Mental Health and Substance Use Parity Task Force Final Report, October 2016. naatp.org/advocacy/public-policy/white-house-parity-task-force-releases-recommendations/oct-27-2016.

4 AA co-founder Bill Wilson frequently used the words humility and perspective interchangeably in his writings compiled in “The Language of the Heart.” The AA Grapevine, Inc. ©1992.



Last, let's be mindful that success is best measured along a continuum that values early results, but continues to measure for the long term. The outcomes are not always the same. The quality of life in recovery looks much different at the six-month mark than it does at six or sixty years.



We must also play the long game in terms of treatment center operational and business practices. Progress brings new players to the field and not all of them are well-informed, skilled, or well-intentioned. Many NAATP members have been with NAATP from our beginning in 1978 and were delivering treatment long before that. They know about opportunists coming to the profession motivated by personal profit.

We have seen this before but it is particularly prevalent now, ironically as a by-product of the de-stigmatization and funding we have sought. And, some of their methods work, or at least seem to generate business and profit in the short term. The temptation is to join them. While it is hard to play the long game when it appears you are losing the short game, we need to be directed by our core values. ■

**LOOKING BACKWARD IN 2091,
WE WILL KNOW HOW WELL WE DID.**
