We Can't Treat Cancer in 30 Days. Why Do We Think Treating Addiction is Any Different?

Posted by Lisa Frederiksen

I've tried to verify who came up with the idea that addiction* could be treated in 30 days. One version was reported by Shari Roan in her November 10, 2008 *Los-Angeles Times* article, "The 30-day Myth," in which she wrote,

Dr. David Lewis…who in the 1970s helped establish the first addiction treatment program in the U.S. Air Force, says 30-day stays were scheduled for bureaucratic reasons — men and women didn't need to be reassigned if they were away from duty for no more than 30 days. Other treatment centers followed suit, and insurers adopted the standard of 28 or 30 days of inpatient care.

In Ben Allen's story for NPR's October 1, 2016*, Weekend Edition Saturday,* titled, How We Got Here: Treating Addiction in 28 Days, Allen quotes Anne Fletcher, author of the book *Inside Rehab*,

"It certainly is not scientifically based," she *[Fletcher]* says. "I live in Minnesota where the model was developed and a lot of treatment across the country really stemmed from that."

She says the late Daniel Anderson was one of the primary architects of the "Minnesota model," which became the prevailing treatment protocol for addiction specialists. At a state hospital in Minnesota in the 1950s, Anderson saw alcoholics living in locked wards, leaving only to be put to work on a farm.

To find a path for them to get sober and leave the hospital, he came up with the 28-day model.

However this 30-day version came to be, it'd ludicrous to think addiction can be treated / cured in 30 days given what we now know about this brain disease. Thus, it's time we start treating addiction the same way we treat other chronic diseases. Please consider these suggestions…

Make Addiction Treatment Readily Available – the Same Way a Person With Heart Disease Is Able To Access the Treatment They NeedTreat

Addiction Like Other Chronic Diseases — it can't be done in 30 days.

Requiring a person with heart disease to wait for treatment is impossible to imagine. It just wouldn't happen. And, yet, people with a different chronic disease – the brain disease of addiction (aka substance use disorder) – experience this situation ALL THE TIME.

Not only that, trying to figure out where to go or take a loved one in the downward spiral of addiction, a spiral that can result in death, is overwhelming. And then, there's the cost and what is and is not covered by insurance and the lack of understanding of what a person is supposed to look for in order to treat addiction that can slam the door shut on the moment the person with addiction has decided they need help.

And don't even get me started on the notion that a person has to hit bottom before they can treat their addiction or that the first line of defense – a person's primary care doctor – generally has little medical understanding, let alone medical school training, on how to screen for addiction based on symptoms and

then make a referral to a medically trained addiction-specialist (of which there are few), the same way they'd screen and refer in the case of diabetes, heart disease, or cancer.

Would we even think of telling a person with diabetes, heart disease, or cancer, "I'm sorry, you haven't hit bottom, yet, come back when you have." Or, "Sure, we'll take you, but no we don't have a medical, science-based, treatment protocol in place, nor do we have the medical team that can diagnose and treat your chronic, often relapsing brain disease (the one that may be co-occurring with a mental disorder), but we do have peer support group meetings, comfortable accommodations, a top-notch chef, yoga, and exercise programs." Now don't get me wrong…all of the latter are definitely components of a treatment plan that can work for some people. And let me also be clear here, millions of people have succeeded in recovery from addiction solely or in part through participation in a 12-step program or another peer support group. But like treating diabetes, heart disease, or cancer, it may take a medical evaluation and using the latest scientific research to best treat the complexities of addiction (aka substance use disorder) as it presents in other individuals, and for that reason, we must be aware of these complexities. There is no single way a person develops addiction, nor is there a single way to treat all people who have it. (Suggestions offered later in this post.)

And something else to understand, relapse can be part of this disease's treatment/recovery process, as is true for diabetes, heart disease, or cancer. If, for example, a person with one of these other three chronic diseases relapses (has another heart attack or their cancer returns or they go into a diabetic coma), they are never blamed and told, "Sorry, you must not have wanted it (recovery) badly enough." Instead, their treatment program is revised because what s/he has been doing isn't working for them any longer! This same approach must be taken to effectively treat addiction.

Which leads me to my other suggestions…

Treat Addiction Like Other Chronic Diseases

Disease by its simplest definition is something that changes cells in a negative way. When cells change in a body organ, the health and functioning of that organ changes. In the case of lung cancer, for example, cancer cells in the lungs change the health and functioning of the lungs. Addiction changes cells in the brain, which in turn changes the health and functioning of the brain. Given the brain is the organ that controls everything a person thinks, feels, says and does, and develops as the result of contributing risk factors and brain developmental processes that influence that particular person's brain wiring and mapping, it is now understood that addiction is a complex brain disease. But it *is* a disease and like other chronic diseases, **it's treatable**.

One of the difficulties for accepting this disease model of addiction vs. lung cancer, for example, are the symptoms. With lung cancer, the symptoms might be a cough (often with blood), chest pain, wheezing, and weight loss. The symptoms of addiction include: lying, cheating, verbal/physical/emotional abuse of loved ones, neglect, denying the use or blaming someone or something else for the use/misuse, drinking or using huge quantities of other drugs (far more than "normal" people), and repeatedly breaking promises to stop or cut down. These symptoms make it very difficult to feel sorry for or want to help the person exhibiting them.

So what can we do?

The same thing we do with other chronic diseases. We turn to the latest science and medical research and recommendations to understand the disease and learn what it takes to treat it. And like other chronic diseases, we accept there is no one, nor right, way to treat it. What works for one person may not work for another, and generally it's a combination of things that can help. And like other chronic diseases, we accept that a relapse doesn't mean treatment failed, it means treatment needs to be adjusted.

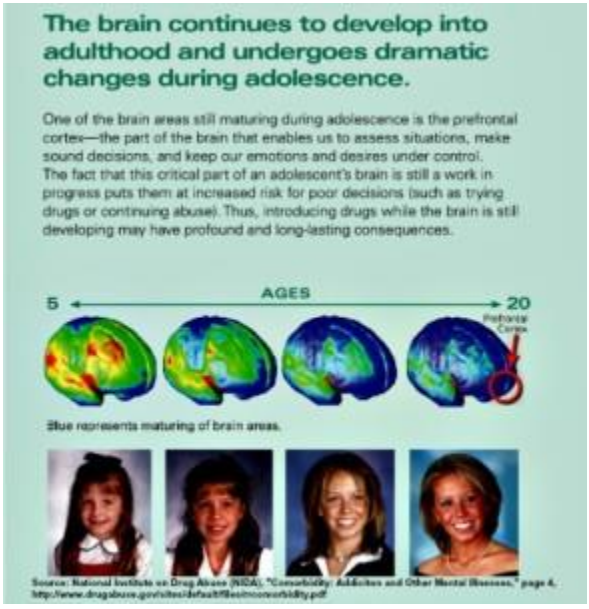
And like other chronic diseases, we take the 3-stage disease management approach to treatment:

- Stage 1: detox/stabilization
- Stage 2: acute care/rehab
- Stage 3: long-term continuing care.

In other words, we do what we'd do for the person presenting with a heart attack, which is: stage 1: stabilize the heart; stage 2: conduct a thorough medical evaluation to determine the best course of action – a bypass, for example, and then we conduct surgery (acute care) and keep them in the hospital while they get used to their new heart (rehab); and stage 3: send them home with a continuing care plan that may include medication, exercise, diet modification, therapy around their fear of it happening again, AND we monitor them, and if something goes wrong, we adjust their treatment, and we NEVER blame them for the reoccurrence. This is not to say everyone with addiction needs to go into detox for their stage 1 or into residential rehab for their stage 2 to be considered "in treatment." Rather it's the idea that treatment and recovery is a process that involves all three stage concepts.

Understand How a Person Develops addiction

As I stated above, there are risk factors and brain developmental processes that contribute to a person developing addiction. These include:



Childhood Trauma | ACEs and the Substance Misuse Connection is more easily understood when we understand how the brain develops and what influences that development.

- genetics (one can't help their genetics, but it explains a big piece of the puzzle of how one person develops addiction and another does not when both are using/misusing the same amount – in fact, genetics is 40-60% of the reason a person misusing alcohol or other drugs goes on to develop addiction);
- childhood trauma (verbal, physical, emotional abuse, neglect…for some this is also ACEs – adverse childhood experiences) which resulted in toxic stress, which can change a child's brain wiring (brain architecture), and if not addressed during treatment and continuing care is often a trigger to relapse);
- social environment;
- mental disorder (also a brain disorder and one that needs to be addressed if it's still present [co-occurring] so as not to be a relapse trigger to use/misuse because of the mapping of the substance as a soother of the symptoms of the mental disorder – 40% of persons with addiction have a co-occurring mental disorder); and
- early use (the brain developmental processes occurring from ages 12 – 25 are deeply influencial in the development of addiction in the person misusing alcohol or other drugs during this time).

Then you add the characteristics of addiction (in other words, what makes it different than substance abuse): tolerance, physical dependence, cravings, and loss of control that also need to be addressed,

and you can more fully appreciate what I mean – it's complex

Pay Particular Attention to Trauma | ACEs (Adverse Childhood Experiences)

Above, I briefly talked about childhood trauma | Adverse Childhood Experiences (ACEs) as one of the key risk factors for developing addiction. Time and again when I speak before audiences or talk one-on-one with individuals or engage in conversations with therapists and other medical professionals, the answer is, "No," when I ask, "Have you heard of the ACE Study?" This continues to surprise and sadden me because the ACE Study was conducted in the late 1990s, and yet, understanding and using this Study's findings can have a profound impact on a person's treatment and recovery success.

In her interview of Dr. Dan Sumrok for her article, "Addiction doc says: It's not the Drugs. It's the ACEs — adverse childhood experiences," Jane Ellen Stevens, founder/editor of ACEs Connection Network, Stevens writes,

Sumrok normalizes their addiction, which he explains is the coping behavior they adopted because they weren't provided with a healthy alternative when they were young. He explains the science of adverse childhood experiences to them, and how their addictions are a normal – and a predictable – result of their childhood trauma. He explains what happens in the brain when they experience toxic stress, how their amygdala is their emotional fuse box. How the thinking part of their brain didn't develop the way it should have. How it goes offline at the first sign of danger, even if they're not connecting the trigger with the experience. Drugs like Zoloft don't really help much, he tells them. Zoloft and other anti-depressants don't remove the memory triggered by the odor of after shave that was worn by your uncle who sexually abused you when you were eight, or the memory triggered by a voice that sounds just like your mother who used to beat you with a belt, or by a face of a man who looks like your father who used to scream at you about how worthless you were…the examples are infinite.

To learn more about the ACE Study and ACEs and find an extensive list of resources, please visit Jane Steven's post, "ACEs Science 101 (FAQs)."

And We Can Do This Now – We Can Treat Addiction the Same Way

We'd Treat Other Chronic Diseases

But we must accept that this disease cannot be treated in 30 days any more than we'd dream it's possible to treat cancer in 30 days. (Here's the American Cancer Society's treatment timeline for cancer for comparison.) It's going to take time, but know that it is treatable!

The science is now available to explain what it's going to take, but it's recent so not widely known. In fact, most of the addiction-related scientific findings are within the recent 10-15 years. To help you zero in on this research explaining the science of the brain disease of addiction (aka substance use disorders), check out the *Executive Summary of The U.S. Surgeon General's Report on Alcohol, Drugs, and Health,* NIDA's *Drugs, Brains, and Behaviors: the Science of Addiction,* and the American Society of Addiction Medicine (ASAM)'s *Definition of Addiction.*

BUT…and this is a big, big BUT! How do you find good, effective treatment? It's not like you can just take your loved one to or go to, yourself, the doctor to talk about your symptoms or to a hospital if you're in critical condition the way you'd do if you had or suspected you had any other chronic disease. I will be writing a post on how to find effective treatment in a subsequent post, but for now, check out NIDA's *Principles of Effective Treatment* and ASAM's *Treatment for Alcohol and Other Drug Addiction.* For help finding a medical practitioner trained in addiction medicine, check out the American Board of Addiction Medicine, whose mission is to provide "assurance to the American public that addiction medicine physicians have the knowledge and skills to prevent, recognize, and treat addiction."

What Can You Do to Help Spread This Message?

Get involved. If you are an organization, treatment center, behavioral health department, school, medical practice, community coalition — in other words, working to raise awareness, treat, fight, or prevent addiction — consider becoming a Partner of Facing Addiction's Action Network. I've been a volunteer with this organization since its inception. This link, Who We Are – Facing Addiction, explains what Facing Addiction is all about. This link explains what being a partner with the Action Network means/involves. And if you decide to become a Partner, here's the link to Join the Network – Facing Addiction.

If you are an individual struggling with addiction or a family member or close friend who loves someone who is, learn as much as you can about this disease and what it takes to treat it — the same way you'd delve deep and wide to figure out what it takes to treat heart disease, cancer or other chronic diseases.

And, as always, please feel free to call me 650-362-3026 or email me at lisaf@BreakingTheCycles.com. There is no charge for initial outreach calls.
