

Foreword

As a Senator, Barack Obama ruffled some feathers when he opined that eighth grade graduation ceremonies were overblown because the kids “weren’t done yet.” Years later, when we had the privilege to work for President Obama in the White House Office of National Drug Control Policy, his comments came back to us as we contemplated “addiction treatment and drug court graduation ceremonies” during which patients who had completed a residential stay or a drug court term were hugged and cheered in front of weeping relatives. Despite the pomp and circumstance, they too “weren’t done yet.” Recovery, like education, should not be the subject of closing ceremonies when years of toil, learning, and reward still lay ahead. At some point, it becomes not just unwise but also unethical to promise suffering people and their families otherwise. This volume makes this point in a compelling fashion and provides an exciting alternative path forward in the care of addiction.

As the chapters in this book establish, neuroscientific and epidemiologic evidence, clinical knowledge, and the lived experience of addicted people have long suggested that the course of serious substance use disorders tends to be chronic rather than short-term. Yet over the decades that this evidence about the nature of the illness has accumulated, the fundamental nature of the treatment offered, the insurance provided and the evaluations conducted on the US addiction treatment system remained largely the same. The system is well suited for managing the short-term crises of addiction, stabilizing addicted patients, and providing a small amount of aftercare. Indeed, given the nature of most funding streams, it might be simpler to say that it does precisely what it is paid to do.

Despite those flaws, that system has helped many people, especially when the initial treatment has been the doorway to the grandfather of all “recovery-oriented systems of care,” Alcoholics Anonymous. But the more common outcome has been short-term intervention leading to repeated relapses and readmissions. To paraphrase the title of a chapter in this volume, if we had really believed at the outset that addiction were a chronic disorder, we would have designed a much different treatment and recovery support system with meaningful connection to partners in the health care and social welfare systems who provided long-term monitoring and management.

Simply hanging this entire problem on the US addiction treatment system would be both simplistic and unfair. The lack of financially and clinically attractive models for delivering effective continuing medical care is not peculiar to the addiction field – this is a general problem throughout the US health care system. Many diabetic patients cycle in and out of the hospital, many myocardial infarct patients do not receive adequate cardiac rehabilitation, and many asthmatic children are taken regularly by frightened parents to the emergency room. Further, although many people have diagnosed the problems of the acute care oriented addiction treatment system, far fewer have come up with concrete solutions. This book is the first serious effort within our field to answer that call, and the lessons here are potentially valuable for the rest of general health care.

In the pages that follow, national leaders in the recovery field assemble the growing evidence base, put forward specific models of care and, perhaps most importantly, take on directly the enormous system-level challenges of trying to re-engineer sclerotic infrastructure (both physical and philosophical), using inspiring real-world examples from the State of Connecticut and the City of Philadelphia. Though much remains to be done, there is great reason for optimism. First, the passing of the Affordable Care Act (aka “Health-care reform”) signals the end of financial and clinical segregation of treatments for mental and substance use disorders from the rest of health care. Second, the rigorous insurance parity regulations contained in the Affordable Care Act and the Paul Wellstone Pete Domenici Mental Health Parity and Addiction Equity Act will help move behavioral health care up from its second-class status within health insurance benefits and reimbursement. The present moment is thus an unprecedented opportunity to expand the quantity and quality of addiction treatment and recovery support services. Yet in the midst of these victories we must simultaneously be humble because the hard truth is that virtually everything we know about long-term recovery management currently fits in a single book, albeit a truly excellent one.

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Theory, Research and Practice

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