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Treatment Works! Is it time for a new slogan?

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Catchy slogans that convey complex ideas and sentiments have a rich history within the alcohol and other drug (AOD) problems arena. They have been used to:

- promote drug use (“I’d walk a mile for a...; “Tune in, turn on, drop out.”)
- discourage drug use (“Just Say No”; “This is your brain; ...”),
- depict the nature and source of AOD problems (“Alcoholism is a disease”; “Capitalism plus dope equals genocide”)
- portray the character of those experiencing AOD problems (“The alcoholic is a sick person”; “Users are losers”)
- promote particular AOD-related social policies (“Zero tolerance”; “Treatment works”)
- shape recovery-supportive self-talk (“One day at a time”; “First things first”).

Institutions whose missions are related to AOD consumption and its related problems have all coined slogans to promote their ideological, financial and therapeutic interests. Such slogans can operate at multiple levels (personal, family, professional, institutional and cultural), work at some levels while failing at others, and work in the short term but fail over time.

Rethinking “Treatment Works”

The slogan *Treatment Works* is currently the central promotional mantra of the addiction treatment industry. The slogan has many desirable attributes. It is compact and catchy. It celebrates the hundreds of thousands of people who have achieved recovery from substance use disorders through the vehicle of professional treatment. It honors the commitment and competence of those who work on the front lines of addiction treatment. Historically, the slogan affirms the superiority

of addiction treatment institutions over the “drunk tanks” (of city jails), “foul wards” (of city hospitals) and “back wards” (of aging state psychiatric hospitals) that preceded them. Culturally, the slogan counters highly publicized accounts of celebrity relapse following treatment and rebuts attacks on the legitimacy of addiction treatment and its conceptual foundations. Scientifically, *Treatment Works* proclaims the positive findings of addiction treatment outcome research. With such apparent advantages, it is little wonder that the slogan has achieved wide dissemination. The problem is that slogans and sloganeering are complex entities and processes plagued with unintended consequences. This article, written by a long-time promoter and defender of addiction treatment, argues that the slogan *Treatment Works* is ill conceived and should be replaced.

The slogan *Treatment Works* erroneously conveys the existence of a singular, static entity—*treatment*--that is consistent in character and quality across the United States. The reality is quite different. Addiction treatment is a smorgasbord of diverse settings, philosophies, and techniques that vary significantly in their effectiveness (Wilbourne & Miller, 2003). There are widely utilized methods of addiction treatment that lack scientific support (Miller & Hester, 1986), and methods of treatment supported by substantial scientific evidence that continue to be publicly and professional stigmatized (Kreek & Vocci, 2002). Outcomes of addiction treatment vary by client and program characteristics (Miller, Walters, & Bennett, 2001; Wilbourne & Miller, 2003), vary across different addiction counselors (McLellan, Woody, Luborsky, & Goehl, 1988) and can vary over time due to the instability of treatment organizations and the high turnover of the addiction treatment workforce (McLellan, Carise, & Kleber, 2003; Roman, Blum, Johnson, & Neal, 2002). The sweeping generalization *Treatment Works*, by ignoring such variability and instability, fails to enhance the public’s ability to make informed choices about addiction treatment services.

The slogan *Treatment Works* conveys a single pathway model of AOD problem resolution and perpetuates an acute care model of intervention that for many people does not “work.” The slogan *Treatment Works* fails to acknowledge the resolution of AOD problems without professional treatment, and ignores the role of self, family, friends, and other indigenous recovery supports in the recovery process. The slogan implies that persons with substance use disorders are “broken” but can be “fixed” via a single, brief episode of professional intervention. This acute model of intervention is ill suited for individuals with high personal vulnerability for AOD problems, high problem severity and chronicity, multiple co-occurring problems, and few intrapersonal and interpersonal resources to support recovery initiation and maintenance (McLellan, O’Brien, Lewis & Kleber, 2000; White, Boyle, & Loveland, 2003). The effusive optimism of the *Treatment*

Works slogan masks a brutal reality: there are legions of families whose loved ones are dying addiction-related deaths, languishing in prisons, or living addiction-deformed lives—all after one or more episodes of addiction treatment. The slogan *Treatment Works* is painfully contradicted by the experiences of these families.

The slogan *Treatment Works* misrepresents the highly variable outcomes of addiction treatment. Research findings challenge the mechanistic view of treatment reflected in the slogan *Treatment Works*. The slogan fails to convey the following limitations of addiction treatment as currently practiced in the United States.

Failure to Attract/Limited Access Only 10% of persons in need of treatment for a substance use disorder receive such treatment in any given year (Substance Abuse and Mental Health Services Administration, 2003). Access to treatment in many communities is compromised by an absence of treatment resources, waiting lists for such services, and high rates of waiting list dropout (Little Hoover Commission, 2003; Hser, Maglione, Polinsky, & Anglin, 1998; Donovan, Rosengren, Downey, Cox, & Sloan, 2001).

Treatment Attrition More than half of clients admitted to addiction treatment do not successfully complete treatment (24% leave against staff advice; 18% are administratively discharged for various infractions; 9% are transferred) (SAMHSA, 2002).

Inadequate Treatment Dose Of those who successfully complete addiction treatment, many receive less than the optimum dose of treatment recommended by the National Institute on Drug Abuse (National Institute on Drug Abuse, 1999; SAMHSA, 2002).

Absence of Continuing Care Post-discharge continuing care can enhance recovery outcomes (Johnson & Herringer, 1993; Godley, Godley, & Dennis, 2001; Dennis, Scott, & Funk, 2003), but only 1 in 5 clients actually receives such care (McKay, 2001).

Post-treatment Relapse & Readmission Of those admitted to addiction treatment, 60% already have one or more prior treatment admissions (24% have three or more prior admissions) (Substance Abuse and Mental Health Services Administration, 2001). The majority of people completing addiction treatment resume AOD use in the year following treatment (Wilbourne & Miller, 2003), 80% of whom resume use within 90 days of discharge (Hubbard, Flynn, Craddock, & Fletcher, 2001). Between 25-35% of clients who complete addiction treatment will be re-admitted to treatment within one year, 50% within 2-5 years (Hubbard, Marsden, Rachal, Harwood, Cavanaugh, & Ginzburg, 1989; Simpson, Joe, & Broome, 2002). Most persons professionally treated for substance dependence who achieve a year of stable recovery do so after multiple episodes of treatment

over a span of years (Anglin, Hser, & Grella, 1997; Dennis, Scott, & Hristova, 2002).

Instability of Early Recovery Durability of recovery from alcoholism (the point at which risk of future lifetime relapse drops below 15%) is not reached until 4-5 years of sustained remission (De Soto, O'Donnel, & De Soto, 1989; Jin, Rourke, Patterson, Taylor, & Grant, 1998). Long-term studies of individuals treated for narcotic addiction reveal that 20-25% of those who achieve five or more years of sustained abstinence later return to opiate use (Simpson & Marsh, 1986; Hser, Hoffman, Grella, & Anglin, 2001).

Post-treatment Mortality Long-term follow-up studies of clients treated for addiction reveal a high mortality rate related to accidental poisoning/overdose, liver disease, cancer, cardiovascular disease, AIDS, suicide and homicide (Hser, et al., 2001).

These stark findings do not mean that addiction treatment has no value. Treatment-related remissions (persons no longer meeting DSM-IV criteria for a substance use disorder following treatment) average about one-third, substance use decreases by an average of 87% following treatment, and substance-related problems decrease by an average of 60% following treatment (Miller, Walters, & Bennett, 2001). Recent studies confirm that addiction treatment outcomes are comparable to treatment outcomes for other chronic health conditions (e.g., type I diabetes, hypertension and asthma) (McLellan, O'Brien, Lewis, & Kleber, 2000), but those who cite this finding (as an elaboration of the *Treatment Works* slogan) delude the public and policy makers if they fail to also report that the annual relapse rates for these other conditions range from 30-70% (McLellan, et al., 2000).

The National Institute on Drug Abuse's *Principles of Addiction Treatment* provides a more scientifically grounded portrayal of addiction treatment outcomes. These principles, from which alternative slogans for public consumption could be generated, emphasize that no single treatment for addiction is effective for all individuals and that recovery from addiction can take a long time and span multiple treatment episodes (NIDA, 1999). Many people achieve sustained addiction recovery with the assistance of professional treatment, but the limitations of treatment are not adequately conveyed by the slogan *Treatment Works*.

The slogan *Treatment Works* shifts the responsibility for recovery from the person being treated to the treatment professional, but blames the client when treatment does not result in sustained abstinence. For addiction treatment consumers, the slogan *Treatment Works* conveys that recovery is something done to them rather than achieved by them. But paradoxically, the slogan provides an escape from accountability for treatment providers. If *Treatment Works* is an a

priori assumption, any continuing problems following treatment are the fault of the client, not the intervention design or the intervener. The slogan *Treatment Works* creates situations in which individuals can be subjected to flawed interventions (interventions whose nature, intensity and duration offer little likelihood of sustained, stable recovery) and then punishes these clients (e.g., lost employment, violation of probation and incarceration, lost custody of children) on the grounds that “they had their chance.” This same logic contributes to the elevated expectations and dashed hopes through which intimate partners, family members and friends prematurely abandon those with severe AOD problems.

When the nineteenth-century inebriate homes/asylums and addiction cure institutes oversold what their interventions could achieve (advertising claims of 95-100% cure rates), it was only a matter of time before most citizens personally knew someone who relapsed following treatment. Rising cultural pessimism about the prospects of addiction recovery contributed to the collapse of America’s first treatment institutions and the systematic transfer of those with AOD problems to systems of punishment and control (White, 1998). The addictions field risks replicating this history by brandishing a slogan that serves its institutional interests in the short run, but which could wound the field and those it serves in the long run.

Alternative Slogans

The purpose of this commentary is not to offer a specific alternative to the slogan *Treatment Works*, but a few closing reflections on the nature of such alternatives is warranted. The phenomena of addiction and recovery are much too complex to be represented in a single slogan and are best portrayed through a cluster of interrelated messages. Ideally, these messages should:

- be recovery-focused , e.g., Recovery is everywhere (<http://www.recoveryiseverywhere.com>).
- communicate hope , e.g., Addiction recovery: We’re living proof!
- emphasize the role of personal choices, responsibilities and enduring efforts inherent in the recovery process, e.g., Addiction recovery is voluntary. Volunteer today! / Recovering from addiction is tough; Keep quitting until you quit forever.
- affirm the varieties of recovery experience, e.g., There are many pathways to recovery. Find the right one for you. / “The roads to recovery are many” (Wilson, 1944) .

- extol the role of family and community in the recovery process, e.g., Addiction affects the whole family. The good news is that recovery does too. / Recovery is contagious: Find people who have it.
- detail the potential role of treatment in recovery, e.g., Addiction recovery is possible; professional treatment can help
- create informed consumers, e.g., All addiction treatment is not the same. Choose wisely.
- incorporate a wide menu of metaphors to initiate and anchor recovery, e.g., Addiction is racial suicide; Resist, Recover, Rebuild! “Your body is the temple of God; is it time you stopped poisoning it?”
- call recovered and recovering to join the “wounded healer” tradition, e.g., You’re living proof that addiction recovery is possible: Isn’t it time you told others?

Summary

Treatment Works, the central promotional slogan of the addiction treatment industry, misrepresents the nature of addiction treatment and its probable outcomes and misplaces the responsibility for such outcomes. The slogan should be abandoned and replaced by a cluster of messages that shift the emphasis from the intervention (treatment) to the desired outcome (recovery), extol the importance of personal choice and responsibility in the recovery process, portray the variable outcomes of addiction treatment, celebrate multiple pathways of recovery, affirm the roles of family and community support in addiction recovery, invite participation in professional treatment and recovery support services, and incorporate catalytic metaphors drawn from diverse medical, religious, spiritual, political and cultural traditions.

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