Questions Asked During the Live Webinar Broadcast on 1/9/14

Q: AA and NA meetings are notorious for their strong coffee and, if you're lucky, cookies. Is caffeine going to be/or being address/ed as a mind-altering substance in the future?

A: I have long suspected that many of the symptoms attributed to acute detoxification and post-acute withdrawal (e.g., anxiety, restlessness, fine muscle tremors and sleeplessness) were a product of acute caffeine intoxication. We do need to do more education on these effects but I think tobacco/nicotine is our top priority due to the sickness and death it has long wreaked on those we serve (and the addiction treatment workforce).

Q: Bill mentioned that 70-80% of those entering treatment smoke. Is this 3x the rate of adults in the US (or was that 2x?)?

A: The 70-80% is 4 times the rate of smoking among adults in the U.S. population.

The citations for these figures are: Knudsen, H. K., & Studts, J. L. (2010). The implementation of tobacco-related brief interventions in substance abuse treatment: A national study of counselors. Journal of Substance Abuse Treatment, 38, 212-219: Kalman, D., Hayes, K., Colby, S. M., Easton, C. A., Rohsenow, D. J., & Monti, P. M. (2001). Concurrent versus delayed smoking cessation treatment for persons in early alcohol recovery. A pilot study. Journal of Substance Abuse Treatment, 20, 233-238. Kalman, D., Kim, S., DiGirolam, G., Smelson, D., & Ziedonis, Z. (2010). Addressing tobacco use disorder in smokers in early remission from alcohol dependence. Clinical Psychology Review, 30(1), 12-24. McCarthy, W. J., Collins, C., & Hser, Y.I. (2002). Does smoking cessation effect drug abuse treatment? Journal of Drug Issues, 32, 61-80. Richter, K. P., Choi, W. S., McCool, R. M., Harris, K. J., & Ahluwalia, J. S. (2002). A population-based study of cigarette smoking among illicit drug users in the United States. Addiction, 97, 861-869. Williams, J. M., & Ziedonis, D. (2004). Addressing tobacco among individuals with a mental illness of an addiction. Addictive Behaviors, 29, 1067-1083.

Q: Hi Bill: A comment on consensus Area # 1 slide - I would characterize abstinence as a tool for achieving recovery and am hesitant to explicitly include it in a definition of recovery. If one accepts that recovery is a process of change, it presumably can begin before abstinence is achieved, and can sometimes transcend relapse episodes. The idea that multiple episodes of treatment can have a cumulative effect is suggestive of this. Including it risks continued conflation of abstinence and recovery or definitions of recovery that do not reflect the universal change process that is reflected in addiction recovery. Could you comment on this?

A: I think what you suggest is the emerging trend, particularly since a much broader spectrum of severity of AOD problems are being treated. Non-abstinent pathways of problem resolution are the dominant pathway or problem resolution for those who bring less personal vulnerability, less problem severity and complexity and greater natural resources for problem-solving. Abstinence is the dominant pathway of problem resolution

for the more severe and complex substance use disorders. What I have recommended is that all treatment outcomes studies collect data on both abstinence patterns and patterns of decelerated use and related problems to capture styles of resolution in both of these populations.

Q: Isn't partial recovery kind of like partial pregnancy - refer to Betty Ford sobriety definition?

A: Historically, we have defined recovery in this way—a sort of all or none approach, but his is rare in the history of medicine in which a broad spectrum of health disorders are ameliorated through both complete remission of symptoms or a decrease in the frequency and intensity of symptoms. Both of these patterns can be observed in addiction treatment follow-up studies and in the rooms of recovery mutual aid fellowships.

Q: In the discussion of recovery in cleaning up the "communities" (The Healing Tree metaphor), do you see the link of the war in Afghanistan and the flooding of our American cities, both large and small, with heroin, as a need to look at political solutions to the drug problem? Would ending the war help end the tide of drug traffic in heroin from Afghanistan into America and stop the addiction of our youngsters, as there is an enormous increase in upper middle class and working class youth addiction?

A: What I have come to understand is the dynamic nature of drug supply and that we will see any significant shift in supply patterns creating new, clinically significant patterns of addiction. While working in Chicago in the late 1970s, we were on the verge of celebrating the decline in Asian heroin, only to see it replaced with Mexican brown heroin. The disrupted street market in the interim also producing a new pattern of addiction (T's and Blues—the mixing of Talwin and pyribenzamine as a heroin substitute). Do you remember the line in Jurassic Park, "Nature will find a way"? Addiction will also find a way.

Q: Isn't the Trojan Horse danger the replacement of incarceration for drug crimes into recovery in long-term treatment as an "ALTERNATIVE to incarceration" and not specifically treatment oriented? Behavior Modification ONLY as the danger, not CBT, psychoanalysis, etc. Is there so much profit to be made in "warehousing" criminals in long-term recovery that treatment may become secondary?

A: Addiction, particularly of young men (and increasingly young women) of color, provides the raw materials to feed a multi-billion dollar prison industrial complex and the larger criminal justice system in which it is nested. There are powerful financial interests that will inhibit shifting resources from incarceration to community-based treatment, but his is underway in many areas as a result of growing cultural disillusionment with the proposition that we can incarcerate our way out of addiction and the growing recognition that those "bad" people we are extruding from the community are turning out to include our own children.

Q: What is integrative prevention?
A: My reference to integration was the potential to create connecting tissue between strategies of primary prevention and strategies of community-based recovery support. I think this potential will bring treatment and prevention worlds out of their separate silos and into substantial collaboration in the next decade.

Q: Where is the more information on the relevance of nicotine addiction to the recovery process -- pro and con?

A: Below are links to three papers I have authored or co-authored on this that contain extensive citations.

http://www.williamwhitepapers.com/pr/2011%20Smoking%20and%20Addiction%20Recovery%20%28For%20Addiction%20Professionals%29.pdf

http://www.williamwhitepapers.com/pr/2011%20Smoking%20and%20Addiction%20Recovery%20%28For%20People%20in%20Recovery%29.pdf

http://www.williamwhitepapers.com/pr/2012%20Smoking%20Cessation%20in%20Addiction%20Treatment.pdf