**The History of**

**Addiction & Recovery**

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Yesterday is but a dream, tomorrow a vision.

But today well-lived makes every yesterday a dream of happiness.

~ *Fr. Joseph C. Martin, S.S.*

**Overview**

As long as drugs have been around, there have been some people unable to stop using. Americans have attempted a plethora of methods to bring aid – from outlawing the making of alcohol to institutionalizing people with addiction.

A primary pattern stands out when reviewing this history: it appears to be difficult for society, in general, to shift from viewing a person with addiction as “bad” to searching for solutions diligently, as one would search out solutions for any other high priority public health issue.

You will likely hear time and time again during this course how important it is to use the current and appropriate language when discussing Substance Use Disorder (SUD). It is difficult to provide historical facts without using the language from that time. Therefore, this lesson will contain words and phrases we now view as pejorative.

This module will journey through American history, stopping for a close look at Texas. Focus will also be paid to significant people in addiction and recovery history.

**Objectives**

* Recall the definition of recovery as developed by Substance Abuse Mental Health Services Administration’s (SAMHSA);
* Discover who represents you in the state of Texas and nation;
* Recall 3 of the significant people discussed in this module; and
* Recognize 5 of the agencies mentioned in this module.

**Significant Events in American History**

To set the scene in each time period discussed, consider the events happening in America. This may provide insight into the culture of the nation.

*Review Handout 2, Significant Events*

**The 1700’s**

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This was during the Revolution period. This was a new country, not yet named “The United States of America”.

**1704** The first regular newspaper was published in Boston.

**1718** Pirate Blackbeard was killed off the coast of North Carolina.

**1732** George Washington was born.

**1772** Benjamin Franklin discovered electricity.

**1790** The first state of the union, given by the first President George Washington.

**1796** Tennessee was admitted to the Union.

**Addiction & Recovery were already a concern**

Around **1774** the first mutual aid, or peer support groups, was established. These were formed within Native American tribes and were called “Sobriety Circles”.

You can flip through the pages of [“The Mighty Destroyer”](https://archive.org/details/9102947.nlm.nih.gov) *written* by Anthony Benezet in **1774**. This publication was the first to act as a warning on the dangers of distilled spirits.

**The 1800’s**

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**1801** Thomas Jefferson was elected to his first term as President.

**1803** Louisiana became part of the Union.

**1804** The last northern state abolishes slavery.

**1860** Abraham Lincoln ran for president with an anti-slavery campaign. He becomes president. This election split the nation.

**1861** Seven southern states set up the Confederated States of America after seceding from the Union and the Civil War begins.

**1865** The Civil War ends. President Lincoln is assassinated. Slavery is abolished.

**1892** Ellis Island opens an Immigration Center.

**Substance Use & Mental Health**

In **1812**, Founding Father of America, Dr. Benjamin Rush did not believe mental health or Substance Use Disorders were simply bad behaviors and he challenged those who viewed them as such. He was also a psychiatrist who worked firsthand with people who had mental health and Substance Use Disorders.

The society in which we live today has difficulty understanding addiction. Many in recovery and from the addiction profession take risks and speak out. Can you imagine what the climate was like for Benjamin Rush?

Asylums for the “inebriated” were ordered in **1830**, essentially taking people who have Substance Use Disorder out of society.

In **1840** The Washingtonian Temperance Society was created. This society provided help to many in need. The society believed religion was not necessary for a person to reach abstinence. Many members of the clergy challenged this until the group was forgotten.

**The 1900’s**

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**August 28, 1963** The Civil Rights march on Washington, D.C. concludes with Dr. Martin Luther King's famous "I Have a Dream" speech.

**1910** World War I began.

**1930** The Great Depression occurred.

**1941** Pearl Harbor was attacked and led Americans to enter into World War II.

**1950** Most Americans owned a car.

**1960** The time of Civil Rights.

**1962** A conflict that later becomes a war, begins in Viet Nam.

**1963** President John F. Kennedy is assassinated.

**1980** The United States census reports the first population growth since the 1970’s.

**1981** A woman becomes a Supreme Court Justice for the first time.

**1991** America enters Operation Desert Storm.

**Significant Recovery Events in American History**

**1935** Bill Wilson and Bob Smith understood the physical components of addiction when they founded Alcoholics Anonymous (AA). Even with the knowledge, understanding, and acceptance the AA fellowship shared, those attending would have to have knowledge from another member of the location of the meeting due to the fear of scrutiny he or she would face in society should someone find out.

**1956** The American Medical Association (AMA) published work recognizing Alcoholism as a disease. The AMA reported on the symptoms present for a person to meet the criteria for diagnosis. Despite advances in the medical community, people with Substance Use Disorder continued being put into prison or “insane asylums”.

To quell the rebellion of youth, the **War on Drugs** began in **1971**, which increased the legal consequences and sentences for possession. Also, in this year, the Surgeon General reported for the first time on the hazards of smoking.

Public declarations of being in recovery in the 1970’s were not easy. Despite the efforts we have been reviewing, addiction was still something society seemed to feel comfortable not talking about.

In May of **1976**, in an effort to dispel the myths people held about only poor or unsuccessful people being impacted by addiction, 50 influential people in recovery came together in Washington, D.C. to share about recovery. This event was called [Operation Understanding](https://www.facingaddiction.org/news/2016/05/12/40-years-ago).

Some of the people publicly sharing their recovery were:

| [*Dick Van Dyke*](http://www.imdb.com/name/nm0001813/bio) | [*Buzz Aldrin*](https://www.biography.com/people/buzz-aldrin-9179894) | [*Don Newcombe*](https://www.baseball-reference.com/players/n/newcodo01.shtml) |
| --- | --- | --- |
| *Gary Moore* | [*Harold Hughes*](https://people.well.com/user/woa/harolde.htm) | *Mercedes McCambridge* |
| *Dana Andrews* | *Jan Clayton* | [*Marty Mann*](https://www.ncadd.org/about-ncadd/about-us/our-founder-marty-mann) |

Enforcing incarceration for nonviolent drug laws began in the 1980’s.

The number of incarcerations were 50,000 people in **1980** and rose to over 400,000 by **1997**.

In **1981**, the “Just Say No” was the anti-drug campaign.

In 1991 there was an upward movement of funding for treatment, rather than incarceration.

**The 2000’s**

In **2012** data gathered in the United States suggests a convicted criminal who successfully completes court-imposed treatment is nearly 60% less likely to return to crime than those who go untreated.

40 years after Operation Understanding, a national event to bring awareness to recovery happened. [The UNITE to Face Addiction Rally](https://www.facingaddiction.org/tunein) was celebrated **October 4, 2015.** This event filled the National Mall and could be heard for miles. There were more than 10,000 people in attendance. And the list of celebrities who came together for this event included:

| Joe Walsh | Steven Tyler | Sheryl Crow |
| --- | --- | --- |
| Darryl Strawberry | Tommy Simms | Patrick Kennedy |
| Dr. Mehmet Oz | Allison Janey  | Jason Isbell |
| The Fray | Jonathan Butler | John Rzeznik |
| Greg Williams |  |  |

Pre-recorded messages from: President Obama, Paul McCartney, and Ringo Star were shown to the crowd.

A monumental announcement was made during the UNITE to Face Addiction Rally. The United States Surgeon General announced addiction as a public health crisis, emphasizing it is not a moral failing. Dr. Murthy also announced the publication of the ***first ever*** [Surgeon General’s Report](https://addiction.surgeongeneral.gov/) on substance use, addiction, and health was scheduled for release later that year.

**Recognizing Addiction as a Disease**

William White documents addiction being seen as a disease as early as Ancient Egypt in his Addiction Disease Chronologies.

**1700’s**:Dr. Benjamin Rush described addiction as a disease.

**1934**: Dr. William Silkworth was a medical doctor who worked with chronic alcoholics. He was the medical director at Towns Hospital in New York where Bill Wilson went for treatment. It was Dr. Silkworth who explained the Disease Concept to Bill Wilson. Dr. Silkworth later contributed [The Doctor’s Opinion](http://silkworth.net/pages/silkworth/doctorsopinion.php) to the Big Book (basic text) of Alcoholics Anonymous.

**1939**: Bill Wilson, a patient of Dr. Silkworth, and Dr. Bob Smith, the co-founders of Alcoholics Anonymous (AA), included the Disease Concept in the basic text of AA.

**1956**: The American Medical Association classified addiction as a disease. The AMA Journal of Ethics provides a more detailed account of the history of [Addiction as a Disease](https://journalofethics.ama-assn.org/article/evolution-addiction-medicine-medical-specialty/2011-12).

**2011**: The American Society of Addiction Medicine (ASAM) provide a detailed definition of addiction as a brain disease. The ASAM definition of [addiction](https://www.asam.org/resources/definition-of-addiction) can be viewed in this ASAM Public Policy Statement.

Today many researchers and clinicians recognize addiction as a brain disorder, rather than a chronic disease. Viewing addiction as a brain disorder can eliminate the question many have about those who are able to recover versus those who have persistent recurrence of use. This idea is explained in [What Does It Mean When We Call Addiction a Brain Disorder](https://www.drugabuse.gov/about-nida/noras-blog/2018/03/what-does-it-mean-when-we-call-addiction-brain-disorder), a National Institute of Health March 23, 2018 blog by Nora Volkow.

**Significant People**

Many people have played a part in advancing addiction and recovery research, as well as being bold advocates in decreasing stigma.

Some of those people:

Courtenay Baylor

Anthony Benezet

Michael Botticelli

Betty Ford

Harold Hughes

Carl Jung

Patrick Kennedy

Alexandre Laudet

Father Martin

Benjamin Rush

Bob Smith

William Silkworth

George Vaillant

Nora Volkow

William White

Greg Williams

Bill Wilson

Cynthia Moreno Tuohy

**Courtenay Baylor**

(1871 – May 30, 1747)

In the early 1900’s Baylor, himself a person in recovery, began working as the first addiction counselor on record. His recovery was his qualification for being a counselor. He had no formal training.

He treated clients for “alcoholism” for $150.00 per month. Baylor claimed to have “cured” 65% of those under his care. Baylor would not treat a person who did not have motivation to change. Courtenay Baylor is said to have been the inspiration for one of the stories in the Big Book of Alcoholics Anonymous.

Review the [paper](https://aaagnostica.org/wp-content/uploads/2012/10/Remaking-A-Man.pdf) written by Courtenay Baylor, Remaking a Man: One Successful Method of Mental Refitting, from 1919.



**Anthony Benezet**

(January 31, 1713 – May 3, 1784)

Born in France in 1713, Benezet moved to Philadelphia as a child. He became a teacher who advocated for equal educational rights for girls in 1755.

Benezet was an abolitionist who opposed slavery and slave trade. He established and taught schools for black children in the 1760’s.

Benezet was in favor of the Temperance Movement and was the author of [The Mighty Destroyer](https://quod.lib.umich.edu/cgi/t/text/text-idx?c=evans;cc=evans;view=toc;idno=N32312.0001.001)1774. This publication was the first essay written about “alcoholism”.



Two works by Anthony Benezet

 

**Michael Botticelli**

(January 2, 1958 –

Known as the Drug Czar, Michael Botticelli was director of the White House Office of National Drug Control Policy (ONDCP) during the Obama administration. Botticelli began his position in March 2014 and completed this position in January 2017.

Botticelli, one of the leading addiction experts in the United States, was born in 1958 in Troy, New York. While in office Botticelli was open about being gay man who was in recovery from addiction.

Currently, Botticelli is the Executive Director for the Grayken Center for Addiction at Boston Medical Center. Prior to his term with the White House he also worked in Boston as Director of Substance Abuse Services at the Massachusetts Department of Public Health.

You can view Michael Botticelli’s [Ted Talk](https://www.ted.com/speakers/michael_botticelli), Addiction is a disease. We should treat it like one.

View Michael Botticelli as a guest on PBS’s [One to One](https://www.pbs.org/video/one-one-national-drug-czar-michael-botticelli/).

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**Betty Ford**

(April 8, 1918 – July 8, 2011)

Betty Ford was first lady of the United States, married to Gerald Ford. Gerald Ford became the acting President after the Nixon resignation.

Betty Ford was born in Chicago, Illinois. A noted event in her life was the death of her father when she was 16 years old. Her father died of asphyxiation from carbon monoxide. Ford indicated there was not clarification if her the death of her father was suicide or accidental.

Ford was married in 1942 to a traveling salesman, but the two divorced. In 1948 Betty and Gerald married two weeks prior to the election where Gerald Ford was elected as a United States Congressman.

As First Lady, Betty Ford spearheaded equal rights for women, abortion, and divorce. She was a more outspoken First Lady than the previous.

After President Ford’s term in the White House ended, Mrs. Ford’s drinking increased. Former President Ford and their daughter intervened and Mrs. Ford entered treatment on April 11, 1978 at the Long Beach Naval Hospital.

In 1978, when Betty Ford was 60-years old, she was candid and public about her admission to treatment for alcohol and prescription medication (MacPherson & Radcliffe, 1978).

Following her treatment, Mrs. Ford realized there were no treatment centers to address the specific needs of women. She began raising funds to open a non-profit treatment center in Rancho Mirage, California. In 1982 The Betty Ford Center was opened. Mrs. Ford served on the Board of Directors until 2005. To this day, 50% of the center is dedicated to serving women (National First Ladies Library, n.d.).

In 1983 the organization created a family program for children. Any child can attend the program, regardless of his or her ability to pay. The program was designed to teach children:

* Addiction is not their fault
* They are not alone
* There are healthy ways to cope with the pain and difficulties they face at home (Hazelden Betty Ford, 2018).

To note her frank character, in 1997 Mrs. Ford was interviewed by Lesley Stahl for 60 Minutes. She began the interview by saying, “Hello, I’m an alcoholic and an addict” (Stahl, 1997).

**A little history**

You might recall, the Gerald Ford Presidency was a unique one in US History.



Spiro Agnew was elected the 39th Vice President of the United States in 1969.

Agnew resigned in 1973 due to charges of financial misconduct.

Due to the [25th Amendment](https://www.law.cornell.edu/constitution/amendmentxxv) to the US Constitution, President Richard Nixon had to fill the vacancy of Vice President.

President Nixon nominated Gerald Ford, who was still serving as US Congressman to Michigan.

Ford was sworn in as Vice President on December 6, 1973.

President Richard Nixon resigned from office as a result of the Watergate scandal on August 9, 1974.

Gerald Ford became the 38th President of the United States on August 9, 1974. He was the first unelected President in the United States.

Gerald Ford (July 14, 1913 – December 26, 2006)

History Channel [show](https://www.history.com/topics/us-presidents/gerald-r-ford) about Gerald Ford.

History Channel [show](https://www.history.com/topics/us-presidents/richard-m-nixon) about Richard Nixon.

History Channel [information](https://www.history.com/this-day-in-history/vice-president-agnew-resigns) about Spiro Agnew.

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Gerald and Betty Ford from the post-White House years.

Portrait retrieved from the Ford Library Museum.

**Harold Hughes**

(February 10, 1922 – October 23, 1996)

Harold Hughes joined the United States Army in 1942 and served in combat during World War II. He was medically discharged from the Army in July 1945 due to contracting malaria while in service.

The impact of the war is likely the reason for Hughes heavy drinking and suicide attempt after his discharge.

In 1954 Harold Hughes began recovery from Alcohol Use Disorder. He used AA as his pathway to recovery. Hughes drove a semi, which led him to serve as the Iowa State Commerce Commissioner from 1959 – 1962.

Hughes was the 36th Governor of Iowa from 1960 – 1969. He was also a United States Senator for Iowa from 1969 – 1975.

While serving in the United States Senate, Hughes authored the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (Porter, 2011) now called the Hughes Act. This piece of legislation established the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institute of Health (NIH).

While in the Senate, Hughes also convinced a military committee to offer substance use treatment to active duty military members and sponsored legislation preventing employers from discriminating against a person seeking treatment for substances.

In 1979 Hughes wrote about his alcohol use disorder with author Dick Schneider. The book is called Harold E. Hughes: The Man from Ida Grove.

Review the 1997 [Journal Interview](https://onlinelibrary.wiley.com/doi/10.1080/09652149738484) from Addiction, Conversation with Senator Harold Hughes.



**Carl Jung**

(July 26, 1875 – June 6, 1961)

Carl Jung was born in Switzerland and is the founder of Analytic Psychology. Early in his career, Jung worked at the Asylum at the University of Zurich. Jung worked with Sigmund Freud and was thought of as Freud’s successor, but, Jung did not agree with all of Freud’s work.

One of Jung’s more notable pieces of work was his division of people into two types: Introverts and Extroverts. He is also the psychologist attributed with developing the theory related to the Collective Unconscious and the theory of Archetypes (The Editors of Encyclopedia Britannica, 1998).

Jung’s contribution to addiction and recovery began when Jung treated a man name Roland Hazzard in the 1930’s. Hazzard suffered from Alcohol Use Disorder. Jung explained to Hazzard the importance of what Alcoholics Anonymous calls a “vital spiritual experience” (1976, p. 26). When Hazzard returned to the United States after being treated by Carl Jung in Switzerland, he began attending the Oxford Groups.

Jung understood alcohol not only changed the way a person felt but alcohol could also mask distress (Addenbrooke, n.d.).

A great deal of Jung’s work was related to dreams and not addiction specific, yet, interesting, nonetheless.

Review The Paper III [article](http://indyaa.org/wp-content/uploads/october_2012_pIII.pdf), What is a Vital Spiritual Experience, written by Bob S., a member of AA.

**Archetypes**

There are seven archetypes explained by Jung.

1. **The Persona** – the dreamer

2. **The Anima/Animus** – the masculine/feminine side of a person, expressed while dreaming

3. **The Shadow** – the evil part of the person expressed in dreams, usually based on the individuals fears

4. **The Wise Elder** – the sage advice offered when needed

5. **The Divine Child** – the pure side, often seen as a child

6. **The Trickster** – the “bad” side, intended to help the person learn about hidden parts of themselves

7. **The Great Mother** – Unconditional love (Jung & Read, 1990).

**Patrick Kennedy**

(July 14, 1967 –

In the middle of the night, in May 2006, Patrick slammed his green mustang into a barrier at the United States Capitol building. The next day he made a decision to be public about the unhealthiness of his own mental health and addiction.

Kennedy admitted the entire ordeal to the press, requested jail time for driving under the influence, and then admitted himself into the Mayo clinic for treatment. He asked for no preferential treatment because of his Kennedy name.

Upon returning from treatment, Kennedy vowed to be transparent about his own recovery and take on the fight for parity.

In an exclusive interview with the New York Times, Kennedy and his recovery sponsor (and fellow Congressman, Jim Ramstad, he kept his vow of transparency. Kennedy and Ramstad talked about addiction, mental illness, recovery, and the inequity in insurance coverage for mental health and addiction.

As a result of this interview and his outspokenness, Kennedy witnessed the disapproval of his family – especially his father. His father, Senator Ted Kennedy, was from a generation that did not talk about such issues. Patrick even suggested his father had his own struggles with alcohol in the past.

Patrick’s cousin Maria Kennedy Shriver supported his openness and gave him the support he needed to continue.

In his book, A Common Struggle: A Personal Journey Through the Past and Future of Mental Illness and Addiction, Kennedy calls this inability for people to discuss mental health and addiction issues within a family – or society in general, a “veil of secrecy”. He points out that nearly 25% or all Americans are affected by mental health and addiction daily and one-third of all hospital stays in America are related to addiction and mental health.

10 years prior, a mental health parity act to make it illegal to treat mental health issues differently than other physical illnesses failed. That bill only included the “most serious mental illness”. Such as schizophrenia. Other mental health issues and addiction were not included (Kennedy & Fried, 2015).

From 1995 – 2001, Patrick Kennedy represented Rhode Island as a Congressman. Patrick was an advocate for decreasing stigma against mental illness and Substance Use Disorder. One of the more notable of his accomplishments was co-authoring and pushing through the Mental Health Parity and Addiction Equity Act. Kennedy, a democrat, co-authored this bill with Jim Ramstad, a republican.

Mental Health Parity and Addiction Equity Act requires insurance to cover brain disorders, such as mental illness and Substance Use Disorder, in the same way as all other medical issues. Read the [provisions](https://www.thekennedyforum.org/parity/) in the Parity Act.

Patrick is the son of Ted Kennedy, the well-known brother of the assassinated US President John F. Kennedy. Most believed Patrick would spend his life in politics, as so many of his family members did. However, following the death of his father, Patrick announced his intention not to run for office again. Patrick was five years into his own, very public, recovery from substance use disorder and mental illness. You can watch his [conversation](https://www.cbsnews.com/news/patrick-kennedy-on-alcoholism-mental-health-60-minutes/) with Lesley Stahl, in a 60 Minutes interview, discussing the reason he would not run for office again.

Since leaving office in 2001, Patrick has become one of the foremost advocates on mental health. Visit his [website](https://www.patrickjkennedy.net/) to gain insight into his agenda.

Jim Ramstad is a Congressman who represented Minnesota from 1991 – 2009. Ramstad was also public about his recovery.



Senator Pete Domenici, Senator Edward M. Kennedy, President George W. Bush, Representative Patrick J. Kennedy, and Representative Jim Ramstad Signing the Parity Act.

**Alexandre Laudet**

Dr. Laudet is internationally known. She conducts research on addiction and recovery. She is one of the first to research the impact of Collegiate Recovery programs on college and university campuses.

Dr. Laudet is the founder and Director of the Center for the Study of Addictions and Recovery at the National Development and Research Institutes, Inc. ([NDRI](http://www.ndri.org/researchers.html)) and speaks internationally.

Her research is peer reviewed and she serves as Associate Editor for two scientific journals.

Review the Life in Recovery report on survey findings prepared for FAVOR by Laudet.

You may view [Laudet’s bio](http://www.ndri.org/researchers.html#laudet) on the NDRI website.



**Father Martin**

(October 12, 1924 – March 9, 2009)

Born in Baltimore, Maryland, Joseph Martin was a Catholic priest, in recovery from alcohol use disorder, and was a world-renowned speaker. Most people who were in treatment in the 1970’s – 1990’s likely saw at least one of his videos. His charismatic and captivating personality provided him an ability to educate people with addiction and their families in a way many others were unable.

Father Martin is definitely one of the pioneers in the addiction and recovery field. He was one of the most vocal, and loveable, advocates of decreasing stigma of his time.

Father Martin founded Kelly Productions, a film production company, in 1972.

In 1983 Father Martin and his friend Mae Abraham founded a treatment center called Ashley.

Ashley is located on the Chesapeake Bay in Northern Maryland.

Today [Ashley](https://www.ashleytreatment.org) offers:

Medication Assisted Treatment:

Psychological and Psychiatric Care:

Clinical Care:

Holistic Care; and

Gender specific programs.



One of the videos Father Martin is most well-known for is Chalk Talk. You can watch a [clip](https://www.ashleytreatment.org/about/history/) here.

**Benjamin Rush**

(January 4, 1746 – April 19, 1813)

Benjamin Rush was one of the signers of the United States Declaration of Independence. He was a graduate of Princeton University, The University of Edinburgh, and West Nottingham Academy.

Rush was a medical doctor, politician, and educator. He founded Dickinson College in Carlisle, Pennsylvania in 1783 and Franklin College in Lancaster, Pennsylvania in 1787.

Rush wrote prolifically about the dangers of and campaigned against hard drinking.

You can view a NIH journal article written by B.S. Katcher, Benjamin Rush’s educational campaign against hard drinking. This article also provides access to the volumes Rush wrote on the subject.

One of the many books her wrote was Medical Inquiries and Observations upon the Diseases of the Mind.

 

You can view the [biography](https://www.archives.upenn.edu/people/1700s/rush_benj.html) for Benjamin Rush through the Penn State website.

**Bob Smith**

(August 8, 1879 – November 16, 1950)

Dr. Bob Smith was born in St. Johnsbury, Vermont and graduated from Dartmouth College in 1902.

Dr. Bob was a successful surgeon in Akron, Ohio who struggled with alcohol use. Dr. Bob began his recovery on June 10, 1935 after becoming close friends with Bill Wilson. Dr. Bob and Bill Wilson co-founded Alcoholics Anonymous (AA).

After achieving his own recovery, Dr. Bob visited St. Thomas Hospital daily to meet with patients who were struggling with alcohol use. Dr. Bob believed service to be one of the fundamental elements of recovery.

Dr. Bob was sober 15-years when he passed away in Akron on November 16, 1950.

View the [website](https://drbobshome.com) dedicated to him, called Dr. Bob’s Home.

AA provides the Big Book online without cost. You can read more about Dr. Bob in [Pioneers of AA](https://www.aa.org/assets/en_US/en_bigbook_personalstories_partI.pdf).



**William Silkworth**

(1873 – 1951)

William Silkworth, M.D. was a Princeton educated medical doctor who spent much of his career working with men who were admitted to the hospital for alcohol use.

According to extensive records kept by Alcoholics Anonymous, Dr. Silkworth was called “the little doctor who loved drunks” (O., 1998).

William Silkworth’s contribution to Alcoholics Anonymous was enormous. Silkworth and Bill Wilson met while Bill was in treatment at Town’s Hospital in Akron, Ohio in 1933. Silkworth explained to Bill that Alcohol Use Disorder was not simply a moral defect or “bad” behavior. Silkworth explained his theory of AUD being a disease. Silkworth’s explanation would find its way into the Big Book of Alcoholics Anonymous and be the only contribution – to this day – by a non-member.

Read [The Doctor’s Opinion](https://www.silkworth.net/pages/silkworth/doctorsopinion.php) from the Big Book of Alcoholics Anonymous.

The Disease Concept explains the difference between a person with AUD and a person without occurs in the brain. The brain of a person with AUD is changed when alcohol is ingested. Dr. Silkworth determined this through the consistencies in his patients being treated. Today, NIH and other organizations have furthered the proof of this concept through study of the brains of people with AUD – living and dead.

PET scans and MRI’s can provide insight into the changes that occur in the brain of a person with AUD that do not occur in a person without.

A library of information can be found at the [website](https://www.silkworth.net/pages/sitemap.php) dedicated to William Silkworth.



**George Vaillant**

(1934 –

Dr. Vaillant is a psychiatrist and professor at Harvard Medical School. Perhaps, his interest in psychiatry was personal. His father committed suicide when Dr. Vaillant was only 11-years old.

Dr. Vaillant graduated from Harvard, completed his residency in Massachusetts, trained in Boston and is now a fellow at the [Center for Advanced Study in the Behavioral](https://www.bing.com/search?q=Center+for+Advanced+Study+in+the+Behavioral+Sciences%20wikipedia&FORM=WIKIRE) .

Dr. Vaillant is included in this list of significant contributors to the addiction and recovery profession due to the ground-breaking study he began in 1938. Vaillant has followed 200 men from when they were undergraduate college students. He is still following those that are alive – and into their 90’s.

This long-term study provided information about the use of alcohol. This study provided information about the abuse of alcohol being the biggest indicator of interference to happiness and health compared to all of the other major life events studied.

You can read more about Dr. Vaillant through a [Harvard website](http://www.hup.harvard.edu/catalog.php?isbn=9780674503816). This webpage also provides a video and multiple other links to other interviews he has granted. **Nora Volkow**

(Mar 27, 1956 –

Dr. Volkow was born in Mexico. Volkow received a medical degree from the National University of Mexico in Mexico City. Dr. Volkow received anaward for best medical student of her generation. During her residency she was given an award as one of the 10 Outstanding Psychiatric Residents in the USA.

Dr. Volkow became the Director of the National Institute on Drug Abuse ([NIDA](https://www.drugabuse.gov/)) at the National Institutes of Health in May 2003. Her work has contributed education about addiction being a brain-based disorder.

A prolific writer, Dr. Volkow has published over 680 articles and more than 100 book chapters and manuscripts for mental health and addiction (National Institute on Drug Abuse, 2017).

You can view Dr. Volkow on [60 Minutes](https://www.cbsnews.com/news/hooked-why-bad-habits-are-hard-to-break/) speaking about addiction and in this Ted Talk, [How Our Brains Get Addicted](https://www.tedmed.com/talks/show?id=309096).

You can review the entire Volkow [biography](https://www.drugabuse.gov/about-nida/directors-page/biography-dr-nora-volkow) on the NIDA website.



**William White**

William “Bill” L. White was introduced in the *Defining Recovery* module.

The history of addiction and recovery are intertwined and it becomes complex to separate them from one another. Highlights explored in this module are available through William White in greater depth.

William White has been in the addiction field since 1969. He has held various positions, has conducted a considerable amount of research about addiction and recovery. His work is available on his website.

You can review a more in-depth timeline and in-depth history as part of [his collection](http://www.williamwhitepapers.com/).

In the handout section, find Addiction Treatment & Recovery in America, developed by William White.

One of the most popular of White’s writings is the book, *Slaying the Dragon*. For a detailed account of the history, read this book.



**Greg Williams**

Filmmaker Greg Williams began his recovery from substances when he was 17-years old. He became an outspoken advocate. Williams is also owner of 4th Dimensions, LLC since 2014.

At 31-years old, Williams created the film, The Anonymous People. The Anonymous People

Williams is a co-founder of Facing Addiction, an organization which launched at the Unite to Face Addiction rally in Washington, DC, of which Williams was an integral part.

Facing Addiction recently merged with the National Council on Alcoholism and Drug Dependence (NCADD).

The second notable film Williams produced related to recovery was Generation Found. Generation Found is based on the largest recovery high school in the United States, which is located in Houston, Texas.

You can visit the [Anonymous People](https://manyfaces1voice.org/) and [Generation Found](http://generationfoundfilm.com/) websites for more information about each film and how to watch.

Many Faces 1 Voice lists several other pieces of work by and above Williams:

[By serving alcohol, Starbucks risks losing key customers: people in recovery](http://www.washingtonpost.com/opinions/by-serving-alcohol-starbucks-risks-losing-key-customers-recovering-substance-abusers/2014/05/13/af7887f6-da21-11e3-b745-87d39690c5c0_story.html)
Greg Williams, *Washington Post*, May 13, 2014

[CQ Researcher Treating Addiction v.24-17](http://www.cqpress.com/product/Researcher-Treating-Addiction-v24-17.html)
Jane Friedman, *CQ Press*, May 02, 2014

[OP-ED: It Doesn’t Matter Whether You Believe Addiction is a Disease or a Choice](http://jjie.org/op-ed-whether-addiction-is-a-disease-or-a-choice-its-time-to-discuss-how-people-recover/)
Greg Williams, *Juvenile Justice Information Exchange*, April 10, 2014

[A Language of Empowerment](http://thefix.com/content/language-empowerment)
John Lavitt, *The Fix*, March 13, 2014

['The Anonymous People' are anything but anonymous](http://www.minnpost.com/mental-health-addiction/2014/02/anonymous-people-are-anything-anonymous)
Sarah T. Williams, *Minn Post*, February 28, 2014

[The Great Hidden Secret: How ‘The Anonymous People’ is Changing Recovery Culture](http://jjie.org/the-great-hidden-secret-how-the-anonymous-people-is-changing-recovery-culture/106357/)
Daryl Khan, *Juvenile Justice Information Exchange*, February 24, 2014

[How I Used Theatrical On Demand to Bring My Doc to the People](http://tribecafilm.com/features/filmmaker-greg-williams-on-theatrical-on-demand)
Greg Williams, *Tribeca*, January 27, 2014

[Award winning film teaches truth about drug recovery](http://www.stroudnewsandjournal.co.uk/news/10925379.Award_winning_film_teaches_truth_about_drug_recovery/)
Kate Wilson, *Stroud News & Journal*, January 9, 2014

[ManyFaces1Voice.org is Recovery in Action](http://bheretoday.com/2014/01/manyfaces1voice-org-is-recovery-in-action/)
Beth, *BHereToday.com*, January 9, 2014

[Film about addiction playing in Naperville](http://napervillesun.suntimes.com/things-to-do/people-NAP-11202013%3Aarticle)
Michelle Linn-Gust, *Naperville Sun*, November 18, 2013

[Anonymous Nevermore](http://www.asam.org/magazine/read/article/2013/11/15/anonymous-nevermore)
David Sheff and Greg Williams, *ASAM.org*, November 15, 2013

[As many seek to put a face on addiction and recovery, anonymity gets a second look](http://www.minnpost.com/mental-health-addiction/2013/11/many-seek-put-face-addiction-and-recovery-anonymity-gets-second-look)
Sarah T. Williams, *MinnPost*, November 1, 2013

[Independent film shines line on addiction and recovery](http://advertisernewssouth.com/article/20130924/NEWS01/130929985/Independent-film-shines-light-on-addiction-and-recovery)
Glynnis Jones*, The Advertiser News*, September 24, 2013

['No better war on drugs than recovery' says experts](http://www.canada.com/better%2Bdrugs%2Bthan%2Brecovery%2Bsays%2Bexpert/8938929/story.html)
Julie Chadwick*, Daily News (canada.com)*, September 20, 2013

[Film confronts addiction](http://www.telegram.com/article/20130919/NEWS/309199517/1116)
Alli Knothe*, News Telegram.com*, September 19, 2013

[Recovery Month treats addiction stigma](http://www.registerstar.com/news/article_04f15962-1f4a-11e3-826a-001a4bcf887a.html)
Joe Gentile*, Register-Star*, September 17, 2013

[Addiction: The Anonymous People](http://www.doctoroz.com/videos/addicts-anonymous-people)
Greg Williams, *The Dr. Oz Show*, September 9, 2013

[Film will shift focuse from addiction to recovery at Staten Island screening and discussion](http://www.silive.com/healthfit/index.ssf/2013/09/film_shifts_focus_from_addiction_to_recovery.html)
Kathryn Carse*, Staten Island Advance*, September 9, 2013

[Addiction is a treatable disease](http://www.thedcregister.com/index.php?option=com_content&view=article&id=12312:addiction-is-a-treatable-disease&catid=79:columns&Itemid=141)
Donna Thacker*, The Journal Press & The DC Register*, September 9, 2013

[Addicts throw off their anonymity in documentary](http://www.timescolonist.com/entertainment/addicts-throw-off-their-anonymity-in-documentary-1.612636)
Michael D. Reid*, Times Colonist*, September 4, 2013

[Addiction Recovery Documentary: "The Anonymous People," Aires Wedensday in Montcalir](http://www.baristanet.com/2013/08/addiction-recovery-documentary-anonymous-people-airs-wednesday-montclair/) *Baristanet.com*, August 27, 2013

[Staten Island Screening Sought for Addiction Documentary](http://www.reclaimingfutures.org/blog/new-documentary-ithe-anonymous-peoplei-strives-transform-public-opinion-recovery)
John M. Annese, *silive.com*, August 19, 2013

[New Documentary, The Anonymous People, Strives to Transform Public Opinion on Recovery](http://www.reclaimingfutures.org/blog/new-documentary-ithe-anonymous-peoplei-strives-transform-public-opinion-recovery)
David Backes, *Reclaiming Futures*, July 31, 2013

[Addiction Seeps Into Every Pocket](http://sarahscarbrough.com/news/addiction-seeps-into-every-pocket/)
Sarah Scarbough, *Sarahscarbough.com*, July 30, 2013

[Addiction, public policy and the role of anonymity](http://www.facesandvoicesofrecovery.org/http%3A/www.startribune.com/opinion/commentaries/212555991.html?utm_source=Join+Together+Daily&utm_campaign=d26a3aefeb-JT_Daily_News_Experts_People_Who_Think&utm_medium=email&utm_term=0_97f4d27738-d26a3aefeb-221353537)
Bob Von Sternberg, *Star Tribune*, June 22, 2013

[Filmmaker tackles addiction in documentary](http://facesandvoicesofrecovery.org/pdf/Anonymous_People_Providence_Journal.pdf)
Lynn Arditi, *Providence Journal*, May 29, 2013

[KY news anchor shares personal struggle with alcohol](http://www.wdrb.com/story/22425403/ky-news-anchor-shares-personal-struggle-with-alcohol)
Lindsey Allen, *WDRB.com*, May 26, 2013

[RICares Changing Addiction Conversation](http://www.golocalprov.com/news/ricares-changing-addiction-conversation/)
Kate Nagle, *GoLocalProv News Contributor*, May 21, 2013

[Greg Williams Wants to Sensationalize Recovery](http://news.stlpublicradio.org/post/greg-williams-wants-sensationalize-recovery)
Mary Edwards, Alex Heur and Don Marsh, *St, Louis Public Radio*, May 7, 2013

[Sparking massive change on addiction recovery](http://www.argusleader.com/article/20130420/VOICES/304210004/Sparking-massive-change-addiction-recovery?gcheck=1)
*ArgusLeader.com*, April 19, 2013

[Recovering Celebrities "Come Out" in New Film](http://www.thefix.com/content/anonymous-people-new-recovery-documentary91514#.UWVVTLJUzvc.facebook)
Sarah Beller, *TheFix.com*, April 09, 2013

[The Anonymous People Film on Addiction Debuts in Hartford (video)](http://landing.newsinc.com/shared/video.html?freewheel=91060&sitesection=wtic_mrn_590&VID=24724133)
*NewsInc.com*, April 08, 2013

**Bill Wilson**

(November 26, 1895 - January 24, 1971)

Bill Wilson said he had his first drink of alcohol in the Army during World War I and soon began drinking heavily. In 1918 married Lois Burnham. Wilson had a successful career as a stockbroker until the stock market crash of 1929. Shortly after the stock market crash Bill began to drink more and drink most of the day. He and his wife moved into the basement of his wife’s parent’s basement.

In 1934 Bill was visited by a friend, Ebby Thatcher. Ebby and Bill were childhood friends. Ebby had been befriended by Roland Hazzard – who was a patient of Carl Jung. Ebby was a member of the Oxford Groups. He shared about his recovery with Bill.

Soon after Ebby’s visit, Bill entered treatment at Town Hospital. This is where Bill met Dr. Silkworth.

Following treatment, Bill often visited the hospital to help others. While on a business trip, Bill was tempted to drink in the bar of the Mayflower Hotel. Instead, he made phone calls to local churches to lend help to others who might have alcohol problems. This is how he met Dr. Bob Smith.

Dr. Bob Smith and Bill Wilson, both in recovery, co-founded Alcoholic Anonymous.



**Cynthia Moreno Tuohy**

Cynthia Moreno Tuohy, BSW, NCAC II, is currently the executive director of NAADAC, the Association for Addiction Professionals. Moreno Tuohy has rich career experience and personal recovery that empowers her to lead others in federal advocacy for addiction and recovery.

Mrs. Moreno Tuohy led the national project group creating the Recovery to Practice (RTP) curriculum. She was also an advisor to UNT’s Recovery to Practice.

You can view Moreno Tuohy’s slide presentation, [Rein In Your Brain: From Impulsivity to Thoughtful Living in Recovery](http://www.naadac.org/assets/1959/cynthia_moreno_tuohy_rein_in_your_brain_ac16.pdf). Mrs. Moreno Tuohy is author of a book by the same name.

Moreno Tuohy has been interviewed twice by One Hour at a Time. The first interview was January 14, 2003 and the second on May 19, 2004. Both [interviews](https://www.voiceamerica.com/guest/21017/cynthia-moreno-tuohy#guest-episodes) are archived.



You can view the book by clicking on the book cover.



The description of the book:

Those in recovery are often stuck in a dangerous loop of making poor choices based on instant feel-good payoffs. *Rein in Your Brain* offers 10 proven techniques for intervening on faulty impulsive thinking and actions that have a negative impact on our lives and relationships.

Addiction--whether to mood-altering substances, gambling, sex, or food--stems in part from an over-reliance on the reward system of a primitive part of the brain that can push us to make poor choices based on an expectation of immediate gratification. Those of us in recovery often struggle with the compulsive thoughts and behaviors that are still programmed in our addictive brains well after the drinking and drugging has stopped. These often play out thoughtlessly in our interactions with others, damaging our relationships and growth as balanced human beings. Rein in Your Brain, by addiction expert Cynthia Moreno Tuohy, offers ten tools for breaking the cycle of impulsivity. These time-tested self-interventions include standing still in the moment, giving up control, not assuming the other person’s intent, tolerating differences, accepting emotions without giving them free reign, and differentiating between immediate fear-driven reactions and measured thoughts. By incorporating these tools in your daily interactions, your relationships can move from those of conflict to mutual respect and understanding (Simon and Schuster, 2014).

**Significant Organizations**

As important as individuals to advocacy and building in the addiction and recovery profession and community, are many organizations. The number of organizations are too great to list all.

Here are only a few.

**FAVOR** Faces and Voices of Recovery

**IC&RC** International Credentialing & Reciprocity Consortium

**NAADAC** National Association for Addiction Counselors

**NIH** National Institute of Health

**SAMHSA** Substance Abuse Mental Health Services Administration

**TAAP** Texas Association of Addiction Professionals

**TCBAP** Texas Certification Board of Addiction Professionals

**FAVOR**

Faces and Voices of Recovery has many resources, including:

Publications

Resource Library:

[Addiction Treatment Guidance & Policy](https://facesandvoicesofrecovery.org/resources/treatment-guidance-policy.html)

[Advocacy & Public Policy](https://facesandvoicesofrecovery.org/resources/advocacy.html)

[Children & Families](https://facesandvoicesofrecovery.org/resources/children-families.html)

[Collegiate Recovery Communities](https://facesandvoicesofrecovery.org/resources/collegiate-recovery-communities.html)

[Criminal Justice & Law Enforcement](https://facesandvoicesofrecovery.org/resources/criminal-justice.html)

[Language & Stigma](https://facesandvoicesofrecovery.org/resources/language_stigma.html)

[Legal Issues & Drug Courts](https://facesandvoicesofrecovery.org/resources/legal-issues.html)

[Medication Assisted Recovery](https://facesandvoicesofrecovery.org/resources/medication-assisted-recovery.html)

[Opioid Addiction & Recovery](https://facesandvoicesofrecovery.org/resources/opioid-addiction-recovery.html)

[Parenting in Recovery](https://facesandvoicesofrecovery.org/resources/parenting-in-recovery.html)

[Peer Recovery Support Services](https://facesandvoicesofrecovery.org/resources/recovery-support-services.html)

[Race, Ethnicity and Culture](https://facesandvoicesofrecovery.org/resources/race-ethicity-and-culture.html)

[Recovery Community Organizations](https://facesandvoicesofrecovery.org/resources/recovery-community-organizations.html)

[Recovery High Schools](https://facesandvoicesofrecovery.org/resources/recovery-high-schools.html)

[Recovery Research / Outcomes](https://facesandvoicesofrecovery.org/resources/recovery-research.html)

[William White Publications](https://facesandvoicesofrecovery.org/resources/william-white-publications.html)

Mutual Aid Resources

Recovery Stories

Recovery Support

Opioid Addiction & Recovery

The FAVOR website states:

We accomplish this through the promotion and celebration of recovery, by demonstrating recovery as a positive healing force, and by being the voice for those who have not yet found theirs. We support all pathways to recovery and we support initiatives such as Recovery Day, Rally for Recovery and Recovery Month.

We encourage those in recovery from addiction, and their friends, family members and allies to build awareness, challenge societal stigma, and celebrate the role that recovery plays in improving the lives of individuals, families, and communities. (Faces and Voices of Recovery, 2017).

**IC&RC**

International Certification & Reciprocity Consortium

Creates the test given to addiction professionals for credentialing and licensing. The Texas test is administered by TCBAP but created by IC&RC.

The IC&RC has 73 boards in 48 in the United States, There are four Native American regions. All branches of the United States military are members. IC&RC also has 11 international regions as members.

IC&RC also provide valuable study guides through their [website](https://flcertificationboard.org/icrc-adc-study-guide/) and for order.

**NAADAC**

[National Association for Addiction Professionals](https://www.naadac.org/)(NAADAC)

Membership to NAADAC is available for professionals, para-professionals, students, and organizations. Benefits of membership extend beyond what is tangible. Membership demonstrates greater numbers in support of the daily advocacy being done by NAADAC, their partners, and state affiliates.

Non-members have access to a great deal of the information, as well.

TAAP is the state affiliate of NAADAC. NAADAC hold annual educational conferences, as well as legislative advocacy preparation and group visits to the nation’s Capital for advocacy. In addition to the in-person events, NAADAC is a wealth of resource online.

Webinars are free for anyone. Members can receive free Continuing Education through webinars. Webinars are live and archived. Education is also provided through independent study and Face-to-Face trainings throughout the year in many different locations. NAADAC has partnered with TAAP and UNT RTP on a number of occasions.

On the NAADAC website you can gain a bit of insight into the level of involvement in advocacy to public policy. The website also provides resources to individuals to advocate locally, with his or her state of residency, and nationally.

NAADAC offers annual scholarships to conferences, as well as to undergraduate and graduate students.

NAADAC provides an online bookstore, publications, professional updates, professional development opportunities, directories, and links to other resources.

A vast array of national certifications are available through NAADAC, including: NCAC I; NCAC II; MAC; NDS; NCAAC, NCPRSS; NESAP; NCSE; and NECODP.

The NAADAC website provides detailed information about the many certifications, as well as a matrix comparing all certifications.

Here is a glimpse:

[National Certified Addiction Counselor (NCAC I)](https://www.naadac.org/ncac-i)

A voluntary national certification intended for professionals working within addiction-related disciplines wishing to demonstrate their skills gained through years of supervised work experience.

[National Certified Addiction Counselor (NCAC II)](https://www.naadac.org/ncac-ii)

A voluntary national certification intended for professionals working within addiction-related disciplines wishing to demonstrate their specialized addiction treatment skills gained through supervised work experience and specific undergraduate course work.

[Master Addiction Counselor (MAC)](https://www.naadac.org/mac)

A voluntary national certification intended for professionals working within addiction-related disciplines wishing to demonstrate their specialized addiction treatment skills gained through supervised work experience and specific graduate course work.

[Nicotine Dependence Specialist (NDS)](https://www.naadac.org/nds)

A voluntary national credential that provides foundational knowledge of tobacco addiction, develops skills and strategies for tobacco addiction counseling and examines related recovery and wellness issues.

[National Certified Adolescent Addictions Counselor (NCAAC)](https://www.naadac.org/ncaac)

A voluntary national credential that recognizes a standard of competencies and effective clinical practice utilized in treating adolescent Substance Use Disorders.

[National Peer Recovery Support Specialist (NCPRSS)](https://www.naadac.org/ncprss)

A voluntary national credential that provides recognition for Peer Recovery professionals in their chosen field of experience.

NCC AP Endorsements

[National Endorsed Student Assistance Professional (NESAP)](https://www.naadac.org/nesap)

This endorsement recognizes a national standard of competencies and effective clinical practice utilized in treating adolescent substance use disorders (SUDs).

[National Clinical Supervision Endorsement (NCSE)](https://www.naadac.org/ncse)

This endorsement recognizes a national standard of competencies and effective clinical supervision in the addiction treatment process.

[National Endorsed Co-Occurring Disorders Professional (NECODP)](https://www.naadac.org/necodp)

This endorsement recognizes a national standard of competencies and effective clinical supervision in the addiction treatment process (NAADAC, 2018).

Taken directly from NAADAC’s website:

Founded in 1972, as the National Association of Alcoholism Counselors and Trainers (NAACT), the organization's primary objective was to develop a field of professional counselors with professional qualifications and backgrounds. The organization evolved and became the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) in 1982, uniting professionals who worked for positive outcomes in alcohol and drug services. NAADAC's new name - NAADAC, the Association for Addiction Professionals - was adopted in 2001 and reflects the increasing variety of addiction services professionals: counselors, administrators, social workers and others, who are active in counseling, prevention, intervention, treatment, education and research (NAADAC, 2018).

**NIH**

The [National Institute of Health](https://www.nih.gov/) is a free government resource made up of nearly 30 institutes and centers. NIH is part of the United States Department of Health and Human Services providing medical research.

Despite the antiquated name, the [National Institute on Alcohol Abuse and Alcoholism (NIAAA)](https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-alcohol-abuse-alcoholism-niaaa) provides up-to-date research related to Alcohol and Substance Use Disorder.

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**SAMHSA**

While the name has not changed to reflect the timely work of this organization, the [Substance Abuse and Mental Health Services Administration](https://www.samhsa.gov) is an invaluable agency within the United States Department of Health and Human Services.

Established by Congress in 1992, SAMHSA provides quality information, resources, education, research, and information about services free of charge to anyone.

SAMHSA also provides grants and a vast number of publications to the public.

From the SAMHSA website:

**Vision**

SAMHSA provides leadership and devotes its resources, including programs, policies, information and data, contracts and grants, to help the United States act on the knowledge that:

* Behavioral Health is essential to health
* Prevention works
* Treatment is effective
* People recover from mental and substance use disorders

**Mission**

It is SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities (Elliott, 2013).

**TAAP**

The [Texas Association of Addiction Professionals](http://www.taap.org/)(TAAP)is the *only* organization in Texas advocating for the protection of the addiction counselor license.

From the TAAP website:

**TAAP’s Mission:**

TAAP seeks to promote the advancement of Addiction Professionals by uniting alcoholism and other addiction-counseling professionals throughout Texas.

TAAP organizes and charters local chapters in Texas, and assists in stabilizing and increasing their membership.

By means of legislative initiatives, promotional campaigns and professional networking opportunities, TAAP will promote awareness of the disease of chemical dependency and other addictions and compulsive behaviors.

TAAP will advocate for standards for licensure and certification of qualified counselors to ensure the competency basis of those who counsel alcoholics and other addicts and their families and assure a high order of professional standards and ethics among those in the addictions counseling profession (TAAP, n.d.).

**TAAP’s Objectives:**

A. Legislative Advocacy: Our highest priority is advocacy for the prevention, intervention, and treatment of addiction. This goal is accomplished through prudent execution of personal and corporate advocacy efforts at local, state and national levels. The expertise, integrity, and commitment of our association management firm and the staff of our national affiliate lead advocacy efforts. Advocacy includes monitoring regulatory agencies at state and federal levels.

B. Professional Growth Opportunities: To provide for our members the means to participate in discussions regarding prevention, intervention, and treatment efforts at the national and international level through affiliation with NAADAC, the National Association for Addiction Professionals, and with IC&RC, the International Certification and Reciprocity Consortium.

C. Academic Growth Opportunities: To provide for our members up-to-date postings on the association website and through email list-serves regarding opportunities for academic advancement. To network with faculty at academic institutions that offer coursework in addiction sciences to advocate for broader curriculum, distance learning, and advanced degrees in addiction sciences.

D. Business Growth Opportunities: To promote expanded opportunities for our members to establish and maintain addiction-related businesses, such as private practice or continuing education provider by providing professional networking opportunities, technical assistance, and a web-based referral service.

E. Peer Assistance: To provide a mentoring and support program for substance abuse counselors who live or work in the State of Texas. While assisting impaired professionals to recover and return to the profession is of paramount concern, support is also provided to counselor interns, those counselors who are isolated or who work in geographically remote areas, and for counselors who are in need of mentoring to elevate standards of practice to acceptable levels.

F. Ethical Standards: To develop, maintain and enforce a Code of Ethics for our members that reflect the highest standards of conduct for our profession. To advocate with state and federal regulatory agencies for the inclusion of these standards in laws and regulations (TAAP, n.d.).

**TCBAP**

The [Texas Certification Board of Addiction Professionals](https://www.tcbap.org/) sets the standards for licensure in Texas. A person desiring to become licensed will use the services of TCBAP for registration, scheduling, and administration for testing.

In addition, TCBAP is a member of the IC&RC. The TCBAP board works closely with IC&RC to adhere to standards.

[Certifications](http://www.tcbap.org/page/certification) offered through TCBAP are:

* Advanced Alcohol and Drug Counselor (AADC)
* Alcohol and Other Drug Abuse Counselor (ADC)
* Advanced Certified Prevention Specialist (ACPS)
* Certified Prevention Specialist (CPS)
* Associate Prevention Specialist (APS)
* Certified Chemical Dependency Specialist (CCDS)
* Certified Compulsive Gambling Counselor (CCGC)
* Certified Criminal Justice Addiction Professional (CCJP-A)
* Certified Criminal Justice Addictions Professionals - (CCJP)
* Certified Clinical Supervisor (CCS)
* Peer Mentor/Peer Recovery Coach Designation (PM/PRC)
* Peer Recovery Support Specialist (PRS)

**Science**

Brain imaging through PET scans and MRI’s can now show the impact of substance use on the brain. This is further evidence that addiction is not simply a bad behavior.

Review this journal article, [Imaging and the Addicted Human Brain](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2851068/), from the US National Library of Medicine National Institute of Health (NIH).

**Myths, not Methods**

Throughout history many methods have been put in place to make people stop their addiction. Instead of fixing an issue, these “fixes” it is probable to have created more problems for the person seeking help.

**Inebriate Hospitals**: People with Alcohol Use Disorder were put into state hospitals, where they would stay for about one year. History reports people were treated as if they were insane. The goal of hospitalizing someone for a year is based on the belief that if someone could not get alcohol for one- year they would have stopped their “habit” when released.

**Aversive Therapy**: In the 1890’s a person with an alcohol use disorder would be attached to a device designed to deliver an electric shock when they engaged in “unwanted behavior”.

**Sterilization:** In 1922 there were 15 states in the US with laws requiring *alcoholics* to undergo sterilization. Rationale for this procedure was to rid the next generation of people who had alcohol problems.

**Frontal Lobotomy:** Between 1748 and 1952, a person who had an issue with alcohol, would be given a frontal lobotomy. The procedure did not lower cravings. Death, suicide, or brain damage was the actual outcomes.

**Chemical Aversion Therapy**: If you have seen the movie, A Clockwork Orange, you have seen aversion therapy. The goal of this treatment is to cause the patient to eliminate the association between alcohol and pleasure. In order to accomplish this the patient is given an *\*\*emetic* drug either orally or by IV before drinking alcohol. The person then drinks and because of the negative physical reaction they no longer desire drinking. This type of therapy is still available, but there is little data to prove it useful for people with addiction.

**Emetic** - produces vomiting

**Solutions Found, the Problem Remains**

Society did not heed the warning about distilled spirits was given in 1774.

Despite the available information provided by Dr. Benjamin Rush, Substance Use Disorder was treated as a criminal offense by the government and viewed as a moral shortcoming by society.

There have been advancements made with better understanding and developing better treatment services for people with Substance Use Disorder, however, it is important that we continue to advocate, educate, and advance.

# Stigma

*A scar.*

*A mark of shame or discredit.*

Those are two of Merriam-Webster’s definition for [stigma](https://www.merriam-webster.com/dictionary/stigma). In many ways these definitions fit well with the long-time negative connotations held toward addiction and people in recovery.

A Sober Media Group called [DrugAbuse.com](https://drugabuse.com/library/addiction-stigma/) goes even further in depth by explaining stigma as it directly relates to addiction and people in recovery.

Many people in the general public do not understand the difference between people with an active addiction and people in active recovery. The pejorative language used when referring to people with addiction and in recovery has been acceptable such a long time it seems to have seeped into the fabric of vocabulary.

The 2014 National Survey on Drug Use and Health found that 21.5 million Americans (age 12 and older) had a Substance Use Disorder in 2013. With a national population in 2013 of 316.2 million, that equates to over 6 percent of the population with an active Substance Use Disorder. There is enough information to support the fact that Substance

Polls and research tell us society is more accepting of a person who has a mental health diagnosis than Substance use diagnosis. However, in 2014, there were a reported 7.9 million diagnosed with [Co-Occurring Disorders](https://www.samhsa.gov/disorders). A co-Occurring Disorder means a person has both a mental health and a Substance Use disorder. [The National Bureau of Economics Research](https://www.nber.org/digest/apr02/w8699.html) (NBER) reports the “definite” connection between mental health and substance use.

Stigma can keep people from seeking treatment and can negatively impact their mental health and self-worth.

Educating people with facts is one of the most important places to begin when attempting to decrease stigma. By educating people who do not understand addiction, you can be an agent of change. Substance Use Disorder is not a criminal issue, rather a public health emergency. As you look back on the history of addiction and recovery you likely see how much information is available to support this. It is important we continue striving to make a difference.

**Looking Ahead**

Reviewing history can provide us with evidence of action that did not work and things that did work.

The addiction profession is improving many of the following ways:

**One size does *not* fit all!** Generally, treatment programs have been modeled after one pathway to recovery. A program might be 12-Step based, faith based, or secular. There are many pathways to recovery, successful treatment programs will respect and understand this idea. To find what works best for a client, a treatment program can offer many options, rather than only one.

**Giving a warm handoff** helps. Telling a client to make sure they go to meetings and get a sponsor when they get out of treatment is an example of providing “passive resources”. People in early recovery have difficulty forming these relationships. It serves clients for clinicians to make the introduction between the client and future resources in order for relationships to begin forming before treatment even ends.

**A One-stop shop** may be unrealistic for some programs; however, people are often provided well-rounded service when supports are combined. It bodes well for long-term recovery if a person can schedule appointments with their medical doctor, see their therapist, and pick up a map for public transportation all at the same location.

**Addiction counseling** is not only effective when a person is in treatment. There is evidence that the clinical skills of addiction counselors can be of great use in long-term recovery.

**Success rates in treatment** may not be what they appear. The requirements of treatment program licensure likely do not provide enough information to equate if a treatment program has been successful. The State of Texas [rule for regarding contacting client’s following discharge](http://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=448&rl=805) states:

*The facility shall contact each client no sooner than 60 days and no later than 90 days after discharge from the facility and document the individual's current status or the reason the contact was unsuccessful”, Title 25, § Part 1, Chapter 448, Subchapter H (2004).*

Reasons “success rates” cannot be determined based on the requirements:

| **Rule** | **Regarding success rates** |
| --- | --- |
| Between 60 and 90 days… | Between 60 and 90 days does not account for long-term recovery.  |
| …successful discharge from the program | The clients who are discharged from the program for reasons other than completion of the program are not involved in the calculations. |
| …document individual’s current status… | Whether the client is actively working a program of recovery or not is based solely on what the client reports.  |
| …or the reason the contact was unsuccessful.  | If the person does not answer the telephone or does not return your call, their status would not be documented.  |

It will be important to continue gathering information to understand the support needed in later-stages of recovery.

**Recovery experience matters** even if the person has a recurrence of symptoms. It is no longer acceptable to discount recovery experience if there is a recurrence of symptoms. Any experience a person has in recovery can benefit his or her future.

**Communities are embracing those in recovery.** As discussed in Module 1, communities are offering services to people returning to their community following a period of time in treatment. This is happening in more open – less anonymous – ways than before. Communities that welcome people in recovery benefit from what the person in recovery offers back, and the person in recovery benefits from the belonging.

**Another Look at Language**

The words we use have a great impact on emotions and self-worth. In a society that has banned many injurious words in the last decade, language around people with Substance Use Disorder seems to remain.

Review the handout, **Person Centered Language**, to discover words and potential replacement words. You may have heard some of these terms to describe a person with Substance Use Disorder. You may have even used them.

In 2013 an updated Diagnostic and Statistical Manual of Mental Disorders (DSM) was released. The clinical language for diagnosing fell in line with the language change. Substance Use Disorder is the appropriate clinical language.

The language of addiction and recovery is not simply a group of sensitive people wanting everyone to be politically correct. Language reflects how we feel and it influences our attitudes.

How does it affect the person in need of treatment?

* Substance abuse or Substance (drug) abuser can perpetuate the idea that the person with an addiction is freely choosing the substance.
* A 2010 researcher studied language as it pertained to mental health and addiction counselors. The research found even clinicians trained in addiction prescribed more punitive courses of action when the person needing services was referred to as a “Substance Abuser” rather than a person with “Substance Use Disorder”.
* The more derogatory terms are a barrier to a person seeking the help they need.
* A person in healthy recovery may be prevented from sharing with anyone about his or her recovery for fear of the attached stigma.

There has also been debate about the term “relapse”. Many Recovery to Practice (RTP) participants shared personal stories of the countless times they have heard people in recovery telling those in treatment that “relapse is part of addiction”, as if implying it was necessary. RTP suggests people in treatment no longer be encouraged to write “Relapse Prevention Plans” but created “Recovery Plans”. That the terms relapse, lapse, and slip be removed, as well. Instead, use a term better suited for clinical diagnoses – recurrence of symptoms or recurrence of use.

You can read the [full article](https://www.ncbi.nlm.nih.gov/pubmed/20005692) overviewing the research referenced.

Review Handout 1, Language

**Texas History**



Per the United States [Census Bureau](https://www.census.gov/quickfacts/TX), in 2016 the Texas population was 27.86 million. That number just surpasses the number of people in our nation actively addicted to substances. According to SAMHSA 23.5 million Americans currently have an active addiction. That’s approximately one in every 10 Americans over the age of 12. Only 2.6 million Americans receive the treatment they need. When contrasted with other public health issues, the access to care is disproportionate.

Texas Health and Human Services 2017 population [projections](https://www.dshs.texas.gov/chs/popdat/ST2017.shtm) can be seen here.

**History in the Texas Addiction Profession**



**1980’s**

The state agency overseeing treatment center and counselor licensure was known as The Texas Commission on Alcohol and Drug Abuse (TCADA). TCADA certified counselors as *Certified Alcoholism Counselor* *(CAC).* Later the certification changed to *Certified Alcohol and Drug Abuse Counselor* *(CAADAC).*

**1983**

An oral exam was implemented for certification testing. Now serving on both Texas and National Addiction Professional boards, Sherri Layton took the first oral test administered in Texas. Sherri is scheduled to provide an interview for RTP to share her experiences as someone coming into the field during this time.

**1991**

Certification was replaced by licensure and Texas began to license counselors as *Licensed Chemical Dependency Counselor (LCDC).* Testing also began being administered by the International Certification & Reciprocity Consortium (IC&RC).

**Mid-2000**

Regulatory authority changed from TCADA to the Department of State Health Services (DSHS). During this era, the oral exam was removed from licensure testing.

After advocating for more than 20-years, in September 2012, the Texas addiction profession gained ground with the implementation of [Peer Assistance](http://www.tapnettx.org/) (TAPNET) for professionals with addiction counseling credentials.

On September 1, 2017 the Texas legislature changed the regulatory authority of LCDC by transferring the oversight to the [Health and Human Services Commission](https://hhs.texas.gov/) (HHSC). As of this publication, the [website for LCDC](https://www.dshs.texas.gov/lcdc/) and facility licensure is still managed by DSHS.

**Credentialing information**

**Texas Health and Human Services**

* LCDC [New License](https://www.dshs.texas.gov/lcdc/lcdc_apply.shtm) Registration
* LCDC [Renewal](https://www.dshs.texas.gov/lcdc/lcdc_renew.shtm)

**LCDC Testing** is administered through the [Texas Certification Board of Addiction Professionals](http://www.tcbap.org/?page=A10) (TCBAP).

**Texas Certification Board of Addiction Professionals (TCBAP)**

The TCBAP website explains their function as: Texas Certification Board of Addiction Professionals is an autonomous arm of the Texas Association of Addiction Professionals. The certification board is committed to the setting of counselor standards and protection of the public good.

**National Certifications**

National certifications can be found through the [National Association](https://www.naadac.org/certification) (NAADAC).

Information to prepare oneself for testing for LCDC in Texas can be found through the [International Certification & Reciprocity Consortium](http://internationalcredentialing.org/) (IC&RC).

# Advocacy

Throughout history, even in Texas, societies have attempted to “cure” addiction by many means that did not and do not work.

It is difficult to argue with people who have experience and strongly cling to that experience as fact. Those who view addiction as an issue deeper than behavior have experience, as do those who do not agree.

Professionals tell us countless stories of people in treatment for Substance Use Disorder expressing a great deal of regret for the pain their addiction has caused others. They express a strong desire to stop the cycle and oftentimes share multiple instances of attempts to make changes.

* Does this mean the people attempting to make the changes are bad people who simply have bad behaviors and poor decision-making?

Time and time again, people in recovery share stories of their struggles before the attainment of stable and healthy recovery. People in recovery share about times they were discarded by others due to their active use. The stories of people struggling with active addiction can be heartbreaking.

* Does this mean the person in recovery only “got it right” the time they were able to attain recovery?

Despite the thousands of news stories, documentaries, personal and professional stories told there are still some who believe addiction is simply about bad behavior. With the release of the Surgeon General’s Report there is now factual data to back up the lived experience.

Many groups of people have faced such a challenge fighting stigma and won. It is important to help reduce the stigma by sharing the truth about addiction and recovery.

If you understand addiction and believe recovery is possible, perhaps, you are the perfect person to help reduce the stigma and join in the advocacy through educating people who may not understand. It is important that we not engage in arguments, instead share information in an effective way. [Faces and Voices of Recovery](https://facesandvoicesofrecovery.org/what-we-do/stigma-reduction/) (FAVOR) make available information online to demonstrate the most effective way to help reduce stigma by bringing awareness to the facts, challenging ignorance with facts, combating fear by celebrating victories in recovery. It is possible we will one day live in a world accepting evidence of addiction and the change realized with recovery.

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