

White, W. (2004). Treatment Works! Is it time for a new slogan? Posted at <http://www.bhrm.org>

Treatment Works! Is it time for a new slogan?

William L. White

Abstract

Treatment Works is the central promotional slogan of the addiction treatment industry. This essay argues that the slogan misrepresents the probable outcomes of addiction treatment and misplaces the responsibility for such outcomes. The slogan *Treatment Works* 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, celebrate multiple pathways of recovery, affirm the supportive roles of family and community in the recovery process, and incorporate catalytic metaphors drawn from diverse medical, religious, spiritual, political and cultural traditions.

Slogans are phrases or mottoes that convey ideas and sentiments in a highly condensed and memorable form. Because of their power to shape how people perceive, think, feel, and act, they serve as mechanisms of control in totalitarian systems (as vividly portrayed in George Orwell's *Animal Farm*) and are an ever-present expression of the marketplace of ideas, products and services within democratic societies. Catchy slogans and jingles have a rich history within the alcohol and other drug (AOD) problems arena. They have been used to:

- promote psychoactive drug use (“It’s Miller time”; “I’d walk a mile for a...; “Tune in, turn on, drop out.”)
- discourage psychoactive drug use (“Just Say No”; “This is your brain;”),
- convey the source and nature of AOD problems (“Alcoholism is a disease”; “Capitalism plus dope equals genocide”)
- portray the character of AOD consumers and those experiencing AOD problems (“The alcoholic is a sick person”; “Users are losers”)
- promote particular AOD-related social policies (“Zero tolerance”; “Treatment works”), and
- shape recovery-based thinking and daily living (“One day at a time”; “Sobriety priority”).

The business, professional, and mutual aid institutions whose missions are related to AOD use/problems have all coined slogans to promote their ideological, financial and therapeutic interests. Such slogans are complex. They can operate at personal, family, professional, institutional and cultural levels; work at some levels while failing at others; and generate unintended and potentially harmful consequences.

Rethinking “Treatment Works”

The slogan *Treatment Works* is the central promotional slogan of the addiction treatment industry. It can be seen and heard almost anywhere addiction treatment is being discussed. (A Google search matching the slogan and the word *addiction* generates more than 12,000 Internet references.)

Treatment Works meets many criteria of a good slogan. It is compact, original, catchy, and memorable. It offers a positive promise of benefit to its multiple target audiences. It celebrates the hundreds of thousands of people with AOD problems who have used professional treatment to transform their lives. The slogan is a cogent affirmation of hope to individuals and families experiencing AOD-related problems. It acknowledges 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 “drunk tanks,” (of city jails); “foul wards” (of city hospitals); and “back wards” (of aging state psychiatric hospitals). Scientifically, *Treatment Works* stands as a summation of addiction treatment outcome research. The slogan’s introduction was strategically well-timed to counter two potential threats to the status of the addiction treatment field: highly publicized cases of celebrity relapse following multiple episodes of treatment, and growing challenges to the core constructs of modern addiction treatment (Fingarette, 1989; Peele, 1989; Peele and Brodsky, 1992; Davies, 1992; Schaler, 2000). In summary, the slogan’s purposeful ambiguity (what is encompassed in the term “treatment” and the meaning of the term “works”) has allowed it to serve multiple functions: scientific proclamation, professional self-congratulation, marketing jingle and social policy mantra. With such 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 pitfalls and unintended consequences. This article, written by a decades-long promoter and defender of addiction treatment, argues that the slogan *Treatment Works* is ill-conceived and should be abandoned.

The slogan *Treatment Works* erroneously conveys the existence of a singular, static entity called “treatment” that is consistent in character and quality over time as it is delivered in the United States. The reality is quite different. Addiction treatment in the United States is a smorgasbord of diverse settings, philosophies, and techniques (White, 1998) that also vary significantly in their effectiveness (Wilbourne & Miller, 2003). There are widely utilized methods of addiction treatment that lack scientific support for their effectiveness (Miller & Hester, 1986), and methods of treatment with substantial scientific support that continue to be publicly and professionally stigmatized, e.g., methadone maintenance treatment (Kreek & Vocci, 2002; White and Coon, 2003). Outcomes of addiction treatment vary by client and program characteristics (Landry, 1997; Miller, Walters, & Bennett, 2001; Wilbourne & Miller, 2003) and by the intensity of post-treatment monitoring, support and early re-intervention (Dennis, Scott, & Funk, 2003). Outcomes of a particular treatment vary when delivered by different addiction counselors (McLellan, Woody, Luborsky, & Goehl, 1988). The quality of a particular treatment approach can also vary over time due to the “inadequate and unstable” organizational infrastructures of addiction treatment agencies (McLellan, Carise, & Kleber, 2003). Such instability is indicated by the rate of program closures and reorganizations (Johnson & Roman, 2002) and the low status¹, low morale, and high annual turnover² of the addiction treatment

¹ One indication of the status of the role of addiction counselor is a recent report that declared addiction counselors along with dishwashers, pest controllers, and funeral home attendants among “The ten most underpaid jobs in

workforce (Director's Report, 2003; Roman, Blum, Johnson, & Neal, 2002; NYS OASIS, 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.

Treatment Works perpetuates a single pathway model of AOD problem resolution. The slogan *Treatment Works* ignores the variety of ways people with AOD problems resolve these problems. The majority of persons with AOD problems do not seek professional treatment (Narrow, Reiger, Rae, Manderscheid & Locke, 1993), but do resolve these problems without such intervention (Sobell, Sobell, Toneatto, and Leo, 1993; Humphreys, Moos, & Finney, 1995; Sobell, Cunningham, & Sobell, 1996; Cunningham, 2000). The resolution of AOD problems without professional treatment has been documented in the research literature for more than forty years. The extensiveness of this literature is indicated by the number of terms used to describe such styles of problem resolution: *maturing out* (Winick, 1962), *autoremission* (Vaillant, 1983; Klingeman, 1992), *self-initiated change* (Biernacki, 1986); *unassisted change* (McMurrin, 1994), *spontaneous remission* (Tuchfield, 1981; Anthony and Helzer, 1991), *de-addiction* (Frykholm, 1985), *self-change* (Sobell, Sobell, and Toneatto, 1991), *natural recovery* (Havassey, Hall and Wasserman, 1991; Granfield and Cloud, 1999), *self-managed change* (Copeland, 1998) and *quantum change* (Miller and C'de Baca, 2001). The slogan *Treatment Works* ignores the role of self, family, friends, mutual aid groups and other community-based and peer-based support services in the recovery process.

The slogan *Treatment Works* fails to distinguish those individuals for whom addiction treatment is most appropriate from those who are likely to resolve AOD problems without professional intervention or who would be potentially harmed by treatment. Adults and adolescents for whom professional intervention is most warranted are characterized by earlier age of onset of AOD use, polydrug use, longer and more intense AOD use careers, greater AOD-related consequences, high rates of co-occurring psychiatric illness, less occupational opportunity and stability, fewer family and social supports and multiple failed efforts to moderate or stop AOD use (Weisner, 1993; Granfield and Cloud, 1996; Dawson, 1996; Ross, Lin, & Cunningham, 1999; Bischof, Rumpf, Hapke, Meyer, & John, 2001; Brown, 1993; Keller, Lavori, Beardslee, Wunder, Drs, & Hasin, 1992). The slogan *Treatment Works* fails to distinguish for referring professionals and the public who could benefit most from addiction treatment from those for whom such treatment is unnecessary or contraindicated due to potential harm.

Treatment Works justifies an acute care model of intervention (analogous to treating a broken arm) that is unsuitable for most people with severe AOD problems. The slogan conveys to the public that the person with severe AOD problems is "broken" but can be "fixed" via a single episode of "rehab" (brief professional intervention). This acute model, which is coming under increasingly critical scrutiny (McLellan, O'Brien, Lewis & Kleber, 2000), is particularly ill-suited for persons with high personal vulnerability (e.g., family history of AOD problems, early age of AOD use), high problem severity and complexity (e.g., psychiatric co-morbidity),

America" because compensation was low in comparison to the "loathsome" nature of the work. *Peoria Journal Star*, Peoria, IL, January 4, 2004.

² State surveys such as one in Iowa reveal a 23% annual turnover with some programs experiencing annual turnover near 90%. Mosher, C.R. (2000). Why do they leave? Retention and Turnover in Iowa Substance Abuse Agencies: A Preliminary report. Unpublished report. While such turnover may involve shifts of staff from program to program, state certification boards have reported a non-renewal of certification rates for addiction counselors as high as 34%. Martin, E. (2002). Addiction Counselor Traits and Turnover. Portland, OR" Addiction Counselor Certification Board of Oregon.

and low recovery capital (internal and external recovery initiation and maintenance resources) (White, Boyle & Loveland, 2002). There are legions of families whose loved ones have died addiction-related deaths, are languishing in prisons, or are living addiction-deformed lives—all after one or more episodes of addiction treatment. What must these families feel when they hear the slogan *Treatment Works*?

Treatment Works misrepresents the highly variable and complex outcomes of addiction treatment. The slogan, by failing to distinguish the variability of treatment outcomes across clinical subpopulations, modalities and particular programs, misrepresents the overall research on treatment effectiveness. The slogan achieves its intended effect by capitalizing on differences in public and professional definitions of the term “works.” In the public mind, the term tends to be used dichotomously—something works or it doesn’t. The meaning of addiction treatment “working” to the public is quite simple and straightforward: an addicted person is treated and the addiction is gone forever, the evidence of which is complete and enduring abstinence following discharge from treatment. Many addiction treatment professionals share this dichotomous view and think treatment “works” because they know of cases of complete recovery following treatment. For them, the view that treatment can work for *some* individuals is simply shortened to the more positive *Treatment Works*. To the researcher, treatment works if the intervention has positive and measurable effects—effects that could range from complete abstinence to any reduction in AOD use and related problems to a reduction in social costs following treatment. The slogan *Treatment Works* crosses these worlds of public perception, clinical practice and clinical research but conveys very different meanings within each arena. The American public will not forever countenance the indiscriminate application of this term (“works”) to addiction treatment. The notion that severe AOD problems can be effectively resolved through a single, brief episode of professional treatment is not culturally sustainable. Here is a sampling of research findings of the past fifteen years that challenge this mechanistic and inflated portrayal of treatment outcomes.

Failure to Attract/Limited Access Most persons in need of treatment for a substance use disorder do not seek or receive such treatment (only 10% of those needing treatment received it in 2002) (Substance Abuse and Mental Health Services Administration, 2003). Many states are plagued by long waiting lists to enter addiction treatment, e.g., in December 2001, 11,000 people were on waiting lists to enter addiction treatment in the State of California (Little Hoover Commission, 2003). There is a high dropout rate (25-50%) of persons on waiting lists to enter addiction treatment (Stark, Campbell, & Brinkerhoff, 1990; Hser, Maglione, Polinsky, and Anglin, 1998; Donovan, Rosengren, Downey, Cox & Sloan, 2001)

Prior Treatment Of those admitted to publicly funded 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).

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) (Substance Abuse and Mental Health Services Administration, 2002; Stark, 1992). Completion rates vary by modality: short-term residential treatment (61%); inpatient hospital treatment (55%); detoxification (51%), intensive outpatient treatment (42%), outpatient treatment (35%), long-term residential treatment (33%) and methadone treatment (15%), and are lower for drugs other than alcohol, particularly for opiates and cocaine (SAMHSA-OAS, 2002).

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

Post-treatment Relapse The majority of people completing addiction treatment resume AOD use in the year following treatment (Wilbourne & Miller, 2002). Of those who consume alcohol and other drugs following discharge from addiction treatment, 50-60% do so within 30 days of discharge and 80% within 90 days of discharge (Hubbard, Flynn, Craddock & Fletcher, 2001).

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).

Re-admission 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, & Broom, 2002).

Treatment Careers Most persons treated for substance dependence who achieve a year of stable recovery do so after 3-4 episodes of treatment over a span of eight years (Anglin, Hser, & Grella, 1997; Dennis, Scott, & Hristova, 2002).

Recovery Stability 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'Donnell, & 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 abstinence later return to opiate use (Simpson & Marsh, 1986; Hser, Hoffman, Grella, & Anglin, 2001).

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

These findings collectively suggest the need for pre-treatment engagement and motivational enhancement as well as post-treatment monitoring, sustained recovery support services and early re-intervention, but addiction treatment is dominated by models of acute (and ever-briefer) interventions (White, Boyle & Loveland, 2002). 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). This is an important finding, but those who cite this conclusion (as an elaboration of the *Treatment Works* slogan) delude the public and policy makers if they fail to report that the annual relapse rates for these other conditions range from 30-70% (McLellan, et al., 2000).

Large numbers of people will achieve sustained addiction recovery through the vehicle of professionally-directed treatment, but the realistic limitations of such treatment are not adequately conveyed in the slogan *Treatment Works*. *The Principles of Addiction Treatment* promulgated by the National Institute on Drug Abuse constitute a more scientifically-grounded and honest portrayal of addiction treatment outcomes. These principles—from which alternative slogans for public consumption could be generated—include statements such as:

- No single treatment for addiction is effective for all individuals.
- Detoxification by itself does little to change long-term drug use.
- Recovery from addiction can take a long time and span multiple treatment episodes.

The slogan *Treatment Works* shifts the focus (and responsibility for recovery) from the addicted/recovering person to the treatment professional, while leaving open the potential for the client to be blamed when treatment does not work. For the treatment consumer, the slogan *Treatment Works* places responsibility for outcomes on the professional interventionist by making no acknowledgement of the service consumer's role in that outcome. For the treatment institution, it is an escape from accountability: Treatment works is an a priori assumption, therefore if problems persist following treatment it is the fault of the client, not the intervention or the intervener. The slogan portrays recovery as mechanistic: It conveys to people with such problems that recovery is something done to them rather than achieved by them. A preferable slogan would counter such passivity by emphasizing the role of personal choice and responsibility and the considerable and sustained effort involved in successful addiction recovery. Such an alternative slogan would shift the focus from the means (treatment) to the desired goal (recovery), express optimism about the potential for long-term recovery, challenge people to initiate and sustain this recovery process, and invite recovered and recovering³ people to reach out to others to help with this process.

Treatment Works inflates expectations (permanent abstinence following a single episode of professional treatment) that, when not met, lead to the demoralization of clients, families, service providers and policy makers. One wonders what this phrase means to frontline addiction counselors. Does the slogan *Treatment Works* mock their efforts in light of the re-admission rates noted above? What does this slogan mean to judges and probation officers who have come to see addiction treatment as the criminal justice system's new "revolving door"?

Treatment Works misrepresents what a single episode of addiction treatment can realistically achieve for people with severe and persistent AOD problems and, in the absence of any outcome other than complete and enduring abstinence and emotional, relational and occupational health, places the total blame upon the individual for that less than perfect result. The slogan *Treatment Works* creates situations in which individuals can be subjected to flawed interventions whose nature, intensity or duration provide little likelihood of success and then personally punishes (e.g., violation of probation and incarceration, loss of children) them on the grounds that "they had their chance." Such punishments and their resulting demoralization are an iatrogenic effect of an ill-chosen slogan and the expectations it generates. Similarly, if *Treatment Works* but did not work for my family member, then the source of that failure must lie within the flawed character of my family member and not the treatment methods or the treatment team. Such conclusions flow from the logic of this slogan and contribute to the abandonment of those with AOD problems by their families.

Back to the Future?

When the nineteenth century inebriate homes/asylums and addiction cure institutes oversold what their interventions could achieve via advertising claims of 95%+ cure rates, it was only a matter of time before most citizens knew someone personally who relapsed following treatment. Rising therapeutic pessimism about the prospects of addiction recovery contributed to

³ I use the term recovered for those who have achieved 5 or more years of stable remission and recovering for those working to attain that level of stability.

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 addiction field risks replicating this history by brandishing a slogan that serves its institutional interests in the short run but which could fatally wound the field in the long run.

Successful recovery is invisible in this country (except for the work of new and renewed grassroots recovery advocacy organizations), but failed treatment seems to be visible everywhere. We are approaching a critical mass of cultural experience in which most Americans know or know of someone for whom one or more episodes of addiction treatment did not "work" (as defined above). When that saturation point is reached, there will be an inevitable backlash in which public and policy support for addiction treatment is withdrawn and those with severe AOD problems are again transferred from systems of care to systems of control and punishment. Some, including this author, believe this process is already well under way. Contributing to that loss of support will be the modern addiction treatment field's failure to accurately and adequately convey what its services can and cannot achieve. Addiction treatment is a godsend to hundreds of thousands, but its role in the recovery process is different than that conveyed to the public through the slogan *Treatment Works*.

Alternative Slogans

The purpose of this commentary is not to offer a specific alternative to the slogan *Treatment Works*, but some closing reflections on the nature of such alternatives seem warranted. First, there needs to be a more rigorous process through which the field of addiction treatment selects the central ideas and slogans through which it present itself to the public and to policy makers. That process should include research scientists, service providers and service consumers and their family members, and larger representation from various communities of recovery. Second, 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. Third, I would offer the following criteria related to the content of the field's organizing slogans. The central slogans should:

- be recovery-focused (emphasis on the experience and responsibilities of the person seeking recovery rather than on treatment professionals/institutions), e.g., Addiction recovery is a reality (in the lives of hundreds of thousands of individuals, families and communities). / Recovery is everywhere. / Addiction recovery is a choice. Is it time you decided? / Recovery is voluntary. Volunteer today!
- communicate hope for, and the effort required to achieve, long-term recovery, e.g., Addiction recovery is a process, not an event. / You don't have to hit bottom. Begin your recovery today. / We're living refutation of "Once an addict, always an addict."
- emphasize the roles of personal choice, responsibility and enduring effort in the recovery process, e.g., Keep trying: Permanent recovery often follows failed resolutions. / Addiction recovery is tough; Keep quitting until you quit forever.
- affirm multiple pathways of recovery, e.g., There are many pathways to recovery. Find the right one for you. / "The roads to recovery are many" (Wilson, 1944). / Different strokes for different folks: Recovery by any means necessary!

- emphasize the role of family and community in the recovery process, e.g., The bad news is that addiction affects the whole family; the good news is that recovery does too. / Recovery flourishes in supportive communities. / With a little help from our friends: Find a recovery support group! / 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. / Personal resolutions failing? Seek professional help!
- create informed consumers, e.g., All addiction treatment is not the same. Choose wisely. / Profane and humiliating confrontation is not a treatment for addiction; it is abuse: Don't tolerate it.
- incorporate a wide menu of metaphors to initiate and anchor recovery, e.g., Addiction is racial suicide; Resist, Recover, Rebuild! Addiction is poison. Embrace the Antidote: Resistance, Resilience, Recovery!
- spark self-reflection, e.g., Are you in need of a recovery checkup?
- call recovered and recovering to join the "wounded healer" tradition, e.g., Addiction recovery gives back (to individuals, families and communities) what addiction has taken. / Recovered and recovering people are part of the solution (to AOD problems). / You're living proof that addiction recovery is possible: Isn't it time you told others? / Every one help one: Sobriety, Serenity, Service

Summary and Conclusion

It is unlikely that a single slogan will convey the complexity of what is known about addiction treatment and recovery at individual, family, professional, institutional and cultural levels. I am not arguing for a particular alternative to the slogan *Treatment Works*, but I am calling for a serious re-evaluation of our continued use of this slogan, and I am advocating the use of alternative slogans that:

- extol the power of personal choice and responsibility
- are recovery-focused, family-centered, culturally-nuanced, and scientifically defensible, and
- incorporate a menu of catalytic metaphors drawn from diverse medical, religious, spiritual, political and cultural traditions.

Organizing slogans must be chosen very wisely. The slogan *Treatment Works* should be now and forever abandoned and replaced with slogans that shift the focus from the treatment professional/institution to the person in recovery, more accurately convey the complex processes involved in addiction recovery and more honestly represent the variability of treatment outcomes.

William White (bwhite@chestnut.org) is a Senior Research Consultant at Chestnut Health Systems and author of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. The opinions expressed here are those of the author and do not reflect the opinions or policies of organizations with whom I am associated or who have financially supported my work.

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