

Excerpted from
Some Closing Reflections on the Lessons of History in
**Slaying the Dragon: The History of Addiction Treatment
and Recovery in America**

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*“For decades many addicts have been subjected to treatment interventions that had almost no likelihood of success; **And when that success has indeed failed to materialize, the source of that failure has been attributed, not to the intervention, but to the addicts’ recalcitrance and lack of motivation...** Blaming protects the service provider and the service institution at the expense of the addicted client and his or her family.”*

On Ambivalence

“The history of addiction as experienced by America’s addicts is a history of ambivalence. Addicts simultaneously want - more than anything – both to maintain an uninterrupted relationship with their drug of choice and to break free of the drug” ...

*“...one of the constant rediscoveries in this history is that **espoused motivation to be drug free at the time of admission to treatment is not a predictor of positive treatment outcome.** This “discovery” was made in the inebriate asylums, in the 1950s and by a long series of studies in the second half of the 20th century. There has been a growing recognition that **motivation is best viewed, not as a precondition of treatment, but as something that emerges out of an effective treatment process.** Motivation is increasingly being viewed, not as something inside the client, but as something that emerges out of the interaction of the client’s intimate social network, the therapist and the broader treatment milieu.”*

What works?

*“Addicts make numerous attempts at aborting active addiction, and success and failure are all too often measured by a single intervention rather than combined or cumulative interventions. It is always the last attempt that is judged to be successful when, in fact, **what may have proved the crucial factor was time, experience, maturity, the sudden opening of some developmental window-of-opportunity for change, or the cumulative effect of numerous interventions.** What history tells us is that the early reports of such breakthroughs in the understanding and treatment of addiction are notoriously unreliable and should be treated with great caution and skepticism.”*

Overselling Treatment

“There has always been a propensity to oversell what treatment could achieve, both personally and socially. While such promises can help generate funding, they also create unrealistically high expectations of what treatment should achieve on a broad scale

...With two centuries of accumulated knowledge and the best available treatments, there still exists no cure for addiction, and only a minority of addicted clients ever achieve sustained recovery following our interventions in their lives. There is no universally successful cure for addiction”

Keeping Our Eyes on the Prize

“So what does this history tell us about how to conduct one’s life in this most unusual of professions? I think the lessons from those who have gone before us are very simple ones. Respect the struggles of those who have delivered the field into your hands.

Respect yourself and your limits.

Respect the addicts and family members who seek your help.

Respect (with a hopeful but healthy skepticism) the emerging addiction science.

And respect the power of forces you cannot fully understand to be present in the treatment process.

Above all, recognize that what addiction professionals have done for more than a century and a half is to create a setting and an opening in which the addicted can transform their identity and redefine every relationship in their lives, including their relationship with alcohol and other drugs. What we are professionally responsible for is creating a milieu of opportunity, choice and hope. What happens with the opportunity is up to the addict and his or her god. We can own neither the addiction nor the recovery, only the clarity of the presented choice, the best clinical technology we can muster, and our faith in the potential for human rebirth.”