I. Introduction

Within the American prototypical melting pot, “American Dream” ideals are being destroyed by substance abuse. Millions of families are affected by a friend or loved one addicted to drugs and/or alcohol. No matter how many are troubled with this disease, substance abuse can be a very sensitive subject for addicts, their families, and their community to accept. According to the National Survey on Drug Use and Health, an estimated 22.3 million people were classified with substance dependence or abuse in the year 2007 (SAMHSA 7.1). Fueled by this alarming fact and personal inspiration, the basis of my research and thesis project is to provide an innovative treatment center program that will successfully provide a place where people regain control of their mind, body, and spirit to live a substance free, healthy lifestyle. Through research and understanding of the neurology of addiction, treatment options, and learning from existing programs, I hope to create for substance abuse patients a treatment plan and place designed for a life of fulfillment.

Initial inspiration came from a family friend who suffered from chemical dependency from heroin. She went to an outpatient treatment center and underwent therapy. Her family was actively involved and supportive through her treatment and she was doing great for a long time. Unfortunately, the disease caused her to relapse and eventually to take her life. The horrific loss of a parent’s child became my motivation. I am determined to provide other families with hope so that they would never have to experience the pain seen in those parents’ eyes. This thesis project is especially personal to me; it is in memory and dedication to Jesse Gable, may she be at peace.
For some individuals the starting point of this epidemic may be found in American popular culture and the media. A majority of people are heavily influenced by their surrounding culture. There are numerous movies exclusively based on substance abuse, often glorifying the use of drugs and alcohol. For some it may be solely entertainment, but for others it may spark curiosity or interest because they idolize celebrities who abuse drugs. Depending on the maturity of the person watching these movies, these movies or other media images may influence individuals to make bad decisions. One example of a substance abuse movie is *Half-Nelson*. This film sends the message that a teacher can manage an addiction to crack cocaine while maintaining a successful teaching position to young high school students. Another prime example is *Blow*. This movie makes drug use look fun, harmless and a way to make friends. It also shows drug trafficking as a more lucrative business than the respected average working class. Media and entertainment form a large percentage of peoples’ ideas and culture. Movies glorifying drugs may be top sellers, but overall send a deadly message. Teens watching celebrities and movies using drugs develop a false perspective of an exhilarating lifestyle. These movies are meant for mature audiences. Taking an active role in what kids are watching will limit their exposure to drugs. Even though substance movies are made for entertainment, in reality experimentation with drugs and the resulting potential for chemical dependency is a serious problem.

II. **What is Substance Abuse?**

By definition a drug is “any chemical other than food or water that produces a therapeutic or non-therapeutic pharmacological action (effect) in the body” (Erickson 93). The meaning of being addicted to drugs and/or alcohol has many misinterpretations. First, the word “addiction”
is unscientific, too vague, and often misunderstood. People wouldn’t categorize an addiction to cocaine with an addiction to shopping. For this reason scientists describe addiction as either substance abuse or chemical dependency. The difference between the two happens when people cannot stop abusing drugs and become chemically dependent on them. Carlton K. Erickson explains in his book, *The Science of Addiction*, the term addiction “fails to acknowledge the critical difference between conscious *drug abuse* (‘bad judgment’ use of drugs, not a disease) and pathological *chemical dependence* (impaired control over drug use, a brain disease)” (5).

Erickson explains that many people still stigmatize all drug users as “bad people” who should just stop using, get educated and become better people. One the other hand, characterizing drug users as having a disease often makes people believe that they are being released from the responsibilities of their behavior (6). Not everyone that has a drug problem is an addict. It is necessary to consider that while all people should take responsibility for their actions while drinking or drugging, some people cannot help their excessiveness any more than a cancer patient can overcome a tumor (Erickson 1-7).

Abuse and dependency are defined by the role that drugs play in one’s life. Abuse is described as “intentional overuse of drugs in cases of poor judgment, self-medication, over celebration, and other situations where drug use can be harmful or illegal” (Erickson 16). Chemical dependence is defined as “compulsive, pathological, impaired control over drug use, leading to an inability to stop using drugs in spite of adverse consequences” (Erickson 17). Abusers often find that treatments such as counseling and 12-step meetings will help them find sobriety. Unlike people dependent on drugs, abusers often respond to less intensive treatment programs. Chemically dependent people often report a “need” for a drug, which is beyond “liking” or “wanting” a drug. They may no longer feel euphoria when taking the drugs, but must
continue use anyway to remain functional, feel normal, or to satisfy an instinctive urge (Erickson 55).

III. Signs, Symptoms, and Effects of Substance Abuse

Knowing the signs, symptoms, and effects of substance abuse will make people aware of the dangers that drugs can cause while also allowing people to be aware of drug behavior. In an article written by Helpguide.org, signs, symptoms, and effects are discussed in order to understand the capabilities of various drugs. The article explains that drugs cause for all users (not just the self-medicated ones), increased energy, rapid heart rate and elevated blood pressure, racing thoughts, and feel over stimulated (1). Continued use of drugs starts to take over the brain’s functions and can cause “rapid breathing, irritability, impulsiveness, aggression, nervousness, insomnia, weight loss, tolerance, addiction, and possible heart failure.” Signs and symptoms of drug abuse pertaining to social life are particularly of interest to my thesis research. These include: scheduling your day around drugs, and focusing recreational activities around obtaining drugs, using, or recovering from drug use (Helpguide.org 1-3).

Social life signs and symptoms of chemical dependence involve total sacrifice of one’s work, home, and family. As mentioned before about influential movies, teenagers are especially vulnerable to drug abuse. Their brain’s center for judgment and self-control is still developing and is at danger for being open to bad decisions and risk taking. The Helpguide.org article explains that many start using drugs to seek thrills, because they are curious, because friends do it, or because they want to look cool (4). The more serious ones are those that use drugs in order to cope with unpleasant emotions and difficulties in life. “The National Alliance on Mental Illness estimates that about half of all drug abusers also suffer from a mental illness such as depression, anxiety, bi-polar disorder, or schizophrenia (Drug Abuse and Addiction 1-4).”
Parents or guardians who may suspect their teen of drug abuse should take an active role in the teen’s life by defining and modeling acceptable behavior. Education concerning drugs and their powerful effects can prepare teens to make better choices as they mature.

Education is a key factor that keeps people from abusing drugs. If people classified substance abuse as the disease it is, temptation and excitement might be harder to convince drug novices that addiction is worth the risk. In an interview that I conducted with Don Scherling, the director of the Berkshire Medical McGee Unit in Pittsfield, Mr. Scherling states that nicotine and alcohol are the two leading causes of substance related deaths. Opiates and opioids follow in third, with methamphetamines becoming an epidemic throughout the United States. Other highly addictive drugs are cocaine and prescription pills, which have become an increasing problem in the healthcare industry. Examining the effects of the brain and internal organs will help people recognize the seriousness of the signs and symptoms of the disease on the exterior.

IV. Neurobiology of “Addiction”

Now that chemical dependency is established as a brain disease, it is important to recognize what exactly is happening neurologically. The site in the brain where drugs produce dependence in individuals is referred to as the “reward pathway” in the middle of the brain. Scientifically, this part of the brain is known as the mesolimbic dopamine system (MDS). In general, people with this disease have a dysregulation of the MDS and cannot stop using drugs without intensive intervention into their drug use problems (Erickson 51). The “need” mentioned above that patients feel relates to the dysregulation of the MDS and causes the feeling that the drug is, in a sense, correcting the brain’s problem. The problem that is happening is
caused by “sensitivity to drugs because of genetic vulnerability or neuroadaptation caused by
continued exposure to drugs over a period of time” (Erickson 55). The same “liking” feeling
from before comes from the pleasure effects of a drug. The constant “wanting” relates to the
urge or craving to take the drug. The “needing” indicates that the body (specifically the
hypothalamus of the brain) demands the drug in order to function normally. A primary example
that shows the difference between the ways drugs trigger the brain is comparing nicotine to
cocaine and heroin. Many people believe that a greater “high” a drug produces, the more
addicting it will be. Nicotine has the highest liability to cause addiction while having a low
euphoric quality when compared to cocaine and heroin, which creates high euphoria and
chemical dependency.

Drugs are categorized by their characteristics and the effects that they have on the brain.
Many chemicals can be ingested into the body to create altered
consciousness for those seeking euphoria, insight, or relief from suffering.
Such chemicals are referred to as centrally active drugs because they target
the central nervous system of the brain and spinal cord. Each drug directly
affects the release of dopamine in the brain’s reward pathway. The release
of dopamine in the nucleus accumbens produces a pleasure sensation. This
bodily function is crucial to understand because “anticipation of obtaining these drugs activates
the limbic pathways in a manner that (in susceptible individuals) leads to chemical dependence”
(Erickson 94). Although drugs may produce some feeling of pleasure in certain people, to some
degree drugs are toxic when ingested in high dosages. Obviously, the combination of increasing
dosages and use over extended periods of time will cause a greater toxicity report of side effects
and organ damage (Erickson 94).
Drugs that have the potential to be abused are controlled by the Drug Enforcement Administration (DEA) through categories listed in the Controlled Substances Act of 1970. The Controlled Substances Act categorizes drugs according whether or not they are used for therapeutic use and if they have abuse potential. Drugs are also classified by the ways in which they affect the brain. Such classifications include: stimulants, depressants, club drugs, inhalant chemicals, steroids, prescriptions, and over-the-counter drugs. Although alcohol falls into the depressant category, some people argue that alcohol is not a drug for various reasons (i.e. it’s a caloric nutrient and its used for religious purposes) but pharmacologists believe that alcohol is in fact a drug because it behaves as a chemical that changes normal physiology and function in the body (Erickson 113). Each type of drug causes different reactions and therefore has to be treated uniquely.

Stimulants typically cause increased activity in people. Stimulants significantly increase central nervous system activity in various areas of the brain. General signs can include an energetic euphoria, increased motor activity, increased talkativeness, inability to sleep, reduced appetite, and repetitive behavior. Cocaine is well known as a powerful, short-acting stimulant. It can be injected intravenously, snorted, or smoked in the form of crack, which produce different euphoric onsets in the brain- intravenously is slow while smoking is much faster. Erickson explains how cocaine is not a new drug; “South American Indians have chewed coca leaves for their antifatigue effects for thousands of years” (96). Cocaine can be utilized as a local anesthetic for eye procedures. It is more notably infamous as one of the drugs with the highest abuse potential and dependence liability. With prolonged use of cocaine, nerve cells become fatigued, their dopamine levels are depleted, and the user
experiences a “crash”. The crash is a sign of withdrawal consisting of prolonged sleep, followed by periods of clinical depression, drug craving, and an inability to experience pleasure. Cocaine overdose can cause death with either high doses or lesser dosage to a more sensitive person. The signature causes of death are due to increased blood pressure leading to hemorrhagic strokes in the brain, or cardiac arrhythmias leading to heart attack. Not everyone that uses cocaine becomes dependent. An estimated 17-18% of all users become dependent with only about 5-6% within the first year of use (Erickson 96-98).

Another stimulant that has swept across the U.S. is the amphetamine class. Amphetamines include dextro-amphetamine (Dexetrine), methamphetamine (Desoxyn), methylphenidate (Ritalin), and mixtures (Adderall). Amphetamines have similar behavioral actions to cocaine but have a longer duration of action after a single dose. The cellular mechanisms of amphetamines differ from cocaine. Instead of blocking dopamine transporter, they cause the release of dopamine from the nerve cell, which is the reason for the unique therapeutic actions. This cellular action allows amphetamines to be used as treatment of narcolepsy, ADHD, and as an adjunct to weight control (Erickson 99).

Methamphetamine (meth) in particular holds a high position for dependency liability. “Methamphetamine is easy to make, yields a large profit in its manufacture and sale, and is highly euphoric (Erickson 100).” Pharmaceutical companies had to reformulate cold remedies to remove pseudoephedrine, a key chemical in the manufacture of meth. Laboratories can be set up in the backs of pickup trucks who supply meth to users all over the country. A book called Beautiful Boy by David Sheff illustrates the author’s journey through his son’s addiction to methamphetamines. This book clearly defines the meaning of absolute determination to save a
child suffering from the destructiveness of being chemically dependent. The devotion to researching the drug of choice and getting his son abstinent in treatment is truly remarkable. David Sheff shares a short history about the German chemist who first synthesized amphetamine wrote in 1887, “I have discovered a miraculous drug. It inspires the imagination and gives the user energy.” David also found that meth was “widely used in World War II by the Japanese, German, and U.S. military to increase their troops’ endurance and performance” (109). By 1948, these drugs were used in Japan by about 5% of 16 to 25 year-olds. Soon people were showing signs of what doctors termed as meth-induced psychosis (Sheff 109).

Meth users include men and women from all races, class, and backgrounds. The World Health Organization estimates that there are 35 million active meth users compared to 15 million for cocaine and 7 million for heroin (Sheff 185). Various forms of the drug can be referred to as crank, tweak, crystal, lith, Tina, gak, L.A., P., and speed. The National Institute on Drug Abuse reported that the number of treatment admissions for meth abuse had more than quadrupled from 1993 to 2005 (Sheff 113). During the period of detox, withdrawal symptoms of meth users will experience fatigue, disturbed sleeping patterns, irritability and intense hunger, moderate to severe depression, anxiety, hallucinations, and psychotic reactions (Helpguide.org 3). Long term effects of methamphetamine use destroy the brain’s dopamine levels to nerve cells. This will cause psychological distress and severe depression which often leads to relapse as the dependent will take higher doses to recreate the initial high that’s impossible to reach. During David Sheff’s research of meth, many researchers warned him that because of this drug’s unique neurotoxicity, meth addicts, unlike users of most drugs, may never completely recover. When searching for treatment options for those addicted to methamphetamines, time is the key element. Many treatment facilities admit a patient for a period of several days or weeks, only long enough for a
patient to start detoxifying. In that short period of time, they aren’t able to participate in
cognitive behavioral therapies which are needed to identify underlying issues for the sober
person.

Central Nervous System (CNS) depressants cause a slowing of nerve cell activity in all or
a portion of the CNS. There are two CNS depressant categories that are of particular interest for
research materials: opioids and alcohol. Others include benzodiazepines (Xanax and Valium)
and barbiturates. Opioid is a broad term to describe agonist drugs (drugs that combine with cells
to produce typical reactions) that activate opioid receptors in the brain (morphine) and antagonist
drugs that block opioid receptors (naltrexone and ReVia). Natural opiates come from
the opium poppy and are further processed to make morphine, codeine, and semi-
synthetic compounds such as heroin. The primary use of opioid analgesics like
morphine is for the treatment of pain. They are effective in reducing pain and
producing a dreamy euphoria, making worldly cares disappear. Other uses are for
treating coughs and diarrhea, because of the constipatory side effects.

Opioids work by mimicking the activities of natural endorphins,
enkephalins, and dynorphins. Opioid agonists activate a receptor directly to
reduce pain or produce euphoria. Opioid antagonists block one or more of the
receptors to prevent action of an agonist. Humans naturally produce endorphins
which are “chemicals in the brain and spinal cord that affect pain sensitivity in individuals”
(Erickson 107). They are released in the brain during exercise, childbirth, stress, relaxation, and
when people take drugs such as heroin and alcohol. There are several ways in which opioids are
administered: orally (methadone is very effective this way), pulmonary (smoking), insufflation
(snorting- heroin), and injection-intravenously (vein), intramuscularly (muscle), or
subcutaneously (between layers of skin). A primary concern related to heroin use is the dangers related to injection methods with unsterile needles. Hepatitis and HIV are commonly transmitted diseases through sharing needles between infected users (Erickson 107-108).

Unlike many other drugs, opioids have relatively few serious side effects, meaning that chronic use does not produce organ pathology that is common with alcohol and smoking. The acute dangers of opioids, however, are significant. They have a high potential for chemical dependence and accidental overdose -- about 23% of people who use heroin become dependent. Signals of opioid use are tolerance buildup and severe discomfort with withdrawal. It is important to remember that even if a patient is detoxified, they are still chemically dependent. The greatest challenge for heroin addicts is staying abstinent while experiencing withdrawal. The extreme discomfort makes them willing to do anything to stop their pain and find the drug again, which often results in drug-related crimes. Many treatment centers administer methadone to opioid dependents to maintain abstinence and reducing the cravings. This medication is most effective when supported with behavioral therapy, vocational counseling, and support groups (Erickson 108-109).

Many prescription medications that are given for pain are abused just like opioids. OxyContin (oxycodone), Vicodin, and Percocet are popular pain reliever choices. Erickson suggests that when new drugs come out that, especially ones that are a new form of a drug, people are going to experiment. He says that “this is more of a social and cultural problem than a pharmacology problem” (109). OxyContin is taken orally and alleviates pain for up to 12 hours. This drug is often abused and is capable of chemical dependence. Abusers often crush the tablets and take then intravenously or snort them, giving an unintended ‘high’ not intended by manufacturers (Erickson 109-110).
The second and last central nervous system depressant that will be discussed as part of research toward successful treatment is, all too obviously, alcohol. Alcohol has a unique place in society with a tradition of beneficial use that exceeds its overwhelming negative effects. Despite its beneficial social and medical effects when used in moderation, alcohol is responsible for far too many of society’s problems: drunk driving, family discord, violence, and aggression, to name a few. People abuse alcohol for reasons similar to any other drug, recreationally or for self-medication for anxiety, depression, grief, or just common troubles. When faced with the question of legality when other mood-altering drugs are illegal, Erickson reminds the reader that “alcohol’s use is historical, and to prohibit its sale and use would break established cultural, religious, and social traditions, as well as cause significant federal and state tax-revenue losses” (114). The Prohibition from 1920 to 1933 is considered a failure as bootlegging and trafficking became the alternate means of alcohol distribution.

Defining whether or not someone has a drinking problem is quite difficult. With alcohol it is hard to distinguish between abuse and chemical dependence. Abuse is defined as intentional overuse or misuse; people will often slow down or stop when the consequences outweigh the desired effects. Chemical dependence, the brain chemistry disease, of alcohol happens with the inability to moderate or stop even under adverse consequences. The term alcoholism is widely misunderstood and stigmatized. “To recovering people, alcoholism means problem drinking that destroys lives- a less restrictive use of the term than in scientific studies” (Erickson 114). Being an alcoholic is conditional to individuals’ perspectives. The lines between social, moderate, heavy, and binge drinking are never clear and dependent upon each person’s vulnerability, tolerance, age, gender, weight, consummation over a period of time,
the alcohol content, etc. Usually the difference is made with the person’s intent; most people know their boundaries.

In small doses, alcohol is not toxic and does not cause pathological effects to the body’s organs. However, with prolonged heavy drinking research shows that alcohol can cause permanent damage to the nervous system. For anyone that has experienced a hangover, you have technically gone through withdrawal. The major negative effects of long-term drinking are fatty liver, alcoholic hepatitis, cirrhosis, gastritis, short-term memory loss, clinical depression, mild hypertension, pancreatitis, and cardiomyopathy. The main causes of death from alcohol are liver cirrhosis, pancreatitis, cancer, nutritional problems, and weakening of the immune system. The most threatening part of drinking is that the majority of alcohol-related deaths are usually caused by overdose, car crashes, homicides, drowning, accidents, and suicides -- not from direct effects of the body (Erickson 121-126). Other serious implications of alcohol occur when combined with other drugs, causing very dangerous and unpredictable outcomes.

The environment surrounding drug use (*setting*) can have a major impact on the user’s experience. For instance, drinking two beers in a closet isn’t as exhilarating as drinking two beers with friends while watching football. The expectation of the drug’s effects (referred to as the *set*) also determines the outcome a drug user will have. The “set and setting” of drug use produces different responses to drugs depending on the individual. The variability of drug responses is based on factors which include: the drug itself, drug purity, potency, the route of administration, dose, susceptibility, health, age, gender, environment, and many others that predict the outcome. Although the *set* and *setting* play a key role in the person’s drug experience, it does not have any direct correlation to the production of chemical dependence. Erickson explains that “vulnerability to chemical dependence is probably more related to genetic
factors than to environment and expectations” (112). Every stimulant and depressant has unique characteristics but they all share the common factor of stimulating dopamine components to the reward system in the brain (Erickson 111-112).

V. **Forms of treatment**

With a good scientific basis of drugs and their effects, treatment programs can be designed based on the needs of the patient to overcome the drug’s destructive behavior. There are numerous types of treatment facilities available to people with addiction. While finding the right one that will best treat the individual’s specific disease is difficult, the end result will (hopefully) be well worth the time spent researching. Erickson states that

> It is important for treatment professionals to recognize that drugs [stimulants and depressants]… have their own unique pharmacology, but that they all have a common effect on enhancing the activity of the brain’s reward pathway. Knowing this is the beginning of understanding that different drug problems require different approaches to help abusers and dependent patients get better and overcome their hijacked brain function (112).

While Erickson brings up a solid point, everyone’s idea of treatment and the best possible approach to chemical dependency ranges widely.

Before searching for a specific treatment facility, knowing the various treatments that are available is important. Treatment options will help facilitate narrowing down the facility options that best suit the patient’s needs. In the beginning of his book, Erickson says that,

> The appropriate rehabilitation of a chemically dependent person should involve formal ‘treatment’, which may include detoxification (‘detox’), abstinence, counseling,
education, proper nutrition, exercise, antocraving medications (if available), and other measures to stabilize emotional and psychological status (19).

While many sources have similar opinions, it is important to become familiar with the wide range of options available to find one that best suits the needs of the patient.

The most familiar form of treatment for substance abuse is the 12-Step program. The traditional 12-Step program focuses on substance abuse as the main problem and discourages use of psychotropic medications for psychiatric problems. This program encourages the patient to accept the disease model of addiction, and abstinence as the treatment goal. Another popular substance abuse treatment is Cognitive Behavioral (C-B) therapy. The C-B model practices ideas from social learning theory and clinical research. This model assumes that substance abuse is a learned, maladaptive behavior, while the 12-Step program believes abuse is a result of an underlying biological or psychological vulnerability that causes a lack of control of the abused substance. The C-B model targets distorted thinking about abused substances and works toward increasing adaptive coping behavior (Ouimette et al. 2-3).

The effectiveness of these substance abuse treatment styles has been proved in a study that compared the two styles individually and when used together. Ouimette, Paige Crosby, John W. Finney, and Rudolf H. Moos’ study illustrates the effectiveness by success rates of the patients after they had been in aftercare for a full year. Each patient had to meet certain requirements and had to complete the full length of treatment, attend the meetings, and participate in a year-long aftercare program. From there, they were classified as being in remission or being abstinent. Legal status, employment, residential status, and other measures were taken into account to define the effectiveness of the treatment programs.
The results showed that patients in all three program types significantly improved on all outcome variables. All programs showed decreases in alcohol consumption, fewer met criteria for dependence, and more reported having no problems with substance abuse at the 1-year follow up. Data analysis found that patients from the 12-Step program were more likely to be abstinent than patients from the C-B model, and patients from both the 12-Step and the C-B programs were more likely to be employed than patients from mixed programs (Ouimette, Paige Crosby, John W. Finney, and Rudolf H. Moos 9-14). This study provides substantial proof of effectiveness of these forms of treatment, therefore constituting high importance of incorporation into my thesis program for substance abuse.

A pharmacological form of treatment, methadone, is used to help detoxify from strong opiate dependency. Users attend clinics or treatment programs where they can take methadone orally to establish stability in the user’s life. Erickson offers that studies funded by the National Institute on Drug Abuse indicates that “methadone stabilizes the brain’s reward pathway and reduces the craving for heroin (along with the beneficial effect of reducing virus transmission among dirty-needle sharers)” (159). A common misunderstanding of methadone is that it merely replaces one addiction with another. One reason for this is because some patients feel that they cannot become abstinent and must continue administration of methadone to remain stable. Successful use of methadone for treatment programs require careful observation, frequent drug testing, and requiring patients to hold a job and participate in counseling (Erickson 158-159). Ultimately the primary benefit of methadone is that it reduces craving for heroin while getting the addict in a safer environment.
A way to treat people for their substance dependency without medications is through holistic healing. Many programs have incorporated holistic therapies such as yoga, meditation, art therapy, and exercise. On the Psychology Today website, the site describes the benefits of yoga. It claims that “according to medical scientists, yoga therapy is successful because of the balance created in the nervous and endocrine systems which directly influences all the other systems and organs of the body” (Psychology Today). The website also explains that yoga offers people the ability to increase self-awareness, reduce stress, and promote positive mental performance. The website provides similar beneficial facts of meditation.

Neuroscientists have found that those who meditate shift their brain activity to different areas of the cortex - brain waves in the stress-prone right frontal cortex move to the calmer left frontal cortex. This mental shift decreases the negative effects of stress, mild depression and anxiety (Psychology Today).

Yoga and meditation offer a great alternative for those that are seeking a more natural healing process during their treatment program.

Art therapy has proved to be another successful form of holistic treatment as well. It is helpful for those that find it particularly difficult to put their feelings into words. Especially because many treatment programs focus on group therapy sessions of talking, art therapy is a great alternative to get a patient to express underlying feelings when talking falls short. The Psychology Today website explains that any medium can be used during art therapy. A clinician will guide the patients through their exercises and encourage them to discuss their creations. The site says that putting
the problem on paper can make underlying issues become more external, therefore easier to deal
with (Psychology Today).

The primary goal and purpose that is in common with
all substance abuse treatment centers is detoxification of the
patient. During my interview with Don Scherling, he
explained that the first duty for treatment is medical
stabilization of the patient. Upon admittance to a program the
initial protocol is completing a full medical examination,
gathering medical records, and securing insurance. What happens after
detoxification depends on the program and the treatment options available.
The various types of substance abuse facilities depend on whether or not they
operate as an inpatient or outpatient center, the difference being: Does the program allow for
patients to reside at their center? Types of facilities include acute-detox center, those that
operate as part of a hospital like the McGee Unit where Don Scherling works, private inpatient
or outpatient centers (for profit or non-profit), half-way houses, ranch-style retreats, aftercare
programs, etc. Programs become more complex providing care for patients suffering not only
from substance abuse but mental disorders as well.

Outpatient treatment allows the patient to stay connected to the real life environment
while benefitting from peer-oriented, structured therapeutic programs such as 12-Step meetings,
educational sessions, and family support groups. Outpatient centers are conveniently located and
allow people to maintain jobs while attending meetings. Upon completion patients are usually
referred to aftercare programs that continue meetings and counseling. Inpatient treatment
facilities provide residential non-acute care. Most provide both medical and psychiatric care.
Medications such as methadone are prescribed. Therapies include the 12-Step program, cognitive behavioral programs, vocational education, and personalized treatment programs with planned aftercare.

When it comes to healthcare pertaining to substance abuse, most cases are co-occurring disorders. It is extremely rare to find a person that is exclusively addicted to one substance without other additional substances being abused or a mental illness being present. With mental illnesses in particular, it can be extremely hard to distinguish if the illness was present before the substance dependence or occurred as a result. According to an informational brochure, “more than half of the adults with severe mental illness in public health systems are further impaired by co-occurring substance use disorders” (Co-Occurring Disorders: Integrated Dual Disorders Treatment). Dual-diagnosis disorders are difficult to treat because a multitude of symptoms interact with each other. People that are diagnosed with dual disorders are often at high risk of overdose, victimization, violence, homelessness, HIV infection, and hepatitis. The successful way to treat these unfortunate cases is to treat both of the disorders through integrated dual disorder treatment. Substance abuse treatments focus primarily on motivation while the mental health treatments consider the patient’s vulnerability to psychoactive substances. The four key elements that clinicians need are: knowledge, assessment skills, motivational interviewing, and counseling skills. Dual diagnosis treatment combines mental health and substance abuse treatments within the same program. This method produces high rates of dual recovery while reducing costs (Co-Occurring Disorders: Integrated Dual Disorders Treatment).

In a study that examined the delivery of mental health and substance abuse services to community health centers, the researchers, Benjamin Druss, Thomas Bornemann, and Yvonne Fry-Johnson et al., found that many patients are receiving treatment at unqualified and
understaffed facilities. Their study was based on the findings of community health centers and the services they provide. The primary source of information came from the Uniform Data System of the Health Resources and Services Administration (HRSA), which is an annual report, completed by community health center directors on clients served, services used, and levels of staffing. The second resource was the Area Resource File, which “provides a range of county-level demographic, health, and workforce indicators. The later source provided data on population characteristics and mental health/substance abuse facilities and workforce in the counties (Druss et al. 126).

The results found that between 1998 and 2003 the number of patients diagnosed with a mental health/substance abuse disorder increased. There was also an increase in the number of patients per specialty provider and a decline in the mean number of patient visits. Another finding was that “centers without on-site services were more likely to be located in counties with fewer mental health/substance abuse clinicians, psychiatric emergency rooms, and inpatient hospitals. In conclusion to the study, Benjamin Druss et al. suggest that the community health centers should have adequate resources for providing mental health/substance abuse care and that they develop effective relationships with specialist clinicians in the communities they serve (126-131). This study proves that many dual-diagnosed patients do not get the proper care they require. Learning the weaknesses of health care programs strengthens prospective substance abuse and mental health providers looking to provide innovative treatment.

Detoxification centers will often advise their patients to continue care to ensure long-term abstinence. A primary resource for continuum of care is a half-way house. Half-way houses are designed to help those recovering from various addictions maintain long term recovery. The RecoveryConnection.org website provides a general outline of half-way houses note that
recovering addicts have a risk of relapse and must be willing to make necessary changes which may include changing their job, unhealthy friends and relationships, and living environments. The site identifies the environment that an addict surrounds themselves with plays a significant role in avoiding relapse. A half-way house allows the recovering person a sense of security, and unique support system from those undergoing similar experiences. The site also explains that half-way houses have become an integral part of addiction treatment and recovery process. Don Scherling explained in our interview that half-way houses were similar to a residential nursing home setting. He also explains that half-way houses don’t have medical services. Instead of nurses, only counselors and support staff would be present. Medications are secluded in one area but patients will give themselves their medications (Don Scherling Personal Interview). Often many recovering addicts seek half-way houses after initial treatment is over in support of the work that they have begun. The average length of stay is between three and six months, with admission and discharge on a voluntary basis. Most facilities are privately run and operated and charge a monthly fee (Halfway Houses 1-3). Some half-way houses are known for actively participating in the community by sponsoring clean-ups of the highways and park areas.

Another type of treatment program that gets their patients involved with the community and environment are ranches. Ranch-style treatment programs are less traditional but nonetheless effective for some people. These programs are located on a ranch setting and are often spiritual and community based. Unique characteristics that ranches can offer include the continual support of traditional programs like 12-Step meetings while also broadening a patient’s focus to creating a fulfilling lifestyle. They often use holistic treatment methods to identify underlying issues causing suffering and/or addiction (Recovery from Substance Abuse and Addiction).
VI. Existing Treatment Facilities

When researching existing treatment facilities, many corporations will provide various programs to choose from depending on the level of intensity that is needed. One local example of such corporations is Bay Cove, which offers many different treatment programs for outpatient and inpatient facilities. One in particular, the Andrew House Detoxification Center, is an intensive-care center for dual-diagnosed adults. Located on Long Island in the Boston Harbor, the Andrew House proudly offers a highly structured treatment regimen, well trained multidisciplinary staff, and natural security provided by the island setting. It primarily functions as a short-term detox facility, generally between five to nine days, but will accommodate the critical need of reintegrating their clients into aftercare. The unit uses methadone as the treatment of choice for those dependent upon opiates. Andrew House utilizes treatment programs such as individual and group counseling, Alcoholics Anonymous, Narcotics Anonymous, and other services which address those medical, psychiatric, and legal problems. Upon admission, medical data, substance disorder history, and current mental status are gathered. Once checked in patients are given pajamas and a bathrobe to wear and various testing takes place. Aftercare planning begins immediately after admission, with the primary counselor being responsible for this process.

Another corporation like Bay Cove that offers a wide range of services is Alcohol and Drug Recovery Centers, Inc. (ADRC). The ADRC is a private non-profit corporation located in Hartford, Connecticut. Some of the facilities that they offer include their Detoxification Center, a thirty-five bed medically monitored detox program which safely detoxifies clients from drugs and/or alcohol. Their residential programs vary depending on intensity. The intensive residential program consists of twenty-eight beds and involves fourteen to thirty days of
intensive treatment within a therapeutic community. Their intermediate treatment program reserves ten beds for a patient residency period of ninety days. This program is generally for those who completed the intensive program. The intermediate program focuses on improving self-esteem, building social and interpersonal relationships, encouraging vocational functioning, and promoting physical and mental health (Alcohol and Drug Recovery Centers, Inc. 1-4).

The ADRC also operates The Coventry House, a ten bed half-way house for substance-abusing pregnant and post-partum women. They allow mothers to bring up to two existing children to the treatment facility to avoid disruption of the family. Main objectives include empowerment, self-esteem, abstinence, and independence, all of which lead to a healthy, fulfilling lifestyle. Residents are encouraged to volunteer in the community, both to re-pay society and gain self-respect. Women are also instructed in family dynamics and child rearing to re-establish family unification during their twelve to eighteen month residency (Alcohol and Drug Recovery Center, Inc. 5).

A great way for people to become substance-free while connecting to the environment is a ranch-style treatment program. One example of a great ranch-style treatment center is actually called The Ranch. Located in Tennessee, The Ranch provides holistic healing programs designed to address underlying causes of addictive disorders, eating disorders, anxiety, codependency, mood and personality disorders, phobias, and relationship issues. Their website states, “The Ranch offers a long-term program in twenty-eight day intervals. Our small resident population ensures individualized therapy that is focused and structured yet honors the diversity of people, their individual needs and learning styles” (The Ranch Inc.) They support their substance abuse clients’ continuation of sponsorship in the 12-Step program while also
broadening their focus to explore the creation and responsibility toward creating a life of personal contentment (Recovery from Substance Abuse and Addiction).

VII. Conclusion

The ‘Land of Opportunity’ is suffering from substance abuse. To combat this epidemic, innovative treatment options must be designed for individual revitalization toward a strong and confident country. Healthy people build a healthy nation. Providing someone with a chance at life will reconnect loved ones and build a stronger nation. Substance abuse destroys individuals, families, communities, and countries. The Centers for Disease Control (CDC) states that drug overdoses killed more than 33,000 people in 2005. That makes drug overdose the second leading cause of accidental death, behind only motor vehicle accidents (43,667) and ahead of firearms deaths (30,694) (CDC Prevention). Giving the opportunity to defeat substance dependency disorders is a sincere obligation for communities to provide for their people.

My thesis project started as a personal endeavor to create a treatment center that provides the dependent and their support network a new outlook on life. Research has facilitated the best measures to accomplish this mission. Understanding the science of dependency has aided the measures that need to be taken to treat the patient’s internal disorder. Researching the forms of treatment brings awareness to the options that are available. Finding existing programs offers precedents to strengths and weaknesses of programs. Putting everything together in a concise thesis project is an exciting challenge and an honor to be able to offer people a center of opportunity. To Jessica Gable, your life will save others.
The Alcohol and Drug Recovery Center is a private non-profit corporation that provides high quality substance abuse treatment and related support services. They have various programs depending on the patient’s needs and severity of disorder. The ADRC Detox Center is a thirty-five bed medically monitored detox center for adults. The overall goal of the Detox Center is to safely detox the client from drugs and/or alcohol and to provide education and motivation for referral. The length of stay averages about three days with the maximum of five, depending on the individual. It is designed and licensed for Medical Triage where prospective clients can be assessed and observed.

The intensive residential program holds twenty-eight beds and involves fourteen to thirty days of intensive residential treatment within a therapeutic community. Their goals consist of basic education of substance abuse, understanding of the disease concept, recovery, and the twelve-step programs. They also strive to establish individualized recovery programs where encouragement of developing healthy relationships and recognizing high-risk situations and relapse triggers are two main components. Their services include recovery counseling sessions, psycho education, family support, education, and intervention. For those that have completed the Intensive program and wish to continue treatment care those clients are able to participate in the Intermediate Treatment Program. This is smaller with only ten beds but can last up to ninety days. They have similar goals as the previous but may encourage development in personal responsibility, improving self-esteem, vocational functioning, and physical and mental health.

The last two worth mentioning are more of the half-way house setting. The Coventry House is a ten-bed half-way house for substance abusing pregnant and post-partum women. They allow the women to bring up to two children into the treatment program so that their family will not be separated. Presiding issues addressed include empowerment, self-esteem, abstinence, and independence. It is a twelve to eighteen month program where women are instructed in family dynamics and child rearing, and are expected to work in the community. The second program is the Clayton House, which is an intermediate residential treatment facility with the maximum stay of six months. It serves fifteen men and women who may be dually-diagnosed with substance abuse and mental health disorders. Uniquely, they require residents to obtain full-time employment during the day while participating in an evening therapeutic program. This system is designed to positively reinforce recovery attitudes and behaviors.
The information these various programs provided was a helpful way to see the different targets of clients. Each program seemed to be very specific to the people they wanted to serve. While having a client-base specifically targeted is not my intention, I believe that I will be able to utilize and compile the strong points of some individual programs to better serve a general population.


The information provided in the website offered a helpful guide to the integrated dual disorder treatment system dedicated to treating mental health and substance abuse problems when they occur at the same time. It clearly defined the program, its intended goals, and the support network needed for the patients’ successful recovery. There were two versions of explaining the program that I found particularly important. The initial one is information for the family, which identifies the program’s objectives, and shows points where the family can help their loved one and become an active part in the person’s recovery process. The second is information for Mental Health Program Leaders. This information is aimed toward the clinician’s interest and highlights the importance of dual disorders, the features of integrated dual disorder treatment, and what the mental health program leader can do.

Each set of information is geared toward a specific audience and certain interest. The information is helpful and pertains to my research development of a program type. I was expecting more in-depth details of integrated dual disorders treatment so that I would have more information to better understand its complexity.


This website article provides very fact-based, basic information about drugs, signs, symptoms and effects, and about teen addiction. It defines drugs as “chemicals that have a profound impact on the neurological balance in the brain which directly affects how you feel and act.” The article also describes how and why many people use drugs to escape from their problems as a way of self-medication. Drugs cause for all users (not just the self-medicated ones), increased energy, rapid heart rate and elevated blood pressure, racing thoughts, and feel overly-stimulated. Continued use of drugs starts to take over the brain’s functions and can cause “rapid breathing, irritability, impulsiveness, aggression, nervousness, insomnia, weight loss, tolerance, addiction, and possible heart failure.” The article lists various signs and symptoms of drug abuse. I found that the category relating to social life was particularly of use. The list includes: scheduling your day around drugs, and focusing recreational activities around obtaining drugs, using, or recovering from drug use.

The article also points out the difference between abuse and dependency. Abuse and dependency are defined by the role that drugs play in your life. Dependence involves total sacrifice of one’s work, home, and family. Drug abuse involves the repeated and excessive use of prescription or street drugs. The article then lists separate signs and symptoms regarding abuse and dependence of drugs. The last part of the article talks about teen addiction. It says that many start out as thrill-seekers, curiosity, because friends do it, or they try to look cool. The more serious ones are those that use drugs in order to cope with unpleasant emotions and difficulties in life. The article states that “The National Alliance on Mental Illness estimates that about half of all drug abusers also suffer from a mental illness such as depression, anxiety, bipolar disorder, or schizophrenia.”

This article provides helpful research information concerning the differences between abuse and dependency. It offers direct causes of specific drugs and insight to teen drug abuse. I will be using this as a short summary of signs, symptoms, and effects of drugs while other sources provide in-depth information of these basic facts. I don’t believe that this is designed for a particular audience. I view it as a useful guide or outline of drugs.

The authors describe the study they conducted about trends in mental health and substance abuse services. Their study was based on the findings of community health centers and the services that they provide. The primary source of information came from the Uniform Data System of the Health Resources and Services Administration (HRSA), which is an annual report, completed by community health center directors on clients served, services used, and levels of staffing. The second resource was the Area Resource File, which "provides a range of county-level demographic, health, and workforce indicators. The later source provided data on population characteristics and mental health/ substance abuse facilities and workforce in the counties.

The results found that between 1998 and 2003 the number of patients diagnosed with a mental health/ substance abuse disorder increased. There was also an increase in the number of patients per specialty provider and a decline in the mean number of patient visits. Another finding was that “centers without on-site services were more likely to be located in counties with fewer mental health/ substance abuse clinicians, psychiatric emergency rooms, and inpatient hospitals. In conclusion to the study, Benjamin Druss, Thomas Bornemann, Yvonne Fry-Johnson, et al. suggest that the community health centers should have adequate resources for providing mental health/ substance abuse care and that they develop effective relationships with specialist clinicians in the communities they serve.

This article produced researched information about community health centers being the primary treatment center for those with mental health/substance abuse disorders. It has proved that many community health centers do not have adequate staffing and resources to provide the intensive treatment that these patients require. This is pertinent information to my research because it portrays a part of my anti-thesis where people with dual disorders are getting treated by physicians that are under-qualified to diagnose and treat them properly. While this study proves the vast need for specialized treatment facilities, I had hoped for more information about the services that are offered by programs that are better staffed and trained to handle mental health and substance abuse.
This website offered an outline defining the functioning of half-way houses. The site first suggests that a half-way house “is designed to help those recovering from various addictions maintain long term recovery.” They note that recovering addicts have a risk of relapse and must be willing to make necessary changes which may include changing their job, unhealthy friends and relationships, and living environments. The site identifies the environment that and addict surrounds themselves with plays a significant role in avoiding relapse. A half-way house allows the recovering person a sense of security, and unique support system from those undergoing similar experiences.

The site explains that half-way houses have become an integral part of addiction treatment and recovery process. Often many recovering addicts seek half-way houses after initial treatment is over in support of the work that they have begun. The average length of stay is between three and six months, with admission and discharge on a voluntary basis. Most facilities are privately run and operated and charge a monthly fee. The site directly states not to confuse a half-way house with treatment because they are only meant to provide a clean and sober environment to continue recovery.

This site was pertinent information for my research as I decide the exact type of facility for my project. Along with the brief overview of what a half-way house is, the site also outlines some common guidelines and expectations, violations, and financial information. After reading the site information, I am not quite sure how accurate it is because I have found that many half-way houses do provide treatment, which was my intention. Overall, the site was helpful in some areas but make me doubt some of its accuracy. As I have learned from reading many programs, all recovery centers function and operate differently and I intend to implement treatment programming that I feel are most important and successful.


I have selected certain chapters out of this book that I found were relevant to my research. The first chapter identifies the terminology and characterization of “addiction”. The third chapter explains the neurobiology of chemical dependence; the fourth describes the genetics of chemical dependence. Chapters five through seven cover the subjects of stimulants and depressants, alcohol, and other drugs respectively. The last chapter that I will be reading is the eighth, which discusses disease dependence treatment. The chapters that I omitted highlighted more scientific brain science and research that I didn’t feel were pertinent to my specific research needs.

The beginning of the book describes the brain science to addiction. Erickson identifies stigmas and discrimination and defines the differences between abuse and dependence. The severity of drug problems and chemical dependence are addressed as well. The author was very helpful and provided clear descriptions of how drugs affect the brain’s cell activity. The author explains how different drugs affect various parts of the brain which cause people to feel certain ways and develop chemical dependency. He gives diagrams of the brain’s activity and case studies to illustrate his major points. Another topic highlight was the genetics of dependence. While the author makes it known that genetic dependence is a key
factor with people becoming addicted, he also says that there are still many cases that don’t fit this assumption. Many people that have addiction in their family never become addicts themselves, while others seem to become addicts for no familial reason. Erickson generalizes that those with addiction in their family are at high-risk of developing chemical dependence as well.

A majority of the science was devoted to addressing the various types of drugs: stimulants and depressants, alcohol, and other drugs (nicotine, marijuana, club drugs, LSD, etc.). The information found was expected and often repeated what other sources have offered. It did however offer a scientific aspect that pertains to the damage and triggered areas of the brain.

The last chapter that I read outlined the various treatment options for dependence disease. First Erickson talks about the philosophy of treatment and the advancement that it has come since the 60s and 70s. From there he talks about the twelve-step program, behavioral treatments, methadone, detoxification, and numerous other medications that are used to treat specific addictions. There has been an increase of options is medications available for patients. The idea is that the more options the more chances there are to get people treated of their addiction diseases. In the past there was a strong theory behind abstinence-only programs such as the twelve-step program. This particular program has been in operation for quite some years with great success, but it is important to recognize that it doesn’t always work for everyone.

By reading the appropriate areas of this book, I have gained a great amount of valuable knowledge pertaining to my research. First, the author does a great job at simplifying complex science in terms that are easier to understand. He is very detailed, specific, and clear with his explanations and information which makes the learning process successful. I have learned about many different drugs and how each affect a person’s brain functions and lifestyle. From there I was able to understand the process of abuse, dependence, and withdrawal to a full extent. Finally, I gained an extensive knowledge to the treatment options that are available to adequately provide the best medications for those with chemical dependency diseases.


This article describes a study done to examine the influential components of staffing in outpatient substance abuse treatment programs. The authors used data from the 1995 and 2000 National Drug Abuse Treatment System surveys. They examined the number of weekly treatment hours per client, and active caseloads. They note that “personnel costs typically represent a majority of operating expenses.” The study measured a form of staff-to-client ratio considering the time clients received. It was found that higher ratios have been consistent with more effective treatment. Thus, in theory, the more time the staff spends with their clients, the more successful the outpatient program will operate.

The study measured six major factors that are likely to affect staffing levels: managed care, professional qualifications, accreditation status, ownership (public, private non-profit, private for-profit), organizational affiliation, and client complexity. The results were found that outpatient treatment units provided an average of 2.66 staff hours per client per week. The treatment staff managed an average of 32 active clients. Treatment staff in methadone units managed a larger number of caseloads than staff in non-methadone units. Because of this, methadone units offered fewer hours of staff time with clients. The private units offered more staff hours per client compared to units affiliated with hospitals and mental health center-affiliated units as well. In most cases, the professionals with higher qualifications (master’s degree, Ph.D., or an M.D.) were the ones with the higher caseloads.

Overall, the findings proved that understanding the relationships associated with staffing levels is critical for policy makers, managed care companies, and managers, because the staff levels have the potential to affect cost and quality of treatment. In general it was found that units with higher levels of staff are able to provide more time with their clients, especially when each staff member isn’t overloaded with patients. However, units with more stringent management care oversight experienced greater clients caseloads indicating the degree to which managed care organizations are actively seeking to limit or reduce treatment duration.
and costs. The study also portrays that public units may struggle with pressures to cut costs, which is why they are under-staffed.

This study was of particular interest to my research to understand the staffing needs of treatment centers. With the obvious difference in that this study focuses on outpatient centers and I wish to design an inpatient care facility, I still found it helpful in recognizing the relationship of staffing levels to treatment success. I had hoped that the study would provide more detailed information outlining the ratio of facility size to staff so that I could get an estimate of the total staff needed to run a treatment center. All I received from the study is the obvious answer that more staff equals better quality of care.


http://weekly.ahram.org.eg/2008/893/sc051.htm


The study compared the Twelve-Step Program to the Cognitive-Behavioral model (C-B model) for treatment of substance abuse and alcoholism. It examined a total of 3,018 patients from 15 programs at U.S. Department of Veterans Affairs Medical Centers. The 12-step program focuses on substance abuse as the main problem and discourages use of psychotropic medications for psychiatric problems. This program encourages the patient to accept the disease model of addiction, and abstinence as the treatment goal. The C-B model is developed from social learning theory and clinical research. This model assumes that substance abuse is a learned, maladaptive behavior, while the 12-step program believes abuse is a result of an underlying biological or psychological vulnerability that causes a lack of control of the abused substance. The C-B model targets to change distorted thinking about abused substances and increase adaptive coping behavior.

The goals of the study were first to compare the effectiveness of the twelve-step program and the Cognitive-Behavioral model individually. It then compared the effectiveness of the two programs when used together. The effectiveness was determined by success rates of the patients after they had been in aftercare for a full year. Each patient had to meet certain requirements and had to complete the full length of treatment, attend the meetings, and participate in a year-long aftercare program. From there, they were classified as being in remission or being abstinent. Legal status, employment, residential status, and other measures were taken into account to define the effectiveness of the treatment programs.

The results showed that patients in all three program types showed significant improvement on all outcome variables. All programs showed decreases in alcohol consumption, fewer met criteria for dependence, and more reported having no problems with substance abuse at the 1-year follow up. Data analysis found that patients from the 12-step program were more likely to be abstinent than patients from the C-B model, and patients from both the 12-step and C-B programs were more likely to be employed than patients from mixed programs. No differences came out of those that were court ordered into treatment.

It is important to note that many patients continued struggle with substance abuse and associated problems at the 1-year follow-up. This study suggests that programs need to plan for high rates of relapse and pervasive life problems like unemployment. Also, high rates of clinical depression and anxiety at the follow-up conclude that programs need care over an extended period that addresses the known problems associated with the disease.

I will be using this study as researched information showing the effectiveness of the twelve-step and C-B model treatment programs. I will be implementing these findings in the development of my own program for my thesis project so I will be able to provide effective treatment initiatives. I will also be critical of the study’s weaknesses to allow compensation for other treatment possibilities as these programs are unsuccessful for some people.
Bay Cove offers many different treatment programs for outpatient and inpatient facilities. The one that I chose to read about in particular is called the Andrew House Detoxification Center. It operates as an intensive-care detoxification center for dual-diagnosed or dually-addicted adult male and females. It is located on Long Island in the Boston Harbor which not only provides beautiful ocean views, it has a natural level of security. The Andrew house primarily functions as a short-term detoxification facility where clients seek care when they are struggling to find placement in traditional detox centers. They take pride in their highly structured treatment regimen, well trained staff, availability of both a senior level psychiatrist and internist, and security provided by the island. They specialize in those dually addicted to more than one substance, substance abusers who also suffer from mental illness, and those whose behavior during detoxification requires specialized management. The unit also uses Methadone as treatment choice for opiates detoxification.

The extensive staffing at the Andrew House includes registered nurses (on a 24-hour coverage basis), licensed practical nurses, master level clinicians, substance abuse counselors, and other support staffing. Staff members speak Spanish and French, and those from Nigeria speak two of the country’s dialects. The treatment goals are first to provide a medically safe detoxification. Second they tackle stabilizing the client’s psychiatric symptoms and develop a meaningful recommendation for the continuation of care. The general length of stay is from five to nine days based on client need and time required to stabilize medical and health status of the client.

Andrew House utilizes treatment programs such as individual and group counseling, Alcoholics Anonymous, Narcotics Anonymous, and other services which address those medical, psychiatric, and legal problems. Upon admission, medical data, substance disorder history, and current mental status are gathered. Once checked in they are given pajamas and a bathrobe to wear and various testing takes place. Aftercare planning begins immediately after admission, with the primary counselor being responsible for this process.

I found this program to be particularly useful for my research because it incorporates many aspects of treatment that I have been looking to include in my thesis. The only major difference is the Andrew House only keeps patients for about a week and I plan to extend on that initial stabilization for a long-term treatment program. It has a great location, building size, and initial programming; I just plan to take it a step further and work on more areas to completely revitalize each client before discharge.
I interviewed Donald Scherling, the director of the McGee Unit of Berkshire Recovery Center- Division of Psychiatry and Behavioral Sciences on Sept 15, 2008. The director gave me a briefing on the types of addiction, and ways in which they are treated. He started off by explaining two types of care. The first is acute-detox, which is getting people off the drugs and flushing the toxins out of the body. He later explains some forms of residential care where patients may stay in a nursing home/ half-way house type facility for a period of 3-6 months and in severe cases up to a year. He informed me that the number one killer drug is nicotine. Alcohol comes second and the two combined kill more than four times that of all other drugs combined. Opiates and opioids come in third and fourth are methamphetamines. He explains that the biggest issue for these treatment facilities are funding. Dr. Scherling explains that a lot of times (in MA) money comes from public health dollars, which amounts to about $50- $75 a day for each patient which doesn’t go very far. He seemed excited and interested when I told him that I hope to use various renewable resources to cover costs such as electricity and heating/ cooling.

I was advised to try to incorporate private agencies that may sponsor the treatment center. Dr. Scherling gave an example of how MIT designs electric cars. He even mentioned how some colleges set up special scheduling programs for recovering addicts where they set up AA meetings or 12-step meetings along with a few classes while being placed in drug-free environments. Afterward I asked him about how the McGee Unit runs specifically. Dr. Scherling explained how all patients are mixed together and not separated according to addiction. Addicts have varying withdrawal symptoms depending on their drug dependency, so alcoholics are more dangerous and more prone to violent seizures or convulsions. Heroin addicts experience severe discomfort and are willing to do anything to stop the pain, which usually leads to relapse or crime to obtain the drug. He concludes that they are treated medically different but are treated equally as individuals. The McGee Unit program is medically and psychologically based. They make the patient medically stable before psychologically secure.

As much as Dr. Scherling was a great informant of the healthcare system and how it all works, I realize his slanted point of view as the role of physician. Most importantly he is the director and has to oversee the whole unit so he doesn’t spend a great deal of time with the patients. He did however mention that many staff members are recovering addicts themselves, so there is a possibility that he sees things in different perspectives through his colleagues or maybe even from past experience.
Beautiful Boy was an amazing book that allows the reader inside David Sheff’s mind to learn the life of a father whose son is addicted to methamphetamines. Before I read this book, I had only heard of a small amount concerning meth and what it does. After this book, I feel like I know everything about the drug, what it does, how it makes you feel, and the repercussions of its intensive dependency. The biography of David’s son Nic, opens with the ideal “American Lifestyle” with great and loving parents, good home in a good neighborhood etc. Nic was the picture perfect child himself, was very smart, played sports, a great writer, and popular. All it takes is trying something once. Throughout the book, the reader follows the progression of the Sheff family. Once methamphetamines entered the picture, it never left. Nic fell for crystal hard and fast. He went through many different rehabs, relapsed, stole, lied, and did it all over again. It became an infectious circle of hope and devastation between Nic and his father, with the rest of the family in the background not knowing what to do. David Sheff did insurmountable amounts of research of methamphetamine addiction which helped his understanding and knowledge an entire world devoted to meth. From his research came Beautiful Boy, an eye opening story of a family struggling through a loved one’s addiction.

I enjoyed this book very much. It was a great way to get inside the home and hearts of a family dealing with a loved one’s addiction. I really felt the utmost compassion and emotions and felt as though I was a family member dealing with it alongside them. Not only was it a great story, but I learned a lot about methamphetamines through the intense research that went into the writing. I also got an idea of some things that made rehab unsuccessful for people with such powerful addictions. Overall, it was a great book that I would recommend to anyone.


