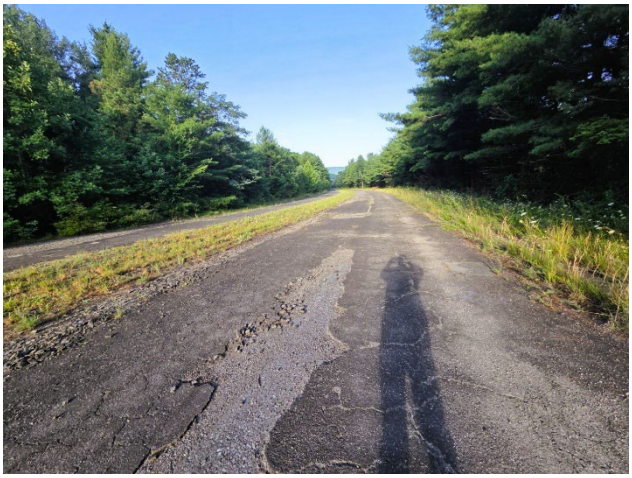
Revisiting William White: The Collapse of 19th Century Addiction Treatment: Could It Happen Again?

"A weakened field found itself unable to respond to these environmental threats. Several factors contributed to the (19th Century) field's professional and political impotence. The field's public reputation had been wounded by highly publicized breaches of ethical conduct. Newspaper exposés charged incompetence and fraud in the field's clinical and business practices. Allegations abounded of inadequate care, patient abuses, sleazy marketing practices, and the financial exploitation of patients and families." - William White 1999



Three decades ago, in 1999, William White wrote The Collapse of 19th Century Addiction Treatment: Could It Happen Again? He was comparing field dynamics of the late 20th century to what had transpired a century earlier. Like that earlier era, by the end of the twentieth century, our treatment systems were also in bad shape. Our addiction treatment system was born in the late 1960s and early 1970s out of what is termed the modern recovery movement. A system of care that had risen up as a result of the blood, sweat and tears of the prior generation of recovery advocates. By the early 1990s that experiential workforce was being replaced by people who had little connection to its roots.

There was a greatly diminished capacity to move individuals from a culture of addiction into communities of recovery. Services were short-term and fragmented, typically delivered by a workforce who far too often lacked basic insight into recovery. Out of those initial sprouts of the early 1970s field of service, a profit-oriented industry had bloomed decades later. Private pay treatment was quite lucrative even as few people could access good quality care in the manner they needed to establish sustained recovery. The bridge to recovery community that came with the experientially grounded paraprofessional counselors of the 1970s and 80s was severed when certifying entities closed the front door to the field on them. These, the very bodies they helped create a generation earlier.

What he wrote put into words in 1999 is what many people in our communities could see with their own eyes. Our addiction treatment system had strayed from its origins and was failing to meet the needs of the communities they were supposed to serve. The private sector elements of the field were focused on expanding admissions, not improving outcomes. Efforts to professionalize and legitimize the field locked out the very people most eager to do the work. Our sisters and brothers were dying, far too often with no care at all or after a short stint in a rehab followed by a return to the streets they used on without hope, purpose, meaning or connection to indigenous recovery community.

Parallel to 19th Century Patent Cure Era

That the 19th century field overpromised cures that lacked legitimacy and failed to actually help people was quite clear. One of the major players White wrote about in that long ago era of 19th century treatment was the Keeley Institute founded in 1879 in Dwight, Illinois. It grew to have over 200 facilities around the country. It promoted their famous Gold Cure. While its contents were proprietary, this "cure" and others like it were often just alcohol and opioids. This brought short-term relief but no resolution. But one thing it certainly did was earn money for the recovery capitalist of the era. While some did find recovery through these pathways, those who did most likely found recovery relationally through peer support and community and not the magic elixir that hucksters hawked to them. The public soured on Keeley as it became apparent they did not deliver what they promised, a theme all too consistent across our history.

In the late 20th century, a parallel dynamic played out. What those of us on the ground witnessed was a field that had strayed far from its roots in service and was replaced by industrial goals, profits over people and a loss of a recovery driven orientation. What was unfolding was consistent with what I have articulated as Whites Laws of Recovery Dynamics. Decay and grassroots community actions are the precipitator of the two-stage cycle.

The First Law of Recovery Retrograde (Loss of Authentic Community Driven Processes): Any idea, service innovation or recovery-oriented process that emanates up and out from the recovery community, retrogrades into a top-down paternalistic pathology-oriented process over time without concerted effort to ground that idea, orientation, or process into the authentic recovery community. What inevitably arises out of that decay is a groundswell of community driven efforts to reground processes in recovery:

The Second Law of Recovery Reformation (Recovery Always Finds a Way): The history of addiction recovery in America has occurred over hundreds of years in successive waves that crest and recede over the course of decades. As retrograde is nearly inevitable, so in turn is the rebirth of community driven ground up processes that restore a focus on recovery transmission which shall rise again.

That is what unfolded as William White reflected on the collapse of 19th century addiction treatment system and his deep knowledge of the history of recovery movement history that has spanned the history of our nation. Just as 19th-century "Gold Cures" and private institutes profited from desperate families, the modern era has seen addiction treatment and recovery support system view people in need as a commodity to cash in. A crop to be harvested. We now risk the all too predictable rapid expansion and profit-driven models that prioritize billable hours over long-term healing. Modern scams like patient brokering, Medicaid billing fraud and aggressive marketing will be cited as the 21st-century equivalent chicanery that eroded public trust in the 1890s.

We shifted away from recovery as the prize of our efforts and focused instead on reduction of overdose deaths, a pathology measure that sells people short as we fail to invest in their inherent capacity. Short-term band aids that failed to bridge to the healing properties of community. The 19th-century field collapsed because it did not deliver on the promise of long-term recovery. The service system of the 1990s broke down and was unable to get people into long term recovery. Both were profit driven, not community grounded. Our current system risks failing because we risk losing a focus on long-term recovery. The expansion of community-based recovery capital grounded in indigenous recovery community had largely been lost to industry goals. The primary question of our era is: *How do we prevent or reduce the damage of the recurring cycles of decay that William White has documented throughout history?*

Questions to consider:

What is our Purpose

- Have we once again confused the processes of care with the end goal of long-term recovery?
- Is our primary measure of success money and to help people survive, or to help people to flourish?
- Are we investing as much in authentic recovery community capital as we are in a billable service system?
- If recovery really is the prize, are our policies and funding aligned with that orientation?

Where is our Integrity

- What would it take to restore recovery as the organizing principle of addiction policy across the United States?
- Where has authentic recovery knowledge been replaced by institutional assumptions and how did that occur?
- Have we unintentionally professionalized the field in ways that distance it from the very communities that created it?

Where are we in respect to White's Laws of Recovery Dynamics

- Where are we currently witnessing the First Law of Recovery Retrograde?
- Which innovations that began as community-driven movements have become bureaucratized or medicalized?
- What safeguards can prevent recovery innovations from being detached from the communities that gave them life?
- What evidence would tell us that the Second Law of Recovery Reformation is already underway?

Is there enough emphasis on recovery community

- Are we helping people enter treatment or helping them to sustain long term recovery?
- What percentage of our investments build lasting recovery capital rather than temporal episodes of care?
- Have we mistaken service delivery for recovery transmission?
- Who is creating effective recovery community building infrastructure that our systems have failed to integrate?

How do we sustain accountability across our field

- What outcomes truly define success five years after recovery initiation?
- If every provider were evaluated on long-term recovery rather than short-term utilization, what would change?
- Are financial incentives rewarding healing or simply rewarding service volume?
- Would the people receiving our services recognize themselves in the outcomes we report?

What is our Future

- Fifty years from now, how will historians describe this era of addiction treatment and recovery support?
- Will they conclude that we learned from the collapse White described, or repeated it?
- What would it take to intentionally interrupt the historical cycle rather than simply respond to its dynamics?
- Do we have a fundamental responsibility to ensure recovery remains rooted in the communities from which it emanates?

William White taught us that addiction treatment repeatedly loses its way when it becomes disconnected from authentic communities of recovery. What are we doing to ensure history does not repeat itself? Will future generations say we strengthened the bridge to recovery or merely built a more profitable treatment industry to benefit off of our suffering?

Sources

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