



# WSCWSAI

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*The WSCWSAI is proud to be sponsored in part by the Washington State Department of Alcohol and Substance Abuse (D.A.S.A.).*

## WSCWSAI Donates Videos

The following videos were donated by the Washington State Coalition on Women's Substance Abuse Issues to the Clearinghouse. Each video is 24 minutes long, for an adult audience and supplemental materials are available.

Video #	Video Title	Year
540	Healthy Choices 1: Lifestyle	1995
541	Healthy Choices 2: Eating	1995
542	Healthy Choices 3: Exercise	1995
543	Healthy Choices 4: Stress	1995
544	Healthy Choices 5: Relationships	1995
545	Healthy Choices 6: Change	1995
546	Job Stress 1: Handling Workplace Pressure	1994
547	Job Stress 2: Roles and Expectations	1994
548	Job Stress 3: Controlling the Workload	1994
549	Job Stress 4: Managing People Pressure	1994
550	Job Stress 5: Surviving Changing Workplace	1994
551	Job Stress 6: Balancing Work and Home	1994
552	Manage It! Stress Traps	1992
553	Manage It! Stress Overload	1992
554	Manage It! Interpersonal Conflict	1992
555	Manage It! Addictive Patterns	1992
556	Manage It! Job Stress	1992
557	Manage It! Survival Skills	1992
558	Workplace 1: Building a Positive, Productive Environment	1997
559	Workplace 2: Negotiating Conflict	1997
560	Workplace 3: Preventing Sexual Harassment	1997
561	Workplace 4: Addressing Diversity	1997
562	Workplace 5: Working with Difficult People	1997
563	Workplace 6: Meeting the Challenge of Change	1997

These videos are available for loan now, and will appear with full descriptions in the next Clearinghouse Video Catalog. Call the Clearinghouse at 1-800-662-9111 to request to view one of these videos.

# The Disease & Abstinence vs. Moderation: Origins of the Abstinence Movement

Is alcoholism a “disease” as declared by the American Medical Association or is it a “reversible behavioral disorder?” This debate has raged in the addiction treatment field for more than 200 years, since the inception of the “Disease Concept.” This debate even spilled over into the courts, in the U.S. and Canada, when one research team accused another team of “scientific fraud,” and filed a suit for \$96 million. The fraud charges were eventually dismissed—however, the debate rages on (Goode, 1993).

In summary, on one side stands researchers who claim that as many as 60% alcoholics and problem drinkers can return to normal drinking. On the other side “abstinence-only” researchers say that while a small number may be able to return to normal drinking for short periods of time, “abstinence is the appropriate goal of alcoholism treatment” (NIAAA).

Studies which have looked at the number of people who have participated in treatment and have then later returned to controlled drinking, have been accused of being “flawed.” Many of them have been seriously flawed, because they rely on the self-reports of alcoholics, who notoriously lie about their alcohol consumption. Nonetheless, several well-controlled studies have estimated that as many as 18% of alcoholics/problem drinkers have returned to normal drinking long after participating in treatment.

We lack research and definitions to define or evaluate what “controlled” (self-regulated) drug use looks like. Therefore, it is difficult to evaluate whether a person can return to controlled (self-regulated) drug use. The addictive liability of a drug may play a role in this type of future research. For example: we know the “addictive liability” of some drugs (nicotine, cocaine, heroin, opiates . . . ) is higher than the addictive liability of other drugs (LSD, mushrooms, . . . ).

## Where did the Disease Concept and Abstinence Model of treatment come from?

The Disease Concept originated more than 200 years ago with Benjamin Rush, M.D. Dr. Rush (1745-1813), was a prolific author, physician, professor and philosopher of the fledgling United States. As a signer of the Declaration of Independence and Treasurer of the U.S. Mint, Dr. Rush was a well respected physician who was most well-known for his treatment of Yellow-Fever in Philadelphia in the late 1700’s. Often referred to as the Father of American Psychiatry, Dr. Rush, was one of the first physicians to integrate theories of mental illness, addiction and medicine into more holistic concepts and treatments. In fact, he was well-known

and often criticized for his theories and recommendations on the “prevention” of disease. His treatments went well beyond the prescription of medicines and included recommendations on diet, exercise, air, dress, and “mental actions” (thinking patterns).

Dr. Rush did extensive research on addictions and was a prolific writer. Of the seven volumes that he wrote on medicine, his most read works were, *An Enquiry into the Effects of Ardent Spirits upon the Human Body and Their Influence upon the Happiness of Society*.

Dr. Rush described alcoholism as a “disease of the will.” In swimming against the strong cultural values Rush wrote, “I am aware that the efforts of science and humanity, in applying their resources to the cure of a disease induced by vice, will meet with a cold reception from many people.”

When Dr. Rush first began working with alcoholics he encouraged them to discontinue use of hard liquor and encouraged them to only drink wine and beer. After years of unsuccessful efforts in keeping his patients off liquor, he eventually came to the conclusion that total abstinence was the only solution. He writes, “It has been said, that the disuse of spirits should be gradual; but my observations authorize me to say, that persons who have been addicted to them, should abstain from them suddenly and entirely. *‘Taste not, handle not, touch not,’* should be inscribed upon every vessel that contains spirits in the house of a man, who wishes to be cured of habits of intemperance”. Benjamin Rush is credited as one of the chief originators of the Disease Concept and Abstinence Model!

### Resources

- Biography of Benjamin Rush, Colonial Hall, John Vinci, 1999
- Drugs in American Society 4th Edition, Erich Goode, 1993.
- Inebriety, Doctors, and the State Alcoholism Treatment Institutions Before 1940, Baunohl and Room, National Alcohol Research Center, Grant# AA05595, 1987.
- Slaying the Dragon, William White, 1998.

Contributed by Marilyn Bordner

Reproduced from ACCBO

## DASA Calender

Upcoming DASA sponsored retreats and trainings

### Northwest Regional Directors

- Leadership Institute** ..... September 27-29, 2000
- WSCWSAI** ..... October 6-7, 2000
- ADATSA Bed Utilization** ..... November 2-3, 2000
- Bridging The Gap** ..... December 11-12, 2000

# The “20/20” Travesty

“If you think every alcoholic must swear off drinking forever, then you are in for a surprise.” Thus began a shockingly one-sided and irresponsible “special edition” of ABC’s *20/20* June 7, 2000.

ABC medical correspondent Nancy Snyderman even directly questioned the American Medical Association’s 50-year-long classification of alcoholism as a disease. “Many experts,” she intoned, “say calling it a disease wasn’t necessarily for medical reasons, but a way to take away the shame of being an alcoholic.”

No representative of the treatment community was invited to participate in the hour-long exercise in treatment-bashing.

The day following the broadcast, Betty Ford Center president and CEO John Schwarzlose sent the following letter to ABC News president David Westin:

“What could have been a forum for an educated debate fell into a presentation of half-truths and confused concepts.

“Some facts are beyond debate, such as the American Medical Association’s long-term stance that alcoholism is a disease. Today, there are over 10,000 physicians certified in Addiction Medicine. None of these real experts was consulted, and none of the current biomedical and psychosocial research was presented. This is sound research supporting the concept that once someone is addicted to alcohol they can never return to drinking.

“Misinformation about Alcoholics Anonymous was sprinkled throughout the show, which was further compounded by mistakenly lumping treatment centers and AA all under the rubric of 12-Step treatment. This was a disservice to the public and illustrated how faulty and incomplete the research actually was.

“Of great concern was the lack of distinction between the concepts of alcohol abuse vs. alcohol addiction. The point needed to be hammered home and the distinction made crystal clear. Tragically, *20/20*’s failure to clearly differentiate between persons with a ‘drinking problem’ and persons who are alcoholics is going to result in some viewers who are addicted testing the premise of ‘controlled drinking.’

“It was frustrating while watching *20/20* not to be able to refute or correct information presented that’s just plain wrong. For example, we conduct thorough outcomes research which indicates that 60-70 percent of patients stay sober after leaving the Center—and a reasonable number of patients who suffer a relapse do, in fact, return to sobriety after their relapse.

*Continued on Page 4*

# Moderation Management founder gets DUI

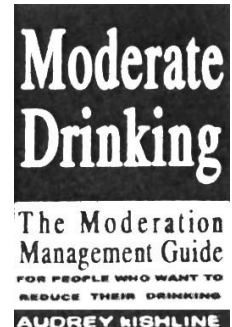
The author of the book, *Moderate Drinking: The Moderation Management Guide*, and founder of the nation organization Moderation Management was arrested March 25, 2000 and charged with DUI and vehicular homicide. Audrey Kishline, who heads up a national “moderation” movement that teaches those with alcohol problems to drink responsibly, blew a 0.26 at the time of her accident that took the lives of Richard Davis and his daughter, LaSchell on Interstate 90 near Cle Elum, Washington.

Kishline who recently completed standard abstinence based treatment in Oregon, reported, via her attorney, “moderation management is nothing but alcoholics covering up their problem.” This widespread national program is utilized by several treatment programs who have embraced harm reduction principles, such as St. Luke’s, treatment services in New York. Numerous contemporary books have been written on moderation versus abstinence. It is unclear what effect the loss of the founder’s support will have on the national harm reduction controlled drinking program.

## Resource

- Oregonian, Crash Changes Author’s Stand on Drinking June 2000

Contributed by Marilyn Bordner-Reproduced from ACCBO



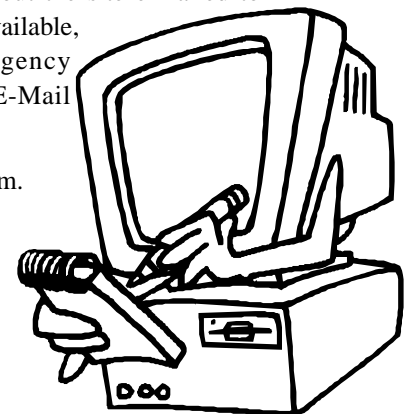
## WSCWSAI Website

The Coalition is developing a website for you!

Soon the coalition will have a website for members and potential members from which to gather information. The site will include past newsletters, membership information, conference information, and links to pertinent sites. If you wish to have information about the site e-mailed to you when it becomes available, send your Name, Agency Name, Address, and E-Mail address to:

AGostovich@MSN.com.

WWW?



# MEMBERSHIP APPLICATION

## Join Us!

Membership in the Coalition will add your voice to those of many others in this state who are advocating on behalf of women whose lives are affected by chemical dependency.

Coalition membership can open new networking and educational opportunities with others concerned about chemical dependency treatment for women.

The Coalition sponsors an annual conference and regional meetings to share local state and national information.

Our monthly Steering Committee meetings are open to all members and are held on the first Friday of the month. They are held at TASC, 464 12<sup>th</sup> Avenue, Suite 100 Seattle.

Please fill out and return the membership form along with your membership fee... *Please join us today!*

Individual Name \_\_\_\_\_

or

Agency Name \_\_\_\_\_

Agency Representative \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

*I/we support the philosophy and mission of the Coalition and wish to become regular members.*

Type of Membership:

Agency (\$50<sup>00</sup>/yr.)

*Save registrations to the 2001 conference with a paid 2001 agency membership*

Individual (\$20<sup>00</sup>/yr.)

*Save on your registration to the 2001 conference with a paid 2001 individual membership*

*Please make checks payable to: Washington State Coalition on Women's Substance Abuse Issues (WSCWSAI) P.O. Box 1775, Seattle, WA 98111.*

*Be a Part of a Positive Statewide Support System  
Strength Comes in Numbers!*

## The "20/20" Travesty

*Continued from Page 3*

"Another crass piece of misinformation: insurance companies have drastically cut back the amount of money they funnel into treatment over the past 10 years. Very few of our patients are covered by insurance; therefore, it makes no sense to claim that a not-for-profit institution like the Betty Ford Center does what we do because we're dependent on monies from insurance companies.

"Misinformation, though, we can handle. Criticism we can handle. What really hurt about the 20/20 travesty is the great disservice it did to the millions of men and women in this country who are in recovery, who are valiantly hanging on to their hard-earned sobriety one day at a time. Their brave struggles were devalued in and by your program.

"The real damage done, though, was to the many alcoholics who have not benefitted from treatment who watched the program. Many of them are going to feel it's okay to keep drinking because, after all, they can 'control' their habit.

"For those who have crossed the threshold into addiction, this simply isn't possible. They *can't* control their habit. Telling them they *can* is a cruel hoax. Some of those people are going to die because they accept at face value the tired and discredited thesis presented by 20/20."

When the Betty Ford Center learned of ABC News' plan to air their "documentary" trumpeting the virtues of 'controlled drinking,' the Center sent a letter to ABC News, which read in part:

"Please, there must be a powerful voice in the show, saying forcefully that 'controlled drinking' is a sham, a cruel hoax which will do more than hurt people. *It will kill people.*

"For non-alcoholics who on occasion have one too many, 'controlled drinking' is an interesting proposition; for alcoholics, 'controlled drinking' is a lethal proposition.

"The voice of sanity/reason on 20/20 doesn't have to be from the Betty Ford Center. It just has to be someone who can loudly –and urgently–deliver this message to your viewers: Alcohol destroys lives and families and communities; people addicted to it are signing their own death warrant if they buy into the bogus canard known as 'controlled drinking.'"

No person from the treatment community was invited to participate in the program, although BFC president John Schwarzlose did participate in a post-show on-line chat on the ABC website.

Contributed by Marilyn Bordner

Reproduced from the Betty Ford Center Newsletter

## Bush & Gore: How do they stand on Tx?

Both Bush and Gore state that they are committed to addictions treatment. Each has very different ideas about what treatment will look like. Gore, wants to increase Federal spending on addictions treatment, especially, within the criminal justice system. Gore backs up his plan with tons of statistics essentially reporting that addiction treatment is more successful in reducing recidivism than plain old prison. Gore claims that Bush has cut drug treatment dollars in Texas from \$388 million a year under his predecessor, Democrat Ann Richards, to Texas' current drug treatment budget of \$188 million under Bush. The Bush camp denies this and basically says the figures aren't as bad as Gore makes them out.<sup>1</sup>



The National Mental Health Association released its' report card for George Bush, Jr. and Al Gore. "These grades are intended to educate voters about the candidates' healthcare plans or lack of plans," says Michael Faenza, president and CEO of the National Mental Health Association. NMHA evaluated each candidate's proposed health plan, past voting record and public statements based on ten essential issues, including mental health insurance parity, Medicaid and Medicare, managed care protections and veterans' issues. NMHA gave Gore an "A-" and gave Bush an "F+". Mary Graham, the project's leader and NMHA's vice president for healthcare reform says that neither the Report Card nor NMHA endorse any candidate in the Presidential race.<sup>2</sup>

Bush has a very interesting vision for addictions treatment in Texas and in the U.S. Bush reports that his prior alcohol abuse stopped after he had a meeting with Billy Graham in 1985. Bush has declined to discuss his prior alleged cocaine use, other than to say, "I've told people I've learned from my mistakes - and I have. And I'm going to leave it at that." He

has described his "Faith-based" recovery similar to the recovery of those who participate in A.A. Bush does not attend A.A. It is this "Faith-based" recovery that has spawned a new approach to treatment in Texas.<sup>3</sup>

### Faith-based Drug Treatment Services

In 1997, Bush pushed new laws through the

NMHA's Report Card	
<p><b>Gore</b></p> 	 <p><b>Bush</b></p>
<b>A-</b>	<b>F+</b>

Texas legislature allowing Faith-based church groups to hang

## OUR MISSION

The mission of the Washington State Coalition on Women's Substance Abuse Issues is to advocate for women whose lives are affected by chemical dependency.

## OUR PHILOSOPHY

Addiction is a primary, progressive, and, if left untreated, fatal disease. The origins of addiction in women and their treatment needs are unique. These needs arise in large part from women's cultural and class experiences, and from their diversity of age, ethnicity, and sexual orientation.

Research, prevention, treatment, funding, and state policies must begin to honor and reflect the effects of these unique experiences.

out a shingle and call themselves drug treatment centers. So far, about 58 churches have done exactly that. Bush's plan is to revive faith-based programs to deliver social services at a reduced rate. His laws have eliminated all the rules that typically go with treatment services and treatment professionals. None of them apply. Faith-based drug treatment programs are *exempt*, from staff credentials and frayed carpet to fire alarms and client charts!

Predictably, problems have arisen. More and more teens are coming forward reporting that they have been abused in these Faith-based drug treatment programs. Several supervisors in these faith-based treatment programs have already been arrested for child abuse, including tying kids to their beds with rope and extreme physical abuse. More arrests are anticipated authorities say. Scientist say faith-based groups make exaggerated claims of success. Teen Challenge for example claims a 90% success rate for addiction. "No evidence supports that," says John Diulio, a study of one Christian researcher, considered favorable to Teen Challenge, showed a success rate of 13%.

Bush's plan is to divert funds from professional treatment programs to faith-based groups, where less "regulation" will keep the cost lower. Bill McColl, NAADAC Spokesperson commented, "This would roll us back 60 years, right back to when people thought you were an alcoholic merely because you didn't accept Jesus as your personal savior."<sup>4</sup>

1. Terry M. Neal, *Washington Post*, May 3, 2000  
 2. *National Mental Health Association*, February 28, 2000  
 3. *Washington Post Interviews*, July 25, 2000, page A20  
 4. Manna Rosin, *Washington Post*, May 5, 2000

Contributed by Marilyn Bordner-Reproduced from ACCBO

# Committee Members

### Co-Chairs

**Marilyn Bordner** ❖ *New Horizon Care Centers*

**Sharon Toquinto** ❖ *Public Health-Seattle and King County*

### Treasurer

**Beth Dannhardt** ❖ *Triumph Treatment Services*

### Secretary

**Linda Olsen** ❖ *Eastside Domestic Violence Program*

### Steering Committee

**D. Ann Forbes** ❖ *Alcohol/Drug Help Line*

**Jane Kennedy** ❖ *TASC of King County*

**Patti Bland** ❖ *New Beginnings for Battered Women and their Children*

**Barbara Myers** ❖ *Sundown M. Ranch*

**Carol Hoeft** ❖ *Eastside Recovery Center*

**Margaret Jones** ❖ *Residence XII*

**Joleen Smith** ❖ *Eastside Domestic Violence Program*

### Of Counsel

**Nalani Askov**

### DASA Liaison

**Lorri Cox** ❖ *DASA*

### Conference Coordinator

**Karen E. Christensen**

### Newsletter Publisher

**Amy Gostovich** ❖ (509) 961-4489

## WHO WE ARE

The Coalition is a feminist, non-profit association of individuals and organizations concerned about women's chemical dependency issues. Members include local and state government agencies who work with disabled people, health care providers, domestic violence providers, chemical dependency treatment providers, therapists, researchers, attorneys, and others concerned with public policy issues affecting chemical dependency treatment for women.

## WHAT WE DO

The purpose of the Coalition is to advocate for improved, expanded, more accessible and relevant chemical dependency treatment services for women. To achieve its mission, the Coalition:

- ☉ Educates legislators and other policy-makers about the needs of chemically dependent women.
- ☉ Monitors legislation and proposes policy changes to improve treatment services for women.
- ☉ Provides education and training through conferences.
- ☉ Provides networking opportunities for professionals working in the chemical dependency field and other fields affected by the issues of substance abuse.



# WSCWSAI

**Washington State Coalition on Women's Substance Abuse Issues**  
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Seattle, WA 98111

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