Don Sloane
Video Transcript

Intro by Stephen Moegling
So I do get the pleasure of introducing Don, and he has a very big heart—and that's very compelling. Because Don has spent several decades in the recovery movement. He's been an advocate and helped to bring hope to the hopeless and a way forward for people who feel that they have no way. So please join me in welcoming Don to the stage.

Don Sloane:
So, since it's right after lunch, what I want to start with is, I'd like for all of you to stand. Because I've got the afternoon slot here, and the coma after lunch. So I have, my opening question to you is this: how many of you have never been touched by alcoholism, drug addiction, or a mental health issue? Either in your home life or in your work life. And if you've never been touched, go ahead and sit down.

Nobody sat down.

Almost everybody in our country has been touched by this. For those of … that's what I wanted to know. So just look around. Everybody here, everybody in this room, shares this story that we're going to embark on here.

Show of hands: how many of you have gone through medical school? <a few hands are raised> How much time or training did you get in your education about substance use disorder or alcoholism or drug addiction? Do you remember? "Don't remember any." I think I saw a hand back here? "Zero." Okay. "A little bit about Narcan, maybe." Okay. So what I'm going to do is, I want to walk through a little bit of time here and give you some data. I'm not a big data guy, but I want to give you some statistics. And I think the meat of our conversation is going to be once I finish the formal presentation and I sit down and we have a dialogue with each other.

So. What I want to do is try create some dialogues and we can have some partnerships. One of the things I'm going to talk about is a continuum of care, about how we can collectively do better for people that suffer from this disease.

The definition of substance use disorder—this is out of the DSM-5—and the DSM-4 had about a three or four page very lengthy definition of what constitutes substance use disorder. The DSM-5, they made it one paragraph. Basically it says, if one's relationship with a chemical that they put in their body is getting in the way of their life in any way, then there's probably a disease mechanism going on there.

I was reading a book yesterday on the way out here, called *Irresistible*, and it's a book about behavioral addictions, gaming primarily, which is a burgeoning thing in our culture. Their definition is, "It's a deep attachment to an experience that is harmful and difficult to do without." And that's applicable to substance use disorder, and I'm using the term substance use disorder as the umbrella diagnostic term over alcoholism and drug addiction. So I'll use all of them interchangeably. The difficult-to-do-without when it comes to a physical addiction is the body requires a chemical on board to be able to satiate a need in the brain.

The facts about this are, the three leading causes of death in the United States are cancer, heart disease, and addiction. Curiously, of those three diseases, the one that is most treatable is addiction. Of those three diseases, the one that treatment is least sought out for, is addiction. That's what the next bullet says.

Why do you think that is? I can offer to you, part of the reason is because of the cultural stigma that we attach to this disease. And despite all of the media coverage that we have, despite all the information that we have, there's still cultural stigma pretty significantly—and I think that's one of our collective challenges—is how do we begin to shift that?

A hundred-and-seventy-four people die every day in the United States from this disease.

This is a stunning statistic: the age-adjusted rate of drug overdoses in the United States is three times what it was 20 years ago. Three times.

In 2017, opioid overdoses, 65,000 deaths. Approximately.

Alcohol: more or less? 80,000. It's been 80,000 deaths attributed to alcohol every year for the last two decades.

And somehow, culturally, we've come to accept that. Somehow. Boggles the mind.

500,000 from tobacco. And I looked this up this morning ...<?>... if the National Institute of Drug Abuse reports that in 2017, addiction cost the U.S. economy $740 billion. That's due to crime, lost productivity, and health care costs.

Seven-hundred-and-forty billion dollars attributable to addiction in our society.

This just came out last week. Addiction went from being the third-leading cause of death to the number-one leading cause of death in the United States right now. It's eclipsed cancer and heart disease. Stunning, isn't it?

So, let me share with you briefly—I'm an interventionist, I work with families, one of the things I do is interventions; I have facilitated somewhere around 800 interventions over the last 30 years. The most powerful tool that I am aware of to help someone that suffers from substance use disorder is love and compassion combined with clarity and firmness. And I'll enumerate that a little bit later. But the reason why that's true is because this is a disease—and Caspar and I were talking about this before lunch—it's a three-fold disease, or it's described as a three-fold disease. It's physical, it's emotional, and it's spiritual. And all three of those axes need to be addressed in order for one to be able to establish a sustainable recovery.

The way one gets this disease, most often is from a genetic predisposition; addiction flows through family trees very similarly to how diabetes does. It can skip one generation, hit two out of three kids in the next generation, and hit all in the next. It's very randomized but it's almost identical, genetic flow, to diabetes.

So there's a genetic predisposition.

When the switch in the body is turned on, in other words, when the disease becomes active, and active does not necessarily equate to drinking or drugging every day; for some people, it can be as infrequently as two or three or four times a year. But when the switch gets turned on—and for those of you that are docs or scientists, the way I'm going to explain this is an accurate representation, it's not accurate science, and if you want the accurate science, I can bore you with that afterwards. But the representation is indeed accurate.

So what happens, is when the switch of addiction gets turned on, the body gets fooled. And the way that the body gets fooled is the body stops producing dopamine at the levels it would normally otherwise produce it at. Dopamine does a lot of different things in our brain, but one of the things that dopamine does is that it is the fuel for the area of our brain where reasoning occurs. Which is actually five—the last study I saw—there are five sub-areas in our prefrontal cortex that together allow us to be able to reason. The impact of the reduction of the dopamine—and NIAAA discovered this, the National Institute of Alcohol Abuse and Alcoholism, about 20 years, discovered that reasoning is functioning at about 20 percent of capacity for an individual when the switch of addiction is turned on.

So the very part of that individual's brain that would allow them to connect the dots between the relationship with whatever chemical they're putting in their brain, and their behaviors, is basically on vacation. They're not able to connect that. And I would liken the order of magnitude of disconnect to that of walking up to a six- or seven- or eight-year-old child, and saying, Hey Billie, I'd love to have a substantive conversation with you about quantum physics! And Billie would giggle and laugh and look up at you and smile, and say, That sounds really fun, but I don't even understand what those words mean.

And that's the order of magnitude of disconnect that exists when somebody is in an active state of addiction. And for those of you, which is all of you, when you've come in contact with somebody who is active in their addiction, and you try to have a logical or reasonable conversation with them, and you walk away scratching your head, going How can they not see this? It is patently obvious that they are in a jackpot(?) or they are hurting the people who love them most on the face of the earth, how can they not see this. And this is the reason why. Because of this mental impairment.

If we were to look at the bell curve of IQ, in your direction, and look at the top twenty percent of IQ, 80% of mental health issues, which includes addiction, occur in that top twenty percent. So most of us that have this disease have a really high innate intelligence, and if you intersect a really high innate intelligence with whatever formal education they have, with the disease that makes them a whack-job, and put that all together, you have somebody that has active addiction. And for those of you who have family members or people that you're close with or a co-worker, and you walk away scratching your head going, Maybe I'm the crazy one because this is … how can …? That's a sign that, I mean, you may be crazy for other reasons, but not because of that.

And that's part of the mechanism of the disease of substance use disorder. NIAAA tells us that for every person who has active addiction, there are on average, seven to eight other people that are adversely impacted. There's about a 25-year—somewhere in that range—study for people that live with the stress of active addiction; they get disease earlier in life, and they die younger. And for our general conversation, that's one of the factors that your docs can be looking for, by sitting down and taking the time to do the psychosocial evaluation, to find out what the system is that they're a part of. Because those systemic factors contribute to diseases. This is not theory at this point, folks, this is hard science.

NIAAA's subsequent research—I've been having trouble with that word for a long time—subsequent … the research they did afterwards <laughter>, tells us that it takes the body six to 24 months, on average, to recalibrate the production of dopamine with consistency. So what happens—and this is one of the larger contributing factors to the recidivism rate in early recovery—is what happens is, somebody will be introduced to recovery in some way, shape or form: they go to Alcoholics Anonymous or they go to an intensive outpatient or they go to inpatient, and they learn about the disease, and the mechanism, and they learn that they need to do something in some type of support, either AA or SMART Recovery or something, and they got it. They got it in their bones: they cannot drink or drug safely again.

Three days, three weeks, three months later, they'll be asleep, and while they're asleep, there'll be a dip in the dopamine production, because the first year or so, it's kind of on a rollercoaster, how the body produces it. And there'll be a dip in dopamine, there's no … they wake up, there's no muscle cramps, there's no blurred vision, there's no indicator that something changed … and they'll be driving to work, and somebody'll cut them off, and they'll get pissed off and they'll go, You know what?—this is the tape that runs—I haven't had a drink in 3 ½ months. It'll be different this time.

And they, in my work, I've heard this story countless times, they report not even remembering going to the liquor store, or ordering a beer at lunch, and then as soon as the chemical hits the brain, it starts the whole cycle all over again.

So that's why there are no silver bullets—treatment is but a beginning for people.

I'm getting ahead of myself here, so let me back up.

All right. Is this useful, so far? It's after lunch; I don't know if you guys are listening or asleep, because of that light (gestures)—I can't tell.

So, one of the things I would like you to leave the talk with is the necessity for us to collaborate. And create a continuum of care for people that suffer from substance use disorder. I do intervention work, so I do pretreatment and then I work with people when they come out of treatment for anywhere up to a couple, three, four years, depending upon the individual needs, but we need to dovetail with one another to be able to have more effective outcomes.

So I'm going to do a quick run-through of kind of what happens between active addiction and sustainable recovery. And I'm not going to read all of this, you guys are smart—oh, I'm supposed to stay on the carpet <laughter>—so, in the beginning of the cycle, family and friends are done; you know, employers are done. It's like, you know, Joe's just a whack job … and I was on the, I'm from Washington, D.C., I spent four years on the D.C. impaired lawyers committee as a non-attorney, and law firms, large law firms, most typically, if they have an attorney that's in trouble, what they'll do is they'll stick him in a corner and not let him see a client, and just keep paying him, and hope they'll go away. That's the most typical way to treat it.

So something will happen; either the wife says I'm done or somebody says they're done, and what they do … is this the right slide here? … um, next slide … is they go to the internet, okay, and they'll start Googling, you know, treatment or alcoholism or drug addiction.

And I can tell you that the treatment industry in the United States right now for drug and alcohol abuse, is about a 35-billion-dollar-a-year industry. And about six, maybe seven years ago, venture capital money started flooding into … it's the hottest market segment on Wall Street, is to invest in treatment centers.

And unfortunately, about 80 percent of what's out there right now, in the way of treatment, is either unethical or subpar clinical treatment. But what's happened is, My wife is in trouble, I'm terrified, it's been seven years in the making for me to get frightened enough to actually pick up the phone and try and find out what to do, and I'm going to grasp the first thing that sounds like it's a good thing to me. Having no idea whether it is or not.

I get a call, probably once every three or four weeks, mostly from a mom, and they'll say, Don, my son is in trouble for the last three years; six months ago I went on the internet, and we hired this person to help us do an intervention, and I paid him a ton of money, and he came to my house, and my family's now destroyed and my son didn't get help, and we're out of money.

It's embarrassing to be part of all this sometimes. I get that call all too often. And then, the first piece of work for me in those instances is, to a) give hope where's there's no hope, and that goes back to touching your heart, and b) to provide a framework that's got ethics associated with it—and I'm going to speak to ethics in a little bit—I apologize, I'm getting off … I got so fired up this morning, my poor little brain is just like short-circuiting.

So, something happens in the family, they need some guidance, they don't know where to begin, and they'll call a treatment center or some … or talk to their doc or their internist, most of whom are really not educated to know how to provide guidance, so there's minimization, unfortunately. I'm of the belief that most docs are well-intended, but just ill-informed. About how to manage this.

One thing I forgot that I wanted to say at the top of the talk is that everybody's … nobody sat down when I asked the question. Some of you probably have had the experience that somebody in your family got sober somewhere along the line and they've been sober for a good while—it's been somewhat of a positive experience. Some of you have had the experience where somebody died from addiction, in your family. Or the workplace. So there's varied experiences, and we each bring our own experience to the conversation. That's the lens that we look through.

So, if you've had the experience of somebody who's been through treatment seven times and it's $300,000 later, you might have a perspective that treatment doesn't work. Or that they're just not doing the right thing. So I just want to invite each of you to be mindful of the lens that you're hearing what I'm saying, with. And that you're seeing this information. And what I want to offer to you, is that's just part of our human frailty, to look through our own experience, but those statistics that I showed you, in that first slide—still stand. And then what you decide to do as an individual, both personally and professionally, with this issue.

The Norman Rockwell picture of the addict being under a bridge in a cardboard box with a brown paper bag, that accounts for maybe five to ten percent of the people that have this disease. The majority of us—I keep saying us—I'm sober 34+ years, a little over 34 years. So I've been around this a long time.

Most of us are functioning to some degree … I have a friend of mine, who's an anesthesiologist, he's in recovery, he reports being in the operating room, administering anesthesia, and not always remembering having been in the operating room. I have a client of mine who's an attorney, a brilliant attorney, who's stood in front of the Supreme Court judges, corked out of his mind.

And what allows that to happen is the part of the brain that's impaired, with the reasoning, stands alone, and the rest of the brain's firing fine. All functions are normal. It's just that thin thread route(?) to reason.

I had a client of mine that was an attorney, it was John—I had a halfway house for professionals for a couple years—he ran the mergers and acquisitions group for the law firm that did Apple's mergers and acquisitions, used to run around with Steve Jobs … he drank himself to death at 54 years old. He had more money than any 40 people I know, one of the smartest people I've ever met … died from this disease.

So. I'm all over the place here.

So, something happens, where to begin, get some guidance, and then they go to treatment, and then, the continuing care. And that last bullet is where the rubber hits the road. Getting someone to treatment or care initially is but a beginning. This is a chronic, progressive, potentially fatal disease. And we wouldn't any more treat somebody for cancer for a month and say, Good luck!

Breast cancer is five years' follow-up. Right? To make sure. And part of the social stigma is, if someone has cancer and they're in remission for three months—or three years, rather—and there's a recurrence of the cancer, we would never think to say, What's wrong with you, what did you do wrong, why did you have a recurrence of your cancer? But when somebody relapses from their substance use disorder, there's this tendency to think they did something wrong, or didn't do something right. So there's this implicit blaming, which contributes to the shame and guilt and remorse that comes with

having addiction. And we do this in very subtle ways. And we do this in some not-so-subtle ways.

Okay, the point of this whole slide, again, is to suggest that the folks sitting in this room, from the positions that we function in day to day, if we can begin to collaborate—and Caspar, I think you're going to speak to this in your talk as well—if we can begin to collaborate, we can collectively contribute to less people dying from this disease.

Does that make sense? You guys awake? <laughter from audience> Okay. All right.

Now I'm also supposed to speak about ethics. I mentioned that this, it's a 35 billion dollar industry, there's a lot of stuff going on … patient brokering is probably at the top of the list.

I'm going to give you a second to read that <pointing to slide>. On a scale of one to ten of unconscionability, this is about a forty, in my book. People get paid to refer people to specific providers. And this has been going on for about three or four years now, it really started, it's worse, the two states that this is most prevalent in is Florida and California. And in Florida, probably about a year ago, they started having, taking legal action against some of these people. That are doing this.

So I get somebody … a mom calls me, and says, Billy's got depression and addiction and dadadadada. And you only deal with depression. But if I refer him to you, you're going to give me seven grand. Yeah. It's paying for the referral. Being paid for the referral. I mean, I don't know about you guys—it just strips my gears. It just—it's beyond comprehension.

The second challenge, is bribing clients to relapse. And this is just going on in Florida, still. So, John's 27 years old, he's been in treatment for 45 days, he gets out of treatment, he's going to Narcotics Anonymous meetings, he's got a sponsor, he's doing everything's that's been suggested to him … and somebody standing outside the meeting, after the meeting, says, Hey, Hey John, come here for a minute. Take a hit off this joint so I can get some pee from you, and you'll test positive, and I'll give you five hundred bucks. And then, John takes the hit, gets the five hundred bucks, and then John gets to be readmitted so that the provider can resubmit for a second round of insurance. This is going on every day, folks.

Online marketing. There are a couple … I really debated whether to name names here, and I decided not to, because I'm going to pretend like I'm professional, um <audience laughter> but there are a couple national organizations that are advertising on television in major markets across the United States, and what they're doing is they are cloaking some websites of really good treatment providers, and redirecting to their site.

And so if I have a good treatment center, it's Charlie's Treatment Center, and I Google Charlie's Treatment Center because my neighbor said their son went there and it's really good, I go to Charlie's Treatment Center, thinking that's where I'm at, but it's taken me to Sue's Treatment Center, which is one of these aggregators. And what it will do, on their landing page, this will have Charlie's Treatment Center, and Hazelden, and some of the big names, presenting as though they're representing them. And you call the 800 number, and somebody gets paid to direct the call and the referral to the treatment center that's cloaked the website. Does that strip your gears as much as it strips mine?

So, there's an organization called the National Association of Addiction and Treatment Providers—it's "nay-tap" (NAATP). They have begun—and Joe, could you go ahead and take me to their site, please? This is an organization <gesturing to screen> and I just wanted to let you know that this exists. They are a body of like-minded providers around the country that—NAATP has been around for like 25 or 30 years and the last four years they've gotten very, very active in response to those ethical challenges. And I just wanted you to know that they exist, so if you want to see ethics of the like-minded, good treatment providers, if you want to know, if you find yourself in a circumstance where you have somebody that you don't know what to do with, go here, and members of this organization are like-minded and ethical.

What the organization did last year, just about a year ago, is they went through and wrote letters to all of the members that were not following these ethical guides. And this is a fee membership organization; they threw out about a hundred-thousand dollars worth of fees—they threw them out of the organization, because they were not ethical. Which was their statement to say, We're serious about this.

Unfortunately, there's no government oversight, there's no federal oversight, there's no state oversight—well, there are some state oversights with some levels of care—but as an interventionist, there's no governance over me. I've got a 110-pound rottweiler: he could be an interventionist, and nobody could say anything to that. Actually, I have three

big dogs, but anyway …

And that's part of the issue. I just got a solicitation this morning from a group up in Massachusetts that's doing a three-day intervention training, and I think it's like two-and-a-half thousand, three-thousand dollars, and you go to that certification and you can call yourself an interventionist. And there's nobody that can prevent that. I've been doing this work for 30 years, I've got a master's degree in organizational psychology and family systems theory and things that allow me to be skilled to do this work. Because it's not just, Gosh, how do I get somebody into treatment, it's how do I support the family to get somebody into treatment, in an ethical way, and also deal with the system that they're coming from, because to just pluck somebody out of a family system and drop them in spin-dry for 30 days, and then drop them back into that same system—is unethical. Because we know better. We know that doesn't work.

There is a doctor associated with Harvard—his name is Dr. Van der Kolk. Dr. Van der Kolk published a book—it's called The Body Keeps the Score—about two years ago. And it's a thirty-year body of research that connects addiction to physical health. And the science behind that connection. So again, this is not theory at this point, this is hard science that not only is the addict affected, as a matter of fact, the people around them, experience more severe, more frequent health issues than the addict themselves.

So I invite us all to quit—you guys know the game whack-a-mole, at the beach? Right? Let's stop doing whack-a-mole, let's open up the board and look at what's underneath. What's the mechanism underneath that's supporting that?

So how long have I been talking? Thirty minutes? … So I'm going to stop, with that, and, there's one closing slide, maybe? That doesn't say much of anything … other than: that's us. <applause>