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Editorial

July 15, 2006

Guest Opinion

On Patrick Kennedy and calls for his resignation
By Robyn Leary, President, Recovery Network Foundation

The headlights on Patrick J. Kennedy's Mustang illuminated more than just steel barricades at the pre-dawn hour when the Rhode Island congressman crashed his car within blocks of the nation's capitol May 4. They also flashed a spotlight on the concrete wall of prejudice and stigma that many in this nation have held against people in recovery from addiction and mental illness since its founding.

Laudably, Congressman Kennedy, who is now out of rehab and back to work on Capitol Hill, has made mental health reform to eradicate that stigma one of the highest priorities of his legislative career, calling the stigma and the discrimination major civil rights issues. Kennedy is the lead Democratic cosponsor of the Paul Wellstone Equitable Treatment Act, which would end insurance discrimination against the mentally ill - only one of the many ways that he has worked in his six terms on Capitol Hill to end the double-stigma of mental illness and addiction from which he suffers himself.

In the last session of Congress, Reps. Kennedy and Jim Ramstad (R-MN), a recovering alcoholic, formed the groundbreaking bi-partisan Caucus on Addiction, Treatment and Recovery to promote awareness about chemical addiction and promote access to treatment and recovery.

From personal experience, Kennedy realizes that blaming the chemically dependent for their illness and believing that it's a matter of choice or moral weakness are anachronisms that linger despite a growing body of science documenting that addiction is a disease: "It is a brain disease but not just a brain disease," wrote Dr. Alan Leshner, former director of the National Institute on Drug Abuse. "Addiction is the result of prolonged drug use that changes the brain. It is a biological disorder in that the brains of addicts are different from those of non-addicts."

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We also know that addiction is a disease from which people and families can recover, that recovery, in fact, is treatment's expected outcome, that millions of addicts are living a life free from alcohol and drug use. We know, too, that not everyone can become chemically dependent and that the biggest risk factor is genetic (40 percent environmental factors). New thinking and paradigm shifts in research also indicate that relapse is not a sign of failure if it occurs in the context of progress toward stable, long-term recovery. And we know, finally, that treatment innovations have made it possible for millions of Americans with mental illness to live healthy, productive lives.

Why, then, did *The Providence Journal's* Bob Kerr suggest in a column published shortly after the incident that it's time for Kennedy to end his congressional career? And why have two-thirds of the *Journal's* readers agreed with that assessment in a continuing online poll? According to the latest results, more than 63 percent of those responding believe Kennedy should return to private life.

From the tenor of most responders' comments, one would think that all we have learned about the neurochemistry of addiction and the efficacy of treatment for the mentally ill never happened. There's only one word for these reactions and that word is stigma - a stigma that keeps people from seeking the help they need, leads to discriminatory practices and one that affects millions of people not named Kennedy.

According to the latest statistics compiled by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 22.2 million people (9.3 percent of the total population) are in need of treatment for an alcohol or other drug problem. Of these, an estimated 1.9 million received treatment. However, only a very few, like Kennedy, can afford the Mayo Clinic. In 2003, 20.3 million persons who needed treatment didn't get it.

Meanwhile, this country continues to criminalize addiction. We are building more prisons than ever before and filling them with people who suffer from substance use disorders. In most cases, they receive no treatment while in prison. Kennedy, according to his critics, managed to escape criminalization only because of his name. Of course, his behavior may very well not have warranted any criminal charges but the same may be said of millions of others who did get charged.

Like Kennedy, who suffers from what is known as a "co-



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occurring disorder" (bipolar depression and addiction), about 26.2 percent of Americans - one in four adults - suffer from a mental disorder. When applied to 2004 U.S. census, that figure translates to 57.7 million people. According to SAMHSA's National Household Survey on Drug Abuse, four million Americans had both serious mental illness and a substance abuse disorder. Of the approximately 668,000 male hospital admissions in the 29 states covered by the SAMHSA survey, 103,000 (15 percent) had co-occurring problems.

Science has documented that alcoholism and addiction to other drugs is a progressive disease. At least six years ago, we began discovering that our understanding of addiction is flawed, so the way we treat it is also flawed and in many cases actually causes failure and relapse. According to an article in the October 2000 issue of the *Journal of the American Medical Association*, the effect of drug dependence on social systems has shaped the generally held view that drug dependence is a social and not a health problem.

As a result, medical approaches to prevention and treatment are sorely lacking, we fill up our prisons and virtually nothing is known about recovery. The authors compared the diagnoses of drug dependencies to diabetes, hypertension and asthma. While drug dependence has been generally treated as an acute episode, the article suggests that "longterm care strategies of medication management and continued monitoring produce lasting benefits."

Consequently, drug dependence should be insured, treated and evaluated like other chronic illnesses. If a member of Congress (or anyone else for that matter) failed to end an affair with contraband like French fries and red meat following cardiac double-bypass surgery, would the second heart attack due to these diet infractions be considered a relapse, not covered by insurance and grounds for resignation?

In a recent study published in *The Journal of Nervous and Mental Disease*, two Duke University psychiatrists reviewed the biographical material of the 37 U.S. presidents from Washington to Nixon and concluded that almost half were likely to have suffered from various psychological ailments, including bipolar disorder, depression and alcoholism.

Whose interest does stigma serve? After all, if you're not personally in recovery from alcohol or addiction to other drugs or from mental illness or both, statistics confirm that someone you love is.

I, for one, am happy to see that Rep. Kennedy has returned to continue his vital work as a legislator who advocates for this stigmatized class of people who have so few true advocates.

Robyn Leary is president of the Recovery Network Foundation in Scarborough, NY (www.recoverynetworkfoundation.org) and host and coproducer of "Recovery Talk," a weekly public affairs presentation of WDFH 90.3-FM, in the lower Hudson valley.