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Leadership in Addiction Treatment: The Coming Crisis

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Could the modern field of addiction treatment die of old age? Professional fields, having survived their birth and developmental years, must nourish new generations of leaders or face extinction. In fact, quite different types of leaders are needed: visionaries, professional and technical innovators, and business entrepreneurs. The fate of a professional field is often influenced by the prevalence of each type of leadership at crucial points in a field's history and the ability of the field to regularly regenerate all three types of leadership. This article will explore past and present concerns about leadership development in the field of addiction treatment.

The First Leadership Crisis

The rise and fall of America's first professional field of addiction treatment is instructive. First came the visionary leaders like Dr. Benjamin Rush, Dr. Samuel Woodward, Dr. James Turner, John Gough, and Francis Murphy who redefined intemperance as a treatable medical disorder, called for the creation of special treatment institutions, or offered themselves as living proof of the redemptive power of recovery. Between 1860 and 1890, a multi-branched field of addiction treatment was born. Inebriate homes, inebriate asylums and addiction cure institutes spread across the American landscape within the organizing umbrella of the American Association for the Cure of Inebriety founded in 1870. After reaching its peak of institutional growth, public credibility and professional productivity in the 1880s and early 1890s, the field went into a state of decline and virtually collapsed in the opening decades of the twentieth century. Of the hundreds of institutions offering treatment for addiction in the nineteenth century, only a handful survived the 1920s.

Many factors led to the fall of these institutions: unforeseen economic depressions; changing social policies toward alcohol and other drugs; contentious

professional, religious and political debates within the field; and breaches of ethical conduct by treatment practitioners, to name just a few. Also pivotal, were the professional disengagement, declining health and death of the field's first generation of leaders as well as those leaders of a larger recovery community: the Washingtonian movement and the recovery societies that followed.

The leaders who birthed and sustained this new professional field in the 1860s and 1870s died in the decades that followed. Among the most prominent were Dr. Charles Jewett (1807-1879), Dr. Willard Parker (1800-1884), Dr. Joseph Turner (1832-1889), Dr. Joseph Parrish (1818-1891), Dr. Albert Day (1812-1894), and Dr. Nathan Davis (1817-1904). Other important figures, such as Dr. T.D. Crothers (1842-1918) and Dr. Lewis Duncan Mason (1843-1927), reduced their practices during this same period due to age and declining health.

A similar pattern characterized the private addiction medicine specialists and the leaders of the addiction cure institutes. Physicians such as H.H. Kane and J.B. Mattison maintained large private addiction medicine practices, but there is no evidence of protégés continuing these practices following their deaths. Dr. Leslie Keeley (1832-1900) oversaw the creation of more than 120 Keeley Institutes in North America and Europe, but his empire of private addiction treatment franchises collapsed following his death, with only two of Keeley Institutes extending their work beyond the 1920s.

These moral, technical and business pioneers collectively birthed a field of professional endeavor, worked in that field for most of their adult lives, then disengaged and died, leaving a vacuum in the field's leadership. When the field of addiction treatment faced some of its most difficult economic, political, and professional challenges in the opening decades of the twentieth century, there were few seasoned leaders available to meet these crises. America's first field of addiction treatment might indeed be said to have died of old age.

The Rebirth of Addiction Treatment

Addiction treatment was reborn in the middle decades of the twentieth century. As before, there were visionaries and moral entrepreneurs like Dwight Anderson (1882-1953), Marty Mann (1904-1980) and Senator Harold Hughes (1922-1996) who laid the conceptual, organizational and political infrastructure for the treatment movement. There were also new sources of energy from a re-emerging recovery community and its leaders: Alcoholics Anonymous and its co-founders, Dr. Robert Smith (1897-1950) and Bill Wilson (1895-1971). There were

the technical and professional innovators who set the stage for the emergence of a modern field of addiction treatment: Dr. Norman Jolliffe (1901-1961), Howard Haggard (1891-1959), E.M. Jellinek (1890-1963), Dr. William Silkworth (1875-1959), Dr. Edward Strecker (1886-1959), Dr. Ruth Fox (1922-1988), Mark Keller (1907-1995), Matt Rose, Dr. Nelson Bradley (1917-1983), Dr. Marie Nyswander (1919-1986), and Charles Dederich (1914-1997), to name just a few. There were also philanthropists such as Brinkley Smithers (1907-1994), who infused financial resources into the developing field, and there were business entrepreneurs who replicated the addiction cure franchises of the nineteenth century.

What these pioneers did was create the ideological, financial, organizational and technological infrastructure of the modern field of addiction treatment. Those recruited and inspired by this generation went on to lead our national organizations, our state addiction agencies, and our local addiction treatment programs as this first generation disappeared. For decades, members of this second generation have served as the field's administrative and clinical directors, senior clinicians, trainers and researchers.

The Coming Crisis in Leadership

There is no delicate way to put this. As a field, we are getting old. Several sources suggest this conclusion. The average age of NAADAC membership in surveys of the mid-1990s (NAADAC, 1997) was 49, with only nine percent under the age of 35. Today, there are some 14,000 NAADAC members, 8,438 of whom voluntarily listed their age on their last application (a group that may or may not be representative of the total membership). Of this group, 83 percent are age 45 or over, and 67 percent are age 50 or older (NAADAC office). Several state surveys of addiction counselors and addiction administrators document similarly alarming trends.

Many addiction treatment organizations present a profile of long-tenured and graying administrators, clinical directors and senior clinicians combined with an exceptionally high (20-40%) annual turnover of younger, front-line direct service personnel. In addressing meetings of directors of state-funded addiction treatment agencies, I have observed more than three-fourths of those present being over age 45. (In Illinois, 81 percent of treatment agency directors are over age 45.) Many of these long-tenured leaders will exit the field in the next decade.

What is the fate of a field when its leaders, who have filled such roles for decades, collectively exit within a few years of one another? The age pattern

profiled in this article is that of a field that could, like its nineteenth century predecessor, die of old age if it does not recruit and prepare a new generation of leaders and workers. This effort must begin immediately.

A Call for Action

To respond to this potential crisis in human resources, we need to immediately evaluate the age demographics of the field at national, state, local program/unit levels. We need to examine these numbers for the field as a whole and for specialized roles from training to research. We need to project the potential problems and opportunities created by this imminent loss of leadership. Most importantly, we need plans to re-populate the field and plans for leadership development and succession.

Leadership development strategies could include formalized worker recruitment programs, leadership development institutes, mentorship programs, and plans to retain key individuals as voluntary or paid advisors after their retirement from full time work in the field. In the 1970s, NIAAA and NIDA launched highly successful programs that recruited and trained the physicians, nurses and addiction counselors that filled newly opened treatment programs. That effort must begin anew. We need to recruit and develop a new generation of workers willing to commit a lifetime to this field and its organizations. In the interim, we need to find ways that the oral history and folklore of the modern field of addiction treatment can be recorded before it is irretrievably lost. Pieces of this history and folklore are quite literally dying every day.

For readers who are in the autumn of their career, I would commend you to give thought to how your legacy to this field can be solidified and passed on. The purpose of such reflection is not ego-gratification--assuring that one's accomplishments are recognized and remembered--but assuring the survival of the field's core values and best service technologies. For those in the summer of their career, you need to prepare yourselves to fill this coming leadership vacuum. There will be enormous opportunities for you in the next decade. Are you ready? For those in the spring of their career, you are invited to become part of a vanguard pursuing work in this field not as a job opportunity but as a life calling.

We need a new generation of leaders willing to commit themselves to the continued development of the field of addiction treatment. The baton is about to be passed. Who will be there to accept it?

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Sources

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