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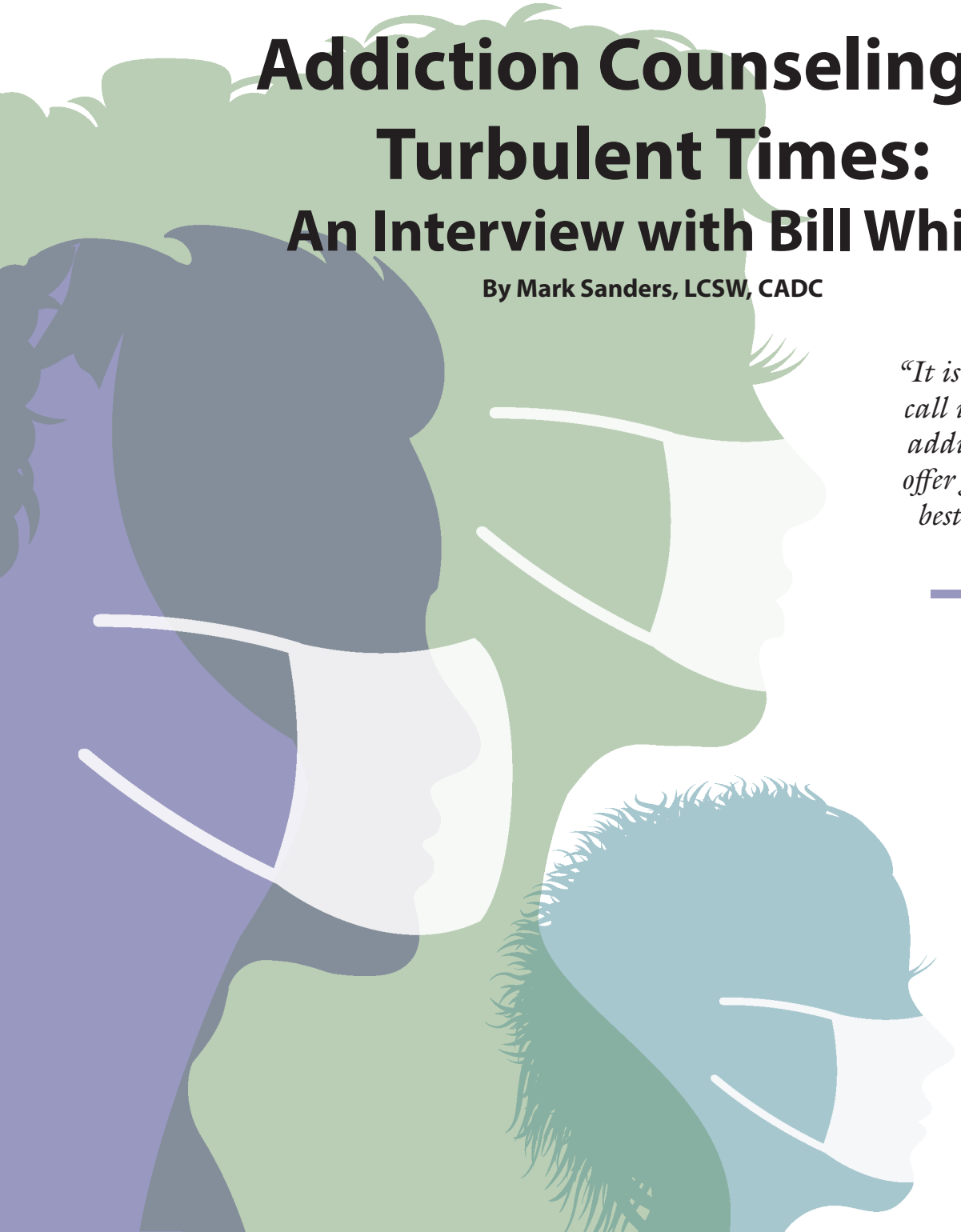
# Addiction Counseling in Turbulent Times:

## An Interview with Bill White

By Mark Sanders, LCSW, CADC



*"It is during this time that we call upon William White, the addiction field's historian, to offer guidance on how we can best navigate these difficult times."*

**William L. White**

**Mark Sanders, LCSW, CADC**

The U.S. is experiencing a historic pandemic. The U.S. unemployment rate has not been as high as it has been over the past year since the Great Depression of the 1930s. The death of George Floyd has sparked unprecedented levels of protest in the U.S. Individuals with substance use disorders are challenged during these difficult times, as are the workers and institutions charged with their care. People in recovery, due to the pandemic, have lost many of the face-to-face resources that have supported their recoveries, and drug overdose deaths are on the rise at a time when addiction treatment facilities are closing because of the economic recession triggered by COVID-19.

It is during this time that we call upon William ("Bill") L. White, the addiction field's historian, to offer guidance on how we can best navigate these difficult times.

## COVID-19

**Mark Sanders: Bill, the COVID-19 pandemic is exerting profound effects on the addiction field. Are there any historical precedents to the challenges COVID-19 is posing for the addiction field?**

**Bill White:** The more than 200-year history of addictions treatment in the United States spans numerous infectious disease epidemics, but there are many unique aspects to what we are presently experiencing. Infectious diseases such as yellow fever, smallpox, tuberculosis, and the Spanish Flu of 1918-1920 did not dramatically affect early inebriate homes, inebriate asylums, or private addiction cure institutes, nor did the infectious diseases that arose through the mid-twentieth century. The primary precedent we have to COVID-19 is the addictions field's earlier responses to the rapid spread of HIV/AIDS and Hepatitis C.

**MS: What makes COVID-19 unique?**

**BW:** Our knowledge of the long-term course of COVID-19 at clinical and population levels remains limited, but there are several unique dimensions of the challenges COVID-19 poses to the field of addiction treatment.

Infectious diseases follow variable patterns of social contagion including local outbreaks, epidemics (substantial spread), and pandemics (transnational spread). What is unfolding with COVID-19 is what could be termed a syndemic: two or more epidemics or pandemics combining synergistically to amplify morbidity and mortality, and their political, economic, and social costs. I am referring specifically to the imposition of COVID-19 on a landscape already reeling from an opioid epidemic (an epidemic still taking more than 45,000 lives each year) and the continued spread of other infectious diseases among people with substance use disorders, e.g., AIDS and Hepatitis B and C. The concurrent or sequential experience of these disorders poses a grave threat to people with substance use disorders and a challenge to long-term recovery management.

COVID-19 possesses several distinguishing and troublesome characteristics, including its mode of transmission (airborne), its degree of infectiousness, its wide variability in disease course (from asymptomatic or mild to extremely severe/lethal), the high rate of asymptomatic transmission, the speed of its population penetration, and its potential lethality as evidenced by the growing death toll in the U.S. and globally. The potential long-term effects of COVID-19 infection are unclear but reports of such effects are quite troubling. Also of concern is the risk of nosocomial transmission—infection spread within health care facilities to other patients and health care workers. Where protection of workers from transmission of HIV or HCV could be managed by standard infection control procedures, there is no precedent within the history of the addiction field to the level of infection control required for COVID-19.

*[N]o prior infectious disease has so transformed the delivery of addiction treatment services while simultaneously threatening the financial stability of addiction treatment institutions and the field as a whole.*

Finally, no prior infectious disease has so transformed the delivery of addiction treatment services while simultaneously threatening the financial stability of addiction treatment institutions and the field as a whole.

**MS: How will COVID-19 affect the nature of alcohol and other drug problems in the United States?**

**BW:** AOD problems are intensifying due to two COVID-19 factors. First, a portion of people now in recovery will experience destabilization of their recovery due to increased stressors and a loss of recovery-focused social supports. Those with the least recovery capital and the shortest periods of recovery stability will be particularly vulnerable for addiction recurrence. Second, the pandemic will accelerate AOD problem progression and increase SUD vulnerability among a larger pool of people self-medicating pandemic-related distress. Such telescoping or problem progression is a function of both increased stressors and the loss of daily support structure and routines.

Recovery support needs will increase as a direct and indirect consequence of COVID-19 for those presently in recovery and for this larger population of people vulnerable for the development of substance use disorders. This increase in problem severity is not now resulting in treatment seeking due to fear of COVID-19 exposure, but it is evident in rising rates of overdoses and overdose deaths since March 2020. We are creating a backlog of need for treatment that could threaten to overwhelm what will likely be a smaller number of addiction treatment resources when the COVID-19 pandemic ebbs.

We do not yet know all of the prolonged effects of COVID-19 that will continue after acute symptoms have subsided. This is a particular concern for many people in recovery who carry acute and chronic health issues into the recovery process. Research to date confirms that adults with a lifetime or recent substance use disorder are at increased risk for COVID-19 infection, COVID-19 hospitalization, and COVID-19 death compared to people without such a history. A residual effect of COVID-19 may be a greater degree of health issues presented by people entering addiction treatment. This will require more comprehensive physical exams and greater collaboration with primary care physicians and health care clinics.

## COVID-19 and Addiction Treatment Organizations

**MS: Could you elaborate on what you see as the short and long-term effects of COVID-19 on addiction treatment organizations?**

**BW:** The immediate effects of COVID-19 involve three questions: 1) how do we identify and treat or refer asymptomatic

and symptomatic patients who test positive for COVID-19 as they seek admission to addiction treatment, 2) how do we reduce the risk of COVID-19 infection for patients and staff within the addiction treatment milieu, and 3) how do we deliver addiction treatment services while limiting face-to-face social contact?

The speed at which addiction treatment programs have addressed these questions is quite commendable. Particularly notable is the speed at which treatment organizations radically altered service delivery models and traditional infection control procedures in response to COVID-19. The transition from face-to-face counseling to e-counseling and telehealth formats has occurred with lightning speed and will leave a lasting impact on the field, even if COVID-19 disappears in the months ahead. The same might also be said for numerous COVID-related adaptations of clinical services—from screening/intake procedures and milieu management to post-treatment recovery checkups.

MS: **Bill, people are wondering how long the COVID-19 pandemic will last and what the effects on the field will be if it continues well into the future.**

BW: We simply do not know at present. The more prolonged the pandemic, the greater will be the negative effects on addiction treatment organizations. The most profound effects will be the demise of those organizations that are not sufficiently capitalized to survive a sudden loss of service income, including some programs that have pursued their service missions for decades. This will be a great loss to the field and to affected individuals, families, and communities, as well as affected workers. Those closures will increase recovery support service demands on surviving institutions. I suspect, even in the best scenario, that the economic effects of COVID-19 will extend deep into 2021 and 2022 and restrict available funding for addiction treatment due to prolonged state and local fiscal austerity measures. The addictions field may look very different when this pandemic becomes a closed chapter of history.

The central residual story will be the collision between increased service needs and limited financial resources to meet those demands. I suspect the economic impact of the coronavirus pandemic will be far greater and more prolonged than presently anticipated, which will do two things. First, it will by necessity force addiction treatment programs toward greater diversification of their funding sources and mixed models of paid and volunteer service staff. Secondly, it will extend the historical focus of addiction treatment programs and recovery communities on emotional and social support into the arenas of physical health management as well as financial and employment assistance.

MS: **Could the addictions field emerge stronger in the aftermath of COVID-19?**

BW: Culling the weaker organizations could strengthen the overall field, even though it will handicap some local communities until stronger, more resilient treatment organizations emerge. The rapid experiments with new service delivery models will spark future innovations and stir renewed conversations about the quality of the treatment experience for both service recipients and service providers. That is a badly needed conversation. Experimentation with new service delivery models will speed the movement of "treatment without walls"—creative approaches to the delivery of clinical and peer-based recovery support services. The movement of recovery support to a primarily digital culture and the expansion of e-treatment and e-recovery support services will accelerate exponentially, exposing the value, limitations, and -- in some cases -- unintended consequences of this shift.

We're all listening to public health experts. Increased knowledge of public health concepts and technologies will spur increased interest in population-based interventions to prevent and mitigate alcohol and other drug problems across the spectrums of severity, complexity, and chronicity. The former will allow us to shift from exclusively intrapersonal models of addiction and recovery to models that more clearly address the ecology of addiction and recovery and the long-term stages of personal and family recovery. The latter extension has enormous potential for the field, particularly in developing interventions designed for people with low to moderate AOD problem severity.

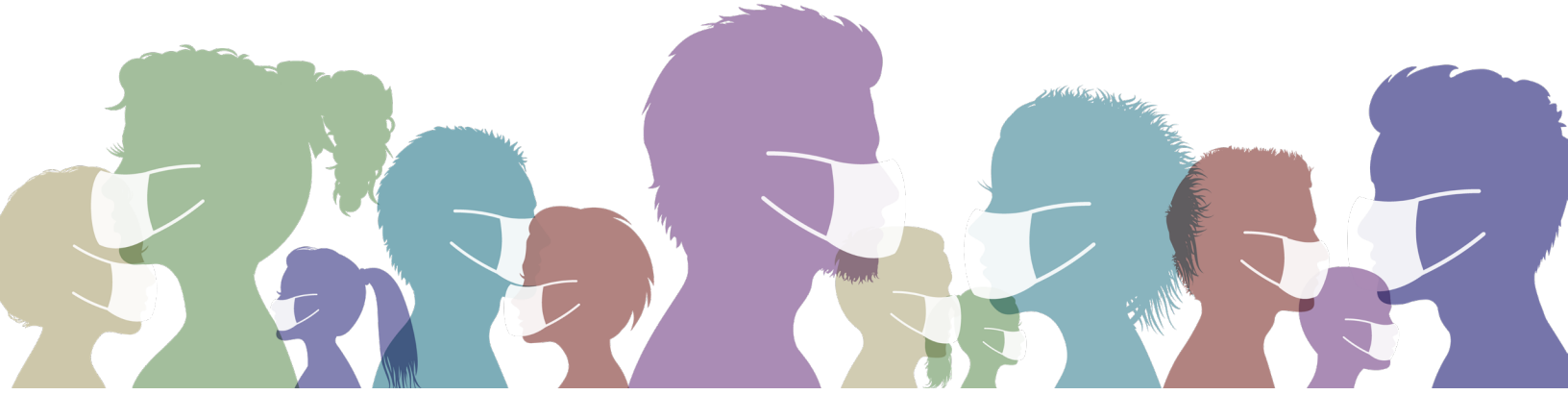
I think the elevated status of scientists and science-grounded professional helpers emerging from the pandemic will spur increased expectations for research and reporting of addiction treatment outcomes and may spur a backlash against highly promoted products and services confirmed by scientific studies to be unhelpful or harmful. This could help the field get itself ethically re-centered amidst increased allegations of ethical misconduct related to the field's business and clinical practices.

So, yes, the COVID-19 pandemic poses threats to the field, but it also poses opportunities for renewal and advancement of the field.

## Black Lives Matter

MS: **The Black Lives Matter (BLM) movement is also of potential historical import. How do you view this movement through the lens of your interest in the history of social movements?**

BW: I think the Black Lives Matter movement will generate profound and prolonged ripples throughout our culture and in other countries. Several factors will contribute to its enduring influence.



Since the filmed beating of Rodney King, the racial underbelly of contemporary policing in America has been exposed. We have reached a critical mass of such incidents and their traditional aftermath of failed policing accountability— failures to indict, failures to convict, failures to discipline, failures to fire—all sending the message that Black lives do not matter. Black Lives Matter was founded in 2013 by Alicia Garza, Patrisse Khan-Cullors, and Opal Tometi in response to the murder of Trayvon Martin and his killer's acquittal. Other deaths followed, including Mike Brown, Tamir Rice, Tanisha Anderson, Mya Hall, Walter Scott, Eric Garner, Freddie Gray, Sandra Bland, Ahmaud Arbery, and Breonna Taylor. The discussions now unfolding flow from a race-tainted drug war, the mass incarceration of men and women of color, and the recent militarization of community police departments. These conditions and incidents long known within communities of color are now being vividly exposed to the whole culture.

What makes the BLM movement sustainable is the broader context in which it arose. It has drawn fuel from the emergence of new forms of musical expression (hip hop); new styles of representing Black people in theatre (Hamilton), film (Black Panther), and literature, including landmark histories on the effects of institutional racism on the criminal justice system (Michelle Alexander's The New Jim Crow); activism of Black athletes (Colin Kaepernick, NBA stars wearing "I can't breathe" warmup t-shirts); the election and re-election of the first Black president and an unprecedented number of elected Black officials; the critical mass of Black men and women working within the criminal justice system and other major social institutions, and the mainstreaming of Black history and culture (Smithsonian National Museum of African American History & Culture, the Martin Luther King Jr. Memorial on the National Mall, the 1619 Project). All of these things were precursors of or provided contextual influence upon the BLM movement.

These contexts contributed to the incubation and subsequent mobilization of the BLM movement, but all movements need a catalytic spark. The eight minutes and 46 seconds America watched George Floyd die profoundly shifted something; not in America's mind, but in her belly. For people of color, it was a breaking point that ignited BLM into a dynamic (cathartic and then strategic), rapidly expanding social movement led by younger voices that were articulating new agendas for urgent social change. For everyone, it brought a visceral understanding of racism that no book, lecture, or film could provide. Cell phones and other recording media (e.g., surveillance video and body cams) constituted the spark that allowed all these other preparatory processes to ignite. While BLM rose in response to police killing of Black people, its focus quickly extended to confronting racism in all of its cultural contexts and within the broader lens of class, gender, sexual orientation, gender identity, and immigrations status.

Transformative social movements have a long historical trajectory. Think of the changes that have resulted from a generation of young people who were profoundly influenced by the social movements of the 1960s and 1970s. Today's young people are experiencing events at this moment that will shape their lives and our culture for decades to come. A new generation of Black leaders is rising as we speak. Less recognized is the re-energization of social justice activism that the BLM is stirring among other communities of color, other historically marginalized people, and White youth.

By historical osmosis, racism has seeped into very bone marrow of institutional practices in America. BLM is distinct in its aim of transforming such practices at a policy and institutional level rather than a narrower focus on influencing the personal attitudes elicited from such structures. This "systems" focus promises a depth of social change that could create a far more inclusive, resilient, and vibrant American culture. Like other social movements, the BLM movement will have to weather internal dissension and external backlash and master the challenges of sustainability. That said, I think every arena of American life will be touched by the BLM movement, including the addiction treatment field. Would you agree?

MS: **Bill, I am calling these times The Trifecta: When a pandemic, economic recession, and racial conflict meet. Following the death of George Floyd, there were more consecutive days of marching and protests than at any time in U.S. history. Even in the 1960s, when Malcolm X, Martin Luther King, Jr., and President John F. Kennedy were assassinated, there were not as many consecutive days of protest. If we were only dealing with COVID-19, we would be advised to stay in isolation. If we only dealing with an economic recession, people would pursue additional work. If we were only dealing with the police shooting of an unarmed African American, our history would predict a few days of protest. When all three of these events came together at once, it created a synergistic effect: 1 + 1 + 1 = 100! Quarantined people all over the world watched, over and over and over again, the video of a police officer on George Floyd's neck for eight minutes and 46 seconds. That image sparked worldwide discussions in every industry, including our own. How do you think the addictions field will be impacted by the BLM movement?**

BW: I think the BLM movement will prompt the addictions field to conduct a "searching and fearless moral inventory" of the effects of current treatment philosophies, policies, and practices on people of color. We will be asked about the level and authenticity of representation of people of color at federal, state, and local addiction treatment policy tables. We will be asked about the relationship between addiction treatment and criminal justice institutions (and the coercive role of the latter as a profit feeder for the former). We will be asked to look at disparities between the demographics of the addiction treatment workforce and the demographics of those served in addiction treatment. The culture of our treatment milieus will be critiqued on the degree to which they are welcoming to people of color. Our intrapersonal (biological and psychological) models of the cause and resolution of addiction will be critiqued for failing to address environmental contributors to addiction and obstacles to recovery. We will be challenged to understand the influences of racism (historical and contemporary trauma) on addiction and recovery. We will be confronted with potential racial disparities in attraction, access, admission, and retention in addiction treatment. We will be challenged

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to address the role of racial countertransference in the administrative discharge of Black people from addiction treatment. We will be asked about the relationships (or lack of them) between our treatment institutions and indigenous healers and institutions that often play important roles in recovery initiation and long-term recovery support among people of color.

These are all important questions, and the resulting conversations will challenge and elevate the quality of addiction treatment in the U.S. All of this also relates to our earlier discussion of COVID-19. When the viral dust settles and the body count is complete, the health disparities between Black and White and between the wealthy and poor and working-class people will expose wrenching realities we as a culture can no longer ignore. Health inequities involve far more than the personal choices of individuals. They reflect structural conditions that differ greatly across the dimensions of gender, race, and class. Those structures are apt targets of the BLM movement.

MS: **I agree. Just as Dr. King extended the Civil Rights movement to a poor-people campaign, BLM will become extended and more specialized. We're already seeing signs that say Black LGBTQ Lives Matters, Black Transgender Lives Matter, and Black Children's Lives Matter (the latter in response to children being shot and killed in gang crossfire). We will likely see Black Student Lives Matter (a fight for equality in the classroom), Black Employees Lives Matter (equality in hiring), and Black Lives Matter (when the shooter is another black person). Black Addicted Lives Matter will carry this movement into the heart of the addictions field.**

BW: Yes. Some will view this extension as a splintering of the movement, but I think that process will be a testament to the movement's vibrancy and sustainability.

## Implications for Addiction Professionals

MS: **How are these major social and economic changes we have discussed affecting the state of addiction counseling and the status of addiction counselors?**

BW: At a professional level, COVID-19 will push addiction counselors to embrace new media to reach those we serve, and I think that advancement will leave a lasting imprint on addiction counseling long after the ebb of this pandemic. At a personal level, it reinforces in stark terms the need for self-protection and self-care in our professional conduct and in our private lives.

As for the BLM movement, it could help us reach back to the early roots of addiction counseling and NAADAC. The modern rise of that role and the founding of the organizational precursors of NAADAC can be traced to the alcoholism treatment services of the 1960s that were provided through the anti-poverty programs within Black communities. Under the leadership of Matt Rose and the Office of Economic Opportunity, these programs marked precious roots—ideas, sensitivities, and service practices—that were lost in the professionalization and commercialization of addiction treatment.

The BLM movement also provides an opportunity for self-reflection of every person working in the addictions field. Each of us needs to explore how the racism imbedded in the cultural oxygen we inhale every day affects what we bring into the counseling relationship. If I have lived for decades in a culture that distorts the perception of Black people and other people of color, the question is not if I have been affected by such exposure, but rather how can I purge the inherited vestiges of such influences. It helps no one to pretend such cultural air has not entered us. Like addiction, it can only be transcended when its presence is recognized. This is not a question of the character of the counselor; it is an issue of owning and then purging toxic cultural influences, and it is about altering the objective conditions in which people seek their personal and collective destinies. Recovery has as much to do with these external conditions, as it does intrapersonal factors. The BLM movement is a call to every addiction professional to help create space within local communities—neighborhood by neighborhood—where recovery can flourish. That was the original vision of Matt Rose that we can rekindle.

MS: **These conversations may be difficult for addiction professionals to have. Some of us will have to deal with the issues we bring to the table, including anger, rage, guilt, fear, and privilege. If clients with substance use disorders are impacted by social injustice, is there room for social justice work in the addictions professional?**

BW: Yes. I think justice is an ethical principle that deserves greater attention among addiction professionals. Each of us has a responsibility to address the challenges of our times within the context of our profession and in our larger service activities within local communities. Racism is a stain of shame that has deformed the American character. The shame is so deep within our history that it is unspeakable. That is why we have such trouble with conversations about race in this country. Racism has left all of us with a wounded culture in need of a sustained recovery process, and we, as addiction professionals, can help inform that recovery process. The agenda for Euro-Americans is to conduct a full inventory of past injuries to people of color, publicly acknowledge such harms, seek forgiveness of the unforgivable, make amends for such injuries (pay our historical debt), and promptly admit future harms when they occur. We will then be challenged with purging the legacies of that history, and we will only be able to do that in partnership with communities of color.

Racism is not just about personal animosity toward a race; it is about laws, policies, and practices driven by decisions at key points in history. Such machinery of control can only be dismantled by a later set of conscious decisions. As a culture, we now have an opportunity to make these decisions and all of us need to be part of it. My hope is that we, as a profession, will stand tall at this point in history. We can begin that by asking people of color with addiction and recovery experience and those working in the field to share their experience or perception of addiction treatment through a BLM lens. Our first acts of social justice as a field must be to listen and enter into a collaborative partnership to elevate the quality of the treatment experience for people of color and other historically marginalized people.

MS: **In that listening, I think we will discover a need to anchor recovery in African American and other communities of color, honor multiple pathways of recovery that are preferred within various communities, and connect persons seeking recovery with indigenous healers as well as professional resources within these communities.**

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**What do you see as the role of peers and recovery-oriented systems of care to address these challenges?**

BW: Peer-based recovery support services can play a significant role in enhancing recovery outcomes and help extend the present acute care model of addiction treatment. They can help us reach people earlier and extend support well past the early stage of recovery initiation and stabilization. We could see a misuse of such services in the current environment. The financial austerity unfolding in many areas of the country could lead to the deprofessionalization of addiction counseling. Financially distressed organizations will be tempted to replace trained addiction counselors with peer services rather than seeing the latter as a valuable adjunct to addiction counseling.

MS: **These are traumatic times. Are there things we can learn from Native Americans about healing trauma and recovery?**

BW: Native American tribal communities have guided our understanding of the effects of historical trauma and the processes required to personally and collectively transcend such trauma. I hope we, as a culture, will turn to Native elders to assist us in how to best move forward with this healing process. The concepts of time ("seven generations"; "seasons"; "cycle of life") and space ("healing forest") as represented in the Medicine Wheel may help us begin and sustain this healing.

MS: **The pace of change faced by addiction counselors is potentially overwhelming. What guidance can you offer on how we can sustain our health and professional integrity through this period?**

BW: Four daily rituals can help keep us centered on the larger meaning of our work as well as help sustain our personal health and perspective. Centering rituals, whether in the form of prayer, formal meditation, or just quiet reflection, help us "keep our eyes on the prize" and allow us to remain grounded. They help us narrow the gap between aspirational recovery values (humility, honesty, integrity, tolerance, gratitude, forgiveness, etc.) and our daily actions. Mirroring rituals allow us to commune with kindred spirits for mutual support, for feedback on the quality of our service efforts, and to rekindle our passion for service. Acts of self-care and personal responsibility provide time for self-repair and caring for the needs of our families and others of importance in our lives. Unpaid and unacknowledged acts of service help keep our egos in check and allow us to remain focused on the value of service to others.

MS: **What practical guidance would you offer to addiction counselors who lose their jobs due to the economic effects of COVID-19?**

BW: If you lose your job amidst the economic shocks of COVID-19, seek alternative positions within the field and stay connected to the field—even if it is in a volunteer role—while you are seeking new opportunities. Many positions will return in the near future as communities rebuild infrastructures injured by the pandemic. If you need to work in allied fields, then take your knowledge of addiction treatment and recovery and infuse it into these new arenas. Many allied service fields need such expertise. For some, this will also provide a window of opportunity to return to school to pursue continued education.

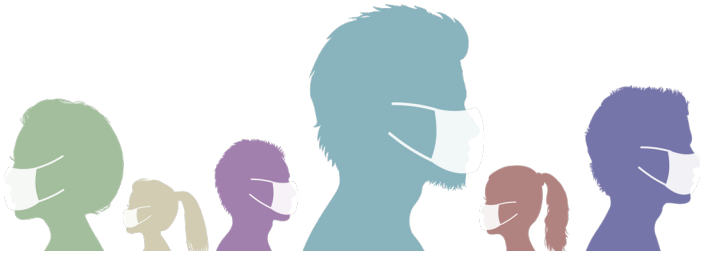
MS: **Bill, any closing words?**

BW: COVID-19, its economic aftershocks, and the social changes unfolding in the United States are challenging and will continue to challenge the adaptive capacities of our organizations, our workers, and the individuals, families, and communities we serve. We will rise to meet these challenges. That is what we have done in the past, what we are doing now, and what we will do in the future.

MS: **Thank you, Bill. It is always a pleasure.**

**Mark Sanders, LCSW, CADC,** an international speaker and consultant, is the Editor of Substance Use Disorders in African American Communities: Prevention, Treatment, and Recovery, and chair of the NAADAC Clinical Issues Committee. He is the author of 5 books on recovery and Curator of the Online Museum of African American Addictions Recovery. You can visit the museum at www.museumofafricanamericanaddictionsrecovery.org. He has also had two stories published in the New York Times Best Selling Book Series, Chicken Soup for The Soul. Sanders is the recipient of numerous awards including: The Barbara Bacon Award for outstanding contributions to the Social Work Profession as a Loyola University of Chicago alumni, Health Care Alternative Systems Leadership Award and The Professional of The Year Award from the Illinois Addiction Counselor Certification Board. He is past Board President of the Illinois Association of Addictions Professionals and Co-Founder of Serenity Academy Chicago, the only recovery High School in Illinois.

**William ("Bill") L. White** is an Emeritus Senior Research Consultant at Chestnut Health Systems / Lighthouse Institute and past-chair of the board of Recovery Communities United. White has a Master's degree in Addiction Studies and has worked full time in the addictions field since 1969 as a streetworker, counselor, clinical director, researcher and well-traveled trainer and consultant. He has authored or co-authored more than 400 articles, monographs, research reports and book chapters and 20 books. His book, Slaying the Dragon – The History of Addiction Treatment and Recovery in America, received the McGovern Family Foundation Award for the best book on addiction recovery. Bill was featured in the Bill Moyers' PBS special "Close To Home: Addiction in America" and Showtime's documentary "Smoking, Drinking and Drugging in the 20th Century." White's sustained contributions to the field have been acknowledged by awards from NAADAC, the Association for Addiction Professionals, National Association of Addiction Treatment Providers, the National Council on Alcoholism and Drug Dependence, the American Society of Addiction Medicine, and the Native American Wellbriety Movement.



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