

Zürich Addiction Research Conference
Dedicated to the 80th birthday of Ambros Uchtenhagen



**Roads to Innovation
in Addiction Treatment**
Humanism, Social Psychiatry & Research

September 3 - 5, 2008
Universität Zürich

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Baron Edmond de Rothschild
Chemical Dependency Institute,
Beth Israel Medical Center
New York, NY

Ambros Uchtenhagen: Putting His Fame into Perspective

Laudatio by Jules Angst, 1999

“Uchtenhagen in the Shadow of a Famous Politician

It is common knowledge that Ambros' wife Lilian became an even more celebrated and popular figure than Ambros himself. ... Together, they formed a double star in the sky, sometimes evident as two shining stars, sometimes unified to one.”

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Web Ergebnisse 1 - 10 von ungefähr 6.140 für ambros uchtenhagen. (0,37 Sekunden)

[Ambros Uchtenhagen - Wikipedia](#)
Ambros Uchtenhagen ist seit 1956 mit Lilian Uchtenhagen verheiratet, die als eine der ersten weiblichen Nationalrätinnen der Schweiz und Kandidatin für den ...
[de.wikipedia.org/wiki/Ambros_Uchtenhagen - 26k](#) - [Im Cache](#) - [Ähnliche Seiten](#)

[\[PDF\] 64 Suchtpolitik und Suchtarbeit im internationalen Spannungsfeld ...](#)
Dateiformat: PDF/Adobe Acrobat - [HTML-Version](#)
World Health Organi- sation, Geneva. Korrespondenzadresse. Ambros Uchtenhagen, Kirchgasse 30, 8001 Zürich, E-Mail: uchtenhagen@isgf.unizh.ch.
[www.sfa-isp.ch/DocUpload/abh03_06.Uchtenhagen.pdf](#) - [Ähnliche Seiten](#)



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Addiction Treatment Services of the NYC Dept of Health

Program	NYC MMTP*	NYC ADP**
Initiated	Dec 1970	July 1971
Aegis in NYC Gov't Organization	Department of health - <i>not</i> Addiction Services Agency	
Policies / procedures	Programs separate, but same administration leadership Determined centrally for all clinics each program	
Number of clinics (1974)	44	8
Admissions thru 1974***	22,292	63,559
Enrollment Dec 1974	11,400	-
Annual Budget '74-'75	\$20.0 million	\$1.3 million

* Methadone Maintenance Treatment Program

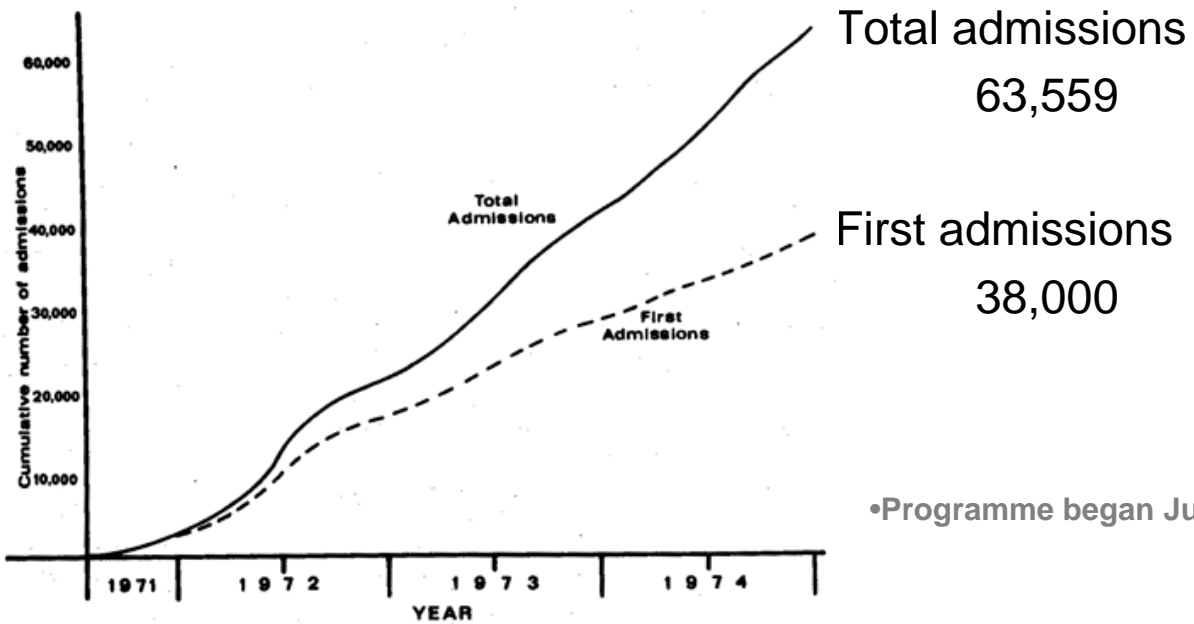
** Ambulatory Detoxification Program

*** Not unduplicated individuals; includes readmission to each program

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NYC ADP: 1971-74



•Programme began July 1971

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NYC ADP: 1971-74

Admissions and average length stay

	1971*	1972	1973	1974
Admissions	3,238	18,506	18,934	22,881
Avg stay (days)	5.4	5.6**	6.2	6.2

* Programme began July 1971

** Max. permitted stay increased from 7-14 days end of 1972

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NYC ADP

Prior long-term treatment history*

	<i>Total</i>	Years Addicted	
		11-20	>20
Number	5373	794	234
MMT only	11.4%	16.5%	20.5%
Drug-free only	11.7%	12.3%	12.4%
MMT + drug-free	4.8%	8.1%	7.7%
No treatment	72.1%	63.2%	59.4%

NOTE: of those with no prior long-term treatment, 65.9% had prior inpatient and/or ambulatory detox
 * Sample: all admissions during last 3 weeks of each quarter of year 1974

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NYC ADP 1971-74

Referred/entered long-term care

Total admissions 1971-1974: 63,559

Referred and entered*

MMT	3370 (5.3%)
Drug-free amb.	4937 (7.8%)
Drug-free res.	1105 (1.7%)
<i>Total</i>	<i>9412 (14.8%)</i>

*Confirmed enrollment within 30 days

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NYC ADP

First admissions vs readmissions*

Demographics

	First admissions	Readmissions
Age < 21	11.6%	11.0%
Age 21-30	64.5%	66.1%
Age > 30	23.9%	22.9%
Male	80.8%	80.1%

First admissions: N=2296; readmissions: N=2806

* Sample = all admissions first qtr.

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NYC ADP

First admissions vs readmissions*

Average stay and % referred**

	First admissions	Readmissions
Av. Stay (days)	6.5	6.4
Referrals to MMT	8.6%	6.9%
Referrals to Drug-Free (amb + resid)	10.7%	12.5%
Total referred and admitted	19.3%	19.4%

First admissions: N=2296; readmissions: N=2806

* Sample = all admissions first qtr. 1974

**Confirmed enrollment within 30 days

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NYC ADP and MMTP

Comparison ADP and MMTP patients - demographics

	ADP*	MMTP**
Number admissions	41815	8930
Age < 21	14.1%	16.8%
Age 21-30	64.2%	64.1%
Age > 30	21.6%	19.2%
Male	78.8%	75.2%

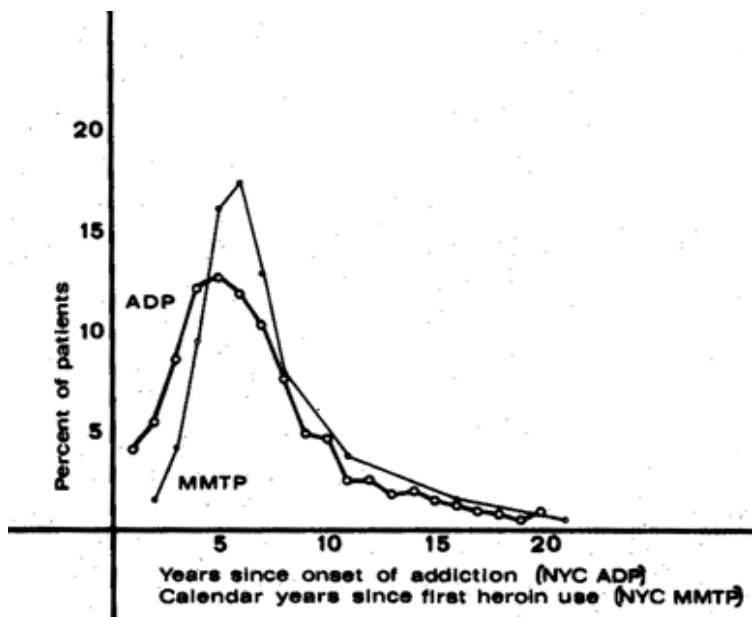
* ADP: all first and readmissions 1973 and 1974

** MMTP: unduplicated individuals admitted 1973 and 1974

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NYC ADP and MMTP: 1971-74



Comparison ADP* and MMTP** Patients - years of heroin use

* ADP: all admissions last 3 weeks each quarter of year 1974; n = 5373

** MMTP: all first admissions 1974; n = 3549

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Cost Per Year & Per Treatment Day, MMTP and ADP*

- Health Dept MMTP, approx. 11,400 patients: \$20 Million
- Health Dept ADP, approx. 23,000 admissions: \$1.3 Million

NOTE: per patient-day of treatment:

- MMTP . \$4.81 (11,400 x 365 = 4,380,000 pt days/yr)
- ADP.... \$9.12 (23,000 x 6.2 days = 142,600 pt days/yr)

*Fiscal year 1974-75

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Dismissing detoxification, before and after NYC ADP

1949: "... withdrawal is only the first and least important step in the treatment of narcotic addiction."

1971: " Short-term medical detoxification . . . must serve only as a basis for continuing intermediate and long-term psycho-social rehabilitation, not as an end in itself."

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Dismissing detoxification, before and after NYC ADP

- 1972: “Methadone withdrawal by itself can not be considered definitive treatment . . . “
- 1974: “Results of detoxification have been uniformly disappointing across the country....”
- 1975: “The empirical data presently available fails to demonstrate that detoxification, *per se*, regardless of technique, is in any way substantially related to achievable social, psychological or vocational goals . . . “

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Dismissing detoxification, before and after NYC ADP

- 2005: American Society of Addiction Medicine (ASAM):
“Opioid detoxification alone is not a treatment . . . ASAM does not support opioid detoxification unless it is part of an integrated continuum of services . . . ”
- 2006: Review Article in Can J Psych: “Detoxification should . . . only be promoted in the context of a well-planned relapse-prevention program.”
- 2007: Addiction Treatment Forum: "In brief, detoxification is not addiction treatment."

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Judging detoxification: the “expert” and the patient (2008)

The view of the “expert”:

- “...detoxification... is not an effective treatment”

The view of the addict/patient:

- “Although all [subjects in a 21-day detoxification program] were dependent on heroin, only a third stated they wanted to quit heroin completely; most were hoping to use less or use more safely.”

And from Switzerland (2000): “... detoxification alone is a frequently requested treatment ...”

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Detoxification: Endorsement is rare

1972: “The most straightforward way to help a heroin addict is to detoxify him... Detoxification reduces his habit and decreases its cost... For some addicts it is also a step toward rehabilitation. ... **It is valuable, especially for anyone who believes that addicts should be treated more humanely and that band aids can be valuable things.**”

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Detoxification: Endorsement is rare

1996: “Detoxification is a process that aims to achieve a safe and humane withdrawal from a drug of dependence. **This is a worthwhile aim in itself.**”

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Initiating NYC ADP in 1971: The Rationale

- Many heroin addicts will not voluntarily seek long-term care
- City's goal of 400% increase in long-term treatment enrollment* still would leave estimated 100,000 with no care

**Note: goal achieved in 2 years, 1970-72*

NYC total MMT 6,650 to 32,111

NYC total drug-free... 5,800 to 20,671

All long-term . 12,450 to 52,780

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Initiating NYC ADP in 1971: The Assumptions

Ultra-conservative assumptions: 99% would relapse to heroin use within 2 weeks, but nevertheless.....

Projected huge demand for detoxification

Predicted costs would be minimal

Bottom line: highly cost effective medical care for the most at-risk New Yorkers, and enormous benefits to community

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Initiating NYC ADP in 1971: The Stated Objectives

“How we assess the effectiveness of detoxification programmes depends on what we believe their aims to be.”

- To allow an addict, even temporarily, to reduce his habit
- To intervene in lives of previously unreached addicts
- To provide during each day of treatment a safe, legal and effective alternative to the physical need to self-administer illicit narcotics

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Initiating NYC ADP in 1971: *Secondary Objectives*

- To motivate patients to seek long-term treatment for their addiction
- To provide, upon request, referral services to appropriate long-term treatment programs

BUT:

- admission was never contingent on commitment to long-term care, and
- orientation and referral to long-term treatment always remained a secondary goal

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Credit for NYC ADP: Gordon Chase!

Appointed 1969 to head all NYC health and hospital services

- **Age:** 37
- **Education:** Bachelor's degree in political science
- **Work experience:** administrative posts in US State Department
- **Special expertise:** Cuban and Latin American affairs
- **Background in health:** *zero!*

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The Medical Establishment's Reaction to Chase's Appointment

NY Academy of Medicine: "... the Academy considers Mr. Chase professionally unqualified to exercise the enormous responsibility of safe-guarding the health of this vast community."

Editorial Board, Am. J. Pub. Health: "We fail to see how [Chase], without knowledge or experience in public health or medical care, can provide the required leadership for planning and developing innovative health services."

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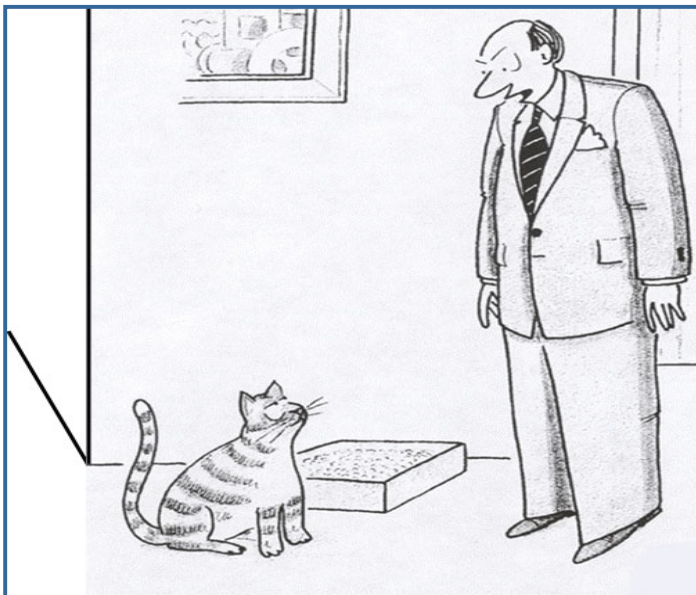
Inexperience: in this Instance, The Key to Success!

- Chase's "lack of knowledge or experience" ensured an open mind, free of preconceived bias
- He demanded compelling, substantive, support for arguments to proceed cautiously - (i.e., slowly!)
- Common sense!

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Thinking out of the box



“Criteria of good practice do not just apply to the care of the individual - as important as that is; good practice must also aim at ensuring care is available to all who need it.”

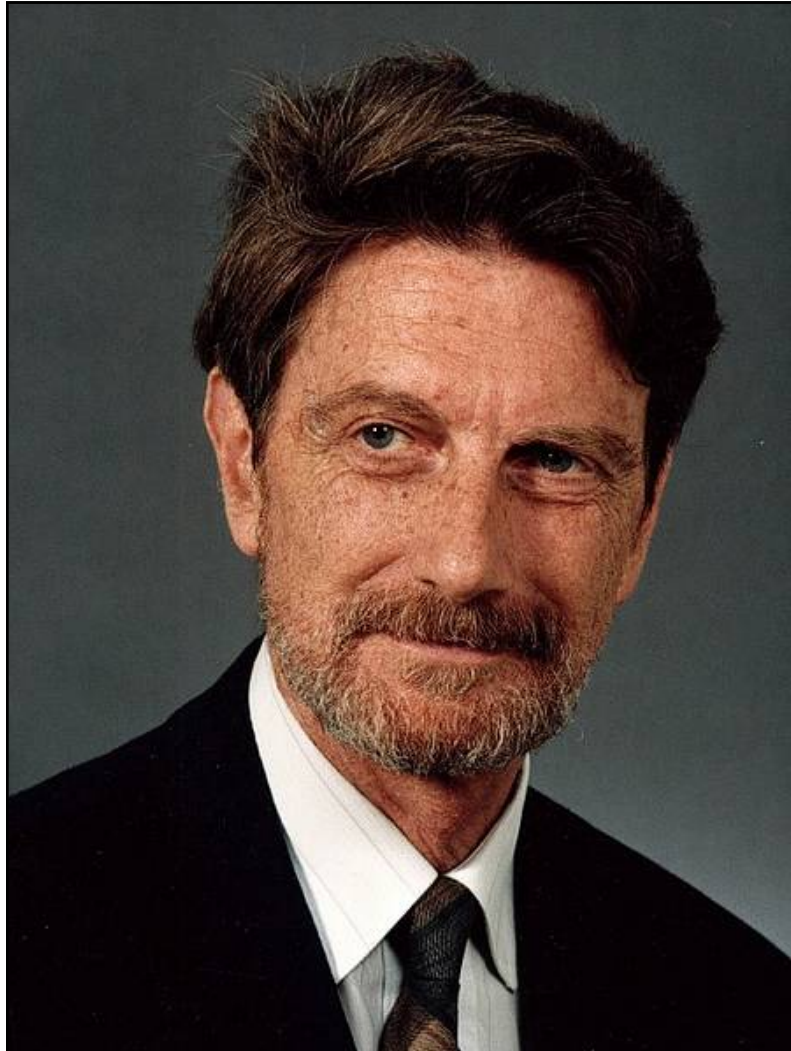
Ambros Uchtenhagen
June, 2008

“Never, ever, think outside the box!”

“Du darfst nie - aber nie! - um die Ecke denken!”

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Chase and Uchtenhagen

Very different CVs,
but common
characteristics:

Compassion

Commitment

Courage . . .

plus the ability to
“think out of the box”

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