**Ian McLoone**

**Narrator**

**Amy Sullivan**

**Interviewer**

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**St. Paul, Minnesota**

Ian McLoone -**IM**

Amy Sullivan -**AS**

**AS**: This is Amy Sullivan. I am here in St. Paul with Ian McLoone at Alltyr Clinic. Can you state your name and say you give me permission?

**IM**: Ian McLoone, I give you permission.

**AS**: Thank you. Do you want to start with your childhood?

**IM**: Sure.

**AS**: Where did you grow up?

**IM**: I grew up here in Minnesota. St. Louis Park mostly. I was the eldest of four kids. I was an overachiever throughout grade school and high school. I was a big athlete and loved playing baseball.

**AS**: Can you give an example of being an overachiever?

**IM**: I always got really good grades, was in the gifted program, was held up as an example in each class. I always had a lot of feedback like that. Positive feedback. I didn’t really get in trouble. I hated getting in trouble. The first ten years of my life my family was really close and loving and secure dynamics at home. I really would describe the first ten or eleven years of my life as idyllic.

My dad was a professional musician for most of his young adult life. When he met my mother he was going back to school and worked in the field of nutrition and wellness and eventually got an MBA selling weight loss programs to doctors and clinics throughout the country. He was a representative for Optifast or Nutrisystem or one of those things. Novartis was bought by Nestle.

My mother stayed at home with us. She was almost ten years younger than my dad. When they met he was thirty and she was twenty-one. She had us: me, my sister two years later, my brother after that, and then four years later my youngest brother.

**AS**: When were you born?

**IM**: 1982. Right around eleven or twelve my mom started getting sick mentally. She started having more symptoms of depression and bipolar disorder and got into some drugs: cocaine, meth, heroin, and prescription drugs. My dad was travelling at the time a lot. He would be home every weekend, but he would be gone for a couple days at a time. It must have been when my youngest brother was maybe four or five—I was thirteen or so—and she was spending longer and longer periods of time downstairs in the basement on the computer behind a locked door. I didn’t really think anything of it.

**AS**: Were you in charge?

**IM**: A little bit, yeah. One day she was obviously very emotional and all of us kids were at home. She said, “Stay here, don’t go anywhere. I have to step out, but I’ll be back.” We didn’t see her the rest of the night and my dad was out of town I’m pretty sure. At one point one of our cousins must have come over and hung out. I came to find out later that she was really depressed and in a bad spot and she went to Methodist hospital in the parking lot, slit her wrists—did it the right way so they would take her seriously—and went in for the first of what would be countless hospitalizations and rehabs and stuff. She was sick for several years off and on in rehab, half-way house, stable, fall off, rehab, halfway house. They kind of started to split. Something else happened and they broke up. She stabilized for a while.

**AS**: Did you live with your dad?

**IM**: Yeah. Soon after that she came out as bisexual or gay and was dating women. Again, she got several years of stability. She met this woman and they had a child together. She went back to school and was working on her Master’s and was teaching. I’m in high school and continued to play baseball. I dabbled in drugs and partied and loved partying and having fun, but wasn’t enough to get me in trouble or negatively impact my life.

My senior year I was the ace of the pitching staff. I had been on varsity for at least two years at that point. We went down to Florida for spring training and it went really well and I played really well. We came back and were playing the season opener against Hopkins at home and I started the first inning and I couldn’t get out of the inning. I was walking people and they were hitting runs off of me and my shoulder was aching. It hurt like hell. I had to leave the game and sat out. I saw a doctor and got an MRI done and learned I had tore the cartilage in my shoulder. That ended my season.

So, I didn’t really think anything of it and I finished school. I had decided to go to University of Oregon. I took a year off and lived in Portland to establish residency so that I could go to the U of O as an in-state student. That was all fine. Meanwhile, my mom and her partner started to fight and not get along. At one point she had a recurence to addictive substance use. Her partner withdrew and took the child with her. At that time gay marriage wasn’t legal and she hadn’t yet adopted the baby. She had no parental rights, period. That just spun her off into a bad place. She ended up getting really sick. Crack and heroin and stuff like that. That was going on throughout my whole college experience.

My sophomore year of college I came back to get the shoulder surgery done. I was told that if I ever wanted to play catch with my kids when I grew up I would need this surgery to fully heal. I came back for my sophomore year and had the surgery. Up until that point I loved drugs. They were great, but I didn’t do them all the time. I didn’t do them during the day or the week necessarily. It wasn’t getting in my way. I remember doing the surgery and getting out and going to my dad’s house and sitting in the basement and taking an extra dose of Vicoprofen and just loving it. I had one of those moments when the clouds parted and the angels sang and I was home literally and figuratively. After that it was pretty much off to the races.

**AS**: What year is this?

**IM**: ‘03. I was about twenty. From that point on I would buy pills off the street from whoever I could get it from. It wasn’t quite full on dependence, but I had a love of opiates. That continued throughout my junior year. My senior year I did an internship in Costa Rica, so I didn’t really use opiates while I was there. When I moved home I had one semester left. I moved into a house where the guy who owned the house and was going to be my roommate did oxycontin together. I just fell way into it right away. Oxycontin continued throughout the school year. In order to pay for it I had started shipping mushrooms from Oregon to Minnesota because you could get four hundred percent profit.

**AS**: What kind of mushrooms?

**IM**: Psilocybin mushrooms. Magic mushrooms. That wasn’t too much of an issue because my buddies here could get rid of them like that. It was so much easy access there. I would just overnight them in a FedEx box. I hadn’t even learned what the laws were or what was protected. I figured it was mail and people can’t go through your mail. I just figured you could ship it out and no big deal.

It was fine for a while, but one day I needed cash and I had been doing a bunch of opiates and was not in a good place. The overnight shipping in the box I had packed was going to cost eighty-five dollars. If I could get it into the smaller box it would only cost twenty-five dollars. Being the fucking privileged idiot I was I was just like, “What could even happen to me?” I switched the packaging in the shipping store. Obviously the dude behind the counter saw I was being weird and looking shady and he called the Eugene police department and they came to my house and arrested me. My poor roommate was coming home as they arrived and they asked him if they could search his room—because they only had permission to search my room, and they didn’t find anything. They asked him if they could search his room and he had a big stash. We both got into a lot of trouble.

That was going on right as I was finishing school. I graduated and a week later that happened. I was out in Eugene with no reason to be there, no family, no job or anything and was just miserable. My opioid use was spiking. Eventually I went back home to Minnesota. My mom had been out of rehab for a while and was dating this guy who had offered to put us up in an apartment in St. Louis Park totally paid for a year. It had two bedrooms and we would each have our own space if I would come home and move in with my mother. I figured it was my turn because my siblings had been doing all this shit the whole time dealing with all of it. It was my turn to come help.

I did and the best thing to come out of it was that my first week I was there I was out at the Cabooze seeing a show and happened to meet this girl there. She was also into that scene of jam bands and hippies and fun. I was standing along the bar and she thought I was with her friends or knew her guy friends that were there. We started talking, but I wasn’t. We exchanged phone numbers and I called her the next day and we went on a date. Ten years later we are married and have three kids. It turned out well.

**AS**: Can you back up to when you got into a lot of trouble? What happened in Oregon?

**IM**: They let us go that day because we told them that we would find a way to snitch on some people for them. I really didn’t have a dealer to snitch on and the people that I did know I had no interest in doing that to. My roommate though knew a dude who was responsible for more drugs than my roommate was, and he ended up being a confidential informant. In return we both got light sentences. We were charged together and we both negotiated this similar light sentence. It still was a Class C felony, which can be expunged. I had to do three years of probation here in Minnesota. I had to go back out there and serve a week in jail and do work release and community service stuff. That was a full year later I want to say. Felony on my record really made life uncomfortable and was a big pain in the ass. I had to go meet with the probation officer every month. It was not good.

**AS**: How long did you continue using when you moved back to Minnesota?

**IM**: I moved back home and I continued using oxycontin for several months. The guy I got it from one day told me he didn’t have any more oxys but he did have black tar heroin. I smoked it and it did the same thing that oxycontin did. None of the horror stories came true. I didn’t die. It was identical almost except that it was a fraction of the price and way easier to get. From that point on I switched to heroin and smoked heroin for the next couple of years. Then I shifted over to intravenous use for the next while.

Things got really bad. My wife didn’t know I was doing it for a long time. I would just lie to her about it. When she finally find some tin foil with the big black lines on it I told her it was opium. That worked until she found needles and then I had to tell her I was doing heroin. We would have a big fight and tell her I would swear it off and that I was going to change and I wasn’t going to do it anymore. The next week she would find more needles. We got married and then bought a house and then had our first child and the whole time I was lying and trying to hide it.

It all came to a head in 2010. I had been going to the methadone clinic, which was helpful, but then I just started getting heroin and mixing cocaine with it and doing speed balls and fell in love with that.

**AS**: But you were on methadone?

**IM**: I was on methadone, yeah. The methadone would dull the heroin high, but if I mixed cocaine with it it was awesome. I did that for several months and then I lost my job.

**AS**: What were you doing?

**IM**: I was running a food shelf for a non-profit because I was fluent in Spanish. I was the language guy of the agency.

**AS**: You managed to hold a job, be married, have a house, have a baby?

**IM**: Yeah, like I said I was kind of the overachiever. It was really easy, but a big pain in the ass too. It would have been a hell of a lot easier if I wasn’t putting a needle in my vein three times a day. My employer had gotten suspicious and I was taking long lunch breaks and spending a lot of time in the bathroom. I got a new job at another non-profit and within the first week they knew something wasn’t right with me. They let me go and I was on unemployment for the summer. My son had been born in January and we had moved into the house earlier in November and I was on unemployment and my wife was working. She had to go back to work sooner than she had planned because I wasn’t working. I was taking care of my son half of the time because we had this other half time daycare that was essentially free. I got so sick. I spiraled.

It all came to a head one afternoon in the summer when we had some family friends over for a barbecue. I still needed to make another purchase of heroin for a buddy of mine that night. My friends were over and the guy I was getting heroin for was in another part of the city, but my dealer came through. My big plan was that I was going to pretend that I was cleaning off the grill out in the alley and my friends were in the backyard so I would just go around the garage and hop in the car, buy the heroin, and hop out, come back out, and have the clean grill and everything would be fine. We are sitting there and I didn’t think anything of it. All of a sudden one of my neighbors walks by down the alley. Right across from us this big conversion van is there and the door slides open and this whole swat team comes out and arrests my neighbor. They subdue him and then one of the sargeants comes over and says, “You! What are you doing? What were you doing in that car? You come over here. Get on your knees.” There is a shotgun in my face and my friends are all like, “What the fuck is going on?” “Did you know he was doing this? Did you know?” They patted me down, found the drugs, and arrested me in front of my wife’s really good friends.

I went to jail and spent a couple of nights in there. My wife, bless her heart, she worked her ass off and got me an attorney and the attorney got me out. She had even put money on my commissary so they gave me this check for forty bucks on my way out and I was like, “Cool.” I cashed it at the bank, met up with my drug dealer, came home, and I wasn’t welcome at home. I had to leave. For the next three months I spent it worming my way back into my house with my wife and then getting caught using and then having to go to my dad’s house and worming my way back in. She kicked me out one night and my dad wouldn’t let me come home. That was the moment when I had to make a choice. He was just like, “Dude, come on man. Stop what you are doing. You’ve got a kid and a wife and things you’ve got to do.” I said, “Okay. If I go to rehab will you let me stay at your house tonight so I don’t have to sleep on the street?” The next week I did a Rule 25 Assessment and I went to Eden House. Do you know about that?

**AS**: No. I have heard of RS Eden, but tell me more.

**IM**: Have you heard of the Synanon group? They were the original therapeutic communities developed in the late fifties but mostly in the early sixties and seventies. They break you down and then build you back up. King baby, hot seat on the bench.

**AS**: These are those people? What is king baby?

**IM**: Somebody who acts like a baby but thinks they are the king. It is really fucked up. Back in the day they would shave your head or put you in a diaper if you were king baby. At Eden House they would do that back until they got in trouble for it in the seventies. They had to tone down some of the blatantly abusive stuff, but everything else horribly abusive. From day one they were pressuring me to come off methadone. They really wanted me to stop the methadone. I wasn’t really sober and it was Hitler’s drug, all that shit. They never explained to me what the research says or science or getting my consent. It was just old school nonsense SynAnon bullshit.

**AS**: What year was this?

**IM**: 2010. I bought into it. A lot of it was prison mentality. You have to go along to get along, but on the side people are doing drugs and smoking fake weed and doing shit like that. I worked my way up in the hierarchy of the clients and was the executive client or whatever. The main client. I would be the chaperone for things, or I would lead meetings.

**AS**: You were on the good side.

**IM**: Yeah. I was the ideal client, but I was also smoking fake weed and acting a fool and playing along but acting both sides. One day one of the other clients had a pass and I was his chaperone. We went to his house and it was pretty uneventful. At the last minute he asked me to give him a ride back to rehab. We had to be back by seven. His dad said, “I’m not giving you a ride.” We took a bus and went back home and explained what happened. We were an hour late or something. We submitted a UA [urin test] and they were negative and everything was fine, or so I thought.

The next day was my pass and it was my son’s first birthday party. I went home and we had a birthday party. Family and friends were there. It was a little odd because I was still in rehab, but everything was okay. I get this phone call midway through and the guy on the line said, “Hey, you’ve got to come home now. Your pass is revoked and you’re on ban. You come home right now.” I was like, “It’s my son’s first birthday party and I’ve got family and friends here. It’s kind of a big deal.” He said, “I don’t give a fuck. Come home now.” I excused myself, went home, and then I was put on the bench for the next three days.

**AS**: What does that mean?

**IM**: That means you sit on a literal bench out in the hallway. You can’t participate in groups, you can’t visit with any of the other clients, you can’t attend lunch and talk to people. At the end of the day you have to go straight to your room. You can’t watch television. You’re on ban. You’re persona non grata. The only group that you can attend is your primary group, but all the other groups you are banned from.

**AS**: This is because you came back an hour late because you couldn’t get a ride?

**IM**: Yeah. It didn’t make sense. When the program director came in that Monday she was like, “I can’t be co-dependent. I can’t let you let my feelings about your son’s first birthday dictate how I make a decision on this matter. You have to be on ban and on the bench until I say so.” I think that was the moment that I became utterly fed up with that model. It felt like in my heart that there had to be another way.

**AS**: Had they managed to get you to get off of methadone?

**IM**: I was tapered way down. Usually what they do is you taper down to thirty miligrams and then you stop for a couple of days. Then you take suboxone for a couple of days, and then you’re done. I was down, down, down, down, and actually that weekend before I was supposed to make the transition off my mom came to visit. We sat down and she was like, “Ian, why are you so antsy to get off methadone?” “Everybody says I need to get off of it and that I’m not really sober if I do.” She said, “Dude, do you know the science about it? It is incredibly effective. All the messages you’re hearing is stigma. It’s not grounded in truth.” She said, “Ian, you’ve got a baby. You’ve got a wife. You’ve got a life to take care of and a house and all these things. People are rooting for you. You have one chance to get this right and you should use every tool at your disposal and take advantage to make this most likely to be successful.” I was like, “Oh, yeah. I am happy when I’m on this stuff. It does make me feel normal and fine. I can sit and do things and be a human being. Why am I in such a rush?” I held off on that to their great displeasure, but I stuck to my guns.

**AS**: How long were you there?

**IM**: Four months. At the end of four months I moved into the sober housing that they had and would just come for groups all day. It was pretty much the same I was just living in a different location. One of the kids that was in the program got busted for drugs or something. They cornered him and made him write a list of all the people that he had ever heard of doing drugs or fucking around. My name came up as someone who had done the fake weed. They confronted me about it and thought I was injecting drugs while I was there. I hadn’t, not at all. I did cop to smoking K2. They kicked me out.

I was going to go into longer-term sober housing, but because that was no longer an option I was able to go back home to my wife and our kid. It ended up being such a blessing in disguise. I just had to find another continuing care plan so that my probation officer didn’t kick my ass. I did and I did evening outpatient at Fairview and completed it and it was fine. Somewhere around there I decided I would go back to school and pursue a Master’s degree. Right around that time I found the University of Minnesota’s Addiction Studies program. I got into that and loved it. At the end of my second semester the program director announced that they were doing an Integrated Behavioral Health Master’s program. A full Master’s degree. I was admitted in the first cohort of student in the program, and she had gotten a grant from the state to develop a center of excellence for the study and dissemination of practice in cocurring disorders. She offered me a graduate research assistant position. That paid all my tuition, a good wage, and I had some incredible experiences.

**AS**: What made you want to go into addiction medicine? I just want you to articulate that a little bit. I know it is implicit, but you talked about the Eden model and Synanon.

**IM**: I had two felonies. First of all I thought there was no way I was getting a job doing anything else, but I could get a job being a counsellor. I think the experience at Eden House really made me question the conventional wisdom that was driving not just the program at Eden House, but everything that you would hear among people in recovery. How AA was the only way, it works if you work it, it is one hundred percent effective if you just do what you’re told. The whole time I am going to AA meetings, but I’m not able to disclose that I’m on a medication and I go to work with a sponsor and he tells me to get off of it, and it was all messed up. When I found the addiction studies program and got into my first couple semesters I realized, “Holy shit. None of that shit that people talk about in meetings and in rehab that I went to is grounded in science. It is all lore. It is all mythology and it doesn’t stand up to scientific scrutiny.”

That was really motivating. As I was working in my graduate assistantship I started to become aware of some other folks in the field who were doing things. That’s when I met Paula DeSanto and was just floored by her approach and the way she looked at things. That was my favorite class that I took in my whole graduate program. She stopped teaching at the U, so they just asked me if I would teach that class. I will get to teach that, which is pretty cool. I read an article on *thefix.com* and this doctor was being interviewed about medications and why there is such stigma against medication. I was reading through and going, “Good point! Yeah! This guy knows what he’s talking about.” I scroll down and I click on his name and look at the link of his clinic and it turns out it was in St. Paul, Minnesota. I said, “What the hell. It wouldn’t hurt if I sent him an email to see if he would want to have coffee and I could pick his brain a bit.”

I met Mark Willenbring in 2012. We had lunch together and I was just enthralled and fascinated by what he was talking about. I asked if I could shadow him and hang out and learn from him. He ended up overseeing my clinical internships and then once Alltyr Clinic got started I started very early on seeing his patients and doing therapy and counseling. After I got licensed I had a half a day here and the rest of time at traditional rehab. Over time I ended up working with Melanie Heu at Pangea Care. They do culturally specific programming and different language specific tracks. I helped to develop the Spanish language track there. While I was there I had maybe a day or two days a week and then over time built up my caseload here. I built up my caseload over there and two years ago this coming August I moved over full time here. I have been full time here ever since.

**AS**: What is the model here?

**IM**: We are an addiction psychiatry specialty clinic. In the continuum of care there is a gap of services. If you go to your primary care doctor’s office and you screen as a heavy drinker and your primary care doctor wants to help you get some help historically they probably would just have a rebah that they could refer you to. The problem with rehab is that the educational and professional requirements of the staff of a rehab are notoriously very minimal. Very few doctors are going to want to refer their patient to a counselor who has got a GED and intrust their medical care to a doctor. Most patients don’t need or wouldn’t meet the criteria for long-term intensive rehab in a residential setting. If you have a sleep disorder your doctor is going to refer you to a sleep specialist or a neurologist or a neurology clinic or a sleep clinic. If you have schizophrenia your doctor is going to refer you to a first episode psychosis clinic or a mental health clinic. Up to this point there has not existed a medically anchored addiction psychiatry specialty clinic. We are trying to fill the gap on the continuum of services.

We have psychiatrists on staff, we have a nurse, we have four Master’s level trained counselors, and we provide fully integrated treatment for substance use and all mental health disorders under the same roof with the same clinicians. Every patient that comes into our clinic gets assigned a primary therapist and primary physician. The first in-take evaluation you spend an hour with a therapist gathering history, finding out course, severity, symptoms, and past treatment. Then you spend an hour with the addiction psychiatrist where you really dig into the important stuff and develop that first initial treatment plan. If a patient needs a high level of care like a structured living setting and additional support than what we can offer in a patient clinic setting then we have partners that we can refer them to to get sober housing and LINE and IOP [intensive outpatient treatment] if necessary.

We remain the constant in the patient’s team over time. We’ve got patients that work with us for a month and patients that work with us for five years. It all depends, but it’s not a set program. All patients’ treatment plans are individualized. As things come up or the facts on the ground change, we change our treatment plan using the latest, best science and research to form our approaches.

**AS**: How many clients are you serving right now?

**IM**: I’m not sure. That’s a good question. I don’t know off-hand. We have a research assistant right now that is crunching numbers and things like that. Since we have opened it is over three hundred I would say.

**AS**: And that was just a few years ago?

**IM**: Yeah. A couple of summers ago Julie Rehovet who was the program director for the IBH [Integrated Behavioral Health] program until recently asked if I would be willing to teach a course with Dr. Willenbring. We taught psychopharmacology together. They had it the next semester but it didn’t really go well. The instructors didn’t really do a good job and she offered me the gig to teach that. I have been teaching psychopharmacology for a little while. Like I said just recently they wanted to start teaching the synthesis seminar in client centered care—Paula DeSanto’s class. I’m going to give that a go this summer and see how that goes.

**AS**: How did things resolve with your wife? How did she deal with your addiction?

**IM**: It was so fucking hard. I was such an asshole to her. I really feel badly.

**AS**: You still feel badly?

**IM**: I put her through the wringer. She did not sign up for that. All I could really do was work my ass off to try to repair things and make things better and be responsive. I’m madly in love with her and she is the love of my life.

**AS**: There must be something more there on her part too because you don’t have to stay with someone through addiction. If it is your child it is one thing, but if it is your partner it is different. There is more to you than your addiction.

**IM**: Thankfully. She certainly could have cut me loose on numerous occasions.

**AS**: Did she find support where she needed it?

**IM**: No, not really. She went to some Al Anon meetings and some Nar Anon meetings, but it was either WASP-y parents of folks who would talk about spending the weekend on their boat in between meetings, or she was the token wife of an addict and everyone else was there for their kids. That was really tough.

We have still gone back and forth on maintenance and stuff like that and it has always been an issue. I got off methadone a year and a half ago, but that is always a question.

**AS**: Is there still a part of you that has cravings? Because they know now that it is really a brain thing. It’s not some sort of depraved part of you. It is an actual mechanism in your brain.

**IM**: Yeah exactly. I switched to buprenorphine. That has been really nice. I got disillusioned going to a methadone clinic all the time. Not because I didn’t like methadone and it wasn’t incredibly helpful. It had really minor side effects. But the system is so over regulated. There are five regulatory entities that oversee methadone. It’s insanity. It is ghettoized. The treatment plans you have to do are junk.

**AS**: You can only get it in certain places.

**IM**: Yeah. You have to come every four week and you can’t go out of town. Going to my primary care doctor’s office every couple of months was huge.

**AS**: Could you describe your typical work day here?

**IM**: My typical work day is just back to back individual therapy sessions. First of all we are an out of network private pay clinic. We don’t take insurance. We don’t see too many people who are on Medicaid or Medical Assistance. We also really don’t have too many patients that are really wealthy either. There are a couple that I can think of whose families are very affluent. Most of our patients are solidly middle-class working adults. We have some younger patients whose parents are helping them and maybe have come to Minnesota for rehab. Went through the wringer a dozen times and finally found us.

**AS**: Do you have a lot of people who have been through multiple rehabs?

**IM**: I want to say that is probably the majority of our patients. We do have a niche among patients that are on more of the mild to moderate end of the spectrum of [unclear] disease disorders. They come home each night and have three or four glasses of wine and can’t stop. They feel like that is too much and they have tried to cut back and quit and have found that really difficult to do who would never in a million years leave their life for thirty days and go to an inpatient rehab program or spend five nights a week going to a three hour group or doing an IOP program. We have a really solid niche of patients that are working professionals, especially thirty to sixty year old women who work or have busy lives and have struggled with drinking for five, ten, or sometimes twenty years but never found a place that they felt could serve them well. They will initially come in and we will develop a treatment plan which is often some combination of anti relapse medications and behavioral therapy. As a team we will work together and find an approach that works.

**AS**: Do people have different plans for how often they come in?

**IM**: Yeah.

**AS**: That too is very individualized.

**IM**: Completely. Often times it is patient driven. If we think that they aren’t coming in enough and they are having symptoms and struggling then we will make recommendations, but it is very collaborative and patient driven. If something isn’t working or they aren’t getting the support they need or are in crisis then we will refer them to Paula or a sober house and get them stabilized. There’s noting magical about the treatment a person receives in in-patient rehab. It is just delivered on-site. Once people realize that it makes a lot of sense.

**AS**: What do you see in the future for opioid treatment? What do you see as the best case scenario?

**IM**: Back in the seventies if you had depression you would go to your doctor and they would refer you to a psychiatrist and nobody wanted to prescribe antidepressants because they were dangerous and had a lot of side effects and there was a narrow therapeutic window. If you didn’t get help from you psychiatrist then you’d be committed for six months in the state hospital and treatment was essentially fresh air and sunshine. In the eighties and nineties there was the Prozac moment. Prozac hit the market and was the first to come of many low side-effects, well tolerated, effective antidepressant medicines. Nowadays, if you have depression the first person you go see if your primary care doctor. They try something and in one out of three people it works on the first try and then if it doesn’t work they try a second one and they refer you to therapy and then maybe a psychiatrist and then maybe if you’re circling the drain and doing really poorly then you’ll go to a hospital for inpatient treatment and ECT [electroconvulsive therapy] for treatment resistant depression.

If you have addiction the first place you go is the hospital. You go to inpatient treatment for thirty days and then build out from that. All of our treatments were all devised using samples of convenience: those who were hospitalized in a setting who were really sick. All of our treatments were developed for the sickest of the sick. Then we say that is what addiction looks like for everybody. That’s like looking at an asthmatic on a ventilator in the ICU and saying that’s asthma, so we need to devise all our asthma treatments using that as the model for the illness.

Most of us are hoping to see that the first line of treatment for alcohol use disorder or opioid use disorder, and hopefully eventually stimulant use disorder, as being the primary care office or clinic. If the initial treatments don’t work then referring for specialists. What we need is a Prozac moment for alcohol and stimulants. We don’t have anything that is widely adopted, easy to use, and patented so there is a big push to promote it. We have it for opioids. Suboxone is it. If primary care doctors would adopt it it could be effectively treated and managed in a primary setting with little to no stress. For alcohol use disorders we have several effective medications, but they aren’t being widely adopted partially because of the fact that there’s not a big incentive to use them. A lot of doctors don’t know or want to find out about it.

**AS**: They also don’t know how to deal with addiction. It will be education and training and getting new people.

**IM**: That’s what we are trying to do here as we try to spread the word about this approach. Most of our patients have jobs and families.

**AS**: Not to mention the cost of rehab. There’s not just the actual monetary cost, but the cost to the family, employer, spouse, and children. There are so many rings around that model that are disruptive.

**IM**: Hugely disruptive.

**AS**: Thank you.