

**The Combined Addiction Disease Chronologies of
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1984 - 1988**

Between 1984 and 1988, the hospital-based and private, free-standing treatment units reached their peak of growth and began a process of contraction that would dramatically accelerated in the early 1990s. While defenders of the addiction disease concept were very much in evidence in the professional literature (Wallace, 1984, 1988; Milam, 1985; Gordis, 1987; and Madsen, 1988), there seemed to be a growing financial and ideological backlash against the disease concept and the treatments derived from it. While critics grew in number and intensity (Peele, 1984, 1988; Fingarette, 1985, 1988; Sanchez-Craig, 1986; Dreger, 1986; Drew, 1987; Alexander, 1987), mainstream government publications bore such titles as “Alcoholism: An Inherited Disease” that even failed to acknowledge the existence of the debate over such designation. The fifth edition of the basic text of Narcotics Anonymous published in 1988 was filled with disease references, in marked contrast to the basic text of Alcoholics Anonymous. At a popular level, the belief in the disease nature of alcoholism reached a near-consensus, 90% level of the population.

- 1984 Peele, Stanton. “The New Prohibitionists.” *The Sciences*, 24(2): 14-19.
 “The disease theory of alcoholism -- that uncontrolled drinking is inbred and irreversible -- became the banner of Alcoholics Anonymous, itself a continuation of the self-help alcoholism movement of the previous century.”
 “The disease theory of alcoholism has the merit of bringing troubled people into the care of hospitals and doctors...Yet it posits an inborn organic cause, a bodily deficiency, where there may be none, and for this reason the theory is troubling. Alcoholism may at its roots be a social and cultural problem, not a medical one.”
 “It is conceivable that the disease theory itself is contributing to the nation’s skyrocketing rate of alcoholism.”
- 1984 Mulford, H. (1984) Rethinking the Alcohol Problem: A Natural Process Model. *Journal of Drug Issues*. Winter, pp, 31-43.
 “...alcoholism is a construct lying more in the head of the observer than in the body of the observed. The alcoholism movement is a monumental testimony to the human inclination to reify constructs and then react to the “thing” created. Although persons called “alcoholic” can be pointed to, alcoholism cannot.” p. 32.
- 1984 Wallace, J. (1984). Myths and Misconceptions about AA. In: Wallace, J. (1989). *Writings: The Alcoholism Papers*. Newport, RI: Edgehill Publications. pp. 329-333
 “A further misconception of Alcoholics Anonymous is that it endorses a simple and naive disease concept of alcoholism...AA from its very beginning embraced a subtle, complex, and multi-dimensional concept of disease.” p. 330
- 1985 Ward, D. (1985). Conceptions of the Nature and Treatment of Alcoholism. In:

Ward, D. *Alcoholism: Introduction to Theory and Treatment*. Dubuque, Iowa: Kendall/Hunt Publishing Company.

AA Attribution: "The A.A. model defines alcoholism as a disease."

1985 Fingarette, H. (1985). Alcoholism: Neither Sin nor Disease. *Center Magazine*, 18:56-63.

1985 Shaffer, H. (1985). The Disease Controversy: Of Metaphors, Maps and Menus. *Journal of Psychoactive Drugs*, 17:65-76.

"...the primary utility of the disease concept remains as a heuristic device for the study and treatment of addiction: A metaphor or map that is available to guide understanding and treatment of addictive phenomenon." p. 65

"...the use of the term 'disease' has profound social consequences that should not be dismissed as merely semantic." p. 68

Refers to the "AA definition of alcoholism as a disease." p. 70

Implies AA endorsement of genetics: "Unlike the AA model of alcoholic disease, Jellinek was also not certain about the genetic nature of alcoholism." p. 70

Cahalan (1970) noted that "over time some alcoholics will die, some will become abstinent, some will gain control over their drinking and still others will remain unchanged." p. 71

"The disease concept is, on certain occasions, a useful metaphor for the natural history of drug-related human problems." p. 73

"...the most powerful use of the disease metaphor has been its application as an anodyne to the guilt and responsibility experienced by those who have struggled against drug dependence." p. 73

"...in almost every outcome study..., some of the subjects remit without treatment. This is not indicative of a progressive, terminal disease." p. 71

"The disease approach is not useful as a guide to prevention." p. 73

Estimates % of alcoholics who achieve controlled drinking between 5-15%. p. 73

"The disease approach to drug dependence blurs the important functional distinctions between users, abusers, and addicts." p. 73

1985 Hill, Shirley Y. (1985). The Disease Concept of Alcoholism: A Review. *Drug and Alcohol Dependence*, 16:193-214.

Quoting Rohan (1975 *Quarterly Journal of Studies on Alcohol*, 36:908)

"Alcoholism has become an entity, a unitary force, an existing animism of some type which is classified as a condition or thing. Since this is now a part of our language-thought patterns, it is difficult to see that drinking is what a person does rather than something a person has...That drinking is a reflection of an internal regulating disease process is only one possible explanation, and I believe a misleading one." p. 196

"It would appear that many features of the disorder as seen among alcoholics in

treatment appear to conform, at least loosely, to what is recognized in medicine as a syndrome.” p. 199

“...the progressive aspect of the disease model appears to be open to question, and the concept of a single natural history suspect.” p. 202

“The real issue appears to be whether or not alcoholics, or perhaps some subset of alcoholics, have a lifelong compulsive disorder that renders them incapable of exerting voluntary control over their drinking behavior, once they have begun to drink.” p. 203

“...not all alcoholics should be characterized as having forever lost control of their drinking....there are over 100 studies now showing that a significant proportion of individuals who elect to return to controlled drinking do so without problems.” p. 204

“The implications for the scientific study of alcoholism(s) in accepting the disease model is that studies are rarely initiated in which treatment goals other than abstinence are investigated.” p. 212

1985 Tournier, Robert E. (1985). The Medicalization of Alcoholism: Discontinuities in Ideologies of Deviance. *Journal of Drug Issues*, 15(1):39-49.

Examines progressive abandonment of a moral-deviance conception of alcoholism, and acceptance of more modern disease concept. But this may be illusion with the disease concept only shallowly covering older, less potentially therapeutic perspectives; historical review, and notes how medical model less serves physicians than marginal professionals and paraprofessionals.

1985 Room, R. (1985). Dependence and Society. Working Paper. Alcohol Research Group

Cites Edwin Lemert's 1951 paper noting the cultural specificity of the loss of control concept in alcoholism. Quoting Lemert: “The societal symbolism of the deviation as a sign of character weakness is one of the most vivid and isolating distinctions which can be made in a culture which attributes morality, success, and respectability to the power of a disciplined will.”

1985 Cloninger C.R. and Li, T.K. (1985). *Alcoholism: An Inherited Disease*. National Institute on Alcohol Abuse and Alcoholism. DHHS Publication No. ADM 85-1426.

“Knowing that alcoholism is heritable should make it easier to rethink our cultural attitudes toward alcoholism and to accept it for what it is--a disease with a molecular basis, whose victims are worthy of our compassion.” p. v

1985 Milam, J.R. (1985). Disease Concept of Alcoholism. *Alcoholism and Addiction: The National Magazine*, 5(6):55.

“After some 15 years of surface conflict, the disease concept of alcoholism seems finally to have prevailed over the belief that alcoholism is a symptom of a functional psychological disorder.” p. 55

“Alcoholism is a unique field in which custom dictates that unsupported beliefs are more acceptable than hard data. In some areas beliefs are so deeply entrenched that it is impossible to introduce factual knowledge at all.” p. 55

1985 Levinson, V.R. (1985). Compatibility of the Disease Concept with a Psychodynamic Approach in the Treatment of Alcoholism. *Alcoholism Treatment Quarterly*, 2(1):7-24.

“It (alcoholism) is diagnosable as a disease at the point at which the habitual use of alcohol has caused damage in some area of the person’s life, be it physical, social, work, psychological, or spiritual.” p. 9

1985 Shaw, S. (1985). Disease Concept of Dependence. In: N. Heather, I. Robertson, and P. Davies, Eds., *Misuse of Alcohol: Crucial Issues in Dependence Treatment and Prevention*. New York, NY: New York University Press. pp. 35-44.

“...the disease concept of alcoholism became not only popularly accepted, but also accepted amongst those involved in research and treatment, even though its theoretical and factual flaws now seem obvious.” p. 39

“...sophisticated accounts of complex problems have a nasty habit of becoming oversimplified dogma once they achieve political status.” p. 42

Quoting but disagreeing with G. Edwards 1979 statement: “perhaps it would be best in our particular society and at the present time to look on alcohol dependence as a disease, but with the added insistence that society has to take an informed rather than mechanical view of what is meant by that statement.”

1985 Smith, D.E.; Milkman, H.B.; and Sunderwirth, S.G. (1985). Addictive Disease: Concept and Controversy. In: H.B. Milkman and H.J. Shaffer, Eds., *Addictions: Multidisciplinary Perspectives and Treatments*. Lexington, MA: Lexington Books. pp. 145-159.

“As in other disease processes (for example, diabetes), an individual may have a genetic predisposition for addictive disease, yet circumvent most of its complications by avoiding the psychoactive substances that trigger its symptoms.” p. 147

“The biological basis of drug hunger and compulsive substance abuse is the organism’s adaptation to addictive substances.” p. 147

“According to disease theory, substance abusers are not responsible for the symptoms of their disease; they are, however, responsible for their program of recovery.” p. 153

“Part of the assimilation of disease theory by the laity may be attributed to a state of cognitive dissonance resultant from alcohol’s status as a legal drug. The underlying public assumption may well be that normal individuals would be unlikely to experience pathological reactions to a government taxed (and therefore sanctioned), media promoted, and legally purchased commodities...Politically, those who represent interests in the manufacture, distribution, or sale of alcoholic beverages may be inclined to embrace a disease concept.” p. 156

- 1985 A survey of 1300 health insurance plans of medium to large employers found that 68% provided coverage for alcoholism treatment, up from 38% in 1981 and 61% in 1984. (Gordis, 1987)
- 1985 Fingarette, H. (1985). Reconceiving Alcoholism. *Drinking and Drug Practices Surveyor*, (20):36.
 “The governing image of alcoholism as a disease has been shown to be a mistaken oversimplification lacking a satisfactory scientific or conceptual basis.” p. 36
 Proposes a “way of life” view of alcoholism: so-called “alcoholics” are “not automatons whose drinking is a chemically induced reflex, that they are really individuals who on each occasion choose whether to drink.”
- 1985 Heather, N and Robertson, I. (1985). *Problem Drinking: The New Approach*. Harmondsworth: Penguin.
 “...the newly formulated disease concept can also be seen as part of the emergence of psychiatry as a separate discipline...the origins of psychiatry have themselves been regarded as part of a more fundamental change in the way social control of deviant behavior was exerted, with the church and civic authorities being replaced by science and medicine.” p. 31
 “There are three main types of disease positions: (a) alcoholism as pre-existent physical abnormality, (b) alcoholism as mental illness or psychopathology; and (c) alcoholism as acquired addiction or dependence.” p. 59
 AA Attribution “...scattered through AA writings may be found an informal or implicit disease theory and the key characteristics of this theory all follow from the central idea of an allergy or some kind of pre-existent physical abnormality.” p. 61
 “...labeling a problem a disease has profound consequences for how society organizes its responses to that problem and, equally as important, for how those who have the problem make sense of their own behavior and go about seeking solutions to it.” p. 78
- 1986 The Anti-Drug Abuse Act mandates an independent study, to be carried out by the Institute of Medicine, of substance abuse treatment, both publicly and privately funded. The Act is in part a response to the high-profile cocaine deaths of prominent athletes. It allocates more funds for enforcement and prevention than for treatment. (Gerstein & Harwood) (Acker)
- 1986 The Omnibus Anti-Drug Act provides stiffer punishments for drug use and trafficking and mandates federal drug-free workplace programs. (Acker)
- 1986 Kurtz, E. Alcoholics Anonymous: A Phenomenon in American Religious History. In: *The Collected Ernie Kurtz*. Wheeling, West Virginia: The Bishop of Books.

“The personal acceptance of human essential limitation permeates the whole A.A. program.” p. 27

In this context, ‘disease’ becomes a metaphor for imperfection.

1986

Biernacki, P. (1986). *Pathways from Heroin Addiction: Recovery Without Treatment*. Philadelphia: Temple University Press.

“...the course of natural recovery is very difficult to complete....my analysis should not be taken to mean that if all drug addicts were left alone, they would eventually stop using drugs on their own accord.” p. xi

Among Conclusions

B “Addicts can and do recovery “naturally”--on their own without the aid of any therapeutic intervention.” p.7

B “Addicts are not alike in character or lifestyle.” p. 7

B “All addicts do not undergo the same social careers or become equally affected by their addiction.” p. 7

B “Some people who have stopped their addiction to opiates do not continue to think of themselves as addicted.” p. 7

B The variability in recovery careers may reflect the variability in types of addicts and different levels and styles of involvement with the culture of drug use. p. 23

1986

Babor, T.F.; Sanchez-Craig, M.; Robertson, I; Skinner, H.A. (1986). Comments on Griffith Edwards’ “The alcohol dependence syndrome: Concept as a stimulus to enquiry.” *British Journal of Addiction*, 81(2):185-196.

Babor “An important requirement of scientific theory is that it be confirmable or falsifiable. It should lead to statements expressed in empirical or operational terms that can be publicly verified.” p. 185

Sanchez-Craig - “Although the traditional disease concept had the benefit of persuading society that alcoholics deserved medical treatment rather than moral condemnation, its ideology is now imposing serious limitations on the delivery of treatment services.” p. 188

Sanchez-Craig – “Problem drinkers, especially those at relatively lower levels of alcohol dependence, are reluctant to seek help in such programmes (those based on disease concept) They fear that they will be labelled ‘alcoholic’ and that the time typically required for treatment would interfere with their professional and family responsibilities. In addition, they are often unwilling to accept that the only appropriate goal for them is lifelong abstinence.” p. 188

Sanchez-Craig - “While existing programmes may be suitable for severely dependent persons, when applied indiscriminately, they are wasteful of resources, unduly restrictive of people’s lives, and stigmatic.” p. 189

1986

Dreger, R.M. (1986). Does anyone really believe that alcoholism is really a disease? *American Psychologist*, 41(3):322.

“...it seems that hardly anyone really believes that it (alcoholism) is a disease.”

p. 322

Claims that if advocates really believed alcoholism was a disease, they would insist of FDA control of alcohol, a ban on alcohol advertising, and discourage social drinking as a precursor to the disease of alcoholism. “They do none of these things. Logically, one can only conclude that they do not really believe that alcoholism is a disease.” p. 322

1986 Peele, S. (1986). Dominance of the Disease Theory in American Ideas About and Treatment of Alcoholism. *American Psychologist*, 41(3):323-324.

Claims there is not a “single comparative study that has found moderation to be inferior to abstinence as a treatment goal for any group of alcoholics.” p. 323

“...those who do not undergo treatment for their drinking problems regularly achieve remission through moderation, many more than do by abstaining.” p. 323

1986 Zweben, J.E. and Smith, D.E. (1986). Changing Attitudes and Policies Toward Alcohol Use in the Therapeutic Community. *Journal of Psychoactive Drugs*, 18:253-260

“The value of the disease model concept is that it provides clear guidelines about the path to recovery.” p. 259

1986 Forman, R.F. (1986). Addiction, the Disease Concept and Human Genetics. *Alvernia College Addictology*, 1(2):1-4.

“...adequate insurance coverage for both inpatient and outpatient treatment might become nation-wide if the disease concept was better accepted” and “the shame and self-hate that plagues the alcoholic would tend to lessen if the disease concept was better understood and accepted.” p. 1

1987 The AMA accepts a behavioral definition of addiction: use that is compulsive and out of control and continues in spite of adverse consequences. (Acker)

1987 Drew, L.R.H. (1987). Beyond the Disease Concept of Addiction: Towards an Integration of the Moral and Scientific Perspectives. *Australian Drug and Alcohol Review*, 6(1):45-48, 1987.

“To respond to the complexities of human behavior practitioners need to use a large range of alternative ideas, rather than being addicted to a few principles...If action based on a governing image is ineffective or inefficient then it may be time for another ‘truth’ to be found, and for another governing image to be adopted.” p. 45

The disease concept has been based on the notions of: (1) predisposition, (2) the power of certain drugs to take control of the lives of those particularly vulnerable to their effects, (3) progressiveness of this loss of volitional control over the drug, and (4) the resulting condition is a medical one.

“...the scientific study of drug using behavior has...opened the way for drug use (particularly drug addiction) to be understood in a broader context than that of a

disease process, and to be responded to from a broader community base than that of the health system.” p. 46

“...no governing image demands acceptance on the grounds that it provides a superior basis for efficacious intervention. However, governing images may differ in the amount of harm they produce. It is on this basis...that the disease concept must be judged in comparison with available alternatives.” p. 48

“The disease concept has been part of the movement which has medicalized problems of living. It has professionalized healing and increased the reluctance of ordinary people to become involved in helping their drug using neighbors, because that has become the job of experts.” p. 48

“The disease concept has been part of the trend to seek external causes and magical solutions for internal problems. It has mystified ordinary behavior and minimized autonomy and self-governance.” p. 48

Drew calls for a new governing image but argues that “the new governing image must preserve the positive values of the disease concept and encourage the scientific study of addictive behavior.” p. 48

1987 DSM-III-R: nine criteria for a generic dependence syndrome (Jaffe 1994); applies identical diagnostic criteria to alcohol and drug problems (Schmidt and Weisner).

1987 Fillmore and Kelso (1987). “Coercion into Alcoholism Treatment: Meanings for the Disease Concept of Alcoholism.” *Journal of Drug Issues*, 17:301-319.

Note shift in target population of treatment from the “hidden population” of alcoholics who with decreased stigma and increased public education could be enticed to voluntarily enter treatment to what is increasingly a coerced population of treatment clients.

Changes in the nature of clients forced into treatment (growing numbers with alcohol problems versus alcoholism) “raise the possibility that the majority of the new referrals in alcoholism treatment are displaying a difference in ‘kind’ rather than a difference in ‘degree’ of alcohol-related problems.”

“...the operational definition of ‘alcoholic’ has widened to include the universe of alcohol-problems...” pp. 313-314

“The net consequences of the continued public moralism toward drinking problems and the widening number of social systems referring ‘alcoholics’ to treatment may be the transformation of the definition of alcoholism.” p. 315

“It may be that the appeal of the disease has been eclipsed by the current utilitarian need to respond to the more numerous and troublesome concerns of social control.” p. 315

1987 Aronson, M. (1987). Definition of Alcoholism. In: Barnes, H., Aronson, M, and Delbanco, T. Eds. *Alcoholism: A Guide for the Primary Physician*. New York: Springer-Verlag. pp. 9-15.

“Most definitions of alcoholism incorporate the following dimensions: (1) large quantities of alcohol consumed over a period of years, (2) physiological

manifestations of ethanol addiction, (3) chronic loss of control over drinking, shown by an inability to stop or refrain, and (4) chronic damage to physical health and social standing resulting from sustained alcohol abuse.” p. 10

“Understanding alcoholism as a disease is useful in caring for patients with drinking problems...it enables physicians to use familiar techniques to make a diagnosis, for a treatment plan, provide patient education, and discuss a prognosis. It helps differentiate alcoholism from bad habit...or a moral weakness from lack of will power and legitimizes interventions...” pp. 11-12

“Alcohol abuse appears to lie on a continuum of severity and may manifest itself in a variety of ways. As it becomes more severe, it becomes less plastic and abstinence becomes more difficult.” p. 14

1987 Crawford, J. and Heather, N. (1987). Public Attitudes to the Disease Concept of Alcoholism. *International Journal of the Addictions*, 22(11):1129-1138.

“The findings suggest that the public may endorse a disease view to appear well informed or because they believe it to be the most prestigious reply.” p. 1131

“...although there has been a dramatic rise in the numbers accepting a disease view, a corresponding decline in moral weakness conceptions has not occurred.” p. 1136

“There was no evidence from this study that endorsing the disease concept of alcoholism was associated with higher scores on a measure of ‘social desirability’.” p. 1136

“Accepting or rejecting a disease view would appear to play little part in determining whether the public believes alcoholics are entitled to sympathy or should be offered help that involves public funding.” p. 1136

“The findings challenge the widespread assumption that the disease concept is a powerful vehicle for the promotion of humanitarian attitudes...the illness label need not convey an advantage in the attempt to engender positive attitudes.” p. 1137

1987 Roizen, R. (1987). The Great Controlled-Drinking Controversy. In: Galanter, M. Ed., *Recent Developments in Alcoholism*, Volume 5. New York: Plenum.

Excellent literature review of the controlled-drinking debate beginning with Davis (1962).

Refers to this debate as a “remarkable and intriguing puzzle”: “A cardinal rule of science, after all, is that meaningful controversies--controversies worth having--must concern matters that can ultimately be referred to nature or to empirical observation for resolution...Why, then, has it (the controlled drinking controversy) persisted so long and so bitterly? ...this (controlled drinking) dispute represents--now, a half century after the launching of the ‘new scientific approach’ to alcohol-related problems--a kind of marker for the failure of science to advance the treatment of alcoholism significantly beyond the point from which treatment began at the outset of the movement.” p. 247

- 1987 Caetano, R. (1987). Public Opinions about Alcoholism and its Treatment. *Journal of Studies on Alcohol*, 48:153-160.
 Notes shift in public acceptance of alcoholism as a disease (measured by answering affirmative to belief statements depicting alcoholism is a sickness, illness, public health problem).
 20% in 1949 Riley survey
 58% in 1958 Roper Survey
 65% in 1964 Mulford and Miller Survey
 2/3rds of 1969 Haberman and Sheinberg survey
 58% in 1972 Room Survey
 78% in 1981 Rodin Survey
 Caetano 1987 survey found 90% supporting idea of alcoholism as a disease.
 In a survey of attitudes toward alcoholism, approximately 90% agreed with the proposition that alcoholism is a disease.
- 1987 Cahalan, D. (1987). Implications of the Disease Concept of Alcoholism. *Drugs and Society*, 2:49-68.
 The disease concept has had both positive and negative effects upon the treatment of alcoholism. p. 49
 While there are alternative models, the entrenchment of the disease concept makes it unlikely that other models will replace it.
 "...whether a human problem is (or is not) considered to be a 'disease' is indeed a flexible matter, subject to much negotiation between the healing arts and the general public as well as changes in biomedical concepts and knowledge." p. 53
 "The treatment of alcoholism as a disease has not contributed to any increased emphasis on the prevention of alcohol problems before they occur." p. 55
 "...the treatment of alcoholism as a disease...works to the advantage of most of the principal interest groups concerned with alcoholism." p. 55
 "The moral model of alcoholism (that it is a sin or moral problem) is always in the background of American thinking." p. 58
- 1987 O'Hagan, J.J. (1987). Take a Walk Around the Octagon: Looking for a Model to Replace the Disease Concept. *Australian Drug and Alcohol Review*, 6(1):55-57.
 Describes the predicament, or disease, of addiction as an 8-sided building, each side of which offers a different view of the problem: The 8 sides are: (1) the drug, (2) genetic vulnerability, (3) physical and mental complications, (4) psychiatric perspective, (5) behavioral family dynamic perspective, (6) moral perspective, (7) social perspective, and (8) political economic perspective.
 "Each perspective has a quite different philosophy. Each has its own validity. No single one gives the complete picture. In each a varying degree of blame is laid on the sufferer and a varying responsibility for recovery. Those models which see a low level of blame usually demand a high level of responsibility for recovery and a high level of professional intervention." p. 56

- 1987 Room, R. (1987). Governing Images and Self-control: A Comment on Drew's "Beyond the disease concept of addiction". *Australian Drug and Alcohol Review*, 6(1):51-54.
- "If we must needs have a single governing image, the choice between a 'way of life' and a disease concept should not, in my view, ignore the consequence of the choice. Is the welfare state, in an era of fiscal stringency, going to be willing to include 'way of life' problems in health insurance coverage? Is help going to be otherwise available?" p. 53
- "Industrialization, urbanization, improved transportation, and other processes of incorporation into a global economy have revolutionized the availability of psychoactive drugs...Attention to the consumer's self-control might therefore be balanced with attention to community control of the market forces the consumer will encounter." p. 53
- 1987 Alexander, B.K. (1987). The Disease and Adaptive Models of Addiction: A Framework Evaluation. *Journal of Drug Issues*, 17:47-66.
- "...in contemporary forms of the disease model it (cause) is attributed to either a genetic predisposition or to psychological damage that occurred during childhood, or both." p. 49
- "These principles (formulated by Rush) contain the key points of the modern disease model with the exception of a genetic predisposition, which was added later when Alcoholics Anonymous reformulated the medical model of the twentieth century." p. 56 AA Attribution
- "...the disease model provides a logically consistent, putatively scientific justification for cruel, ineffective, and mendacious policies." p. 58
- "If addiction is an intractable disease, it requires treatment by professional specialists; if the treatment is not effective, more intensive treatment and more professional control is needed. The system that has emerged from the logic of the disease model is professionalized, expensive, coercive, and ineffective." p. 59
- "Replacing the disease concept requires giving up the enticing promise that addiction and other forms of deviance can be controlled by application of punitive force and categorical medical treatment." p. 62
- 1987 Gordis, E. (1987). Accessible and Affordable Health Care for Alcoholism and Related Problems. *Journal of Studies on Alcohol* 48:579-585.
- "Alcoholism is a disease characterized by four main clinical features: (1) tolerance...; (2) physical dependence...; (3) loss of control...; and (4) the discomfort of withdrawal, or 'craving'..."p. 581
- "Yet in the case of alcoholism, our whole treatment system, with its innumerable therapies, armies of therapists, large and expensive programs, endless conferences, innovation and public relations activities is founded on hunch, not evidence, and not on science." p. 582
- "Contemporary treatment for alcoholism owes its existence more to historical processes than to science." p. 582

“Yet the history of medicine demonstrates repeatedly that unevaluated treatment, no matter how compassionately administered, is frequently useless and wasteful and sometimes dangerous or harmful. The lesson we have learned is that what is plausible may be false, and *what is done sincerely may be useless or worse.*” p. 582

- 1988 *Narcotics Anonymous* (1988). Fifth Edition. Van Nuys, CA: NA World Service Office, Inc.
- “...our problem is not a specific substance, it is a disease called addiction.” p. xv
- “Based on our experience, we believe that every addict suffers from a disease of body, mind and spirit.” p. xv
- “Addiction is a disease that involves more than the use of drugs. Some of us believe that our disease was present long before the first time we used.” p. 3
- “We did not choose to become addicts. We suffer from a disease that expresses itself in ways that are anti-social and that makes detection, diagnosis and treatment difficult.” p. 3
- “We are willing to admit without reservation that we are allergic to drugs. Common sense tells us it would be insane to go back to the source of our allergy. Our experience indicates that medicine cannot cure our illness.” p. 5
- “...we have an incurable disease called addiction.” p. 7
- “Alcohol is a drug. We are people with the disease of addiction who must abstain from all drugs in order to recover.” p. 18
- “Our inability to control our usage is a symptom of the disease of addiction... Addiction is a physical, mental and spiritual disease that affects every area of our lives.” p. 20
- “We are not responsible for our disease, but we are responsible for our recovery.” p. 20 Repeated on p. 88
- “Our disease involved much more than just using drugs, so our recovery must involve much more than simple abstinence.” p. 53
- “Although all addicts are basically the same in kind, we do, as individuals, differ in degree of sickness and rate of recovery.” p. 74
- “Because addiction is an incurable disease, addicts are subject to relapse.” p. 76
- “The progression of the disease is an ongoing process, even during abstinence.” p. 79
- “We can never fully recovery, no matter how long we stay clean.” p. 80
- NOTE: In contrast to the basic text of AA, references to disease are pervasive throughout the NA text.

- 1988 The Second Omnibus Anti-Drug Abuse Act raises levels of treatment funding in block grants to states, but appropriations fall short of amounts called for in the law. The act calls for creation of an Office of National Drug Control Policy in White House. The head is charged with developing National Drug Control Strategy (Gerstein & Harwood). The act also stiffens penalties further and requires

companies with federal contracts to maintain drug-free workplaces. (Acker)

- 1988 The Drug Free Workplace Act sparks growth of drug screening programs in the work world. These are drug specific and rarely test for alcohol. In this year, approximately 16.6 million (20%) private industry employees work in organizations with drug screening programs. These mostly consist of applicant screening. (Acker)
- 1988 The Tacoma County Department of Health takes over a needle exchange program established by David Purchase; it sets up five sites. Needle exchange programs mark a new form of outreach to injection drug users. They are based on a harm reduction model that rejects stigma and insists on providing humane care to addicts and linking them to services in a nonpunitive way. Other needle exchange programs appear in San Francisco, New Haven, and a few other cities. (Acker)
- 1988 Rinaldi, R.C.; Steindler, E.M., and Wilford, B.B. (1988). Clarification and Standardization of Substance Abuse terminology. *Journal of the American Medical Association*, 259:555-557.
Alcoholism definition derived from a Delphi process: “A chronic, progressive, and potentially fatal biogenetic and psychosocial disease characterized by tolerance and physical dependence manifested by a loss of control, as well as diverse personality changes and social consequences.” p. 556
- 1988 Wallace, J. (1988). Alcoholism and other Chemical Dependencies are Diseases. Adolescent Counselor. In: Wallace, J. (1989) *Writings: The Alcoholism Papers*. Newport, RI: Edgehill Publications, pp. 177-183.
“...alcoholism is not a symptom of something else but is a primary disease in its own right.” p. 177
- 1988 Cook, C. (1988). Minnesota Model in the Management of Drug and Alcohol Dependency: Miracle, Method or Myth? Part I. The philosophy and the programme. *British Journal of Addiction*, 83(6):625-634.
“The terms ‘illness’ or ‘disease’ are widely used in Minnesota Model treatment centres...and the disease concept is quoted as a fundamental tenet of the Minnesota Model.”
A key tenet of the Minnesota model is that “Alcoholism is...a ‘chronic,’ ‘primary,’ and ‘progressive’ illness...that, if left unchecked, will follow a deteriorating course.” p. 626
- 1988 Cook, C. (1988). Minnesota Model in the Management of Drug and Alcohol Dependency: Miracle, Method of Myth? Part II.
Evidence and conclusions. *British Journal of Addiction*, 83:735-748.
“Despite extravagant claims of success, there appear to be few serious follow-up studies of patients graduating from Minnesota-type programmes.” p. 735

“The therapeutic efficacy of the disease concept derives partly from its ideological importance. It lifts the alcoholic’s guilt and forces him to put his trust in forces which are beyond his conscious effort...paradoxically, in the form employed by AA (and the Minnesota Model), the disease concept increases the sense of responsibility that the alcoholic must adopt to ensure his own recovery.” p. 743

“...the benefits (of the disease concept) are real enough even if it is theoretically invalid.” p. 743

1988 Fingarette, H. (1989). *Heavy Drinking: The Myth of Alcoholism as a Disease*. Berkeley: University of California Press.

Fingarette’s *Heavy Drinking* challenges disease-concept.

“Almost everything that the American public believes to be the scientific truth about alcoholism is false.” p. 1

“The classic disease concept admirably suits the interests of the liquor industry. By acknowledging that a small minority of the drinking population is susceptible to the disease of alcoholism, the industry can implicitly assure consumers that the vast majority of people who drink are not at risk.” p. 27

“Thus the best answer we have to the question, What causes the disease of alcoholism? Is: There is no such single disease and therefore there is no cause.” p. 51

“...the very word symptom takes a nonmedical event and turns it into a medical one.” p. 107

“...physical dependency does not rule out a return to moderate drinking.” p. 124

1988 Madsen, W. (1988). *Defending the Disease: From Facts to Fingarette*. Akron: Wilson, Brown.

Strident rejoinder to Fingarette’s *Heavy Drinking*

“...controlled drinking experiments have been so disastrous in their outcomes that they have been totally abandoned in this country.” p. 24

“...his ignorance of AA has left Fingarette with the misconception...that AA rests almost exclusively on the biological disease concept.” p. 30

1988 Faulkner, W.D., Sandage, D., and Maguire, B. (1988). The Disease Concept of Alcoholism: The Persistence of an Outmoded Scientific Paradigm. *Deviant Behavior*, 9:317-332.

“The present writers view the empirical existence of the “disease” of alcoholism as a human social creation with no independent reality.” p. 321

“The Disease Paradigm as a Self-Fulfilling Prophecy: The Belief that a Disease Called Alcoholism is a Condition That Exists in Some Persons and is Absent in All Others Creates a Category of Persons Who Drink to Such an Extreme That They Appear to Manifest the Symptoms of the Condition.” p. 323 (Capitalization and Underlining in original)

“The Research Strategies and Methodological Techniques that have Developed

with the Disease Paradigm Tend to Limit the Range of Possible Solutions to the Research Puzzles Investigated by its Supporters.” p. 325

“The medical model of alcoholism is, at present, firmly entrenched in American culture and social structure. Most critics are outsiders who do not occupy positions of authority or influence.” p. 329

1988

Roman, P. (1988). Disease Concept of Alcoholism: Sociocultural and Organizational Bases of Support. *Drugs and Society*, 2(3/4):5-31.

“...American ‘alcoholology’ and the disease-oriented ‘alcoholism industry’ ... provide intense support for the disease concept, and little or no support for any visible alternatives.” p. 5

“...the promulgation of the disease concept has been a major social and political accomplishment, providing a stage for the geometric growth of what is now a major organizational complex in the United States.” p. 6

“...the supports for the disease concept in the United States appear sufficiently strong to weather any challenges in the foreseeable future.” p. 8

“...the beginnings of an organizationally-based articulation of the idea that the compulsive use of alcohol is rooted in an individual abnormality is traceable to Alcoholics Anonymous (AA) and its early members.” p. 8 AA Attribution

“The disease concept taps directly into the American value of individuality. The American practice of medicine generally eschews public health, group-oriented approaches, and stresses instead a definition of illness as a highly privatized, personal and confidential experience.” p. 17

“The concept states simply that some persons possess the abnormalities which lead to alcoholism and others do not; in a sense, the strongest evidence for the disease concept of alcoholism is found in the immense population of drinkers who do not become alcoholic.” p. 18

“Both of these constituency groups (treated alcoholics and their family members) can be readily mobilized to advocate and support the disease concept of alcoholism. Their socialization surrounding the alcoholic experience is threatened by alternatives to the disease concept which might de-medicalize their identities, and in the process create etiological responsibility.” p. 23

“There is no doubt that a major, interconnected organizational empire has been constructed around the disease concept of alcoholism.” p. 30

1988

Donovan, D.M. (1988). Assessment of Addictive Behaviors: Implications of an Emerging Biopsychosocial Model. In: Donovan, DM and Marlatt, G.A. Eds. *Assessment of Addictive Behaviors*. New York: Guilford Press. pp. 3-48.

“...addiction is a complex, progressive behavior pattern having biological, psychological, sociological, and behavioral components. What sets this behavior pattern apart from others is the individual’s overwhelmingly pathological involvement in or attachment to it, subjective compulsion to continue it, and reduced ability to exert personal control over it.” p. 6

“Unlike the earlier unitary view of symptom progression, the perspective of

alcohol and drug dependence as syndromes assumes that not all elements need always be present, or be present to the same degree.” p. 24

- 1988 Mulford, H. (1988). Enhancing the Natural Control of Drinking Behavior: Catching up with Common Sense. *Contemporary Drug Problems* Fall, pp. 321-334.
“Today we have a large and growing alcoholism industry operating as though the disease has been defined and the treatment is known.” p. 328.
- 1988 Zweben, J.A. and Sorenson, J. (1988). “Misunderstandings about Methadone.” *Journal of Psychoactive Drugs*, 20:275-281.
Brief review of methadone myths/misunderstandings, e.g., “substituting one drug for another,” “methadone keeps you high for 24 hours...”
“...rehabilitation, not abstinence, is the primary goal of methadone treatment. Yet large segments of the treatment community focus on the need to get the patient off of methadone...” p. 276
Discussion of how inadequate dosing leads to high secondary drug use and poor treatment outcomes.
- 1988 Vaillant, G. (1988). What can long-term follow-up teach us about relapse and prevention of relapse in addiction? *British Journal of Addiction* 83:1147-1157.
“...in any chronic illness with a fluctuating course, hospitalization is usually sought during clinical nadirs; thus, seeming post-hospitalization improvement may be attributed either to treatment or to the natural history of a fluctuating disorder.” p. 1147
“In diabetes, hospitalization saves lives but does not alter the course of the disease. Once survival is achieved a patient’s control over his illness must take place in the community through sustained self-medication, altered life habits and through a conscious awareness that relapse is always possible. Conscious awareness of relapse is maintained by daily rituals like urine testing and diet contro.” p. 1151
“The lesson is that the treatment of drug and alcohol addiction, like the treatment of diabetes and hypertension, requires clinicians take a long range view. Eventually, stable remissions may occur among the most unlikely prospects. If treatment as we currently understand it does not seem more effective than natural healing processes, then we need to understand natural healing processes better than we do at present. As the science of immunology teaches us, natural healing is never spontaneous.” p.1156