

**The Combined Addiction Disease Chronologies of
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
1989 - 1993**

Between 1989 and 1993, the addiction disease debate reached its greatest degree of visibility and stridency. The critics grew in number and began to coalesce into something of an anti-disease/anti-treatment movement. Prominent among the “anti-diseasers” were Stanton Peele (1989, 1990, 1991) and Henry Fingarette (1989) who spent a considerable portion of their lives during this period engaged in writing and speaking on this issue. The defenders of the disease concept continued their efforts to bolster a medicalized view of addiction and to counter the arguments of their critics (Madsen, 1989; Gordis, 1989; Wallace, 1989; Vaillant, 1990; Noble, 1990; Maltzman, 1991; Lewis, 1991; Milam, 1992)

The field of addiction treatment was described as being in a “state of siege” during the early 1990s as first curtailments in insurance coverage for the treatment of alcoholism and then an aggressive program of managed behavioral health care threatened both the character and future of addiction treatment as it had been practiced in the 1980s. As pressure mounted to shift the focus of treatment from an inpatient to an outpatient framework, treatment programs began to incorporate less medicalized, and more psychologically oriented treatment philosophies. As the viability of inpatient programs was threatened, many extended the definition of the concept of addiction to so-called “process addiction,” and sought the embrace of these other problems under the disease model. This led to criticisms regarding the “deteriorating boundary of the addiction concept” (Akers, 1991).

As the debate reached a crescendo in 1993, William Miller sought to plot a compromise in this debate by calling for a “better disease model” that would be constructed within the larger umbrella of the emerging public health model.

1989 Madsen, W. (1989). Thin Thinking on Heavy Drinking. *Public Interest* (Spring) 95:112-118.

Highly personalized rejoinder/attack on Fingarette.

Quotes Dr. Josephy Beasley: “The moral model assumes that alcoholism is a result of voluntarily chosen behavior (excessive drinking) which results from either immorality (not knowing or caring that one’s behavior is bad) or defective will power (knowing but not behaving well) because of poor self-discipline or impulse control.” p. 114

1989 In a Gallup Survey Poll, 87% of respondents agreed with the statement “alcoholism is a disease.” In the same survey, 63% agreed with the statement that “Alcoholism may be hereditary.”

1989 Fingarette, H. (1989). The Perils of Powell: In Search of a Factual Foundation for the “Disease Concept of Alcoholism.” In: Gomberg, E. Ed., *Current Issues in Alcohol/Drug Studies*. New York: The Haworth Press. (See Fingarette 1985 annotation)

1989 Mulford, H. and Jurgens, B. (1989). Helping Alcoholics: Doing What Comes

Naturally. Presented at the University of California San Diego Conference on Financing Community-based Recovery Services, March 23-24, 1990.

“The numerous so-called “alcoholism diagnostic instruments”...do not establish the objective reality of an alcoholism disease entity...(they) merely reinforce the myth of an alcoholism disease “thing.”

“The alcoholism disease concept and the Alcoholism movement are propaganda, news media, and political achievements; they are not scientific achievements...If we would understand the rise and growth of the alcoholism treatment industry, the disease to study is not alcoholism but “greedism.”

1989 Peele, S. (1989). *Diseasing of America: Addiction Treatment Out of Control*. Lexington, MA: Lexington Books.

“...the idea that alcoholism is an inherited biological disease has been badly overstated, and according to some well-known observers, is completely unfounded.” p. 65

“It has been remarkably hard to find systematic proof that treatment for alcoholism and other addictions accomplishes anything at all.” p. 73

“The selling of the idea of addiction is a major contributor to the undermining of moral values and behavior in our era.” p. 206

1989 Peele, S. (1989). Ain't Misbehavin': Addiction Has Become an All-purpose Excuse. *The Sciences*, July/August, pp. 14-21.

“Creating a world of addictive diseases may mean creating a world in which anything is excusable.”

“Given that there is no evidence for a purely physiological explanation of addiction, the whole process of labeling a drug addictive is arbitrary at best.”

“Perhaps the most dire consequence of the disease model of addiction is that it has encouraged the abdication of individual responsibility for outrageous conduct.”

1989 Fingarette, H. (1989). A Rejoinder to Madsen. *Public Interest*, 95:118-121.

“I explore a variety of claims as to what ‘disease’ might mean in order to demonstrate that none of them fits alcoholism.” p. 120

Referring to attacks on him and his writings: “And as with all powerful social movements, there are stereotypes of the ‘enemy’.” p. 121

1989 Schaler, J. (1989). Alcoholism as Willful Misconduct. *Journal of the American Medical Association*, 261:864-865.

“Simply calling alcoholism a disease does not make it one, even if it assists in creating sobriety.” p. 864

“A person both enters and leaves a state of alcoholism or addiction through an act of will.” p. 865

“Those in the treatment industry have an economic investment in maintaining the disease model...Shall science be compromised for these economic and

ideological investments?” p. 865

1989 Trimpey, J. (1989). *The Small Book: A Revolutionary Alternative for Overcoming Alcohol and Drug Dependence*. New York: Delacorte Press.

“...Rational Recovery is in complete agreement that the most reasonable solution to drug and alcohol dependence is usually lifetime abstinence from drugs and alcohol.” p. xx

“Alcoholism, like other ‘isms,’ is not a disease but rather a *philosophy* that has affixed itself to a particular human problem--that of habitual, self-destructive drinking of alcohol.” p. 6

“Rational Recovery is bringing chemical dependency treatment back home to the discipline of mental health, where it belongs.” p. 23

“...there are different roads to recovery.” p. 24

“The fourth useless theory about the cause of chemical dependence is the disease theory. The idea here is that if one ‘has the disease of alcoholism,’ one is incompetent to choose to become unaddicted.” p. 73

“The Big Plan is simply a decision to never, ever, use intoxicants again. It is a final, decisive act of will; a covenant with oneself.” p. 108

Excerpts from Trimpey in *Alcoholism: Current Controversies* (1994) --taken from *Small Book*

“Many people’s jobs depend on alcoholism a disease.” p. 49

AA Attribution: “AA not only created the disease called alcoholism but also devised a treatment.” p. 50

“ ‘Alcoholism’ and ‘alcoholic’ are *folk expressions*. Neither word is a medical term...” p. 50

1989 Gordis, E. (1989). Guest Editorial: The Disease Concept of Alcoholism. *Psychiatric Hospital*, 20(4):151-152.

“The question is whether repeated destructive drinking *itself* may be called a disease.” p. 151

Notes distinctions between alcoholics and problem drinkers.

“The word *disease* applies to those drinkers who become *dependent* upon alcohol.” p. 151

“The criticism of the disease concept based on the contention that treatment is ineffective is ill conceived. The presence or absence of viable treatments is not relevant to the core question of whether a particular condition is a disease. There are many diseases that lack an effective treatment but are not disqualified by that fact as diseases.” p. 151

“The contention that alcoholism is not a disease because of the lack of a clear line between severe alcohol abuse and alcoholism also fails to recognize that many diseases involve borderline cases in which such line is difficult to draw, e.g., arthritis, diabetes.” p. 151

The contention that alcoholism is not a disease because some patients return to

controlled drinking also fails to recognize that “poorly understood remissions occur in other diseases when the usual course is steady deterioration.” p. 151

“There is every reason to believe that the drive for alcohol in the alcoholic is in large measure biologically determined.” p. 152

1989 Wallace, J. (1989). A Biopsychosocial Model of Alcoholism. *Social Casework*, 70:325-332.

“...alcoholism in the United States is a disease not unlike coronary heart disease. It involves genetic predisposition, behavior that is ultimately self-destructive, and a society and culture that encourages unhealthy patterns of consumption of alcoholic beverages.” p. 325

“The disease model enables alcoholics to rid themselves of excessive, irrational and self-defeating guilt over their condition. It helps with problems of low self-esteem, shame, self-disgust...The biopsychosocial disease model also provides many people with an explanation for why they behaved in such baffling, self-defeating and self-punishing ways.” p. 331

“The advantage of the biopsychosocial disease model of alcoholism over a ‘naïve’ disease concept is that it encourages a more complex view of the illness.” p. 332

1989 Crawford, J.R.; Thomson, N.A.; Gullion, F.E. Garthwaite, P. (1989). Does endorsement of the disease concept of alcoholism predict humanitarian attitudes to alcoholics?. *International Journal of the Addictions*, 24(1):71-77.

“Crawford and Heather (1987) pointed out that this century has witnessed a growth in non-condemning humanitarian attitudes to most deviant groups (including those who have not acquired the illness label). They argue that this general trend is largely responsible for the positive historical changes in attitudes to alcoholics. They further argued that contemporary individual differences in attitudes to alcoholics will be largely determined by the extent to which individuals hold this ‘humanitarian world view’ rather than whether they consider alcoholism to be a disease.” p. 73

69% of respondents of their survey endorsed a disease conception of alcoholism.

“...public attitudes to other deviant groups are closely related to attitudes to alcoholics...These results support Crawford and Heather’s (1987) argument that individual differences in attitudes to alcoholics are more a reflection of individuals’ broader attitudes to deviancy than a function of whether they hold a disease view of alcoholism.” p. 76

“...the study suggests that educational efforts should directly attempt to foster constructive humanitarian attitudes, rather than tackle the problem indirectly by promoting the disease concept.” p. 76

1989 Gorman, D.M. (1989). Is the “problem drinking concept” of Heather and Robertson more useful in advancing our scientific knowledge than the “old”

disease concept? *British Journal of Addiction*, 84(8):843-845.

Reviews Heather and Robertson's argument that "what is taking place is a paradigm shift away from the 'folk science' of the disease model of alcoholism." p. 843

1989 Wallace, J. (1989). Controlled Drinking is not for Alcoholics. In: Wallace, J., Ed. *Writings: The Alcoholism Papers*. Newport, RI: Edgehill Publications, pp. 383-384

"All of the major studies purporting to show successful controlled drinking in alcoholics have been discredited scientifically." p. 383

1989 Blum, T.C., Roman, P.M., and Bennet, N. (1989). Public Images of Alcoholism: Data from a Georgia Survey. *Journal of Studies on Alcohol*, 50:5-14.

"These data indicate that although the acceptance of alcoholism as a disease had increased over time, it is far from universal." p. 5

"...there is a remarkable consistency in the coexistence of attitudes that alcoholism is an illness and that moral weakness or a lack of will is a factor in the genesis of alcoholism." p. 6

This study reports on a 1986 survey of Georgia residents. "Georgians clearly believe that alcoholics can be successfully treated (97%) and that they should be viewed as ill (89%) and sick (76%). Most agree, however that the alcoholic should be held responsible for being an alcoholic (78%) but they are likely to claim that alcoholics cannot quit by themselves and must be helped by others (69%)." p. 7

The view that alcoholics are morally weak is more associated with older respondents, non-white respondents, and respondents with lower incomes and education.

"...more than three and a half times as many respondents agree that those who are dependent upon cocaine should be treated as criminals as agree that alcoholics should be treated as criminals." p. 9

"...the disease concept of alcoholism remains incompletely diffused in a general population." p. 13

"Our data confirm the substantial presence among the public of attitudes that regard alcoholism as both an illness and a sign of moral weakness." p. 13

"...the other major chronic diseases of postindustrial America (cancer, heart disease and most recently AIDS) are linked with lifestyle choices in which individual responsibility plays a part in etiology and to some degree in prognosis. Thus, the implicit expectation associated with this research tradition that the public should accept the disease of alcoholism free from attributions of responsibility may be unrealistic and even incorrect." p. 13

1989 The first strategy document from Office of National Drug Control Policy appears. It argues for tougher criminal penalties. It takes two disease approaches to addiction: a public health approach, in which the addict is seen as agent of

contagion, and approach that addiction is an incurable chronic disease, so that the addict is at constant risk for relapse. (Gerstein & Harwood) (Acker)

ca. 1990 The 10th edition of *International Classification of Diseases, Injuries, and Causes of Death* (ICD-10), produced by the World Health Organization, includes a definition of drug dependence which is based on clusters of functionally significant problems, not on drug-specific factors. (Gerstein & Harwood) (Acker)

1990 The FBI reports approximately 1,000,000 drug arrests, 1/3 for trafficking and 2/3 for possession. International illicit drug market volume is estimated at \$100 billion. (Acker)

1990 Fingarette, H. (1990). We Should Reject the Disease Concept of Alcoholism. *The Harvard Medical School Mental Health Newsletter*, 6(8):4-6.

“The myth [alcoholism as a disease] is embodied in the following four scientifically baseless propositions: (1) Heavy problem drinkers show a single distinctive pattern of ever greater alcohol use leading to ever greater bodily, mental, and social deterioration. (2) The condition, once it appears, persists involuntarily: the craving is irresistible and the drinking is uncontrollable once it has begun. (3) Medical expertise is needed to understand and relieve the condition (‘cure the disease’) or at least ameliorate its symptoms. (4) Alcoholics are no more responsible legally or morally for their drinking and its consequences than epileptics are responsible for the consequences of their movements during seizures.” . 4

“The myth [alcoholism as a disease]...is neither helpfully compassionate nor scientifically valid. It promotes false beliefs and inappropriate attitudes, as well as harmful, wasteful, and ineffective social policies.” p. 4

AA Attribution: “It [disease concept] was revived in the 1930s by the founders of Alcoholics Anonymous....” p. 4

Presents arguments against propositions that: (1) there is only one pattern of alcoholism, (2) alcoholics constantly drink, (3) alcoholism is hereditary, (4) alcoholics lack control over their drinking.

“It is not only misleading but dangerous to regard alcoholism as a genetic disorder. Heavy drinkers without alcoholism in their genetic backgrounds are led to feel immune to serious drinking problems, yet they have the greatest total number of problems. On the other hand, people who do have some hereditary disposition to alcoholism could easily become defeatist.” p. 5

Describes drinking problems as “a way of life in which they use drinking as a major strategy for coping with problems.” p. 5

Attacks disease promoters first for having a rigid definition of disease and then for changing their definition of disease. p. 6

Argues that disease concept does not facilitate the alcoholic seeking help but rather dissuades a large pool of heavy drinkers from seeking help. p. 6

“When behavior is labeled a disease, it becomes excusable because it is

regarded as involuntary.” p. 6

“...both independent and government research shows expensive disease-oriented treatment programs to be largely a waste of money and human resources.” p. 6

“Our policies should reflect that heavy drinking is not primarily a biochemical or medical problem but a human and social one.” p. 6

1990 Bozarth, M. (1990). Drug Addiction as a Psychobiological Process. In: Warburton, D.M. Ed., *Addiction Controversies*. London: Harwood Academic Publishers, pp. 112-134.

“Drug addiction refers to a situation where drug procurement and administration appear to govern the organism’s behavior, and where the drug seems to dominate the organism’s motivational hierarchy.” --a condition that has been termed “motivational toxicity” p. 1-2

“...drug addiction represents the extreme point on a continuum progressing from casual drug use--drug addiction does not represent a special situation, but rather an extreme case of behavioral control. The change is in the individual’s normal motivational hierarchy.” p. 3

“Drug addiction is frequently divided into two phases--acquisition and maintenance. This conceptual partition acknowledges that different factors may be involved in these two phases and that different degrees of drug-taking behavior are associated with these phases.” p. 4

1990 Engs, R.C. (Ed.). *Controversies in the Addiction Field*, Volume 1. Dubuque, Iowa: Kendall/Hunt.

Heath, D.B. Flawed Policies From Flawed Premises: Pseudo-Science About Alcohol and Drugs. pp. 76-83.

1990 American Society of Addiction Medicine & National Council on Alcoholism and Drug Dependence. (1990). Disease Definition of Alcoholism Revised. Joint News Release, April 26.

“Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial.”

1990 Wheller, L. (1990). 66% Polled Say Addiction Should Be Viewed As Illness. *Washington Post*, (October 11), D7.

1990 Vailliant, G. (1990). We Should Retain the Disease Concept of Alcoholism. *The Harvard Medical School Mental Health Newsletter*, 6(9):4-6.

Response to Fingarette

Notes that the attackers of the disease concept come almost uniformly from

those who have never specialized in the treatment of alcoholism.

“The point of using the term ‘disease’ for alcoholism is simply to understand that once a person has lost the capacity to control consistently how much and how often he or she drinks, continued use of alcohol can be both a necessary and sufficient cause of a syndrome that produces millions of invalids and causes millions of deaths.” p. 5

“Normal drinking merges imperceptibly with pathological drinking.” p. 5

“Like people with high blood pressure, alcoholics who understand that they have a disease become more rather than less willing to take responsibility for self-care. That is why the self-help group, Alcoholics Anonymous, places such a single-minded emphasis on the idea that alcoholism is a disease.” p. 5

“In order to receive the medical treatment they require, alcoholics need a label that will allow them unprejudiced access to emergency rooms, detoxification clinics, and medical insurance.” p. 5

“Calling alcoholism a disease rather than a behavior disorder is a useful device both to persuade the alcoholic to acknowledge the problem and to provide a ticket of admission to the health care system.” p. 5

- 1990 Korcok, *Addiction Treatment in Crisis*. Providence, RI: Manisses. Communications Group, Inc., 1990: “The addictions treatment field is in a state of siege. It is being battered by a confrontation with managed care companies looking to change the nature of the industry, by a fierce competition for patients, and by a spreading attack on the belief that alcoholism and other drug dependency is a disease and that those afflicted by it deserve treatment -the way other sick people do.”
- 1990 Lieber, C.S. (1990). Alcoholism: A Disease of Internal Medicine. *Journal of Substance Abuse Treatment*, 51:101-102.
Overview of the broad spectrum of medical disorders created by or exacerbated by alcoholism.
- 1990 Institute of Medicine (IOM) (1990). *Broadening the Base of Treatment for Alcohol Problems*. Washington, D.C.: National Academy Press.
- 1990 Peele, S. (1990) Why and By Whom the American Alcoholism Treatment Industry is Under Siege. *Journal of Psychoactive Drugs*, 22:1-13.
Response to Attacks by John Wallace of an earlier Peele article.
- 1990 Nathan, P.E. (1990). Integration of Biosocial and Psychosocial Research on Alcoholism. *Alcoholism: Clinical and Experimental Research*, 14:368-374.
“...categorical thinking about alcoholism is impoverishing; ...an integrated view of biological and psychological factors in the disorder is correspondingly enriching.” p. 368

- 1991 Blum, K. with Payne, J. (1991). *Alcohol and the Addictive Brain: New Hope for Alcoholics from Biogenetic Research*. New York: Free Press.
 “Most scientists currently working in the field of addiction agree that alcoholism is the result--at least in part--of deficiencies or imbalances in brain chemistry--perhaps genetic in origin.” p. 8
 “...now scientists are learning that the behavioral as well as the physical problems associated with alcoholism are all part of the disease syndrome...The early symptoms of the disease of alcoholism, even before drinking begins, are often intense forms of restlessness, anxiety, stubbornness, and anger that drive the alcoholic into self-destructive, asocial, or anti-social behavior.” Pp. 14-15
 “...*environment acts as the trigger, initiating the actual onset of the disease.*” (Italics in original)
- 1991 *Treating Drug Problems*, Dean R. Gerstein and Henrick J. Harwood, eds. (Washington, D.C.: National Academy Press, 1990) is published.
 Commissioned by the Institute of Medicine, this two-volume work synthesizes research to date on treatment. Among its conclusions: The treatment system is a two-tier system, with one system, publicly funded and with close links to the criminal justice system, for the poor and another, in the private sector and growing primarily from hospital units, for those with insurance or private assets to pay for treatment. (Acker)
- 1991 There are about 90,000 methadone patients in more than 700 clinics. (Acker)
- 1991 Dole, V. (1991). Addiction as a Public Health Problem. *Alcoholism: Clinical and Experimental Research* 15(5):749-752.
 Brief recounting of Dr. Vincent Dole’s pioneering work in the development of methadone maintenance, a summation of his view of opiate addiction as a metabolic disease, and his experiences serving as a trustee of Alcoholics Anonymous. Includes the following most interesting account:
 “At the last trustee meeting (of AA) that we (Vincent Dole and Bill Wilson) both attended, he (Bill Wilson) spoke to me of his deep concern for the alcoholics who are not reached by AA, and for those who enter and drop out and never return. Always the good shepherd, he was thinking about the many lost sheep who are lost in the dark world of alcoholism. He suggested that in my future research I should look for an analogue of methadone, a medication that would relieve the alcoholic’s sometimes irresistible craving and enable him to progress in AA toward social and emotional recovery, following the Twelve Steps.” p. 751
- 1991 Peele, S. (1991). What works in addiction treatment and what doesn’t: Is the best therapy no therapy? *International Journal of the Addictions*, 25:1409-1419.
 “...more individuals have quit addictions on their own than have been successfully treated by even the best therapies.” p. 1409
 “...addiction treatment is becoming more pervasive and coercive, and today

holds out the possibility of corrupting our society and the self-conceptions of its members.” p. 1409

“Treatment along medical-model lines that identifies drug use or alcohol misuse or addiction as an internal, individual problem is misguided and doomed to failure.” Such treatments are “actually growing and being applied to broader and younger populations than those for which it was designed, meaning that a failed system is expanding into areas where its failures will be even more costly.” p. 1415

Peele claims that outcome studies should instead call for treatment that “teaches people skills for dealing with the world,” “confronts without apology the negative value system of the addict” and “concentrates on broader social units--families, social groups, and communities--both as causes of and resolutions for addictions.” p. 1415

Quoting Mulford: “...it [the disease concept of alcoholism] encourages us to relinquish our authority for informally constraining each other’s drinking behavior to designated ‘experts’ who are all too eager to assume this task.” p. 1417

1991 Akers, R.L. (1991). Addiction: The Troublesome Concept. *Journal of Drug Issues*, 21:777-793.

Documents deterioration of boundaries of concept of addiction culturally and professional, noting particularly the extension of the concept to drugs that do not induce physical addiction. Cocaine, for example, was declared addictive only by shifting the focus of addiction from one of physical dependence and withdrawal to one of a drugs’ “unparalleled reward potency.” p. 785

“The addiction label is apt to be applied to any hard-to-stop undesirable habit, especially if the person applying the term wants to show how serious the problem is.” p. 778

“I have argued that the concept of addiction appears to have been changed mainly so that drugs such as cocaine can be more powerfully condemned and discredited, not because new evidence has shown it to be addictive under the traditional concept.” p. 788

Advocates return to narrow definition of addiction in terms of tolerance, physical addiction and withdrawal.

1991 Peele, S. and Brodsky, A. (1991). *The Truth About Addiction and Recovery*. New York: Simon and Schuster.

“The disease model of addiction does more harm than good because it does not give people enough credit for their resilience and capacity to change.” Pp.13-14

“What’s wrong with calling a tenacious and destructive habit a disease? Three things: It isn’t true. It doesn’t help most people (and even those it does help might succeed just as well in some less costly, less limiting way). It prevents us from doing things that really would help.” p. 21

Definition of disease model: (quoted)

1. Addiction is inbred and biological.

2. The solution is medical treatment and membership in spiritual groups such as AA
3. Addiction is all-or-nothing; you are or you aren't an addict.
4. Addiction is permanent and you can relapse at any moment.
5. Addicts are in "denial" and must be forced to acknowledge they have a disease.
6. The recovering addict/alcoholic is an expert on addiction.
7. Addiction is a "primary" disease
8. Your main associates must be other recovering addicts
9. You must accept the disease philosophy to recovery
10. Surrendering to a higher power is the key to recovery. p. 22

The disease Model is wrong because: (quoted)

1. No biological or genetic mechanisms have been identified that account for addictive behavior. p. 26
2. People do not necessarily lose control of themselves whenever they are exposed to the object of their addiction. p. 28
3. Addiction usually does not last a lifetime. p. 28
4. Progression is not inevitable--it is an exception. p. 28
5. Treatment is not a panacea. p. 29
6. It sets people up for failure. p. 32
7. It makes matters worse than they are. p. 33
8. It stigmatizes people for life. p. 34
9. It brutalizes and brainwashes the young. p. 34
10. It presents the alcoholic or addict as someone to emulate. p. 36
11. It ignores the rest of the person's problems in favor of blaming them all on the addiction. p. 36
12. It traps people in a world inhabited by other disease-suffers. p. 37
13. It excludes other approaches, many of which are more successful. p. 38

1991 Schaler, J. (1991). Drugs and Free Will. *Society* September/October. Reprinted in Wekesser, Alcoholism: Current Controversies, 1994

Depicts the ever-widening extension of the concept of disease applied to socially deviant behavior as a means of absolving people from personal responsibility.

Notes how addicts and treatment programs have psychological and financial stakes in the disease concept of addiction: "The more behaviors are diagnosed as disease, the more they will be paid by health insurance companies for treating these diseases." p. 42-43

Contradictions: "Addiction is a disease beyond volitional control except when it comes to treatment failure, wherein "resistance" comes into play." p. 44

"...treatment does not work because there is nothing to treat." p. 44

1991 Maltzman, I (1991). Is Alcoholism a Disease? A Critical Review of the Controversy. *Integrative Physiological and Behavioral Science*, 26:200-210.

“Our conclusion is that alcoholism, as a lawful pattern of observable signs and symptoms that deviate significantly from a norm of health, is a bio-psychosocial disease.” p. 200

- 1991 Miller, N.; Chappel, J.N. (1991). History of the Disease Concept. *Psychiatric Annals*, 21(4):196-205.
“Alcoholism has...suffered from a belief that has also plagued psychiatric disorders...That belief is the moral explanation of drinking and other drug use. The concept of free will as a primary explanation remains embedded in the modern notions about the etiology, natural history, and prognosis of alcoholism or drug addiction.” p. 196
“The debate over the legitimacy of alcoholism and drug addictions diseases wastes time, misdirects research, and de-emphasizes the need for diagnosis and treatment.” p. 197
“...according to the disease concept for alcoholism, it is consistent to hold that the alcoholic is not the cause of the alcoholism but must be held accountable for alcohol-induced behavior.” p. 203
“It has been clinically supported by studies that alcoholics and drug addicts are more likely to accept treatment and commit to a recovery program if they believe they have a disease rather than a moral problem.” p. 203
“No doubt the disease concept for alcoholism and drug addiction will survive, but the diagnosis and treatment for those who suffer will be greatly affected by how well it is accepted and integrated into medicine (psychiatry) as an independent disease.” p. 204
- 1991 Noble, E.P. (1991). Genetic Studies in Alcoholism: CNS Functioning and Molecular Biology. *Psychiatric Annals*, 21(2):215-229
“Alcoholism is a disease of CNS dysfunction, with a large majority of alcoholics inheriting genes that predispose them to develop the disease...through identification of predispositional genes and study of their biochemical expression, the development of specific pharmaceuticals for treating alcoholics becomes a realistic possibility.” p. 228
- 1991 Meisch, R. (1991). Studies of Drug Self-Administration. *Psychiatric Annals*, 21(4):230-2324.
“The fact that animals self-administer the drugs that produce addiction in humans means there is a biological component to drug addiction. The fundamental core of drug addiction is that certain drugs can, under some conditions, serve as powerful reinforcers...drug addiction is an accident of nature whereby a normal biological process, namely reinforcement, produces a pathological outcome.” p. 233
- 1991 Roizen, R. (1991). The American Discovery of Alcoholism, 1935-1939, Ph.D. Dissertation-Sociology, University of California, Berkeley.

In describing the shift from an alcohol paradigm to an alcoholism paradigm, Roizen notes: "The alcoholism paradigm offers a strikingly different perspective. Alcohol is viewed as an addictive and destructive substance in only a minority of persons, known as alcoholics. Therefore it is the person of the alcoholic and not the substance alcohol that provides the focus of conceptualization and societal response." Preface, p. 2

Quoting a Special Committee Report of the Research Council on Problems of Alcohol. The Committee recommended the following words to be included in small type on the RCPA letterhead: "Alcoholism will be dealt with as a disease comparable in seriousness to tuberculosis, syphilis, and other major disorders." Chapter 8, p. 10.

- 1991 Roman, P.M. (1991). Problem Definitions and Social Movement Strategies: The Disease Concept and the Hidden Alcoholic Revisited. In: P.M. Roman, Ed., *Alcohol: The Development of Sociological Perspectives on Use and Abuse*, Brunswick, NJ: Center of Alcohol Studies, pp 235-253.

A medicalized concept of alcohol problems achieved two things in Post-Repeal America: (1) it shifted the problem definition from the product to the person portrayed alcohol as a "manageable cultural item," and (2) it shifted the problem focus from one of drinking alcohol to one of compulsive drunkenness and offered AA as a solution for the latter.

"...the disease model has come to be used very loosely to refer to a vast range of alcohol problems. These applications include many instances where there is no evidence of loss of individual control over drinking, evidence that once was believed to be the very "heart" of the disease designation of alcoholism." p. 238

Notes the way in which a medicalized model of alcoholism was extended to medicalized views of all misuse of alcohol and all alcohol problems. p. 240

Notes that intermingling alcohol with other drugs, particularly the illicit drugs, may spread the intense negative feelings toward illicit drug users to alcoholics. p. 241

"Empirical reality seems better described as comprised of: (1) persons without drinking problems, (2) persons whose drinking may exceed some objective standard but who are socially integrated, (3) persons whose drinking behavior is leading in the direction of social reactions that will precipitate possible referral and labeling, and (4) persons whose drinking behaviors have led others to take actions toward them that resulted in the formal label of alcoholic." p. 251

- 1991 Lewis, D. (1991). Comparison of Alcoholism and Other Medical Disease: An Internist's View. *Psychiatric Annals*, 21(5):257-265.

"...a particular condition is designated a disease at least as much a matter of cultural consensus as medical truth." p. 256

"...alcoholism can be viewed as a biologically based disease in which genetic predisposition is activated by environmental factors." p. 259

"Although alcoholism and a variety of other disease can be described by a rigid

notion of disease, few diseases fit the model of being purely biological, discrete entities with steadily progressive courses and that show no evidence of volitional influence in their etiology or manifestations.” p. 262

- 1991 Cermak, T. (1991). Co-Addiction as a Disease. *Psychiatric Annals*, 21(5):268-272.
“The word *co-alcoholism* arose in the early 1970s, and transmuted to *co-dependence* and *co-addiction* when alcoholism was absorbed into the more generic terms of chemical dependence and addictive disease.” p. 266
“...codependence is seen as a disease entity for which operational diagnostic criteria can be developed.” p. 269 (Proposed criteria included in article.)
- 1991 Bell, C. and Khantzian, E. (1991). Contemporary Psychodynamic Perspectives and the Disease Concept of Addiction: Complementary or Competing Models? *Psychiatric Annals*, 21(5):273-281.
“To enter the world of addiction, and addictions treatment, is to feel a lot like Alice, falling down a rabbit hole or stepping through a looking glass, only to discover oneself a stranger in a strange land where things are hardly ever what they seem. It is an ever-changing world, frequented by disconcerting, sometimes bizarre characters, and most characterized by ambiguity. To negotiate this unsettling terrain requires a high tolerance for uncertainty coupled with an appreciation of the nature of paradox--for in this world its is paradox that reigns supreme.” p. 273
“The disease concept is helpful in clearly establishing the realization that exogenous substances and addictive processes can govern behavior. It is too reductionist, however, to argue that physiological or disease processes alone govern the complexities of a reliance on substances.” p. 274
“The debate whether substance abuse is a disease or a symptom most often hinges on arguments about psychopathology associated with it.” p. 280
- 1992 Morse, R. and Flavin, D. (1992). Definition of Alcoholism. *Journal of the American Medical Association*, 268:1012-1013. (Also in Wekesser, Alcoholism, 1994)
“Although the term alcoholism has been used over the years as a vague, poorly understood, and sometimes morally flavored term, we do not believe it is necessary or desirable to discard it.”
“Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations.”
“Disease” means an involuntary disability...a discrete entity that is not deliberately pursued.”
- 1992 Walters, G.D. (1992). Drug-seeking Behavior: Disease or Lifestyle? *Professional Psychology: Research & Practice*, 23(2):139-145.
Presents and then challenges the following alleged assumptions of the disease

concept of addiction: (1) A Disease should be a primary condition, not a secondary symptom, (2) A disease involves a recognizable set of signs and symptoms that permit accurate diagnosis, (3) A disease has clearly established etiological agents and causes, (4) A disease brings about specific anatomical and physiological changes in the affected individual, and (5) A disease has a predictable and progressive course.

“In theory, the disease model holds that only a portion of the substance-abusing population suffers from the disease of alcoholism--drug addiction. In practice, however, nearly everyone with a substance-abuse problem who enters a disease-based intervention program is treated as if he or she was suffering from a disease.”
p. 143

- 1992 Milam, James (1992). “The Alcoholism Revolution” *The Professional Counselor*, August. [Http://hookomo.aloha.net/~bobalex/two.htm](http://hookomo.aloha.net/~bobalex/two.htm)
Contrasts psychogenic and biogenic models of alcoholism
“The biogenic model recognizes that alcoholism is a primary addictive response to alcohol in a biologically susceptible drinker, regardless of character and personality.”
There is no pre-drinking personality nor pre-drinking mental illness associated with the onset of alcoholism; those later found in late stage alcoholics are the neuropsychological consequences, not causes of, alcoholism.
Refers to “alcohol abuse” as a “psychogenic term of moral censure.”
Complains that the term “addiction” was stripped of its profound biogenic meaning.
“Alcohol is selectively addictive, and the selection is biological.”
Contends that alcoholism is linked solely to genetic vulnerability.
“There are not two or more types of alcoholism. There are merely different complications and different types of people who are alcoholic, with different levels of concern and strategies of damage control.” (Milam, 1992)
“The person as transmogrified, transformed by the brain syndrome, enters treatment alone. The original, authentic person is not present. He or she has been superceded, replaced. All therapeutic dialogs with patients during the first weeks of treatment, until Jekyll is allowed to reappear, are dialogs with Hyde, through his ‘mask of sanity’.”
- 1992 Erickson’s “A Pharmacologist's Opinion: Alcoholism: The Disease Debate Needs to Stop” in *Alcohol and Alcoholism*.
- 1992 Morgenstern, J. and McCrady, B.S. (1992). Curative Factors in Alcohol and Drug Treatment: Behavioral and Disease Model Perspectives. *British Journal of Addiction*, 87:901-912.
Reference that the “disease model” is the approach taken by AA and not that of investigators emphasizing genetic/biological factors in alcoholism. P. 902-3
Found disease proponents advocated many behavioral process approaches.

“Results seem to indicate that the simple disease model approach of acceptance of alcoholism as a disease, surrendering to a higher power, and affiliation with Alcoholics Anonymous is evolving into a more complex treatment approach integrating the therapeutic aspects of other models.” p. 909

1992

Davies, J.B. (1992, 1997). *The Myth of Addiction*. New York: Harwood Academic Publishers.

“...conceptualizing drug use in terms of ‘addiction’ is primarily an illustration of how attribution works, rather than being a ‘true’ or ‘scientific’ account.” p. 25

“...the idea of addiction-as-disease is alive and well amongst many drug and alcohol misusers and their families, and in many treatment agencies. It will not go away for one simple reason. Namely, it is highly functional.” p. 47

“...the problem of reification, the process whereby a convenient semantic symbol becomes transmuted into an entity which is assumed to have real existence.” p. 50

“The idea that the pharmacology of drugs makes people into addicts against their ‘will’ has to be contrasted with the idea that people make addicts of themselves because they choose to do so. The latter...makes sense of the fact that treatment for addictions frequently seems to have more in common with procedures for attitude change, than with medical intervention.” p. 54

“The idea that addiction is a state in which the driving force for autonomous action becomes lost to the individual, and is taken over by craving, an irresistible psychological force fueled by inevitable and excruciating withdrawal symptoms, is untenable since these concepts do not in fact possess the monolithic properties that they would require in order to assume the roles assigned to them.” p. 55

1993

Acker, C. (1993). Stigma or Legitimation? A Historical Examination of the Social Potentials of Addiction Disease Models. *Journal of Psychedelic (Psychoactive) Drugs*, 25:193-205.

“When, and for whom, is addiction a disease? For a White, middle-class addict working in a company with a skillfully administered employee assistance program (EAP) and liberal health care benefits, addiction surely is a disease. It is also a disease for an African-American whose only employment consists of illicit trafficking in drugs or sex, who is arrested for possession or sale of drugs, who goes to prison upon conviction, and who is never exposed to treatment? Or is it a disease for an addict who stops drug use and maintains abstinence without ever seeking treatment?” p. 193

We have seen the “emergence of a non-punitive disease model of addiction that has many adherents in the addiction treatment profession but which has not displaced the enforcement activity directed at users of illegal drugs.” p. 194

“Individuals can be caught in blame when popular explanations of disease emphasize individual behavior as the cause.” p. 195

Slightly Paraphrased: Calling something a disease can constitute an expression of social norms and a function of social control. p. 196

“...disease definitions may be entirely constructed by elite or dominant groups without input from those actually experiencing the stigmatized condition.” p. 197

“The harsher the stigma placed on addiction, the more intense are the disincentives to revealing one’s condition in order to seek treatment.” p. 197

“drug addiction shares with syphilis the status of a disease involving disapproved behavior.” p. 200

“However sheltering or utilitarian some disease models may be in legitimizing care, a potential for coercion resides within any system of disease definition.” p. 203

“It is not enough to ask whether addiction is a disease. One must also ask what kind of social space a particular disease formulation creates for those who have the disease. One must further inquire whether the treatment and prevention infrastructure makes care and other services available in an equitable manner to all social groups.” p. 204

1993 Roizen’s paper “Merging alcohol and Illicit Drugs: A Brief Commentary on the Search for Symbolic Middle Ground Between Licit and Illicit Psychoactive Substances.”

“(1) conceptually, the alcoholism paradigm places the locus of alcohol-related problems in the ‘faulty drinker’ whereas the paradigm for illicit drugs places it in the ‘dangerous substances’; (2) pragmatically, the alcoholism paradigm emphasizes treatment whereas the illicit-drug paradigm emphasized enforcing the tabu; (3) morally, the alcoholism paradigm offers a measure of exculpation whereas the illicit-drug paradigm leaves the stigma of addiction virtually unmitigated.” p. 6

If the trend toward merging alcohol and other drug problems continues we could see a “drug-ification” of alcohol problems and an “alcoholization” of drug problems that could produce either a middle ground between the historical positions or a new paradigm that could embrace these two formerly separate problem areas. p. 10

“Moreover, as Christie and Brunn (1969) sagely pointed out many years ago, multiple and fuzzy meanings may well be one of the assets and even requirements of viable social problems paradigms, given that such paradigms must serve to integrate thought, feeling and action across many institutional planes, diverse interest groups, and changing historical circumstances.” Roizen, 1993 p. 11

“...alcohol has been undergoing a process of re-problematization.” p. 17, e.g., FAS/FAE, DUI, youth drinking

1993 DSM-IV presents seven criteria for alcohol and other drug dependence, three required for diagnosis. (Jaffe 1994)

1993 Chiauzzi, E.J. and Liljegren, S. (1993). Taboo Topics in Addiction Treatment: An Empirical Review of Clinical Folklore. *Journal of Substance Abuse Treatment* 10:303-316.

- 1993 Sanchez-Craig, M. (1993). *Saying When: How to Quit Drinking or Cut Down*. Toronto: Addiction Research Foundation.
Significant for its inclusion of moderation as well as abstinence goal.
- 1993 Spicer, J. (1993). *Minnesota model: The evolution of the multidisciplinary approach to addiction recovery*. Center City, MN: Hazelden Educational Materials.
Notes Nelson Bradley's innovations at Willmar: separating alcoholics from the mentally ill, unlocking treatment the units, hiring recovering alcoholics as counselors, and integrating AA principles within a multidisciplinary team. p. 3
Identifies Willmar's treatment model as: "1. Alcoholism exists. 2. Alcoholism is an illness. 3. Alcoholism is a no-fault illness. 4. Alcoholism is a multiphasic illness. 5. Alcoholism is a chronic, primary illness. 6. Initial motivation for treatment is unrelated to outcome. 7. Education about alcoholism must begin in the community." pp 35-36
- 1993 Miller, W. (1993). Alcoholism: Toward a Better Disease Model. *Psychology of Addictive Behaviors*, 7(2):129-136.
Notes that the disposition disease model rests on four propositions: (1) Alcoholism is a unitary disorder; (2) Alcoholism is caused by physical abnormalities. (3) Loss of control is the cardinal characteristic of alcoholism, and (4) alcoholism is irreversible. p. 130
"In summary, a dispositional disease model, as exemplified by Under the Influence (Milam and Ketcham, 1983), construes alcoholism as an incurable all-or-none unitary disorder caused solely by hereditary physical abnormalities. Although selective studies can be cited to illustrate its key assertions, the core assumptions of the model are and always have been contradicted by a large body of scientific research on alcohol and related problems." p. 133
"This (dispositional disease) model is simply inadequate for the task of describing, understanding, and addressing alcohol problems in society...A public health perspective provides a broad and widely accepted model to guide social programs for overcoming complex health problems. A descriptive model based on continua of severity, and an etiological model encompassing host, agent, and environmental factors seem better suited to guide future research, treatment, and prevention efforts." p. 135