The Combined Addiction Disease Chronologies of
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
1994 - 1999

The years 1994-1999 opened with Miller and Kurtz (1994) challenging the attribution of the source of the modern disease concept to Alcoholics Anonymous. Such attributions continue throughout the late 1990s (Ragge, 1998; Horvath, 1998; Gilliam, 1999). As the criticism of the addiction disease concept became more strident (Schaler, 1997; Ragge, 1998; Barr, 1999), traditional disease advocates (Lewis, 1994; Maltzman, 1994) were joined by new advocates (Leschner, 1997; Kostner, 1998) who sought to incorporate a growing body of addiction science into the defense of the concept. One change in the nature of this debate was that it moved outside the narrow walls of the addiction field into the larger public domain. This was evidenced in two ways: greater media coverage of the addiction disease debate (Shute, 1997; Mulford, 1998; Mcoscar, 1999) and the growth in alternatives to AA (Kishline, 1994; Trimpey, 1996) that based their philosophies in part on attacks on the addiction disease concept.

A significant development in the conceptualization of addiction as a disease was evident in the work of O=Brien and McLellan (1996) who explored the need for and implications of understanding addiction as a chronic disease. Brown (1998) responded with concerns that portraying addiction as a chronic, relapsing disorder could contribute to therapeutic pessimism by misrepresenting the number of people who achieved permanent recovery.

1994 A 60 Minutes segment called “Easy Money” opens with: “If you’re a drug addict or an alcoholic and you are looking for an easy way to make some easy money, the Social Security Administration is more than willing to help you out even when they probably know you are more than likely to buy more drugs or another bottle of booze.” The SSI=s drug addiction and alcoholism program is be ended by Congress in March 1996. (Hunt and Baumohl, 2000)

1994 Miller, W. and Kurtz, E. (1994). Models of Alcoholism Used in Treatment: Contrasting AA and Other Perspectives with Which it is Often Confused. *Journal of Studies on Alcohol*, pp.159-166 (March).

Four assumptions of American disease model

1. Alcoholism is a unitary disease that one either does or does not have--no gray area.
2. The causes of alcoholism are biological.
3. The definitive symptom of alcoholism is loss of control.
4. The condition is incurable.

“The absolute black-or-white tone in which the American disease model is often expressed is...at variance with the character of A.A.”

Wilson on controlled drinking: “If anyone who is showing inability to control his drinking can do the right-about-face and drink like a gentlemen, our hats are off to him.”

“A.A. writings do not assert: (a) that there is only one form of alcoholism or alcohol problem, (b) that moderate drinking is impossible for everyone with

alcohol problems, (c) that alcoholics should be labeled, confronted aggressively, or coerced into treatment, (d) that alcoholics are riddled with denial and other defense mechanisms, (e) that alcoholism is a purely physical disorder, (f) that alcoholics are not responsible for their conditions or actions." p. 105

1994 Kirkpatrick, J. (1994). *The Disease of Alcoholism*. Quakerstown, PA: Women for Sobriety, Inc. (WFS Pamphlet)

Quotes author of New York Times Magazine article: "Though the disease may be set in motion by environmental and/or psychological factors, alcoholics fall prey to their illness because their metabolisms, due to either genetic predisposition or to the effects of heavy drinking, differ distinctly from those of non-alcoholics." pp. 4-5

1994 Burman, S. (1994). Disease Concept of Alcoholism: Its Impact on Women's Treatment. *Journal of Substance Abuse Treatment*, 11(2):121-126, 1994.

"The disease concept provides a means of identification with an illness that creates physical, psychological, social and spiritual impairment. It also serves as a forceful intervention strategy that modifies behavior, attitudes, belief systems and values." p. 122

"With the focus on illness, the unidimensional disease model is incomplete for women as global functioning, psychosocial and other environmental stressors are often overlooked or minimized in treatment." p. 125

"As a strategy to promote cognitive and behavioral change, an illness model may inadvertently diminish women's already weakened self-concept and the necessity to establish personal empowerment to take responsibility for these changes...Fostering dependency on others to solve problems and find solutions appears to be a major deficiency of the model." p. 125

1994 Lewis, D.C. (1993). A Disease Model of Addiction. In: Miller, NS Ed., *Principles of Addiction Medicine*. Chevy Chase, MD: American Society on Addiction Medicine, pp. 1-7.

"...whether a particular condition is or is not designated a disease is at least as much a matter of cultural consensus as medical truth." p. 1

"Alcoholism...is a chronic, familial disease characterized by continued heavy drinking despite negative health, personal and social consequences." p. 2

"Like essential hypertension and cancer, alcoholism may not have one specific etiology, but certain populations may be especially predisposed or vulnerable to the disease. Thus, alcoholism can be viewed as a biologically based disease in which genetic predisposition is activated by environmental factors." p. 2

"The fact that there is not a single fixed definition of alcoholism or alcohol dependence is quite compatible with other diseases." p. 3

"Part of the heterogeneity of alcoholism is the variation in its course. While the majority of chronic heavy drinkers apparently suffer the consequences of alcoholism, a sizeable minority do not." p. 4

Discussion of comparable variability of course and outcome as well as incidents of spontaneous remission of other diseases. p. 4

"Although alcoholism and many other medical conditions can be described by a rigid notion of disease, few fit the model of being purely biological, discrete entities that have steadily progressive courses and that show no evidence of volitional influence in their etiology or manifestations." p. 5

"...any attempt to define disease so as to exclude alcoholism also excludes many conditions about which there is no debate concerning their medical significance." p. 7

1994 Maltzman, I. (1994). Why Alcoholism is a Disease. *Journal of Psychoactive Drugs*, 26(1):13-31

"A syndrome is classified as a disease if it represents a significant deviation from a norm or standard of health as judged by experts... Classification of a syndrome as a disease is a value judgment, a comparison of a particular case against a norm of standard; in the case of diseases, a norm or standard of health." p. 14-15

On loss of control: notes AA, Jellinek definitions and Keller's later revision of the concept emphasizes not the ever-presence of loss of control but the failure to consistently control alcohol intake: "This formulation implies that on occasion and for varying lengths of time, the alcoholic can and does drink moderately or can refrain from drinking entirely..." but that the individual cannot "consistently refrain from starting to drink...and once started they cannot consistently inhibit further drinking." p. 16

"One drink away from a drunk: is a metaphor for the eventual loss of control that will occur if an alcoholic returns to drinking." p. 17

"A test of the (loss-of-control) hypothesis is eminently testable" but it requires a "longer temporal window of evaluation than usually employed." p. 19

Regarding moderate drinking as a treatment goal: "How does one differentiate between two people who are problem drinkers, one of whom if continuing to drink with moderation will remain at that level whereas the other may progress to alcoholism?...The problem is not, as Miller and Hester put it, for how many are moderation approaches a viable approach? The question is for whom is it appropriate and how do we know this?" pp. 23-24

1994 Kishline, A. (1994). *Moderate Drinking: The New Option for Problem Drinkers.* Tucson, AZ: Sharp Press.

"Believing that a disease makes people drink is self-deception; it ignores empirical findings on self-efficacy." p. ix

"Problem drinkers should not be labeled with a 'disease' that they do not have, and they should be offered information about both moderation and abstinence as treatment recovery goals." pp. 7-8

"Why has the option of moderation for problem drinkers been such a red flag in this field for so long? It is because *all three of the main tenets of the classic*

disease model of alcohol abuse preclude a return to moderation: irreversible progression, total loss of control, and genetic transmission." p. 14

"Drinking too much is a behavior, something that a problem drinker *does*, not something that he or she *has*." p. 21

1996 Raikka, J. (1996). Social Concept of Cisease. *Theoretical Medicine*, 17(4): 353-361.

"Concepts carry consequences." p. 353

"In deciding whether alcoholism is or is not a disease, we are in effect deciding whether it is justified or perhaps even obligatory to grant special treatment to alcoholics." p. 356. Deciding whether alcoholism is a disease is simultaneously a decision about who should intervene in the life of the alcoholic and whether that intervention focuses on care, control, or punishment.

1996 Kurtz, E. (1999). Whatever Happened to Twelve-Step Programs? In: *The Collected Ernie Kurtz*. Wheeling, West Virginia: The Bishop of Books.

"A.A's revolutionary contribution was not medical diagnosis of the disease of alcoholism but its insistence that the most important thing in the life of any alcoholic, sobriety, could not be attained alone." p. 168

1996 Sobell, L.C., Cunningham, J.A. and Sobell, M.B. (1996). Recovery from Alcohol Problems with and without Treatment: Prevalence in Two Population Surveys. *American Journal of Public Health*, 86(7):966-972.

"...epidemiological studies show that while persons with severe alcohol problems constitute the majority of individuals in treatment programs, they represent a minority of those with alcohol problems." (Ratio is estimated at 4 problem drinkers for every 1 person severely dependent on alcohol.) p. 966

"The findings from these two surveys significantly bolster the growing body of studies showing that many individuals with alcohol problems recover on their own. Furthermore, a sizable proportion of individuals reported drinking in a moderate nonproblem manner after resolving their problem...it is unclear whether we have identified multiple pathways out of the same kind of alcohol problem or different types of alcohol problems." p. 971

1996 Mercadante, L. (1996). *Victims and Sinners: Spiritual Roots of Addiction and Recovery*. Louisville, KY: Westminster John Knox Press.

"In America the word addiction has become a euphemism to describe problematic, excessive and repetitive behavior." p. 5

"Today, the assertion that alcoholism is a disease is 'sacred.' It has achieved a level equivalent, in theological terms, to dogma: a fundamental, non-negotiable, undergirding belief. Alcoholism as disease is so foundational that one cannot deny it without distancing oneself from the believing community." p. 99

1996 Hyman, S.E. (1995) A man with alcoholism and HIV infection. JAMA 274:837-

843.

"...alcoholism is a brain disease that markedly impairs a person's ability to control his or her drug-seeking behavior." p. 84

1996 Trimpey, J. (1996). *Rational Recovery: The New Cure for Substance Addiction*. New York: Pocket Books.

"Being able to reject disease/treatment concepts is very important to recovery from addiction." p. 27

"AVRT (Addictive Voice Recognition Technique) is not part of the recovery group movement. In fact, AVRT replaces the recovery group movement with individual self-recovery." p. 43

Included in the Do's and Don'ts: (1) Never say you are an "alcoholic" or "an addict." (2) Avoid being referred to agencies... (3) Never say you're out of control, or that your life is unmanageable.

"The 'sin' of intemperance has been misidentified as a disease, calling forth a practice called 'treatment,' which, if understood as 'exorcism,' might well be suited for combating sin, but which is only marginally useful in the treatment of disease." p. 65

Trimpey argues that the disease concept has achieved acceptance through authority, discrimination, desperation, financial gain, secondary gains, coercive logic and media feeding habits. (See pp. 68-69 for discussion of these.)

"The disease concept is attractive to addicted people because it shields them against immediate responsibility to quit drinking or drugging, and because it produces a causal pathway in their thinking that supports future drinking." p. 73

1996 O=Brien, C.P. and McLellan, A.T. (1996). Myths About the Treatment of Addiction. *Lancet*, 347:237-240.

"Although addictions are chronic disorders, there is a tendency for most physicians and for the general public to perceive them as being acute conditions such as a broken leg or pnemonococcal pneumonia." p. 237

"The view of addiction as a chronic medical disorder puts it in a category with other conditions that show a similar confluence of genetic, biological, behavioral, and environmental factors." p. 237

"...the only realistic expectation for the treatment of addiction is patient improvement rather than cure." p. 237

Comparing addiction to adult-onset diabetes, asthma and hypertension: "All are multiply determined, and no single gene, personality variable, or environmental factor can fully account for the onset of any of these disorders. Behavioral choices seem to be implicated in the initiation of each of them, and behavioral control continues to be a factor in determining their course and severity. There are no 'cures' for any of them, yet there have been major advances in the development of effective medications and behavioral change regimens to reduce or eliminate primary symptoms. Because these conditions are chronic, it is acknowledged...that maintenance treatments will be needed to ensure that

symptoms remission continues." p. 239

"Treatment of addiction is about as successful as treatment of disorders such as hypertension, diabetes, and asthma..." p. 239

"Is it not time that we judged the 'worth' of treatment for chronic addiction with the same standards that we use for treatments of other chronic diseases?" p. 240

1997 *Ninth Special Report to the U.S. Congress on Alcohol and Health*. NIAAA/DHHS

"It has been established that alcoholism runs in families and that genetic factors contribute substantially to a familial vulnerability for the disease." p. xxvii

"The appropriateness of controlled drinking as a therapeutic goal for alcoholism treatment remains highly controversial in the United States. Various patient characteristics influence whether controlled drinking is appropriate, including severity of dependence, extent of drinking history, psychological dependence, prior treatment episodes, and current liver damage." p xxxviii

1997 Leshner, A.I. (1997). Addiction is a Brain Disease, and It Matters. *Science*, 278:45-47.

"Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease that results from the prolonged effects of drug use on the brain." p. 45

"...what we know to be the essence of addiction: compulsive drug seeking and use, even in the face of negative health and social consequences." p. 46

"...virtually all drugs of abuse have common effects, either directly or indirectly, on a single pathway deep within the brain…the mesolimbic reward system. Activation of this system appears to be a common element in what keeps drug users taking drugs. This activity is not unique to one drug; all addictive substances affect this circuit. p. 46

"The addicted brain is distinctly different from the non-addicted brain, as manifested by changes in brain metabolic activity, receptor availability, gene expression, and responsiveness to environmental cues...The common brain effects of addicting substances suggest common brain mechanism underlying all addictions." p. 46

"Viewing addiction, as a chronic relapsing disorder means that a good treatment outcome, and the most reasonable expectation, is a significant decrease in drug use and long periods of abstinence, with only occasional relapse. That makes a reasonable standard for treatment success--as is the case for other chronic illnesses--the management of the illness, not cure." p. 46

"If the brain is the core part of the (addiction) problem, attending to the brain needs to be a core part of the solution." p. 47

1997 Leshner, A.I. (1997). Drug abuse and addiction are biomedical problems. *Hospital Practice: A Special Report*, pp. 2-4.

"...drug addiction is a treatable brain disease." p. 2

"addiction is a qualitatively different state because the addicted brain is, in fact, different in its neurobiology from the nonaddicted brain." p. 2

"It is as though there were a 'switch' in the brain that 'flips' at some point during an individual's drug use. The switch flips at different points for different individuals, but in a sense it changes the person from a drug user/abuser to a drug addict....the task for treatment...is to compensate for, or reverse in some form, those brain changes." p. 3-4

1997 Leshner, A.I. (1997). Drug Abuse and Addiction Treatment Research: The Next Generation. *Archives of General Psychiatry*, 54(Aug):691-694

"...addiction is a chronic, relapsing disorder, rather than simply a series of discreet, short-term drug-using episodes." p. 691

"...although total abstinence after a single treatment may be a desired outcome, it typically is unreasonable to expect. A major task of treatment for many individuals is to increase the intervals between relapses and to reduce the intensity and duration of relapses when they do occur. It also means helping the individual manage the disorder and continue to function despite occasional relapses." p. 691

"The behavioral state of compulsive, uncontrollable drug craving, seeking, and use comes about as a result of fundamental and long-lasting changes in brain structure and function produced by prolonged, repeated drug use." p. 691

1997 O'Brien, C.P. (1997). Editorial: Progress in the Science of Addiction. *The American Journal of Psychiatry*, 154(9):1195-1197.

"The concern about costs and recent cutbacks in funding of addiction treatment have worsened the paradox that has long existed in the field of addiction treatment. Although the patients suffer from the most complex combinations of medical, psychiatric, and social problems, the modal therapist is a counselor with very little formal training and often a distrust of scientifically based treatments....Thus patients who need enhanced treatments that may include medication for an additional psychiatric disorder...are likely to go untreated or undertreated....there is now a range of medications available for an underlying addiction to opiates, alcohol, or nicotine....These psychiatric medical treatments are complex and require knowledge of the neuroscience of behavior and the biopsychosocial aspects of chronic addictive disorders. Who will provide this care and how will it be financially supported?"

1997 Schaler, J. (1997). The Case Against Alcoholism as a Disease. In: Shelton, W. and Edwards, R.B. *Values, Ethics and Alcoholism.* Greenwich, CT: JAI Press.

"The term 'alcoholism' has become so loaded with prescriptive intent that it no longer describes any drinking behavior accurately and should be abandoned." p. 36

"...the labeling of drink behavior alcoholic is a moral judgment, not a medical one..." p. 36

"...to refer to a person as diseased is not only inaccurate, it is pejorative and

derogatory." p. 36

Declaring a condition a disease requires "an identifiable histological change in tissue for disease classification. No such identifiable pathology has been found in alcoholics. This alone justifies the view that alcoholism is not a physical disease." p. 39

"The central point in the case against alcoholism as a disease is that behaviors cannot be diseases. The two belong to different categories of events. Because alcoholism is a behavior, it cannot be a disease." p. 43

"...the disease model is a political phenomenon, not a scientific theory. Alcoholism is a metaphorical disease, not a literal one." p. 44

1997 McElrath, D. (1997). Minnesota Model. *Journal of Psychoactive Drugs*, 29(2):141-144.

"What the AA movement bequeathed to the Minnesota Model were three graces or gifts: (1) the knowledge or belief that alcoholism was a physical-mental-spiritual illness; (2) the 12 Steps outlining the problem/solution and the spiritual exercises needed to live in the solution; and (3) the Fellowship where recovery takes place with one alcoholic talking to another over a cup of coffee, embracing the great human and spiritual principles of dialogue and identification." p. 141

Willmar's contributions to the Minnesota model were: "(1) the idea and the potential for a multidisciplinary team; (2) a more systematic approach to the treatment of the illness; (3) the need for and value of an aftercare program; (4) the definition of alcoholism as a primary chronic illness distinct from mental illness." p. 142

"The Minnesota Model will cease to exist if and when chemical dependency is no longer considered a primary illness but an appendage of mental health.... essential to the Minnesota Model is the belief that addiction is not a mental health problem, but a distinct, primary, chronic illness in its own right." p. 143

"There is an eerie deja vu about the present. All the old barriers have been resurrected: the renewed conflict over the disease concept, the return of the stigma, the prisons with their revolving doors, the massive cultural hostility and intolerance. All the advances and contributions made by the Minnesota Model and affiliates could be lost unless we regain public confidence and understanding." p. 144

1997 Nesse, R.M. and Berridge, KC (1997). Psychoactive Drug Use in Evolutionary Perspective. *Science*, 278(5335):63-66.

"...we cannot reasonably expect to win the war on drug abuse, but we can use our knowledge to develop sensible strategies for prevention, treatment, and public policy to manage a problem that is likely to persist because it is rooted in the fundamental design of the human nervous sytem." p. 65

1997 Shute, Nancy (1997). The Drinking Dilemma. Online US News. September 8. Quoting Robin Room: "What kind of field is it that claims a disease, but the

treatment is nonmedical?"

Prototype of articles increasingly appearing in the popular press that are critical of addiction treatment..

1997 Valverde, M. (1997). 'Slavery-from-within': The Invention of Alcoholism and the Question of Free-will. *Social History*, 22(3):251-268.

"Alcoholism recovery was (as still is) fundamentally paradoxical: the alcoholic's own willpower is the key element in recovery, even though the very essence of alcoholism is thought to be a defect of the will." p. 252

"...alcoholism was in the 1880s defined as a defect...that, unlike insanity, affected not so much the rational but the moral faculties, specifically the will." p. 258

1997 Stolerman, I. (1997). Elementary Particles for Models of Drug Dependence. 10th Okey Memorial Lecture. *Drug and Alcohol Dependence* 48(3):185-192.

"This model (brain disease model) states unequivocally that dependence is a disease of the brain, that chronic exposure to drugs triggers changes at the molecular or cellular level that produces a sudden switch into a drug-dependent state which forms the basis of craving." p. 185

Multi-element models "postulate that dependence is the result of multiple effects of drugs, that it is graded with respect to the degree of severity, that reasons for drug use vary among different people, that different factors are of more or less importance at different stages in the cycle of acquisition, maintenance, extinction and relapse to drug-taking behavior." p. 185

1997 Roizen, R. (1997). How Does the Nation's "Alcohol Problem" Change From Era to Era? Stalking the Social Logic of Problem-Definition Transformations Since Repeal. Presented at Historical Perspectives on Alcohol and Drug Use in American Society, 1800-1997. College of Physicians of Philadelphia, May 9-11.

"[Marty] Mann's great enterprise had in effect converted the disease-concept theme from a promotional slogan to a field-defining master concept—a transformation that in due course would expose the new movement to the liabilities of over-selling the disease concept's scientific credentials and utility." p. 3

Historical review of the evolution from the disease model to its increasing challenge by a public health model that focuses on alcohol and drinking, per se, rather than the more narrow focus of alcoholism and the alcoholic.

1998 Szasz, T. (1998). The Healing Word: Past, Present, and Future. *Journal of Humanistic Psychology*, 38(2):8-20.

"...ideas have consequences that have a habit of coming back to haunt us." p. 8

1998 Ragge, K. (1998). *The Real AA: Behind the Myth of 12-Step Recovery*. Tucson, AZ: Sharp Press. (Reworking of his 1991 book *More Revealed*.)

AA Attribution: “The seven major beliefs of the disease concept of alcoholism and their Big Book origins are:
1. An intense, physically based craving is responsible for an alcoholic’s “loss of control” of drinking behavior.
2. An alcoholic cannot be responsible for his behavior when either drinking or in pursuit of alcohol.
3. The disease is progressive and incurable.
4. Abstinence is unlikely to be maintained without special assistance.
5. The underlying disease gets worse even during periods of abstinence.
6. The disease is independent of everything else in a person’s life and has a life of its own.
7. “Denial” is both a major symptom of alcoholism and a major impediment to recovery. pp. 27-29

“The commonly used treatment methods for alcoholism have never been proven effective.” p. 31

“The heart of the disease theory is the idea that people are helpless to change themselves, to manage their own lives.” p. 36

AA attribution “...the AA/disease theory of powerlessness through physical/genetic/allergic susceptibility to alcohol does serve to create an additional dependency, a dependency on AA and expensive treatment centers.” p. 36-37

1998 Kostner, T.R. (1998). Addiction as a Brain Disease. (Editorial) *American Journal of Psychiatry*, 155(6):711-713.

While self-medication theories have proposed that substance abusers might be differentially vulnerable to different substances and reach out to specific substances to achieve highly specialized effects, recent research is suggesting the presence of fundamental neurobiological properties of reinforcement that all drugs of abuse share in common.

1998 Lyvers, M. (1998). Drug Addiction as a Physical Disease: The Role of Physical Dependence and other Chronic Drug-induced Neurophysiological Changes in Compulsive Drug Self-administration. *Experimental and Clinical Psychopharmacology*, 6(1):107-125.

“As it appears that the constellation of pathological behaviors defining drug addiction may be traceable to enduring physical changes in the brain, the popular notion that drug addiction represents a physical disease may yet be vindicated...The physical nature of such a disease would be found, not in peripheral autonomic symptoms, which are variable in their manifestation, but in specific brain circuits that are affected similarly by all addictive drugs.” p. 120

1998 Mulford, Harold (1998). Letters to Editor, *Press Citizen*, Iowa City, Iowa, August 24.

“...the very expensive efforts to fit alcoholics into the medical model have

advanced neither the treatment nor the prevention of alcohol abuse."

"The drinking norms are largely enforced through shame, disgrace, humiliation, ridicule, ostracism, etc. Society pressures, cajoles and coerces alcoholics to mend their ways, and not without some success." Implication of Mulford's point here seems to be that if we destigmatize excessive drinking for the minority of addicted drinkers we may do both a disservice to them and increase their numbers.

"...perhaps it is time to recognize the alcoholism treatment for the multi-billion-dollar failed experiment it really is." (Mulford, 1998)

1998 Horvath, A.T. (1998). Is Alcoholism a Disease. President's Column, *SMART Recovery News and Views Newsletter*, January.

"The disease of alcoholism is apparently not like other disease. It has no known infectious agent, or physiological or anatomical abnormality associated with it...If a disease exists, it must exist in some form prior to alcohol ever being consumed. However, no one has so far found a way to identify alcoholics prior to their taking up alcohol consumption." p. 3

"There are no treatments based on the disease model which have so far been shown to be effective (this includes AA)..." p. 4

"...AA's philosophy is in part founded on the idea (the disease model) which is without scientific support." P. 4.

1998 Brown, B.S. (1998). Drug Use: Chronic and Relapsing or a Treatable Condition? *Substance Use and Misuse*, 33(12):2515-2520.

Brown suggests that depicting addiction as a “chronic relapsing condition” obscures the fact that a significant number (19%) of addicts maintain continued abstinence following treatment and that the vast majority reduce their post-treatment drug use to below pre-treatment levels. “...use of that phrase amounts to a kind of bumper sticker reporting of complex research findings that ignores critical aspects of behavior change.” p. 2517

“If drug use is a chronically relapsing condition, what can the public and public officials realistically expect treatment to accomplish?” p. 2518

“...by describing drug use as a chronically relapsing condition, drug use becomes a no-fault condition. No one owns responsibility for failure. The client and program are equally powerless to do battle with the fates.” p. 2518

“...describing drug use as a chronically relapsing condition ignores the substantial proportion of clients who become abstinent consequent to their treatment episode, and minimizes the importance of dramatic reductions in drug use frequency--as well as criminal activity--show by a vast majority of clients entering drug treatment.” p. 2519

1998 Heather, N.A. (1998). A Conceptual Framework for Explaining Drug Addiction. *Journal of Psychopharmacology*, 12(1):3-7.

“...the most significant shift in thinking about addiction over the past few years has been its increasing characterization as an essentially motivational issue, centrally involving conflict, ambivalence and decisional processes.” p. 6

1998 Stinchfield, R.; Owen, P. (1998). Hazelden’s Model of Treatment and its Outcome. *Addictive Behaviors: An International Journal*, 23(5):669-683.

Review evaluations of Minnesota Model programs.

-- 1960BRossi et al, 24% abstinent at least 6 months

-- 1982BLandergan, 50% abstinent at 1 year

-- 1985BGilmore, 89% had “good outcome” abstinent or reduced use

-- 1988BCook criticizes these studies for serious, methodological flaws

-- 1991BHoffman and Harrison; 2/3rds abstinent at one year (very low follow-up rates)

-- 1993BMcLellan et al, Bfollow-up of four private programs; abstinence rates ranged from 45% to 87% at 6 months

-- 1998BStinchfield and OwenB53% abstinent at 1 year; an additional 35% had reduced AOD use below pretreatment levels

1998 May, C. (1997). Habitual Drunkards and the Invention of Alcoholism: Susceptibility and Culpability in Nineteenth Century Medicine. *Addiction Research*, 5(1):169-187.

“At the end of the twentieth century a fairly robust ‘disease model’ of alcohol dependence holds sway.” p. 169

Notes the transition in defining alcohol problems in terms of a class of people (the laboring class) to “a problem of individuals that threatened the coherence of

the self." p. 172

On the medicalization of alcohol problems: "At the end of the 18th century doctors began to think about drunkenness, not as a product of an ill-disciplined appetite or self-indulgence, but as a state that was intimately related to specific pathologies." p. 174

While Trotter and Rush firmly placed alcoholism in the medical realm, their solutions to alcoholism involved strategies of self-governance and self-discipline. p. 177

1998 Leshner, A.L. (1998). Science is Revolutionizing our View of Addiction, and What To Do About It. (Editorial) *American Journal of Psychiatry*, 156(1):1-3.

"...there is much more to addiction than a lot of drug use. Addicts experience true compulsion to use drugs, even in the face of severe negative consequences, and we are gaining substantial insight into the mechanism which produce that compulsion." p1

"...drug use and addiction are not simply poles of a single gradient along which one slides in either direction over time. Once addicted, one appears to have moved to a different state." p. 1

"We are nearing the point where...science will (at last) replace ideology as the foundation for the way we approach drug abuse and addiction in this country." p. 2

"...addiction is best characterized as a chronic disease that for most people includes occasional relapses." p1

1998 *The Road to Recovery: A Landmark National Study on the Public Perceptions of Alcoholism and Barriers to Treatment.* (1998). San Francisco, CA: Peter D. Hart Research Associates, Inc./The Recovery Institute.

The Recovery Institute conducts a national telephone survey that included a question of whether alcoholism was a disease or a weakness. The affirmative disease responses were 72% from doctors, 64% from employers, 43% from clergy, 73% from counselors.

"Below the surface, perceptions of alcoholism and alcoholics are complex and internally conflicted...most people see alcoholism as having elements of both a disease and a moral weakness. Given 100% to allocate in any proportion to the two models, fewer than one in four say alcoholism is 100% disease, and majorities of nearly every group say it is at least 25% due to the moral or personal weakness of the alcoholic." p. 6

1999 Barr, A. (1999). *Drink: A Social History of America*. Carroll & Graf Publishers, Inc. New York.

"The disease theory might seem helpful, but there is no evidence that treating alcoholics on this basis helps them break the habit." p. 21

"The belief that alcoholism is a disease makes it hard for recovering alcoholics to develop a pattern of moderate drinking." p. 22

"The disease theory of alcoholism is not merely wrong, but harmful." p. 25

1999 Gilliam, Marianne (1999). *How Alcoholics Anonymous Failed Me*. New York: Eagle Brook.

"At the core of the fear-based system of A.A. is the disease theory of alcoholism. The disease theory, of course, supposes that we are the recipients of a cunning, baffling, and powerful disease that we are powerless over..." p. 99

1998 Roizen, R. (1999). In Search of the Mysterious Mrs. Marty Mann. Posted at http://www.roizen.com/ron/mann.htm

"...it must be appreciated that the "disease" or "illness" idea itself is not a simple, one-dimensional conception but a complex and multi-dimensional idea with distinctively different meaning potentials." p. 10

1999 Roizen, R. and Fillmore, K. (1999). The Coming Crisis in Alcohol Science. Presented at the 25th annual meeting of the Ketill Brunn Society for Social and Epidemiological Research on Alcohol, Montreal, Canada, May 31-June 4.

The failure to improve treatment outcomes, the rise of managed care, and the "symbolic conflation" of alcohol with illicit drugs have all contributed to the demedicalization of alcohol problems over the past decade. p. 3

1999 Lemmens, P., Vaeth, P. and Greenfield, T. (1999). Coverage of Beverage Alcohol Issues in the Print Media in the United States, 1985-1991. *American Journal of Public Health*, 89:1555-1560.

Conclusions: "Portrayal of alcohol in the US print media has changed in recent decades. A general shift noted as early as the 1960s has increasingly emphasized public health issues and deemphasized clinical aspects of alcoholism. This has been accompanied by a continuing shift away from biopsychological definition of alcohol-related behavior to a definition stressing environmental factors."

1999 Sheehan, T.; Owen, P. (1999). Disease Model. In: B.S. McCrady and E.E. Epstein, Eds., *Addictions: A Comprehensive Guidebook*, York, NY: Oxford University Press, pp. 268-286.

Sheehan and Owen publish the most in-depth description yet of how the disease ("Minnesota") model of treatment is actually conducted.

"The disease model contends that alcoholism and drug dependence are not a matter of willpower nor the result of a deeply ingrained habit of recurrent excessive consumption. At the heart of the disease model is the fundamental tenet that alcohol and drug dependence is a physical illness...a primary, progressive, chronic illness." p. 268-269

"...there are three main factors that contribute to the maintenance of the disease and the defense system: physiological changes in the individual, behavioral conditioning, and homeostatic social systems." p. 272

Advantages of the model include: (1) client benefit from counselor and peer, (2)

availability of recovery role models, (3) support group extends outside the treatment facility.

On Disadvantages of the model: (1) multidisciplinary care is time-consuming and costly ("The model demands time, attention and effort for the principles and practices to work)." and (2) "If too dogmatically interpreted, this form of treatment becomes distorted and presented in a confrontive, religious, or generic (rather than individualized) manner. When this occurs, the core therapeutic principles and methods of the model are obscured, and many clients are naturally resistant and unable to benefit from it." p. 283

1999 A *New York Post* commentary article by Gearald K. Mcoscar entitled "The 'Addiction' Excuse," includes the following:

"In declaring drug and alcohol addiction to be a disease 40 years ago, the medical profession unwittingly removed two of the bulkheads which kept substance abuse at bay: stigma and consequences. Not only is the theory scientifically suspect, it has most likely exacerbated the problem."

Attacks reference to addiction as a chronic disease: "With its tone of defeatism and self-interest, the concept serves no purpose other than to mask the failure of the disease modality and to give both addicts and providers an excuse to fail...Relapse has become a self-fulfilling prophecy, with providers a big part of the problem."

"An addict's serious and frequently fatal character flaws often require lessons in self-discipline, integrity, restraint and personal responsibility that only pain and punishment can teach."

1999 Anderson, D.J.; McGovern, J.P.; DuPont, R.L. (1999). Origins of the Minnesota Model of Addiction Treatment: A First Person Account. *Journal of Addictive Diseases*, 18(1):107-114.

Key elements of the historical Minnesota Model defined as: "(1) the integration of professional staff with trained recovering alcoholics; (2) the focus on the disease concept and our link to the 12-step fellowships; (3) the dedication to family involvement; (4) the insistence on abstinence from the use of all addicting drugs...; (5) the emphasis on patient and family education; (6) an individualized treatment plan; and (7) a continuum of care integrating sustained aftercare into all treatment plans." p. 112

1999 Granfield. R. & Cloud, W. (1999). *Coming Clean: Overcoming Addiction without Treatment.* New York: New York University Press.

"Ironically, a medicalized view of addiction as a disease requiring treatment may conceal a great deal of the valuable social support that is evident among those who experience natural recovery." p. xiv

Refers to *alcoholics, addicts, alcoholism* and *addiction* as "loaded terms" that are part of the "reification of constructs that are often as destructive for those experiencing alcohol and drug problems as they are useful." p. xvi

"...many alcohol- and drug-dependent people reduce their intake of alcohol and drugs to nonproblematic levels without achieving abstinence." p. xvii

"...most individuals who manage to end their addictions without treatment engage in behavioral and psychic avoidance of these substances and the related social cues that stimulate desire to use." p. 62

"...the concept of addiction is an arbitrary label applied to those who consume intoxicants excessively…" p. 101

Cite cases of self-remitters who embrace disease concept, remain rigidly abstinent in spite of their lack of treatment or self-help involvement. p. 123

"...successful recovery without treatment in many ways resembles what transpires in effective treatment and even in self-help groups." p. 248

"...because of their decisions to quit alcohol and drug on their own rather than by entering the established treatment system, their addict identities are insignificant parts of who they *were* rather than large parts of who they *are*." p. 250

1999 Roizen, R. and Fillmore, K.M. (1999). The Coming Crisis in Alcohol Science. Presented at the 25th annual meeting of the Kettill Bruun Society for Social and Epidemiological Research on Alcohol, Montreal, Canada, May 31-June 4, 1999.

"…the alcoholism paradigm offered society something of a 'free ride' with respect to affecting the rates of alcohol problems in society. That is, focusing on alcoholism effectively **individuated** such problems, thus freeing society in general from the need for (potentially painful) structural changes on behalf of problem-minimization aims." p. 5