

**The Combined Addiction Disease Chronologies of  
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2000 - 2001**

The year 2000 continued many of the trends of the previous five years. Jeffrey Schaler provided a summation of anti-disease critics over the previous two decades and Ketcham and colleagues provided a restatement of the classic disease model. The debate over the disease concept continued to break out of the professional circles into the public domain in the form of both major newspaper coverage and television specials. Public and professional debate over major tenets of the disease model intensified in the face of two events: the involvement of the founder of Moderation Management in an alcohol-related crash that killed two people and the firing of the Director of the Smithers Addiction Treatment and Research Center over the question of appropriate treatment goals and methods.

In what might be one of the more enduring milestones of the year, Drs. McLellan, Lewis, O'Brien, and Kleber had an article published in the Journal of the American Medical Association that articulated to the greatest extent yet the conceptualization and treatment of addiction as a chronic medical illness.

- 2000 Schaler, J. (2000). *Addiction is a Choice*. Chicago: Open Court.
- “I maintain that ‘addiction’ is a myth. I deny that there is any such thing as ‘addiction’, in the sense of a deliberate and conscious course of action which the person literally cannot stop doing.” p. xv
- Schaler defines the “credo” of the disease model as follows (Quoted); included after each is Schaler’s “Credo of the Free-Will Model”:
- |          |   |
|----------|---|
| Dmodel   | 1. Most addicts (alcoholics) don’t know they have a problem and must be forced to recognize they are addicts (alcoholics).                          |
| FW model | 1. The best way to overcome addiction is to rely on your own willpower (You are the ‘higher power’.)  |
| Dmodel   | 2. Addicts (alcoholics) cannot control themselves when they take drugs (drink alcoholic beverages).   |
| FW model | 2. People can stop depending on drugs or alcohol as they develop other ways to deal with life.  |
| Dmodel   | 3. The only solution to drug addiction (alcoholism) is treatment.   |
| FW model | 3. Addiction has more to do with the environments people live in that with the drugs they are addicted to.  |
| Dmodel   | 4. Addiction (alcoholism) is an all-or-nothing disease: A person cannot be a temporary drug addict (alcoholic) with a mild drug (drinking) problem. |
| FW model | 4. People often outgrow drug and alcohol addiction.   |
| Dmodel   | 5. The most important step in overcoming addiction (alcoholism) is to acknowledge that you are powerless and can’t control it.                      |
| FW model | 5. Alcoholics and drug addicts can learn to moderate their drinking or cut down on their drug use.  |
| Dmodel   | 6. Complete abstinence, not moderation, is the only way to control  |

- drug addiction (alcoholism).
- FW model 6. People become addicted to alcohol and other drugs when life is going badly for them.
- Dmodel 7. Physiology alone, not psychology, determines whether one person will become drug-addicted (alcoholic) and another will not.
- FW model 7. Drug addicts and alcoholics can and often do find their own ways out of their addictions, without outside help.
- Dmodel 8. The fact that addiction (alcoholism) runs in families means that it is a genetic disease.
- FW model 8. You have to rely on yourself to overcome an addiction.
- Dmodel 9. People who are drug-addicted (alcoholic) can never outgrow addiction (alcoholism) and are always in danger of relapsing.
- FW model 9. Drug addiction is often a way of life people rely on to cope with, or avoid coping with, the world. Pp-4-5, 9)

“Teaching ‘addicts’ that they are physically different from ‘normal’ people tacitly gives them permission to act irresponsibly when they consume too much of their drug, as does teaching them that addiction is a hereditary defect.” p. 38-39

“Treatment providers advocating the disease model of addiction ignored the social, political, and economic context within which drug use occurs.” p. 121

“Addiction treatment is a scam...Addiction is not a disease and therefore cannot be medically ‘treated’ ...there is currently no ‘treatment’ for addiction that has been proved effective.” p. 141

2000 Miller, N.S. and Flaherty, J.A. (2000). *Journal of Substance Abuse Treatment*, 18:9-16.

“Studies have clearly demonstrated that addiction treatment is effective and cost beneficial in alcoholic and drug-addicted populations.” p. 13

“The preponderance of the research literature confirmed efficacy and cost benefits from coerced addiction treatment or providing addiction treatment in lieu of alternative consequences.” p. 14

2000 Kurtz, E. (2000). *Alcoholics Anonymous and the Disease Concept of Alcoholism*. Accepted for publication. *Alcoholism Treatment Quarterly*.

“Given the issues and prejudices involved, it is unlikely that the question of the historical relationship between Alcoholics Anonymous and the disease concept of alcoholism will ever be definitively resolved.” p. 1

“On the basic question, the data are clear: Contrary to common opinion, Alcoholics Anonymous neither originated nor promulgated what has come to be called the disease concept of alcoholism. Yet its members did have a large role in spreading and popularizing that understanding.” p. 2

“...most (A.A.) members, in the year 2000 no less than in 1939, will also tell an inquirer that their alcoholism has physical, mental, emotional, and spiritual dimensions. This advertence to complexity, and especially the emphasis on “the spiritual,” is A.A.’s largest contribution: it is the necessary framework within

which any discussion of A.A.'s relationship to the disease concept of alcoholism must be located." p. 2

"The closest the book *Alcoholics Anonymous* comes to a definition of alcoholism appears on p. 44, at the conclusion of the first paragraph of the "We Agnostics" chapter, where we are told that alcoholism "is an illness which only a spiritual experience will conquer." p. 2

"Among these statements is a reply Wilson gave when specifically asked about alcoholism as disease after he had addressed the annual meeting of the National [Catholic] Clergy Conference on Alcoholism in 1961:

*We have never called alcoholism a disease because, technically speaking, it is not a disease entity. For example, there is no such thing as heart disease. Instead there are many separate heart ailments, or combinations of them. It is something like that with alcoholism. Therefore we did not wish to get in wrong with the medical profession by pronouncing alcoholism a disease entity. Therefore we always called it an illness, or a malady B a far safer term for us to use.*

"As the parallel with "heart ailments" as well as the proffered synonyms suggest, Wilson is here hardly denying an understanding that includes a medico/physiological element in alcoholism." p. 3

"...why do so many members of Alcoholics Anonymous speak of their alcoholism in the vocabulary of disease? The answer is both simple and complex: simple because Alcoholics Anonymous, like any reality, reflects the context of its time; complex because A.A. has existed long enough that its context has changed . . . and, indeed, changed more than once." p. 3

"...what Dr. Silkworth offered was not some theoretical explanation of "alcoholism" but a potent description of the *alcoholic*. "What alcoholism is" was not among the chief worries of the earliest A.A. members. In fact, "what alcoholism is" has never been among the main concerns of later members of Alcoholics Anonymous. Consistently over time, members of Alcoholics Anonymous, especially *as* members of Alcoholics Anonymous, have been interested not in alcoholism but in alcoholics B in people rather than in things." p. 5

"As set forth in "The Doctor's Opinion" introduction to *Alcoholics Anonymous*, what A.A. learned from Dr. Silkworth was that:

*. . . the body of the alcoholic is quite as abnormal as his mind. It does not satisfy us to be told that we cannot control our drinking just because we were maladjusted to life, that we were in full flight from reality, or were outright mental defectives. These things were true to some extent, in fact, to a considerable extent with some of us. But we are sure that our bodies were sickened as well. In our belief, any picture of the alcoholic which leaves out this physical factor is incomplete.*

The doctor's theory that we have a kind of allergy to alcohol

interests us. As laymen, our opinion as to its soundness may, of course, mean little. But as ex-alcoholics, we can say that his explanation makes good sense. It explains many things for which we cannot otherwise account.” p. 6

“In 1938, while preparing the manuscript of the A.A. Big Book, Bill Wilson asked Dr. Bob Smith (a proctologist) about the accuracy of referring to alcoholism as disease or one of its synonyms. Bob’s reply, scribbled in a large hand on a small sheet of his letterhead, read: “Have to use disease B sick B only way to get across hopelessness,” the final word doubly underlined and written in even larger letters. Reading through the Big Book stories that mention Dr. Smith, one finds consistent emphasis on the thematic reminder that an alcoholic cannot safely drink alcohol ever again.” p. 7

“For what the earliest members of Alcoholics Anonymous did was not so much to embrace the already extant disease concept of alcoholism as to expand it. In the text of the book *Alcoholics Anonymous* itself, the word *disease* appears only once B in the term *spiritual disease*. And nearby, also on page 64, we read, “. . . we have been not only physically and mentally ill, we have been spiritually sick.” The contribution of Alcoholics Anonymous is not the idea of *disease* but of *threefold* disease -- the realization that the alcoholic had problems in the physical, the mental, and the spiritual realms, the clear understanding that alcoholism is “an illness which only a spiritual experience will conquer.” p. 12

“The book *Alcoholics Anonymous*, then, except for “The Doctor’s Opinion,” says little about disease and certainly attests that Alcoholics Anonymous did not originate the disease concept of alcoholism.” p. 14

“Invited under the auspices of Dr. Harry Tiebout to present a paper at the Annual Meeting of the Medical Society of the State of New York on May 9, 1944, co-founder Bill Wilson responded with the article published as ‘Basic Concepts of Alcoholics Anonymous.’ The piece delineates A.A.’s debts to both medicine (at times, ‘psychiatry’) and religion, opening, after a brief, one-paragraph description of Alcoholics Anonymous, with the words: ‘Alcoholics Anonymous,’ or ‘A.A.,’ popularly so-called, has but one purpose B one objective only B ‘To help other alcoholics to recover from their illness.’” Wilson then continues in a way that foreshadows what will soon become the significant A.A. central emphasis on the *threefold* nature of the alcoholic malady:

*It is from you gentlemen we learn that alcoholism is a complex malady; that abnormal drinking is but a symptom of personal maladjustment to life; that, as a class, we alcoholics are apt to be sensitive, emotionally immature, grandiose in our demands on ourselves and others; that we have usually “gone broke” on some dream ideal of perfection; that, failing to realize the dream, we sensitive folk escape cold reality by taking to the bottle; that this habit of escape finally turns into an obsession, or, as you gentlemen put it, a compulsion to drink so subtly powerful that no disaster, however, great, even near death or insanity, can, in most*

*cases, seem to break it; that we are the victims of the age-old alcoholic dilemma: our obsession guarantees that we shall go on drinking, but our increasing physical sensitivity guarantees that we shall go insane or die if we do.*

*When these facts, coming from the mouths of you gentlemen of science, are poured by an A.A. member into the person of another alcoholic they strike deep -- the effect is shattering.* pp. 17-18

“The book *Twelve Steps and Twelve Traditions* says little about the disease concept of alcoholism; it offers much on all aspects of the spiritual dimensions of the alcoholic condition.” p. 20

“In both *Twelve Steps and Twelve Traditions* and *Alcoholics Anonymous Comes of Age*, more important than what is there is what is *not* there. Here, in two of the three major texts of Alcoholics Anonymous, there appeared no discussion and bare mention of “disease,” much less of the disease concept of alcoholism. This is a not insignificant omission. Yes, many members of Alcoholics Anonymous did speak in terms of their alcoholism as disease. But its paucity of mention in the officially published works of the period suggests that this understanding was hardly central to the thought of Alcoholics Anonymous...The reality of disease was a matter of assumption but not necessarily of conviction. If it were as central as some claim, we would hear more about it in these two cornerstone works of what some like to call “the A.A. ideology.” p. 21

“...in May 1952, an article titled AAA and GPs: Family Doctors Study the ‘Problem Drinker’” listed speakers at the Fourth Annual Scientific Assembly of General Practice. Bill Wilson noted in the piece that “It was a little doctor who loved drunks, the late William Duncan Silkworth, who first told me that alcoholism was a disease, and gave me thereby an indispensable basis for AA’s later developed therapy.” p. 22

“Also first published by the General Service Office (later “Alcoholics Anonymous World Services”) in 1952 was the still-in-print-in-2000 A.A. pamphlet, “A.A. B 44 Questions.” Since some tend to refer to this brochure out of context, here is its complete answer to the question, “What is Alcoholism?”

**“What is Alcoholism?** There are many different ideas about what alcoholism really is. The explanation that seems to make sense to most A.A. members is that alcoholism is an illness, a *progressive* illness, which can never be cured but which, like some other illnesses, *can* be arrested. Going one step further, many A.A.s feel that the illness represents the combination of a physical sensitivity to alcohol and a mental obsession with drinking, which, regardless of consequences, cannot be broken by willpower alone [italics in the original].” p. 23

“Did A.A.s use the disease concept of alcoholism? Yes. Did A.A.s or A.A. originate or re-discover or dogmatically push the disease concept of alcoholism? Clearly, No.” p. 23

“Apparently caught up in the excitement of the moment (the Hughes Act), the October 1970 AAGV printed an “adapted” version of an article originally

published as “For Beginners” in the August 1958 AAGV: “Alcoholism is a Disease: The Essence of AA.” The piece opened: “Alcoholism is a disease. AA was the first to give me this bit of information.” (p. 13). The writer did go on to note that “alcoholism is a disease with physical, mental and spiritual dimensions,” referring to it as a “serious, insidious, progressive disease” that becomes a “disease of despair and fear” (p. 15), but the emphasis clearly was on “the physical.” The reprinting of this article...reflects the complexity of the impact of treatment programs on A.A. as that impact intensified.” p. 32

“When A.A. finally did issue its first post-Wilson book, *Living Sober*, in 1975, the content accented the spiritual. There is little mention of disease or illness...” p. 34

“The published AAGV reflects this complex story. Before the mid- to late 1980s there had been occasional letters or comments of complaint over such matters as local treatment centers dropping busloads of their patients at A.A. meetings. Reader opinion was divided on this issue as on most others. But by the late 1980s that began to change. More consistently now, older members observed that newcomers who had been in treatment programs seemed to come to A.A. to teach rather than to learn. And one of the big things about which they wanted to teach was the disease of alcoholism.” pp. 39-40

“The net result so far as Alcoholics Anonymous and the disease concept of alcoholism is concerned in the year 2000? My sense is that most knowledgeable A.A. members will acknowledge that while “allergy” is not really accurate, the description that Dr. William Duncan Silkworth offered in “The Doctor=s Opinion” does reflect their own experience, and so that is the message they carry to other alcoholics. To most others, they do not bother talking about the subject.” p. 40

2000 Ketcham, K. and Asbury, W. with Schulstad, M. and Ciaramicoli, A. (2000). *Beyond the Influence: Understanding and Defeating Alcoholism*. New York: Bantam Books.

“Alcoholism is not a mysterious illness, nor is it “willful misconduct.” Alcoholism is a true medical disease rooted in abnormalities in brain chemistry-- biochemical aberrations that are inherited by the great majority of alcoholics and, in some cases, acquired through intense and sustained exposure to alcohol and other drugs.” p. 4

“Physiology, not psychology, determines whether one drinker will become addicted to alcohol and another will not.” p. 4

“Alcohol is a *selectively* addictive drug; only a minority of drinkers will experience the need or desire to consume alcohol in sufficient quantities and over a long enough period of time to become physically addicted to it.” p. 5

“Alcoholics, who by definition suffer from permanent brain addiction, can never safely return to drinking.” p. 6

“Alcoholism is a progressive neurological disease strongly influenced by genetic vulnerability...Alcoholism is caused by biochemical/neurophysiological

abnormalities that are passed down from one generation to the next or, in some cases, acquired through heavy or prolonged drinking.” p. 46

2000  
(June 7<sup>th</sup>) “20/20 Television Special on Alcoholism  
“news” part of story focuses on challenges to the validity of the disease concept of alcoholism

2000  
(June 24) Massing, Michael Seeing Drugs as Choice or as Brain Anomaly. New York *Times*.  
General pros and cons of disease concept.  
Sally Satel on her objections to the disease concept. “It (disease concept) appears to reduce a complex human activity to a slice of damaged brain tissue. Second, and most important, it vastly underplays the reality that much of addictive behavior is voluntary.”  
Dr. Alan Leschner quote: “addiction is a brain disease expressed as compulsive behavior; both its development and the recovery from it depend on the individual’s behavior.”

2000 New York and California (the former by judicial mandate, the latter by passage of Proposition 36) move to shift emphasis from incarcerating drug users to diverting them to treatment.

2000 McLellan, A.T.; Lewis, D.C.; O’Brien, C.P. and Kleber, H. (2000). Drug Dependence, A Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation. *Journal of the American Medical Association*, 284(13): 1689-1695.

Evidence that excessive AOD use is viewed as a social problem rather than a medical problem:

1. Most medical schools do not teach a course on addiction
2. Most physicians do not screen for addiction
3. 40-60% of physicians surveyed believe there are no medical intervention that are effective in treating addiction.

If drug dependence is more like a chronic illness, the appropriate standards for treatment and outcome expectations would be found among other chronic illnesses. p. 1689

“There are many illnesses in which voluntary choice effects initiation and maintenance, especially when these voluntary behaviors interact with genetic and cultural factors.” p. 1690

“In terms of vulnerability, onset, and course, drug dependence is similar to other chronic illnesses, such as type 2 diabetes, hypertension, and asthma.” p. 1693

“Like other chronic illnesses, the effects of drug dependence treatment are optimized when patients remain in continuing care and monitoring without limits or restrictions on the number of days or visits covered.” p. 1694

“...it is essential that practitioners adapt the care and medical monitoring

strategies currently used in the treatment of other chronic illnesses to the treatment of drug dependence.” p. 1694

- 2000 Trimpey, J. (2000). Rational Recovery and Professional Issues. [Http://www.rational.org/Professional.issues.html](http://www.rational.org/Professional.issues.html) (Downloaded December 3, 2000)  
“Addiction treatment is invariably a harmful practice, because the client is told that substance abuse is a symptom of hidden causes, either physiological or psychosocial.” p. 1  
There could not be a more confused, incoherent, counterproductive, unethical, unscientific, and harmful approach to addiction recovery than the disease/treatment/recovery-group concept of addiction that prevails in our social service system.” p. 1-2  
“There is no help for addicted people, and a professional you ought to know this. Addicted people will have to quit drinking and using, not a great accomplishment for any of them, but your “help” is only a distraction from, an often an obstacle to, their very serious task.” p. 3
- 2001 Ogilvie, H. (2001). *Alternatives to Abstinence: A New Look at Alcoholism and the Choices in Treatment*. New York: Hatherleigh Press  
“Drinking problems do not occur as a result of a disease process. Drinking is a learned behavior...” p. x  
“All of the classic disease theories of alcoholism hang their hats on the presence of one or more of the following factors: irreversibility, progression of increasing alcohol consumption and physical deterioration, loss of control, craving and physical dependence. Researchers have demonstrated, however, that these factors are not always or significantly at play in people diagnosed as alcoholics.” p. 53
- 2001 Roizen, R. (In Press). How Does the Nation’s ‘Alcohol Problem’ Change From Era to Era? Stalking the Social Logic of Problem-definition Transformation since Repeal. In: Trace, S. and Acker, C., Eds. *Altering the American Consciousness: Essays on the History of Alcohol and Drug Use in the United States. 1800-1997*. University of Massachusetts Press.  
[Marty] Mann’s great enterprise had in effect converted the disease-concept theme from a promotional slogan into 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. 6