

**The Combined Addiction Disease Chronologies of
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
1979 - 1983**

The addiction disease debate continued in the years 1979-1983 with critics continuing to challenge many of the basic tenets of the disease concept (Rohan, 1982; Mulford, 1982). By 1982 disease advocates had begun writing lengthy defenses of the disease concept (Keller, 1982; Wallace, 1983; Blume, 1983; Kisson, 1983). The period also witnessed the application of Engel's biopsychosocial model to the treatment of addiction (Ewing, 1980), a more complete elaboration of the public health model (Beauchamp, 1980) and the emergence of new treatment protocol with goals other than total abstinence (Miller and Munon, 1982; Vogler and Bartz, 1982).

1979 Avram Goldstein concludes tests on LAAM (a long-acting opiate maintenance drug) and recommends it as the maintenance drug of choice; trials elsewhere in the U.S. find good results. (Acker)

1979 Rubin, J. (1979). Shifting Perspectives on the alcoholism treatment movement 1940-1955. *Journal of Studies on Alcohol*, 40:376-386.

Cites two private studies commissioned by the alcohol industry in the 1940s that recommended that distillers support the emerging alcoholism movement while trying to influence that movement in such key ways as replacing the words "alcoholic" and "alcoholism" on the grounds: Why point to the bottle when men are the source of the problem. They wanted the terms replaced with "problem drinker" or "chronic drinker." p. 384

1979 Kurtz, E. (1979). *Not God: A History of Alcoholics Anonymous*. Center City, MN: Hazelden.

AA's conception of alcoholism was heavily influenced by Silkworth's portrayal of alcoholism in terms of allergy, obsession and compulsion.

"The core idea of Alcoholics Anonymous was primarily the concept of the hopelessness of the condition of alcoholism. That most people in mid-twentieth century America found this hopelessness most understandable couched in terms of "disease," "illness," or "malady" derived from the historical context and revealed more about the culture than about Alcoholics Anonymous." p. 34

Quoted from p. 122 "The significance of understanding alcoholism as "illness," "malady," or "disease" rather than as "*symptom*" was profound...Medical men understood that the debate was neither an idle pastime nor merely a product of the academic mind. 'If... alcoholism is regarded as a symptom, then the treatment program is designed to cure the underlying disease': [whereas regarding] addictive drinking itself as an illness [leads to directing efforts] toward 'the breakup of the sequence of activities involved in addictive drinking.'" The premier example of this latter approach was Alcoholics Anonymous.

"Only slowly did A.A. members achieve any degree of comfort in calling

themselves “alcoholic.” In time, the term even took on a positive connotation for some of them, especially as distinguished from *drunk* or *problem drinker*.” p. 195

AA generally avoided use of the term “disease” and avoided any over-medicalization in the formulation of alcoholism by stressing its threefold nature: physical, mental, spiritual. p. 199

“...the Alcoholics Anonymous understanding of alcoholism begs for explanation within the insight that disease can also be a metaphor.” p. 200

“...alcoholism as a disease metaphor intends neither to deny nor to affirm the objective reality of alcoholism as a disease.” p. 201

“...Alcoholics Anonymous itself never treats directly *alcoholism*, but rather directs its attention to the *alcoholic*--the subject of the disease.” p. 202

- 1980s Private treatment facilities based on Twelve-Steps (the “Minnesota Model”) proliferate.
- Ca. 1980 A new definition of addiction focuses on compulsive use, use that is out of control, and use that continues in spite of adverse consequences. This definition arises in the context of treating dependence on illicit drugs and reflects, in part, growing pattern of polydrug use among those seeking treatment. Independent of any particular drug or drug class this definition offers a dependence model that can apply to any drug that produces these behavioral patterns. The focus is on behavior rather than on underlying psychology. It warrants an earlier treatment intervention than do definitions that focuses on late-stage tissue damage. (Acker)
- 1980 DSM-III concept of alcoholism is shaped by desirability of specific criteria, the distinction between dependence and drug-related problems that do not involve dependence, and the notion of a continuum of dependence (Jaffe 1994); distinguished dependence and abuse; diagnosis emphasized tolerance, withdrawal and social impairment. Term “addiction” is replaced with “dependence.” (See Kosten and Kosten, 1991 and Blume 1983; Miller & Gold, 1991) Adoption of the term “abuse” reflected a return to earlier views that excessive alcohol/drug consumption were under volitional control and a reflection of characterological deficits.
- The evolution of DSM reflects a shift from preoccupation with tolerance, craving, withdrawal and other biological consequences of AOD use to new dimensions of obsession (preoccupation), compulsion and relapse. (Miller and Gold, 1991, p. 287)
- 1980 Engel, G.L. (1980). The Clinical Application of the Bio-psychosocial Model. *American Journal of Psychiatry*, 137:535-544.
- “The value of a scientific model is measured not by whether it is right or wrong but by how useful it is. It is modified or discarded when it no longer helps to generate and test new knowledge. Dogmas, in contrast, maintain their influence through authority and tradition.” p. 543

- 1980 Ewing, J.A. (1980). Alcoholism—Another Biopsychosocial Disease. *Psychosomatics*, 21:371-372.
 “Today, no clinician is content to regard diabetes as a single disease. In a similar way I believe that we have to begin to recognize subtypes of alcoholism.” p. 371
 “Secondary alcoholics, once given relief for underlying causes, *may* sometimes regain control of their drinking and return to social drinking patterns.” p. 372
- 1980 Medline references for “alcoholism” decrease as references for “substance abuse” increase. (Roizen, personal communication)
- 1980 Beauchamp, D. (1980). *Beyond Alcoholism: Alcohol and Public Health Policy*. Philadelphia: Temple University Press.
 “The concept of alcoholism is centrally about a substance it mostly ignores—alcohol.” p. 6
 “The emerging consensus...is that alcoholism is a ‘myth,’ in the sense that it claims that alcoholism constitutes some unique definable clinical entity.” p. 82
 “...as many as half of those individuals reporting frequent, heavy drinking as a problem will indicate, three years later, that this is no longer a problem, while at the same time their place will be taken by other individuals reporting the same problems.” p. 83
 “Our explanation for alcohol problems must become more detailed and complex by including reference to such factors as: culture and legal restraints, economic variables, and social contexts that directly shape drinking behavior. This shift in emphasis will still permit us to speak of the individual consequences of heavy alcohol consumption, including addiction and other disabilities. It will avoid, however, the endless search of the “stuff” that alcoholics and social drinkers are made of.” p. 93
 “The myth of social drinking...located the source of society’s alcohol problems solely within the skin of the alcoholic, forcing the moral gaze of society away from the larger issues surrounding alcohol and the conditions of its availability in society.” p. 95
- 1980 Orcutt, J.D. (1980). Professional and Public Conceptions of Alcoholism. *Journal of Studies on Alcohol*, 41:652-661.
 “Whatever its scientific merits, the disease conception of alcoholism has served as an effective ideological tool in the efforts of these groups to expand their influence on public policy and to replace punitive controls with more therapeutic responses to deviant drinkers.” p. 653
 “...greater endorsement of the medical view is accompanied by at least a partial redefinition of alcoholics from ‘enemy deviants’ to ‘sick deviants.’” pp. 659-660
 “...The alcoholism movement has not been particularly effective in removing the stigma from the condition of alcoholism.” p. 660

- 1980 Dole, V. (1980). Addictive Behavior. *Scientific American*, 243, December, 138-140, 142, 144, 146, 148, 150, 154.
 “The oldest treatment of addiction is detoxification (a term left over from an obsolete theory that addicts suffer from an accumulation of toxins in the body).” p. 138
 “As with efforts to control plagues in the Middle Ages, today’s governmental policies toward addiction are politically determined, contradictory and ineffective. The situation is not likely to improve until the biological factors underlying addiction have been discovered.” p. 142
 “No program (maintenance or drug-free) that has treated addicts of comparable severity and followed them for three years or more after discharge has presented any evidence of better long-term results. Although a minority of subjects with a history of serious addiction can remain abstinent after discharge from treatment (or become so without treatment), most cannot. For the majority continued maintenance is needed for normal functioning.” p. 150
- 1981 The U.S. Postal Service issues a stamp: “Alcoholism: You Can Beat It!”
- 1981 The Certification Reciprocity Consortium/Alcohol and Other Drug Abuse (CRC/AODA) is created; its existence reflects the growing professionalization of the addiction treatment field and the increasing acceptance of an addiction model that includes all drugs. (White, 1998, 275) (Acker)
- 1981 WHO memorandum endorses concept of drug dependence and a syndrome that exists in degrees and can be inferred from the way drug use takes priority over the user’s previous life values.
- 1981 Lender, M. (1981). The Disease Concept of Alcoholism in the United States: Was Jellinek First? *Digest of Alcoholism Theory and Application*, 1(1):25-31.
 A brief account of the work of Crothers and other 19th century inebriety specialists used to underscore the fact that the disease concept had deep roots long before Jellinek and others used the concept as the centerpiece of a modern alcoholism treatment movement.
- 1981 Katz, Dolly (1981). The Concept of Alcoholism as a Disease Doesn’t Work. *Detroit Free Press*. March 21, p. 11B.
 Notes growing dissent regarding the notion that alcoholism is a disease.
 “Insistence that alcoholism is a disease, and must be treated as such, may discourage the development of new, and perhaps more effective, ways of treating the problem.”
- 1981 Tuchfield, B. (1981). Spontaneous Remission in Alcoholics: Empirical Observations and Theoretical Implications. *Quarterly Journal of Studies on*

Alcohol, 42(7):626-641.

- 1981 Watts, T. (1981). The Uneasy Triumph of a Concept: The 'Disease' Conception of Alcoholism. *JDI*, 11(Fall):451-60.
- 1981 Seixas, F.A. (1981). What: Still using that old term alcoholism? And still calling it a disease? *British Journal on Alcohol and Alcoholism*, 16(2):78-87.
Attribution to AA: "Alcoholics Anonymous took as its foundation the disease concept of alcoholism rather than moral weakness." p. 79
"Perhaps this old threadbare term (alcoholism) and this remarkably ubiquitous disease, will go on together, and be attacked together, despite efforts of many to define them out of existence." p. 82
In response to epidemiological studies noting those moving in and out of patterns of abuse (particularly young men), Seixas responds: "There is no disease which does not have its *formes frustes*, its people who are exposed and fail to go forward into the full clinical picture." p. 83
He quotes Room as having noted that "epidemiological truth is not the same as having clinical truth" and argues that caution should be exercised in using epidemiological findings on the general population to guide interventions into the lives of clinical populations. p. 84
- 1981 Seixas, F.A., (1981). Alcoholism. In: S.J. Mule, Ed., *Behavior in Excess*. New York, NY: Free press, pp. 120-131.
"The social invention of AA was originally a makeshift pastiche that happened to work and persisted because of the organizational genius of its founder. But the alcoholic patients themselves had pioneered the concept of disease, which in a new way mixed components of physical and psychiatric illness." p. 126
"A good reason for characterizing alcoholism as a disease is that the same pharmacological quality responsible for many of its behavioral symptoms, the development of tolerance, also underlies the multiple organ damage that ensues over the long term." p. 129
- 1981 Hore, B.D. (1991). Disease Concept of Alcoholism. In: D.J. Pittman and H.R. White, Eds., *Society, Culture, and Drinking Patterns Reexamined: Alcohol, Culture, and Social Control* Monograph Series, Brunswick, NJ: Rutgers Center for Alcohol Studies, pp. 439-454.
"If alcoholism is not viewed as a disease, then it is not a matter primarily to be dealt with by medical intervention." p. 441
"The major implication of labeling a condition as a disease is that doing so places it within the health sphere." p. 446
"...the main criticisms of labeling alcoholism as a disease is that doing so: (1) removes responsibility from the individual for his or her own condition, (2) fosters an unwillingness on the part of individuals to pay attention to their symptoms in the early stages of an alcohol problem, and (3) tends to encourage

perpetuation of the notion of an irreversible drinking pattern.” p. 446

- 1981 Zinberg, N.E. (1981). Alcohol Addiction: Toward a More Comprehensive Definition. In: M.H. Bean, and N.E. Zinberg, Eds., *Dynamic Approaches*, York, NY: Free Press, pp. 97-127.

Notes importance of distinguishing between the “heavy drinker who will never become an alcoholic and the problem drinker who is actually in an early phase of alcoholism.” p. 100

AA Attribution: “A.A....uses the disease concept of alcoholism as the cornerstone of its program.” p. 104

The disease model posits an inherent biological defect as the source of alcoholism and implicitly holds out the promise of a future medical cure. p. 105

Attributes low alcohol problems to cultures that “prepare their own alcoholic beverages and consume them in family, cross-sex, and cross-generational groups on ritual occasions with food and with strong proscription against violence.” p. 111

- 1981 Room, R. (1981). A Farewell to Alcoholism? A Commentary on the WHO 1980 Expert Committee Report. *British Journal of Addiction*, 76:115-123.

On the “Jellinek Chart”: “Phases of Alcohol Addiction,” the source document for the chart of symptoms of alcoholism--which (often with Glatt’s addition of the symptoms of recovery) is perhaps the most widely distributed artifact of the alcoholism movement...” p. 116

Notes the WHO Expert Committee’s substitution of ‘alcohol dependence syndrome’ for alcoholism on the grounds that the latter term was “being abandoned in scientific discourse.” p. 116

- 1981 Rodin, M.B. (1981). Alcoholism as a Folk Disease: The Paradox of Beliefs and Choice of Therapy in an Urban American Community. *Journal of Studies on Alcohol*, 42:822-885.

“...the disease concept did not replace moral conceptions. Rather, the attribution of sickness appeared to have been added to and combined with attributions of moral failure and mental illness.” p. 822

“Illness then, as opposed to disease, is a cultural construct, and the particular grouping of symptoms into named classes of illness is specific to cultural and subcultural groups. Since such classes may not correspond to scientific disease classes, treatment for folk illnesses is reasonably sought from folk healers.” p. 824

“That it often defies scientific medical treatment but frequently yields to lay therapy, Alcoholics Anonymous, thus suggests that alcoholism fits the description of a folk illness.” p. 824

“It appears, then, that promotion of the disease model has had the paradoxical effect of increasing the heterogeneity of concepts of alcoholism and of simultaneously promoting not professional but lay modes of therapy.” p. 832

“...the majority of community residents surveyed endorsed a disease designation

of alcoholism while rejecting medical and professional therapy in favor of AA. That the disease of alcoholism is as much a cultural construct as a set of physical and behavior pathologies is evident in this apparently paradoxical pattern of beliefs. Designating alcoholism a folk disease resolves the paradox and in no way trivializes the severity of the disorder.” p. 833

1981 Marsha Rosenbaum’s *Women on Heroin* is published. This is an important example of the urban ethnographies of drug use that have proliferated since the early 1970s, when the National Institute on Drug Abuse became interested in research on drug-using groups; at the same time, a generation of sociologists and ethnographers becomes interested in the study of deviant subcultural groups. Rosenbaum uses Becker’s career concept of deviance to portray women addicted to heroin as caught in a series of narrowing options for conventional life as their drug use contributes to disorganization of their lives. (Acker)

1982 Marjot, D. (1982). Disease Concept of Alcoholism Redefined. In: P. Golding, Ed., *Alcoholism: A Modern Perspective*, Lancaster, England: MTP Press, pp. 79-86.

Alcoholism can be conceptualized as a disease with an etiological agent, an etiological process (epidemiology, pathogenesis), and a clearly defined syndrome (a collection of symptoms (patient-described) and signs (clinician observed). p. 80-81

Attacks on the disease concept of alcoholism often miss their target by confusing this concept with AA and what they describe as the “AA model of treatment.” p. 83

“If the disease concept of alcoholism is discredited then so is the power and privilege of the medical profession in the field of alcoholism.” p. 85

“...it is inappropriate to overthrow the disease concept of alcoholism by reason of professional rivalries.” p. 85

Marjot claims that the disease concept is not invalidated by the following: (Quoted from article)

“(1) that there are contemporary criticisms of the symptoms of loss of control, craving and compulsive drinking;
(2) that some patients’ drinking ceases to be damaging (return to social drinking) for a variety of reasons;
(3) that some alcoholics have not yet suffered harm;
(4) that some alcoholics appear stable in their dependence;
(5) that (by misuse of metaphor) you cannot distinguish between alcoholics and other drinkers.” p. 85

Marjot also notes the following additional criticisms (also quoted)

“(6) if alcoholism is called a disease, alcoholics will take advantage of being sick;
(7) to call alcoholism a disease is to put people off admitting they have a problem;
(8) the diagnosis, “alcoholism,” stigmatizes such people;
(9) the diagnosis “alcoholism” provides patients with an excuse to drink.” p. 86

- 1982 79% of American public agree to the proposition that “alcoholism is a disease.” (Gallup Report, November, 1985, p. 32)
- 1982 Laundergan, “Posttreatment Alcoholics Anonymous Attendance and Treatment Outcome.”
 “It should not be concluded, however, that the disease concept is assumed to be either correct or incorrect in the Hazelden conceptualization of alcoholism, but rather that it is a convenient and necessary metaphor; ... the disease concept is too limited for the full understanding of alcoholism, a complex, multiphasic, existential condition of dis-ease.”
- 1982 Pendery, M.L., Maltzman, I.M., and West, L.J. (1982). Controlled Drinking by Alcoholics? New Findings and Reevaluation of a Major Affirmative Study. *Science* 217:169-175.
 “The results of our independent follow-up of the same subjects, based on office records, affidavits, and interviews, stand in marked contrast to the favorable controlled drinking outcomes reported by the Sobells and Caddy, et al. Our follow-up revealed no evidence that gamma alcoholics had acquired the ability to engage in controlled drinking safely after being treated in the experimental program.” p. 174
- 1982 Keller, Mark (1982) On Defining Alcoholism: With Comment on Some Other Relevant Words. In: Gomberg, et al, *Alcohol, Science and Society Revisited*. New Brunswick, NJ: Rutgers Center of Alcohol Studies, pp. 119-133.
 On “alcoholism”: “Its meaning was popularly enriched--and thereby technically impoverished.”
 Jellinek constructed his own definition of alcoholism (“any use of alcoholic beverages that causes any damage to the individual or society or both” only to then declare the definition as “useless” because of its vagueness. p. 124
 “...the conception of disease should not be applied to mere heavy drinking, or mere misbehaving with alcohol, or mere getting into trouble on account of drinking, or mere getting drunk x times. The conception of alcoholism as disease applies only to those who manifest the symptoms of addiction.” p. 126
 Notes that inebriety was a much better umbrella term than alcoholism to convey the whole spectrum of problems caused by alcohol. p. 128
- 1982 Keller, M. (1982). The Disease Concept of Alcoholism Revisited. *Quarterly Journal of Studies on Alcohol*, 37:1694-1717.
 (From 1983 The Disease Concept of Alcoholism Briefly Revisited. *Alcoholism* July/August. p. 16.)
 Those who think the American Medical Association “recognized” alcoholism as a disease only in 1956 have not read the 1956 A.M.A. statement. It admonished the hospitals that they must admit alcoholics like other sick people, thus indirectly

confirming what American medical authorities had recognized since the earliest days of the Republic.” p. 16

“...the popularizers of the disease concept did not invent the disease concept. By the 1940s it didn’t need inventing. It needed only publicizing.” p. 16

- 1982 Keller, M. (1982). Perspective on Medicine and Alcoholism. *Alcoholism: Clinical and Experimental Research*, Vol 6., pp. 327-332.
Refers to a “revisionist attack on the disease concept of alcoholism” p. 327
Noting that disease critics assert that disease advocates set for the disease concept for humanitarian reasons, Keller reflects: “...there is an obvious implication, in this statement, that there was something not quite honest about it-- an implication that we knew darn well it is not a disease but, for forgivably humane reasons, we planted the idea that it is a disease.” p. 329
Regarding what he calls the “Anti-diseaseniiks,” “What is their solution?” p. 330
- 1982 Miller, W.R. and Munoz, R.F. (1982). *How to Control Your Drinking*. Rev. ed. Albuquerque: University of New Mexico Press.
Techniques for moderating alcohol consumption
- 1982 Vogler, R.E. and Bartz, W.R. (1982). *The Better Way to Drink*. New York: Simon and Schuster.
Approaches to moderate drinking
- 1982 Waldorf, D. and Biernacki, P. (1982). Natural Recovery from Heroin Addiction: A Review of the Incidence Literature. In: Zinberg, N.E, and Harding, W.M. Eds., *Control over Intoxicant Use: Psychopharmacological, Psychological and Social Considerations*. New York: Human Science Press.
“...addicts who do not go to treatment recover at approximately the same rates as those who go to treatment.” p. 173
Historical review of natural recovery
B 1962 Winick’s maturing out study
B 1966 Scharse study of 71 ex-heroin users who quit without treatment
B 1967 Robins St. Louis study: 10% addicted; only 2% ever treated
B 1973 Vaillant follow-up study: 2 able to go for 2 years without being reported to BNDD
B 1973 Robins study of returning Vietnam veterans; only 10% used on return and only 1% became re-addicted.
B 1976 O=Donnell: those entering treatment are those who are least likely to succeed at terminating heroin use.
Conclusions: “...significant numbers of heroin addicts naturally recovery from their addiction without treatment intervention.” p. 179
- 1982 Heather, N., Winton, M, and Rollnick, S. (1982). An Empirical Test of a Cultural Delusion of Alcoholics. *Psychological Reports*, 50:379-382.

In a study of the relationship between beliefs about drinking and ability to control drinking, it was found that alcoholics who did not believe or had never heard of the axiom that a single drink would lead to drunkenness were more likely to be able to drink without problems in the 6 months following discharge from treatment than those alcoholics who believed in this axiom.

1982

Rohan, W.P. (1982). The Concept of Alcoholism: Assumptions and Issues. In: Pattison, E.M. and Kaufman, E. Eds. *Encyclopedic Handbook of Alcoholism*. New York: Gardner Press, pp. 31-39.

“...the attempt clearly to define the meaning of alcoholism has failed simply because there is no specific entity to be defined. The term ‘alcoholism’ is merely a convenient shorthand label for selected events involving alcohol use and damage, not the name of an actual entity.” p. 31

“The destructiveness of some drinking schedules and their persistence, despite horrendous consequences, makes it seem that some terrible power is operating that victimizes the individual ...This has fostered the concept of ‘alcoholism’ as an imputed ‘ghost’ accounting for observable events...the ghost in the machine represents a projection and transformation of our words and ideas into a thing of power disguised in the sophisticated and respectable language of medicine. This assumes a solution and assurance that something is there soon to be discovered and controlled.” p. 32

‘alcoholic’ and ‘social drinker’ are obfuscating terms that serve to differentiate certain segments of the drinking population on dubious assumptions.” p. 36

“...alcoholism is simply a construct that may misconstrue reality.” p. 37

1982

Mulford, H. (1982). The Epidemiology of Alcoholism and its Implications. In: Pattison, E.M. and Kaufman, E. Eds. *Encyclopedic Handbook of Alcoholism*. New York: Gardner Press, pp. 441-457

“It remains to be demonstrated that alcoholism is anything more than a supposition, a concept, lying more in the head of the observer than in the body of the observed.” p. 442

“Viable though the disease hypothesis may still be, alcoholism as a disease entity remains a thing attributed to persons given the label ‘alcoholic’ to explain their drinking and related behavior. However, such an explanation will remain a mere tautology until ‘alcoholism’ is defined in terms independent of the drinking and related behavior it is supposed to explain.” p. 444

“Epidemiological findings...suggests that alcohol abuse is more of a people problem involving judgments, values, and so forth, and less of a technical problem amenable to a quick fix, as the disease concept and medical model lead us to suppose.” p. 455

1983

“Narcotics Anonymous” (White Booklet) (1983). Van Nuys, CA: NA World Service Office, Inc.

“We are people in the grip of a progressive illness whose ends are always the

same: jails, institutions and death.” p. 1

“After coming to N.A. we realized we were sick people suffering from a disease like Alcoholism, Diabetes or Tuberculosis. There is no known “Cure” for these--all however, can be arrested at some point and “recovery” is possible.” p. 3

“Many consider continuous abstinence and recovery as noteworthy and therefore synonymous...We in the recovery program of Narcotics Anonymous have noted with some satisfaction that many of the relapsers, when again active in their prime or substitute addiction, have dropped many of the parallel behaviors that characterized them in the past. This change alone is significant to us.” p. 8

“Quality and quantity is the most important aspect of abstinence. Emotional sobriety in reality is our goal, not mere physical abstinence.” p. 10

1983 The American Society on Alcoholism and Other Drug Dependencies is founded to oversee a board certification specialty in addiction medicine and improve physician education on addiction; the group's name is later changed to the American Society of Addiction Medicine (ASAM). (White, 1998, p. 272) (Acker)

1983 Alcoholism: Is a Shift in Paradigm Necessary? Reprinted in Wallace, J. (1989). Writings: The Alcoholism Papers. Newport, RI: Edgehill Publications.

“Spontaneous remission of unknown frequency and duration does occur in alcoholism as it does in many other diseases.” p. 23

“It is probably more useful to trace the development of specific biomedical and psychosocial outcomes over time than to posit a single, uniform course.” p. 28

“While particular elements of the basic (disease) paradigm require continuing reformulation as new information is generated from research in areas such as psychobiology, neuropharmacology, pharmacogenetics, and behavioral genetics, a radical shift in paradigm does not appear justified on strictly empirical grounds at the present time.” p. 31

1983 Blume, S.B. (1983). The Disease Concept of Alcoholism. *Journal of Psychiatric Treatment and Evaluation*, 5:471-478.

“...there will turn out to be a number of alcoholisms.” p. 471

“The medical model, in spite of all the criticism leveled against it by those who interpret this model in its narrowest sense, is a most useful approach to conceptualizing alcoholism.” p. 473

“The disease or syndrome model fits the known facts about alcoholism reasonably well, when viewed in the wider, biopsychosocial concept of disease.” p. 473

“...unless and until a better model comes along--one that adequately serves the public interest and has no serious disadvantages--we ought to stick with Seneca, Benjamin Rush, Thomas Trotter, E.M. Jellinek, and Mark Keller. We ought to continue to regard alcoholism as a disease.” p. 478

1983 Blume, S.B. (1983). *Disease Concept of Alcoholism Today*. Minneapolis, MN:

Johnson Institute.

Cited advantages: (1) useful in treatment (“lifts a large burden of irrational guilt”), (2) socially useful (“encourages the establishment of treatment facilities rather than jails and prisons to deal with alcoholism”), (3) provides a helpful framework for studying alcoholism.

Cited objections: (1) moral objections (Relieves the alcoholic of responsibility or according to Beauchamp blames the alcoholic for the social problem of alcoholism), (2) interferes with recovery (increases stigma), (3) absolves other social institutions (church, CJ system, etc.) of responsibility of responding to alcohol problems.

“...alcoholism (the disease) or the alcohol dependence syndrome is far from the only cause of alcohol-related disability.” p. 23

Theoretical objections: “(1) No physical cause for alcoholism has been found, (2) An absolute all-or-none physiologically mediated loss of control has not been demonstrated under various experimental conditions, (3) alcoholism may in some cases be reversible, (4) Some proponents of the distribution of consumption theory of the prevention of alcohol problems have stated that if alcoholism were in fact a disease, the drinking patterns in the general population would show a bimodal rather than a log normal distribution and that alcohol problem rates would not vary with the real price of alcohol.” p. 24-26

1983

Waldorf, D. (1983). Natural Recovery from Opiate Addiction: Some Social-Psychological Processes of Untreated Recovery. *Journal of Drug Issues*, 13:237-280.

“Once addicts decide to quit, they must leave the scene, break all ties with opiate users and create new interests, new social networks, new social identities.”

Six phases of addiction career: (1) experimentation/initiation, (2) Escalation, (3) Maintaining (Taking Care of Business), (4) Dysfunctional (Going through Changes), (5) Recovery (Getting out of the Life), and (6) Ex-addict (This is a phase for those who go to treatment and stay to work in treatment; “Seldom will untreated ex-addicts assume this social identity.”) p. 239-239

Noted heavy drinking and/or marijuana use was a common pattern during the first 6 months of recovery

“We found that the seeds for change are planted firmly in a dysfunctional phase of the life cycle of addiction that most addicts experience. Cast out, the seeds can flourish or lie dormant, depending upon the conditions of growth. But like some wildflower seeds, they may have to be scorched by fire and nearly destroyed before they can germinate.” p. 264

Describes strategies for managing craving (“spoon calls”). p. 269

“In addition to developmental change, we found that individuals could: drift out of addiction, change because their situation or environment changed, experience general conversion (around religious, spiritual, social or communal interests), retire (give up the drug but not the associations or lifestyles), become alcoholic or mentally ill.” p. 271

1983

Caddy, G. (1983). Alcohol Use and Abuse: Historical Trends and Current Perspectives. In: Tabakoff, B., Sutker, P. and Randall, C. *Medical and Social Aspects of Alcohol Abuse*. New York: Plenum Press. p. 1-30.

Glen Caddy describes the “traditional” “unitary disease” model of alcoholism in terms of the following themes: “alcoholics are different from non-alcoholics; this “difference” either leads to or induces psychological/sociological and/or biochemical/physiological changes; these changes become part of a progressive and irreversible disease process; the disease is characterized by “an inability to abstain” and/or a “loss of control” over alcohol...treatment must emphasize the permanent nature of the alcoholic’s “difference” and, in so doing, stresses the that the disease can be arrested only by abstinence, which must be lifelong.” p. 15

In contrast, Caddy describes the emergence of a multivariate approach that posits the following: (Quoted)

1. There are multiple patterns of use, misuse, and abuse that may be denoted as a pattern of alcohol addiction.
2. There are multiple interactive etiological variables that may combine in variable permutations to produce an alcohol-related problem.
3. All people are vulnerable to the development of different syndrome patterns of alcohol problems.
4. Treatment interventions must be multi-modal to correspond to the particular syndrome pattern and the particular person.
5. Treatment outcomes will vary in accordance with syndrome patterns, person, and social contexts.
6. Preventative interventions must be multiple and diverse to accommodate multiple etiologies. p. 17

“The concept of alcoholism cannot be defined adequately. It is an abstraction--an ill-defined medical/social construct, sometimes a self-labeling process, frequently an appellation based on a heterogenous array of medical, legal and social consideration.” p. 22

“It is preferable, I believe, to view excessive drinking as the fundamental individual and social problem rather than to wait until such drinking has brought forth its own inevitable negative consequences and then to create a construct “alcoholism” to describe the drinker and account for his of her lifestyle.” p. 22

1983

Room, R. (1983). Sociological Aspects of the Disease Concept of Alcoholism. In: *Research Advances in Alcohol and Drug Problems, Volume 7*. New York: Plenum Press, pp. 47-91

Excellent review of the sociology thought on alcoholism beginning with Seeley (1962).

Examines “entitativity,” “irreversibility,” and “involuntary disease” aspects of thought on alcoholism (Kurtz)

1983

Vaillant, G. (1983). *The Natural History of Alcoholism: Causes, Patterns, and*

Paths to Recovery. Cambridge, Massachusetts: Harvard University Press.

“...calling alcoholism a disease, rather than a behavior disorder, is a useful device both to persuade the alcoholic to admit his alcoholism and to provide a ticket for admission into the health care system.” (Vailant, 1983) p. 20

“...regarding whether alcoholism is a discrete medical problem or merely one end of a continuum of alcohol abuse? Our evidence suggests that both views are correct.” p. 33

“...the etiology of alcoholism is multifactorial; morbidity is relative; and abstinence from alcohol and social recovery do not always coincide.” p. 44

“Alcoholism becomes a disease when loss of voluntary control over alcohol consumption becomes a necessary and sufficient cause for much of an individual’s social, psychological, and physical morbidity.” (Vailant, 1984) p. 44

The premorbid personalities of alcoholics are no different than nonalcoholics. p. 90

“Thus far there is no compelling evidence that any specific brief intervention permanently alters the course of this disorder...The implication is that alcoholics recover not because we treat them, but because they heal themselves.” p. 126)

“...there is enormous individual variation in the evolution of alcoholism--both in the rapidity of onset of abuse and in the “progression” or eventual severity of alcohol dependence.” p. 30

“...the view of alcoholism as a progressive disease--proceeding inexorably from stage to stage in fixed sequence ending inevitably in abstinence or death--has become part of the enduring mythology of alcoholism.” p. 133

A...it is well to set down some minimal ground rules that must be observed before we can regard treatment efficacy proven beyond a shadow of a doubt. First, since alcoholism is a chronic relapsing disease, follow-up must be prolonged--at least 5-15 years.” p. 148

“Four illusions obscure our view of the natural history of clinic treatment. One illusion is that early, intensive treatment of alcoholism is usually effective. The second illusion is that the chronic relapsing alcoholic is untreatable. The third illusion is that alcoholism must inevitably end in abstinence or death, and the fourth is that the course of alcoholism is so intermittent as to defy classification.” pp157-158

“Alcoholism destroys the very factors that facilitate recovery from illness--latent psychological (ego) strengths and social supports.” p. 171

“If the oversimplification inherent in Jellinek’s disease model works mischief in research, too much doubt and vagueness wreak havoc in the clinic.” p. 283

“...alcoholism can exist both as one end of a continuum of drinking problems and as a specific disorder.” p. 308

“Once it develops, alcoholism is a chronic disorder. Insidious, fulminating, and intermittent courses are all common; so is recovery.” p. 309

“Return to asymptomatic drinking was common among the alcohol abusers....; the broader the definition of alcohol abuse, the more common was return to

asymptomatic drinking...by the time an alcoholic is ill enough to require clinic treatment, return to asymptomatic drinking is the exception, not the rule.” p. 313-314

- 1983 Kissin, B. (1983). The Disease Concept of Alcoholism. In Smart, R.G., Glaser, F.B., Israel, Y., Kalant, H., Popham, R.E. and Schmidt, W. Eds. *Research Advances in Alcohol and drug Problems*. New York: Plenum.
- “Anybody can become alcoholic if he drinks enough. But that is not really a critical question. These are rather (1) why does a given individual elect to drink enough to develop alcohol dependence (alcoholism) when so many do not, and (2) why do some individuals develop alcohol dependence so much more readily and rapidly than do others?” p. 100
- Charting of drinking populations: concentric circles social drinkers, heavy drinkers, problem drinkers, alcoholics. p. 105
- “Recovery from the “heavy drinking” and “problem drinking” phases of alcohol dependence bears no necessary relationship to abstinence but recovery from the “alcoholism” stage of alcohol dependence almost always does.” p. 106
- “The disease concept of alcoholism rejected by Pattison et al. is an old and biased one, derived largely from Jellinek and elaborated by AA and NCA. But we believe the substituted structure is also invalid in that: (1) it substitutes the social for the biological as the only important etiological variable, (2) it substituted alcohol dependence for alcoholism on a different kind of continuum, and (3) it offers controlled drinking as a therapeutic goal for the entire continuum of alcohol dependence just as the old disease concept offers abstinence as its only therapeutic goal for the entire continuum of alcoholism.” p. 121
- “The disease concept of alcoholism in its newest form has value heuristically, in enlarging the scope of research to all three of the biopsychosocial fields, and therapeutically, in better defining the legitimate therapeutic goals for different types of alcohol-dependent individuals.” p. 123
- 1983 Milam, J.R. and Ketcham, K. (1983). *Under the Influence: A Guide to the Myths and Realities of Alcoholism*. New York: Bantam.
- “Physiology, not psychology, determines whether one drinker will become addicted to alcohol and another will not.” p. 35
- “Accumulated evidence clearly indicates that alcoholism is hereditary.” p. 39
- “The physical disease (of alcoholism) is already well-established by the time the alcoholic begins to act like an alcoholic. In fact, the disease itself is responsible for most of the alcoholic’s psychological problems, and as it progresses, the alcoholic’s behavior becomes more bizarre and his psychological problems more profound.” p. 96
- “The disease itself is understandable and definable; the victim’s behavior is understandable and definable; and the recovery process is understandable and definable.” p. 187
- “Alcoholism. A chronic, primary, hereditary disease which progresses from an

early, physiological susceptibility into an addiction characterized by tolerance changes, physiological dependence, and loss of control over drinking. Psychological symptoms are secondary to the physiological disease and not relevant to its onset.” p. 189

- 1983 Wallace, J. (1983). Ideology, Belief and Behavior: Alcoholics Anonymous as a Social Movement. In: Wallace, J. (1989). *Writings: The Alcoholism Papers*. Newport, RI: Edgehill Publications.
“...the AA position on controlled drinking did not just appear out of the blue in a burst of ideological inspiration. The AA position grew out of hundreds of thousands of empirical observations of the drinking behavior of countless individuals in their natural social ecologies.” p. 340
- 1983 Dean, J.C. and Poremba, G.A. (1983). Alcoholic Stigma and the Disease Concept. *International Journal of the Addictions*, 18(5): 739-751.
“The term ‘alcoholic’ is a stigmatizing term associated with the ‘end stage’ alcoholism of the skid row habitue. It may be that the term is so stigmatized that continued attempts to reconstruct it are futile.” p. 749
“It may be that denial is not in response to the personal and social reality of alcohol problems. Instead, the denial may be an attempt to avoid the negative stereotypic stigma attached to the alcoholic label.” p. 749
“If it (the term alcoholism) is necessary for recovery from alcohol dependency, the financial program and effort to change the stigma (of the term) should be initiated. If not, the term may be abandoned along with its pejorative connotation.” p. 750
- 1983 Fingarette, H. (1983). Philosophical and Legal Aspects of the Disease Concept of Alcoholism. In: R.G. Smart, et al (Eds.), *Research Advances in Alcohol* Volume 7, New York, NY: Plenum Press, pp. 1-45.
Suggests 3 crucial elements to concept of disease: (1) a condition whose province is within the medical realm, (2) a condition analogous to conditions already recognized as diseases, (3) implied involuntariness of the condition and an absence of guilt. p. 4
Uses term “long-term heavy drinking” (LTH) in preference to alcoholism.
“...no single cause has been shown; and no specific causal hypothesis, however complex, has satisfactorily explained alcoholism.” p. 11
“...the sharp image of a universal, unilinear sequence of phases (of alcoholism) is inconsistent with the evidence.” p. 20
“The notable fact about the kind of expertise needed to curb LTH drinking is that claims for any specific kind of expertise--medical or otherwise--can show no good evidence of success.” p. 23