

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

Introduction

In 1998, the Illinois General Assembly called upon the Illinois Department of Human Service's Office of Alcoholism and Substance Abuse to create a Behavioral Health Recovery Management (BHRM) project. The purpose of this project was to explore the application of principles and service technologies developed in the management of chronic primary illnesses to the management of severe and persistent addiction and/or mental illness. Because the fields of mental health and addiction treatment have very different histories related to the use of "disease" concepts and different approaches to "disease management," the BHRM project began by constructing the history and controversies surrounding these concepts. This document is one of the products of that investigation.

The annotated history that follows integrates the independent work of three historians in the addiction/recovery arenas. The lead author incorporated items from an existing unpublished chronology maintained by Ernest Kurtz and contracted with Caroline Acker to provide assistance in constructing a chronology of the application of the disease concept to the problem of narcotic addiction. Items from each of these chronologies are followed by either "Kurtz" or "Acker."

The goal in constructing this chronology was to trace the history of advocacy and criticism of the addiction disease concept in America. Our goal of posting the raw materials that were the products of this research is to elevate the quality of the disease concept debate by more accurately grounding this debate within its evolving historical contexts. The citations listed were not selected to support one or the other side of this debate, but to accurately depict (through their own words) the thinking of disease advocates and critics during more than 200 years of American history. While the chronology is not meant to cover all published material on this topic, it does include the bulk of such material within each historical period. We hope that the "raw notes" from our research will help guide future historians and commentators to the primary sources within this quite controversial topic.

A caution is indicated in interpreting these annotations. What you will find here is a history of ideas reflected in published literature, particularly ideas related to advocacy of or rejection of the addiction disease concept. One must be careful not to interpret a dramatic rise in oppositional literature to a professional/cultural acceptance of such criticism. When a concept has achieved dominance, arguments in support of it are no longer required. It is only when such a concept is in ascendance or under attack that such articles appear. As a dominant paradigm, its presence is implicit rather than visibly advocated.

The scope of this survey was limited primarily to writings in the United States, but the chronology does include citations of writings and discoveries from other countries where these exerted an influence on the evolution of the addiction disease concept and how it was promoted or criticized within the U.S.

William White
September, 2001

- William White is a Senior Research Consultant at Chestnut Health Systems in Bloomington, Illinois. He has worked in the addiction treatment field for more than 30 years. His publications include *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* and numerous articles on the history of addiction treatment and recovery.
- Ernest Kurtz, after earning his Ph.D. in the History of American Civilization from Harvard University in 1978, taught American History and the History of Religion in America at the University of Georgia and Loyola University of Chicago. He is the author of *Not-God: A History of Alcoholics Anonymous* and many articles related to the history of A.A.

- Caroline Jean Acker is associate professor of history at Carnegie Mellon University. She received her Ph.D. in the history of health sciences from the School of Medicine of the University of California, San Francisco. Her book, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control*, will be published by The Johns Hopkins University Press early in 2002.

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5th BC - 1863**

This first chronology spans the earliest medicalization of excessive drinking through the “discovery” of addiction in America. This discovery occurs during a period that witnessed a dramatic increase in American per capita alcohol consumption and drinking preferences (from fermented to distilled alcohol) as well as a recognition of the addictive powers of opium and morphine. We will also see in this first period the first articulation of a disease concept of alcoholism and the call for the creation of specialized medical institutions for the treatment of the inebriate. Note the early emergence of elements that will become the core of the addiction disease concept: tolerance, withdrawal, progression, loss of control, inability to abstain, and the necessity of total abstinence.

- Early references to “drink madness” from ancient Egypt and Greece (Crothers, 1893)
- 5th Century
BC Heroditus (fifth century BC) reference to drunkenness as a body and soul sickness (Crothers, 1893)
- 4th Century
BC Aristotle (384-322 BC) in comparing licentiousness to drunkenness noted that the former was a functional disorder while the latter resulted from an organic disorder. He viewed licentiousness as permanent but drunkenness curable. (The Cyclopaedia of Temperance and Prohibition, p., 221)
- 1st Century
AD Seneca (4 B.C.-65 A.D.) (Seneca. Epistle LXXXIII: On drunkenness. Classics of the Alcohol Literature. *Quarterly Journal of Studies on Alcohol* (1942) 3:302-307.)
❖ “the word drunken is used in two ways,-in the one case of a man who is loaded with wine and has no control over himself; in the other, of a man who is accustomed to get drunk, and is a slave to the habit...there is a great difference between a man who is drunk and a drunkard.” p. 304
❖ “drunkenness is nothing but a condition of insanity purposely assumed.” p. 306
❖ “...the vices which liquor generated retain their power even when the liquor is gone.” p. 307
- St John Chrysostom-first distinctive comparison of inebriety to other diseases. (Crothers, 1893)
- 1531 Classics of the Alcohol Literature: A Document of the Reformation Period on Inebriety: Sebastian Franck’s “On the Horrible Vice of Drunkenness.” *Quarterly*

Journal of Studies on Alcohol, 2(2):391-395

- ❖ Refers to intoxication as a “sin that has become a habit.” p. 392.
- ❖ Franck’s attack is on drunkenness and not on alcohol or drinking; Jellinek notes that this attitude derived from Franck’s religious view that “What God created could not be evil in itself.” p. 395

- 1563 The Portuguese explorer Garcia da Orta describes opium addiction in India: “...there is a very strong desire for it among those who use it.” Early depiction of craving and compulsion. (Sonnedecker, 1962, p. 281)
- 1576 German physician-botanist Leonhart Rauwolf, in describing the opium traffic among the Turks, Moors and Persians, notes of opium consumers: “if they leave off somewhat taking it, so that then they feel physically ill.” Early description of narcotic withdrawal. (Sonnedecker, 1962, p. 280)
- 1592 Classics of the Alcohol Literature: The Observations of the Elizabethan Writer Thomas Nash on Drunkenness. (1943). *Quarterly Journal of Studies on Alcohol*, 4(3): 462-469.
- ❖ Nash’s pened thoughts on “The Eight Kinds of Drunkenesse.”
 - ❖ “All these *species*, and more, I haue seene practised in one Company at one sitting, when I have beene permitted to remaine sober amongst them...”
 - ❖ NOTE: E.M. Jellinek, who introduced and summarized Nash’s work in the above *Quarterly Journal of Studies on Alcohol* article, later uses Nash’s term “species” in his own work to separate those types of alcohol problems that warrant designation as a disease.
- 1592 H. van Linschoten of Holland describes opium use in India: “He that is used to eating it, must eat it daily, otherwise he dies and consumes himself...he that has never eaten it, and will venture to at first to eat as much as those who daily use it, will surely kill him: for I certainly believe it is a kinde of poison.” Early depiction of tolerance. (Sonnedecker, 1962, p. 280)
- 17th Century “...the modern conception of alcohol addiction dates not from the late eighteenth century but from the early seventeenth century at the very least. It is in the religious oratory of Stuart England that we find the key components of the idea that habitual drunkenness constitutes a progressive disease, the chief symptom of which is a loss of control over drinking behavior.” (Warner, 1993)
- 1609 English Clergyman John Downame refers to drunkards “who addict themselves to this vice.” (Quoted in Warner, 1993, p. 687)
- 1622 Ward, S. (1622). *Woe to Drunkards*. London: A Mathewes.
- ❖ English clergyman refers to drunkard’s “disease” (Cited in Warner, 1993, p. 688)

- 1655 Physician Acosta (Portugal) notes difficulties experienced by those trying to discontinue opium use--early anticipation of concept of addiction.
- 1673 Increase Mather, minister of the Old North Church, in his sermon, "Woe to Drunkards" declares: "Drink in itself is a good creature of God...and to be received with thankfulness, but the abuse of drink is from Satan; the wine is from God, but the drunkard is from the Devil." (Lender, 1973, p. 353)
- 1675 English minister Richard Garbutt describes tolerance and progression:
 ❖ "The greatest Drunkard, what commonly was he at first, but only a frequent needless Drinker? At first he did but sip it, and afterwards he turned to sup, and now he swoops it." (Quoted in Warner, 1993, p. 687)
- 1680 Scrivener, M. (1680). *A Treatise against Drunkenness: Described in its Natures, Kindes, Effects and Causes, Especially that of Drinking of Healths*. London: Printed for Charles Brown.
 ❖ Refers to England's "Epidemical Disease of Drunkenness" (Cited in Warner, 1993, p. 688)
- 1682 Stockton, O. (1682). *A Warning to Drunkards Delivered in Several Sermons to a Congregation in Colchester upon the Occasion of a Sad Providence towards a Young Man, Dying in the Act of Drunkenness*. London: J.R.
 English clergyman Owen Stockton's Warning to Drunkards posthumously published:
 ❖ "Drunkenness is an enticing, bewitching sin, which is very hardly left by those addicted to it." (Quoted in Warner, 1993, p. 687)
- 1700 In *The Mysteries of Opium Reveal'd*, English physician John Jones describes the opiate withdrawal syndrome and dependence, saying that "the effects of sudden leaving off the uses of opium after a long and lavish use therefore [were] great and even intolerable distresses, anxieties and depressions of spirit, which commonly end in a most miserable death, attended with strange agonies, unless men return to the use of opium; which soon raises them again, and certainly restores them." (Acker) Jones concluded his depiction of addiction with the observation that "the mischief is not really in the drug but in people," but does note that the addict eventually loses volitional control of his habit. (Sonnedecker, 1962, p. 283-284)
- 1747 French philosopher Condillac refers to inebriety as a disease and calls for state sponsored treatment. (Crothers, 1893)
- 1772 Benjamin Rush calls for the abandonment of distilled spirits and the substitution of cider, beer, wine and non-alcoholic drinks in his "Sermons to Gentlemen Upon Temperance and Exercise." (Wilkerson, 1966, p. 42)

- 1774 Anthony Benezet's *Mighty Destroyer Displayed* is published. Includes what is perhaps the first American reference to alcohol addiction: "The unhappy dram-drinkers are so absolutely bound in slavery to these infernal spirits, that they seem to have lost the power of delivering themselves from this worst of bondages."
 ❖ Notes progression: "Drops beget drams, and drams beget more drams, till they become to be without weight or measure."
 ❖ Refers to alcohol as a "bewitching poison."
 ❖ Refers to "grievous abuse of rum," the "abuse of spiritous liquors," and "people may abuse themselves thro' excess." (Benezet, 1774)
- 1784 Benjamin Rush (1746-1813). *Inquiry into the Effects of Ardent Spirits on the Human Mind and Body* is published. Reprinted in *Quarterly Journal of Studies on Alcohol*, 4:321-341 (1943).
 ❖ Rush refers to intemperance as "this odious disease..." (p. 5) and notes the progressive development of intemperance.
 ❖ "...drunkenness resembles certain hereditary, family and contagious diseases." p. 8
 ❖ Rush notes that the hereditary quality of intemperance should lead one to be cautious in one's matrimonial matches to avoid the risk of inebriate children. p. 8
 ❖ Rush presents neither a fully articulated disease concept nor a treatment protocol that flows out of this concept.
- 1789 First American temperance society organized in Litchfield, CT.
- 1790 Rush, B. Plan for an Asylum for Drunkards to be Called the Sober House (1810). In: *The Commonplace Book of Benjamin Rush, 1792-1813*, In: *The Autobiography of Benjamin Rush* (1948) Edited by Corner, G.W. Princeton, NJ: Princeton University Press, pp. 354-355.
 ❖ Rush calls for creation of a special hospital for inebriates ("Sober House")
- 1793 The British observer Samuel Crumpe compares opium use in Turkey and the Levant to use of wine and liquor in Europe; he says in these countries opium serves as "the support of the coward, the solace of the wretched, and the daily source of intoxication to the debauchee." This view, which also takes hold in the U.S., stresses the exotic nature of the drug and its users and ascribes addiction as a problem of the less civilized. (Morgan) (Acker)
- late 18th/early
 19th century Opium as a form of stimulant is a common theme for the theses medical students must write to graduate from America's few medical schools. An example is John Augustine Smith's "Inaugural Dissertation on Opium Embracing its History, Chemical Analysis, and Use and Abuse as a Medicine," submitted to the faculty of the College of Physicians and Surgeons, University of the State of New York, in 1832. (Acker)

- 1803 Wilson, D. (1803). An Inaugural Dissertation on the Morbid Effects of Opium on the Human Body. In: Grob, G., Ed., *Origins of Medical Attitudes Toward Drug Addiction in America*. New York: Arno Press.
 ❖ Includes cases of the “habitual use of opium” including one submitted by Rush, p. 30
- 1803 Scott, Franklin (1803). Experiments and Observations on the Means of Counteracting the Deleterious Effects of Opium and on the Method of Cure of the Disease Resulting Therefrom. In: Grob, G., Ed., *Origins of Medical Attitudes Toward Drug Addiction in America*. New York: Arno Press.
 ❖ Refers to opium overdose as a disease. p. 40
 ❖ Refers to those “habituated to its (opium) use.” p. 45
 ❖ Withdrawal: “...among those who have been in the habit of eating opium, if they are at any time deprived of the usual dose, they are rendered miserable...” p. 46
- 1803 Serteurner isolates and describes morphine. This, the first isolation of an alkaloid from a plant, is a key moment in the emergence of modern pharmacology, one focus of which will be the production of new drugs. Though created as medicines, some of these will be used recreationally and will be associated with problems of dependence. Later the Progressive Era concerns about opiate and cocaine use follow closely on the introduction and widespread sales of such compounds as morphine, cocaine, heroin, veronal, and aspirin. (Goodman & Gilman) (Acker)
- 1804 Trotter, T. (1804). *Essay, Medical Philosophical, and Chemical, on Drunkenness and its Effects on the Human Body*. London: Longman, Hurst, Rees, and Orme.
 ❖ Trotter, an Edinburgh physician, publishes his essay on drunkenness in which he sets forth the proposition that the habit of drunkenness is a “disease of the mind.”
 ❖ “In medical language, I consider drunkenness, strictly speaking, to be a disease produced by a remote cause in giving birth to actions and movements in a living body that disorders the function of health.”
 ❖ “The habit of drunkenness is a disease of the mind.”
 ❖ Recommends regular meetings between physician and patient to formulate and implement a sobriety plan--references to gaining confidence of patient, etc. reflect a type of medical psychotherapy.
 ❖ Published in U.S. in 1813.
 ❖ Introduced with excerpts in *Quarterly Journal of Studies on Alcohol*, 2(3):584-591 December, 1941.
- 1811 A temperance society in Fairfield, Connecticut calls for total abstinence, acknowledging that this is a harsh remedy, “but the nature of the disease absolutely requires it.” (White, 1998, p. 3)

- 1812-1813 Delirium tremens recognized and medically described by Lettsom, Armstrong, Pearson and then named by Thomas Sutton. (Wilkerson, 1966, p.64)
- 1815 *Reason's Plea for Temperance* (1815). (New England Tract Society, Volume 3). Andover: Flagg and Gould.
 ❖ “To attempt to reform a confirmed drunkard is much the same, as preaching to a madman or idiot.”
- 1819 Christopher Wilhelm Hufeland coins the term *dipsomania* to describe the uncontrollable cravings for spirits that triggers “drink storms.”
- 1820 Bound, J.J. (1820). *The Means of Curing and Preventing Intemperance*. New York: Charles N. Baldwin & Chamber. (Quoted in Brent, 1996)
 ❖ Intemperance is “considered a vice, treated with ridicule and contempt...people do not dream of it being a disorder, or think it to be within the reach of medicine.” p. 3-4
- 1822 Thomas De Quincey publishes *Confessions of an English Opium-Eater*. This work and Samuel Taylor Coleridge’s poem “Xanadu” launch the Romantic image of the aristocratic, bohemian opium user. (Acker)
- 1822 John Eberle characterizes opiate withdrawal: “When the system is entirely free from the influence of the accustomed stimulant, torments of the most distressing kind are experienced.” This is an early statement of the position that opiate withdrawal is a uniquely harrowing physical and mental experience. (Morgan) (Acker)
- 1825 Lyman Beecher delivers his *Six Sermons on the Nature, Occasion, Signs, and Remedy of Intemperance*. (Published 2 years later)
 ❖ Refers to the intemperate as being “addicted to the sin,” “the evil habit”
 ❖ Refers to “insatiable desire for drink”, “inordinate and dangerous love of strong drink”
 ❖ Progression: “...he will hasten on to ruin with accelerated movement”
 ❖ “Intemperance is a disease as well as a crime, and were any other disease, as contagious, of as marked symptoms, and as mortal, to pervade the land, it would create universal consternation: for the plague is scarcely more contagious or more deadly; and yet we mingle fearlessly with the diseased, and in spite of admonition we bring into our dwellings the contagion, apply it to our lip, and receive it into the system.” p. 37
 ❖ Excessive drinking marks “...the beginning of a habit, which cannot fail to generate disease.” p. 39
 ❖ “There is no remedy for intemperance but the cessation of it.” p. 43
 ❖ Amazingly modern checklist of warning signs. Pp. 44-45
- 1826 American Temperance Society formed - first national temperance organization.

1828

Drake, Daniel (1828). A Discourse on Intemperance. In: Grob, G. (1981) *Nineteenth Century Medical Attitudes Toward Alcohol Addiction*. New York: Arno Press.

- ❖ References to “habitual drinking;” “Thus, by repetition we are made to relish equally the savor and the effects of ardent spirits; and, at last become drunkards, from taste as well as constitution.” p. 24
- ❖ Refers to intemperance as a “vice” and notes that “vices are gregarious...go in flocks.” Intemperance, gambling, profanity
- ❖ Lists causes of intemperance as: 1) habitual drinking, 2) use of alcohol in business, 3) gambling, 4) use of alcohol in the trades, 5) smoking “Segars” (“...tobacco disturbs the nervous systems of most young persons to such a degree, that the stimulus of ardent spirits is, in some measure, necessary to sustain or restore them.” (p. 31), 6) matrimonial unhappiness, 7) the multiplication of drinking establishments, and 8) the growth of small distilleries.
- ❖ “The disorders of body produced by habitual intemperance, are various in different persons, and at different periods of life.” p. 39 -- Lists them in following categories: 1) Stomach, 2) Liver, 3) Lungs, 4) Dropsy, 5) Gout, 6) Sore Eyes, 7) Firey eruption of the nose and skin, 8) Leprosy, 9) Muscular weakness, 10) Epileptic convulsions, 11) Apoplexy, 12) Spontaneous combustion, and 13) Bad habit of the body (lowered immunity to disease).
- ❖ “...the habit being once established, he will not, I almost say cannot, refrain.” p. 54

1828

Sweetser, William (1828). A Dissertation on Intemperance. In: Grob, G. (1981) *Nineteenth Century Medical Attitudes toward Alcohol Addiction*. New York: Arno Press.

- ❖ “...a course of unnatural stimulation cannot long continue operative on the living economy without inducing some morbid alteration in some of the vital tissues, and a consequent derangement in the function of the organ or organs, whose structures become thus affected.” p. 8
- ❖ “We are born with, inherit from our parents, or acquire from accidental circumstances after birth, different conditions of physical structure, some peculiarities in the life of the tissues, which cause them to take on with great facility particular modes of diseased action, and which constitute what we commonly denominate predispositions.” p. 10
- ❖ “...it is not an easy matter to set limits to the diseases of intemperance; for though its influence is unquestionably exercised on some tissues with more facility than others, yet it is specially confined to none....there is hardly any vital structure, but intemperance may either directly or indirectly injure.” p. 11
- ❖ Does not use term disease for intemperance but talks about “observed deviations from healthy structure, and natural function” that have a close relationship with the habitual use of distilled spirits. The man “addicted to intemperance” experiences altered susceptibility to various diseases and his altered state “establishes a new set of morbid predispositions.” p. 12

- ❖ "...the intemperate are liable to almost all those obscure and varying complaints which ignorance has caused us to generalize under the unmeaning name of *nervous disorders*." p. 43
 - ❖ Refers to the "habit of intemperance" but describes its hold: "Few habits enthrall by so potent a spell the voluntary and reasoning powers of man and so enslave his moral faculties as that of intemperance, and few are there for, whose shackles we less frequently become delivered." p. 83
 - ❖ "They now say they must drink...The Poison must now be used as an antidote to the poison." p. 84
 - ❖ "Now that it (intemperance) becomes a disease no one doubts, but then it is a disease produced and maintained by voluntary acts, which is a very different thing from a disease with which providence inflicts us." p. 97
 - ❖ "And I feel convinced that should the opinion ever prevail that intemperance is a disease like fever, mania, etc., and no moral turpitude be affixed to it, drunkenness, if possible, will spread itself even to a more alarming extent than at present." p. 98
- 1828 Dr. Eli Todd, superintendent of the Hartford Retreat for the insane, urges that an inebriate asylum be established under the direction of an enlightened physician.
- 1828 Kain, J.H. (1828). On Intemperance Considered as a Disease and Susceptible of Cure. *American Journal of Medical Science*, 2:291-295
- ❖ Refers to the "depraved appetite which bids defiance to all moral restraint, and impels the unhappy sufferer to the gratification of a propensity which increases with this disease..." p. 291
 - ❖ "In every temperate man, there is an immutable association in his mind between stimulating liquors and the relief they afford to all unpleasant sensation which I have described as forming his disease...To cure him, we must break up this association and convince him, by actual sensations that his remedy has lost its effect." p. 293
 - ❖ Refers to Rush's use of an emetic in cure of a drunkard and further references a product--Chamber's remedy for intemperance--sold as a cure for drunkenness that contains emetic tartar.
 - ❖ Cites a maxim in medicine: "Chronic diseases require chronic cures." p. 295
- 1829 Beman, N.S. (1829). *Beman on Intemperance* (rev. Stereotype ed.). New York: John P. Haven. (Cited in Hore, 1991; Dean & Poremba, 1983)
- ❖ "When the case is formed and the habit established no man is his own master." pp. 6-7
- 1830-1840 Experiments and clinical observations by Prout, Beaumont, and Percy document the pathophysiology of alcohol on the stomach and blood. (Wilkerson, 1966, p. 98)
- 1830-1850 The social ideology of the new nation is marked by a "cult of curability."

Inebriate asylums grow from the same confidence that births other reform institutions-prisons, insane asylums, orphanages. (Tyler, 1944, "Freedom's Ferment")

- 1830 Influenced by Todd, the Connecticut State Medical Society calls for creation of inebriate asylums.
- 1831 Dr. Samuel Woodward, Superintendent at the hospital for the insane at Worcester, MA writes a series of essays that are published in 1836 and again in 1838. "A large proportion of the intemperate in a well-conducted institution would be radically cured, and would again go into society with health reestablished, diseased appetites removed, with principles of temperance well grounded and thoroughly understood, so that they would be afterwards safe and sober men."
❖ "...intemperance is too much of a physical disease to be cured by moral means only." p. 2
❖ "Intemperance is disease." p. 19
❖ Intemperance a product of "morbid appetite." p. 21
❖ Reference to "mind and body diseased and debased by this practice." p. 23
❖ "The disease [of intemperance] may be hereditary, and thus liable to return...So it is with other diseases; one attack increases the susceptibility of the system to the second." p. 8
❖ "The grand secret of the cure for intemperance is total abstinence from alcohol in all its forms." p. 8
❖ Woodward believed that any criminality involved in inebriety was in the use and moderate use of spirits when "the individual is a free agent..." p. 1
❖ "But intemperance can never be cured, if the practice of moderate drinking is persisted in; the only hope is total abstinence. No substitute is admissible: wine, ale, opium, peppermint, must be wholly prohibited, or the appetite will not be removed." p. 10. This is change in Rush's position of advocating substitution of cider, ale, wine and opium for distilled spirits.
- 1832 Smith, W. (1832). An Inaugural Dissertation on Opium, Embracing Its History, General Chemical Analysis and Use and Abuse as a Medicine. In: Grob, G., Ed., *Origins of Medical Attitudes Toward Drug Addiction in America*. New York: Arno Press.
❖ "Opium should never be used as a substitute for the ordinary stimulus of wine or spirits: for when it is thus used, it seldom fails to lay the foundation for a long train of morbid symptoms, which, sooner or later, terminate in all the wretchedness, which disease is capable of inflicting..." p. 21
- 1832 Springwater, Doctor (1832). *The Cold-Water-Man*. Albany: Packard and Van Benthuisen.
❖ "...the use of ardent spirits produces a disease of the stomach, which goes with the drunkard to his grave. His craving, insatiable appetite, unnatural in its production, as well as its demands, deranges and racks the system...To sustain the

vigor of this disease, it must be fed with such an aliment if at first denied, the desire for it increases to such a degree, as to deprive its unhappy victim almost to desperation.” p. 17

❖ “Entire abstinence from all alcoholic drinks does not cure the disease called into existence by the ordinary use, in any quantity of ardent spirits. It only leaves it in a dormant state...Let those who have been once overcome by this deadly foe, never suffer it again to enter their system.” p. 17-18

❖ “He (the drunkard) stalks about like a moral pestilence, scattering his vile contagion with every breath. He is a walking plague, a living death. He caters for hell. He recruits for the devil. Oh! What a deadly damp does he breathe on his country, creating a poisonous influence, and scattering a moral and physical pestilence upon its shores!” p. 24

❖ Refers to the drunkard as a “voluntary slave to his cups.” p. 26

❖ “To use ardent spirits as a beverage, in any quantity, is to prepare ourselves to become food for the monster intemperance. It watches the moderate drinker, ready every moment to make him its prey.” p. 94

❖ All, with one voice, are ready to exclaim, “Slay the monster intemperance. Its crimes are written in blood. It deserves to die...yet many cherish the monster in their bosom; many feed it with their children’s bread...The monster intemperance will never die for thirst while fed with a little alcohol.” p. 99

❖ “ ‘Let all drunkards abstain entirely,’ says another, ‘and this will arrest the progress of intemperance.’ Could this be done, it would not banish intemperance from the earth. In a single year, more than 30,000 moderate drinkers would step forward to fill up the vacated ranks of drunkenness.” p. 100

❖ “The monster intemperance can be slain by the single blow of entire abstinence.” p. 103

❖ “The system therefore of him who gets drunk on alcohol, is deranged and thrown into a diseased state...” p. 147

❖ “As to the appetite for alcohol or the disease of drunkenness, distilled liquor and that only, will usually produce it. It is therefore evident that, though to become intoxicated on any article, is an exceeding aggravated evil, yet to become intoxicated on ardent spirits, injures the drunkard and the community much more than to become intoxicated on fermented liquors, and it is therefore the greater evil.” p. 147-148

❖ “You say, ‘Let the drunkards join temperance societies,’ Do you think these associations are good and useful? When or where did you ever hear of drunkards associating together for any good object?”

❖ Section on “Reformation of the Drunkard” that begins with a case study of a drunkard reformed by joining a local temperance society. p. 298

1833

Secretary of War, Lewis Cass. (Speech printed in *American Quarterly Temperance Magazine*, 2:121-125).

❖ Intemperance is so “overpowering that it assumes “entire mastery” over the individual.”

- 1833 Sigorney, L. and Smith, G. (1833). *The Intemperate and the Reformed*. Boston: Seth Bliss.
- ❖ Reference to “fettters which bind them down to tyrant appetite.” p. 5
 - ❖ Growing awareness of morbidity and mortality—references to the distillery and the tavern as “fountains of disease and death.” p. 6
 - ❖ Growing use of disease analogy even where disease isn’t directly applied to intemperance. “There was hope for our friend, if the yellow fever or even the plague was upon him; but none if he became a drunkard.” p. 24
 - ❖ Growing recognition of progression: “the gradations of moderate drinking, of tippling, and of hard drinking have been observable in this case, as in the cases of most drunkards.” p. 27
 - ❖ “Was for a long time a moderate daily drinker--next a tippler--and thence, by quick march, a full grown drunkard.” p. 31
 - ❖ Case studies of 38 reformed drunkard presented; most attribute cures to religion or involvement with the local temperance society.
 - ❖ Fly in spider web metaphor use to describe the drunkard’s entrapment. p. 27 (Note growing pervasiveness of slavery and entrapment metaphors)
- 1835 Macnish’s *Anatomy of Drunkenness* offers a typology of seven types of drunkards: the sanguineous drunkard, the melancholy drunkard, the surly drunkard, the phlegmatic drunkard, the nervous drunkard, the choleric drunkard and the periodic drunkard.
- ❖ “Some are drunkards by choice, and some by necessity.”
- 1838 In France, Esquirol calls the disease of intemperance a “monomania of drunkenness a mental illness whose principle character is an irresistible tendency toward fermented beverages.” (Paredes, 1976, p. 22)
- 1840 Grinrod, R.B. (MD) (1838). *Bacchus*.
- ❖ “I am more than ever convinced that...drunkenness is a disease, physical as well as moral, and consequently requires physical as well as moral remedies.” Quoted in Hargreaves, 1884, p. 278
- 1842 A Member of the Society. (1842). *The Foundation, Progress and Principles of the Washingtonian Temperance Society of Baltimore, and the Influence it has had on the Temperance Movements in the United States*. Baltimore: John D. Toy.
- ❖ “He [the drunkard] knows and feels that drunkenness with him is rather a *disease* than a *vice*.” p. 40 (Italics in original)
- 1842 Nicolay, J.G. and Hay, J. Eds. *Complete Works of Abraham Lincoln*. New York: Lamb Publishing Company, Vol. 1, pp193-209.
- Address Before the Springfield Washington Temperance Society, February 22, 1842.
- ❖ “...those who have suffered by intemperance personally, and have reformed, are the most powerful and efficient instruments to push the reformation to

ultimate success...”

❖ “In my judgment such of us as have never fallen victims (to intemperance) have been spared more by the absence of appetite than from any mental or moral superiority over those who have.”

- 1842 Glasgow physician Hutcheson notes that the essence of dipsomania is “the irresistible impulse which drives the unhappy being to do that which he knows to be pernicious and wrong, and which, in the intervals of the paroxysms, he views with loathing and disgust.” (quoted in Carpenter, 1853)
- 1849 Swedish physician Magnus Huss introduces term “alcoholism” in his text, *Chronic Alcoholism* ; it does not appear in the US until after the Civil War. Huss notes: “These symptoms are formed in such a particular way that they form a disease group in themselves and thus merit being designated and described as a definite disease...It is this group of symptoms which I wish to designate by the name *Alcoholismus chronicus*.” (quoted in Marconi, 1959)
- ❖ “The name *chronic alcoholism* applies to the collective symptoms of a disordered condition of the mental, motor, and sensory functions of the nervous system...affecting individuals who have persisted in the abuse of alcoholic liquors.” (quoted in Marcet, 1868, p. 21)
- ❖ Huss term focuses on the biological consequences of prolonged heavy drinking.
- 1849 Hills, R. (1849). *On the Pathology and Medication of Intemperance as a Disease. Proc. Med. Conv., Ohio*, pp. 15-20
- 1850 Allen, Nathan (1850). *An Essay on the Opium Trade*. In: Grob, G., Ed., *Origins of Medical Attitudes Toward Drug Addiction in America*. New York: Arno Press.
- ❖ “There is no slavery on earth, to be compared to with the bondage into which Opium casts its victims. There is scarcely one known instance of escape from its toils, when once they have fairly enveloped a man.” p. 25
- ❖ “It is not the man who eats Opium, but it is Opium that eats the man.” p. 25
- 1853 The hypodermic syringe is developed as a refinement of the use of cannulae to introduce drugs beneath the skin. Morphine is one of the first drugs for which the syringe is commonly used, to treat such conditions as facial neuralgia. (Acker)
- 1857 Washingtonian Home in Boston. The terms “disease” and “vice,” “cure” and “reformation” were used interchangeably and sober outcomes were attributed to the influences of family, friends, and the fellowship, not to medical intervention.
- 1857 Fitzhugh Ludlow publishes *The Hasheesh Eater*, an American work in the genre pioneered by De Quincey and Coleridge. He writes of opiates, “The emasculation of the will itself, ...is in reality the most terrible characteristic of the injury

wrought by these agents.” The idea that opiates debase the will and sap the capacity for moral action becomes the foundation of the view that addiction is a moral vice rather than an illness. (Morgan) (Acker)

- 1857 Dr. James Turner in an address to the Board of Directors of the New York State Inebriate Asylum:
❖ “Inebriety is the first disease of which we have any record.” p16
- 1860 Oliver Wendell Holmes, Sr., dean of Harvard Medical School, blames physicians for causing opiate addiction through careless prescribing. He characterizes the problem as especially serious in the Western states where, he says, “the constant prescription of opiates by certain physicians...has rendered the habitual use of that drug in that region very prevalent... A frightful endemic demoralization betrays itself in the frequency with which the haggard features and drooping shoulders of the opium drunkards are met with in the street.” By claiming the problem lies with Western physicians who were likely trained in proprietary medical schools rather than with elite Eastern physicians like himself, Holmes’s statement reflects growing tensions and rivalries within the medical profession in nineteenth-century America. (Acker)
- 1860 Peddie, A. (1860). Dipsomania: A Proper Subject for Legal Provision. *Transactions of the National Association for the Promotion of Social Science*, 538-546.
❖ Peddie calls for legal commitment of dipsomaniacs to inebriate asylums. He distinguished between common drunkards whose excessive drinking was a vice and the “insane drinker” whose vice had been transformed into a disease no longer under his volitional control. He believed this disease could be inherited or acquired. p. 539-40
❖ Peddie suggested that dipsomaniacs suffered from a disease of the brain.
- 1861-1865 The use of opium and morphine in the treatment of disease and injury is widespread during the Civil War and the use of the hypodermic syringe becomes more widespread by the end of the War. While opium addiction will in later years become labeled the “soldier’s disease” because of such use, there are very few accounts of soldiers addicted during the war, but both disease and injury create a large vulnerable population in the post-civil war patent medicine era.

**The Combined Addiction Disease Chronologies of
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
1864 - 1879**

The years 1864-1879 mark the birth of the nation’s first inebriate homes and asylums and their beginning professionalization via the American Association for the Cure of Inebriety (AACI). Although the AACI’s first founding principle is the proclamation that inebriety is a disease, there is some disagreement within the association on this very point (See Harris, 1874).

Papers from the annual AACI meetings and, after 1876, the *Journal of Inebriety*, mark the beginning of a deluge of literature propounding various disease conceptualizations of addiction. The period witnesses growing concern with opiate morphine addiction and the first incorporation of drugs other than alcohol within the emerging disease concept of inebriety. The founding of the Keeley Institutes marks the beginning of private addiction cure institutes (many of them franchised in multiple locations) who will use a disease concept of addiction both as a clinical philosophy and a marketing strategy. New breakthroughs in microbiology lead to discoveries of the causes of many diseases (from anthrax to syphilis) and spawn many theories about the biological causes of addiction.

- 1864 Dr. James Turner, after years of agitating that inebriety is a disease that should be medically treated, opens America's first inebriate asylum in Binghamton, NY.
- 1864 Edward Parrish, in his *A Treatise on Pharmacy* (Philadelphia, p. 172) notes how citizens who would not abuse alcohol take opium until "they become victims to one of the worst habits."
- 1864 The first case of morphine addiction involving the use of the hypodermic syringe is reported. (Petty, 1913, p. 2)
- 1864 Moore, G. (1864). *The Desire for Intoxicating Liquors, A Disease: Its Causes, Its Effects, and Its Cure, with the Danger of a Relapse*. Baltimore.
- 1866 Keller (1975). "It is to the French physician, Gabriel, that we owe the simple and quite adequate term alcoholism, in its correct modern sense, and even the first direct consideration of it as a public health problem." Gabriel's 1866 doctoral thesis was entitled (translated) *Essay on Alcoholism, Considered Principally from the Viewpoint of Public Hygiene*.
- 1867 Ludlow, F. (1867). What Shall They Do to Be Saved? *Harper's Magazine* 35(August): 377-387.
 ❖ "Now, such a man (opium addict) is a proper subject, not for reproof, but for medical treatment. The problem of this case need embarrass nobody. It is as purely physical as one of small-pox. When this truth is as widely understood among the laity as it is known by physicians, some progress may be made in staying the frightful ravages of opium among the present generation." p. 379
 ❖ References to "opium disease" throughout the article
- 1867 Day, Albert (1867). *Methomania: A Treatise on Alcoholic Poisoning*. Boston: James Campbell. In: Grob, G. (1981). *Nineteenth Century Medical Attitudes Toward Alcohol Addiction*. New York: Arno Press.
 ❖ "I have selected this title as an appropriate general name for that disease which, in its several forms or stages of development, is variously termed Drunkenness, Inebriety, Dipsomania, Methexia...." p. 5 (Original)
 ❖ "...that disease which I have ventured to call *Methomania*, with its varied and

complex character, and involving as it does abnormal conditions of both mind and body, must demand of the faithful physician all his resources of physiological and psychological science.” p. 43

❖ “Let it be remembered, that such a man is diseased, and that he is fighting not against temptation only, but against temptation fostered by the morbid elements of his own physical and mental nature.” p. 49-50

1868 Marcet, W. (MD) (1868). *On Chronic Alcoholic Intoxication*. New York: Moorhead, Simpson, & Bond, Publishers.

❖ Chapter entitled, “Chronic Alcoholism”

❖ “With respect to the use of alcoholic stimulants, if the patient has completely given them up for some time, and entirely lost his taste for liquor, I have been in the habit of recommending about a pint of bitter beer daily.” p. 76; also recommended tea and coffee as substitutes.

1868 *Report of a Joint Special Committee Appointed to Consider the Matter of Inebriation as a Disease, and the Expediency of Treating the Same at Rainsford Island*. (1868). Boston: Wright, & Potter, State Printers.

❖ Governor Andrew, addressing the Legislature of the Commonwealth of Massachusetts in 1863: “I most respectfully, but urgently advise that the Legislature initiate measures to establish an asylum for the treatment of inebriates. Drunkenness is a disease as well as a sin. We have long since legislated for its punishment; let us no longer neglect to legislate for its cure.” p.2

❖ “...the continued use of alcoholic drinks produces a disease, peculiar and distinct from all other disease; having a distinct pathology, and presenting post mortem appearances unlike those of any other disease, being as characteristic as those of typhoid fever or pneumonia.” p. 4

1870 Sir Thomas Clifford Allbutt of Cambridge expresses his alarm at so few warnings about the hypodermic injection of morphine. (Sonnedecker, 1962, p. 28)

1870 John Gough: “Drunkenness is a mysterious disease, and the power of the appetite on a nervous susceptible organization is almost absolute, and there is no remedy but total abstinence-total and entire. You cannot make a moderate drinker of a drunkard.” Crowley, 1999, p. 155

1870 Annual Report of the Board of Commissioners of Charities and Correction (Quoted in Hargreaves, 1884, p. 276)

❖ “Habitual drunkenness is a moral disease (also physical), for which, as in other forms of licentiousness, there is no specific, except the resolute determination of the patient.”

❖ “Those addicted to drunkenness are in general too infirm, in purpose to persist in their resolution of amendment, and this infirmity of purpose is one of the sad consequences of this vice.” p. 278

1870 An association of inebriate homes and asylums, the American Association for the Cure of Inebriety, is founded on the principle: “inebriety is a disease.” The Association bylaws posit that:

1. *Intemperance is a disease.*
 2. *It is curable in the same sense that other diseases are.*
 3. *Its primary cause is a constitutional susceptibility to the alcoholic impression.*
 4. *This constitutional tendency may be either inherited or acquired.*
- (*Proceedings*, 1870-1875)

The legacy of the inebriate asylum movement is a biologically based approach to understanding addiction, the corollary claim that addiction is the special province of medicine, the notion that successful treatment requires legal coercion, and the assertion that treatment is both a responsibility of government and a commodity to be sold on the private market.

The inebriate asylum period distinguishes between “treatment” -- alleviation of acute intoxication, the medical management of withdrawal and care of acute medical problems, and “cure” -- the elimination of the morbid craving for the drug. The later rediscovery of this distinction by Jolliffe will mark the beginning of the modern alcoholism movement.

1870 Dodge AACI paper

- ❖ “May we hope the day is not far distant when this disease (which is now universally acknowledged to be a disease by the profession), will be thoroughly investigated, and firmly established on a scientific foundation, and a treatment adopted that will place it in the list of diseases, that are quite as well understood, and as successfully treated as insanity or typhoid fever.” (*Proceedings*, p. 52)
- ❖ “At the present day the principal remedy prescribed for this disease is abstinence-TOTAL ABSTINENCE is the heroic remedy in all cases of inebriety.” (*Proceedings*, p. 52)

1870 Albert Day AACI Paper

- ❖ “One of the earliest results of the establishment of these Asylums, was the discovery, after treatment of a very few cases, that inebriety was a disease rather than a vice...” (*Proceedings*, p. 65)

1870 AACI Minutes

- ❖ Definition of hereditary: “...some persons are born with temperaments and tendencies, which predispose them to seek such exaltation or relief, as is obtained from alcoholic stimulants.” (*Proceedings*, p. 27)
- ❖ “the diseased portion of the mind in such cases (inebriety) is chiefly of the *will, not the intellect.*” p. 37 (Italics in original)

- 1870s forward Physiological study of effects of morphine administration, including animal studies, is carried out in American and European laboratories. Doses, duration of action, and route of administration are correlated with physiological effects such as respiratory depression. Warnings about addictiveness of morphine and a shifting cluster of other drugs begin to be common in the medical literature. (Acker)
- 1870s-90s Physicians prescribe morphine for wide ranging indications, reflecting the range of morphine's physiological actions and prevailing ideas about disease. Morphine is known to relieve pain, promote sleep, ease anxiety, combat diarrhea, reduce coughing. Humoral models of disease favor medications with a broad range of systemic effects. In the competitive American medical scene, "regular" physicians distinguish themselves by prescribing drugs, like morphine, which produce clear physiological effects. As all medications are available for purchase without prescription, people medicate themselves to relieve symptoms, according to popular notions of disease. Examples: Women take morphine to relieve menstrual cramps, and mothers teach their daughters to do this. Women take morphine to ease the anxieties and pressures connected with their social roles. (Rosenberg; Acker, "Anodyne"; Courtwright) (Acker)
- 1871 Physician J. H. Etheridge warns of the chloral hydrate habit. (Morgan) (Acker)
- 1871 George M. Beard estimates there are 150,000 opiate addicts in the U.S. Beard becomes famous for elaborating the concept of neurasthenia, a condition he believes to afflict those engaged in the complex mental tasks associated with an urbanizing and industrializing civilization of growing complexity. He remains the chief exponent of the view that higher types bear a special susceptibility to nervous conditions, including addiction. This idea contrasts with (a) an increasingly common tendency in the U.S. to associate opiate use with stigmatized groups and (b) a view of addiction disease as occurring independently of individuals' social status or character. (Morgan) (Acker)
- 1871 AACI issues statement that the morals of the inebriate--their presence or absence--are not relevant to the fact of their diseased state.
Dr. William Wey AACI Paper
❖ "The question is asked, what do you treat? A habit independent of control; a disordered mind and a perverted will; or a diseased body, whose crowning honor, the brain, is the seat and centre of pathological change? The proper and successful treatment of inebriety includes all of these conditions and much besides." (*Proceedings*, pp. 27-28)
- 1871 AACI Paper of W.C. Lawrence Supt, Boston Washingtonian Home. "I am inclined to believe that intemperance is a disease of the mind rather than the body." (*Proceedings*, p. 86)

- 1871 Parrish AACI address
- ❖ “If intemperance is not a disease, how come it that so many tens of thousands of people die from it every year?”
 - ❖ “Disease, too, that may be both the result of present excess, and likewise a cause of the tendency to inordinate indulgence.” p. 4
 - ❖ “What percentage, indeed, of other diseases are cured so that we can say they will never return?” (*Proceedings*, p. 9)
 - ❖ “Truth is never injured by fair criticism, and science cannot be blinded by more light. We are not struggling to maintain pet dogmas, but to reach good results to our fellow men. Let us be honest to confess errors if we find them, and bold enough to re-assert what we have already declared, if we are satisfied that the interests of morality and science demand such re-assertion.” (*Proceedings*, p. 11)
- 1871 The American Association for the Study and Cure of Inebriety passes a resolution stating that drug effects are “the same in the virtuous, as in the vicious” and insisting on the centrality of a disease explanation of inebriety. Proponents of the inebriety concept argue that there is a scientific basis for the inebriety disease model. Several aspects of this model contrast with the disease model that will dominate from the 1920s to the 1970s. Inebriety is essentially the same disease no matter what drug is involved (although cause and appropriate treatment might vary depending on what drug is taken). It rejects explanations based on defects of character. Inebriety is also understood as a progressive condition; this aspect resembles Jellinek’s later construction of alcoholism. Abstinence is seen as the only acceptable treatment goal. (White 35 lc, 36 rc) (Acker)
- 1872 Brown, H. (1872). *An Opium Cure: Based on Science, Skill and Matured Experience*. New York: Fred M. Brown & Co. (Advertising Book for Antidote and Restorative) In: Grob, G. (1981) *American Perceptions of Drug Addiction*. New York: Arno Press.
- ❖ Described “Chronic Opium Disease” as a new and “intricate” disease. p. 17
 - ❖ “Opium is often taken for the relief of suffering from chronic diseases until the opium habit has become confirmed and the two diseases reign together.” p. 38
- Note habit and disease used interchangeably.
- 1873 AACI --Dr. Parrish
- ❖ “Men become drunkards from very different causes, and require very different treatment to effect a cure.” (*Proceedings*, p. 54)
 - ❖ An 1870 report of the Commissioners of Charities and Corrections for the city of New York refers to inebriety as a “moral disease” that should be classed with other forms of “licentiousness.” (*Proceedings*, p. 91)
 - ❖ “Upon the subject of inebriety, I think the following may be regarded as facts: 1) That it is a disease of the constitutional character, involving the entire organism in its consequences, 2) that the true disease is the morbid craving for alcohol, of

which the act of drinking is but an effect.” (Parrish, *Proceedings*, p. 94)

- 1874 Heroin is invented but is not marketed until 1898. (Acker)
- 1874 George Beard Address AACI
❖ “The great predisposing cause of the disease (chronic alcoholism) is civilization, which, by its constant brain-work and flurry of in-door life, brings the nervous system to that state of susceptibility when alcohol, acting on it for a long time, can excite a functional disturbance.” (*Proceedings*, p. 52 and p. 64)
- 1874 AACI Paper of Dr. George Burr of NY State Inebriate Asylum
❖ “It is this condition of the nervous system, calling for alcoholic stimulants that is essentially the disease.” (*Proceedings*, p. 78)
- 1874 AACI Paper of Dr. Robert Harris, Franklin Reformatory
❖ “As we do not, either in name or management, recognize drunkenness as the effect of a diseased impulse; but regard it as a habit, sin, and crime, we do not speak of cases being cured in a hospital, but ‘reformed’.” (*Proceedings*, p. 80)
- 1874 McKenzie, D. (1874). *The Appleton Temporary Home: A Record of Work*. Boston: Published for the Benefit of the Home.
❖ Quote supporting the work of the home by Alexander Rice, the Governor of Mass., references the purpose of the home being the “cure of alcoholic disease,” title page.
❖ McKenzie refers to inebriety as a “disease of the very machinery of volition” p. 72
❖ “The inebriate must be considered, not as a criminal, but as a sick man.” p. 139
❖ “The *moral* susceptibilities of the slumbering inebriate must, in some manner, be awakened from their abnormal state, and made to assume a healthy condition, then the soul is prepared to receive *spiritual* food...” pp 281-282.
- 1874 Ordonaux, J. (1874). Is habitual drunkenness a disease? *American Journal of Insanity*, April, p. 439.
❖ “The problem if self-abasement or self-redemption is entirely within his control, provided he exercise a continuous determination of his will not to partake. The key to the riddle of this alleged disease lies in man’s own will, and without this will effort, no physician can cure or even relieve him.” (Quoted in Valverde, 1997)
- 1875 ACCI Paper “The Distinction between Disease and the Morbid Anatomy of Disease Applied to Inebriety.” *Proceedings*, p. 71-84
❖ “It is this condition of the nervous system, calling for alcoholic stimulants that is essentially the disease.” p. 78
- 1875 At the June meeting of the Association of Medical Superintendents of American

Institutions for the Insane:

❖ “Resolved further that the treatment in institutions for the insane of dipsomaniacs, or persons whose only obvious mental disorder is the excessive use of alcoholic or other stimulants, and the immediate effect of such excess, is exceedingly prejudicial to the welfare of those inmates for whose benefit such institutions are established and maintained, and should be discontinued just as soon as other separate provision can be made for the inebriates.” (Quoted in Parrish, 1883, p. 121)

- 1875-1877 Eduard Levinstein publishes a series of articles in Germany that call attention to the problem of morphine addiction. His was one of first studies on narcotic addiction relapse (a rate he estimated as high as 75%). (Sonnedecker, 1962, p. 31)
- 1876 Dr. J. B. Mattison on the cause of addiction: “we strongly suspect it to be largely akin to that peculiar diathesis so strikingly manifested in most cases of genuine neuralgia, the main element of which is a well-marked hereditary tendency towards a debilitated state of the nervous system, either special or general.” This statement exemplifies a trend in psychiatric thinking in the late nineteenth century which posits a hereditary susceptibility to a broad range of mental and nervous conditions, including various forms of insanity, milder conditions including propensity to worry and nervousness, and neurological conditions such as epilepsy. The idea of diathesis, or inborn predisposition to a condition like addiction, remains influential in psychiatric thinking for several decades. (Morgan) (Acker)
- 1877 Foote, G.F. (1877). *Inebriety and Opium Eating: In Both Cases a Disease. Method of Treatment and Conditions of Success*. Portland, Maine. (Foote began treating alcohol and opium addicts in his private medical practice in 1848 and then opened the Dr. Foote’s Home in Stamford, CT)
❖ “It should be assumed on the part of the physician, that the habitual use of the alcoholic or narcotic element has diseased the system...in other words, has produced a physical and functional derangement of the organism, and that such has reduced the digestive, pulmonic, urinary, and nervous systems, to a condition that is thoroughly morbid. This is ever accompanied with a desire for alcohol or opium...which in the first instance was but slight, but grew stronger and stronger by indulgence, until it has been made absolutely irresistible.” p. 4
- 1877 Willet, J. (Rev.) (1877). *The Drunkard’s Diseased Appetite: What is It? If Curable, How? By Miraculous Agency or Physical Means--Which?* Fort Hamilton, NY: Inebriates Home, Fort Hamilton, Kings County, New York. (Read before the annual meeting of the American Association for the Cure of Inebriates, 1877) (Willet was the Superintendent of the Inebriate’s Home, Fort Hamilton, Kings County, NY)
❖ “...physical appetites...are the manifestation of diseased conditions of the

body.” p. 3

❖ Willet noted that religious teachers have been misled by so-called “reformed toppers” who claimed to have been cured of an appetite for strong drink (which they never had) by religious conversion. “...religious teachers who, possessing more zeal than knowledge, undertake to proclaim to the inebriate, both from the platform and the pulpit, this strange and dangerous delusion.” p. 4-5

❖ A distinction is made between problem drinkers and those who truly have a morbid appetite for alcohol. p. 5

❖ “Whence comes this consuming thirst which this class of drunkards exhibits? There must be, somewhere within the man, a deep-seated diseased condition of the physical structure, which feeds upon and is intensified by the absorption of these fiery liquids.” p. 5

❖ Quotes an experienced physician: “The desire for stimulants may be constant or paroxysmal--an irresistible and insatiable craving is either developed by ever so small an indulgence or is ever present. Persons with this predisposition lose their power of self-control as soon as they feel the influence of alcohol...the seeds of morbid appetite are transmissible to their children.” p. 6

❖ Refers to a “certain class of inebriates who are irresistibly impelled by the force of a diseased appetite to drink to excess...” p. 11

❖ Characterization of progression: “In these cases which we have already given in illustration ... the disease must proceed either to recovery or death, for there is no discharge in this war.” p. 14

❖ Quoting the Rev. Charles Warren on religious conversion as a remedy for inebriety: “It is difficult to conceive that any man, in such a state of voluntarily-induced imbecility, too drunk to hold intelligent converse with men, can be competent to transact business with God...” p. 16

1877

The *New York Times* cites a medical expert opinion on addicts: “It is not a vice which afflicts them, but a disease, which presents as marked and as specific a symptomatology as do many of the better known diseases, and requiring, as they do, proper medical aid and systematic treatment to effect a cure.” This statement characterizes repeated attempts to characterize addiction as a disease according to disease-definition standards of a given period. Examples include defining addiction as a functional disease when the idea of functional disease becomes important in psychiatry and neurology (early 1900s) and Bishop’s and Pettey’s attempts to explain addiction with ideas derived from immunology (1913). (Morgan) (Acker)

1877-1906

Microbial causes are discovered for anthrax (1877), gonorrhea (1879), typhoid fever (1880), tuberculosis (1882), cholera (1883), diphtheria (1883), tetanus (1884), diarrhea (1885), pneumonia (1886), meningitis (1887), botulism (1896), dysentery (1899), syphilis (1903) and whooping cough (1906). (Thagard, 1997, pp.10-11). These discoveries add momentum to search for biological foundation of inebriety.

- 1878 Morris, F. Baldwin (1878). *The Panorama of a Life, And Experience in Associating and Battling with Opium and Alcoholic Stimulants*. Philadelphia: Geo. W. Ward. In: Grob, Ed., (1981) *American Perceptions of Drug Addiction*. New York: Arno Press.
 ❖ Refers to “opium and alcoholic inebriacy” and opium and alcohol “habits” interchangeably.
 ❖ Includes chapter entitled “Alcoholism” p. 80
- 1878 Eduard Levinstein’s *The Morbid Craving for Morphia* is published in Germany, noting an “uncontrollable desire” for morphine and that the injudicious use of morphine produces a “diseased state.”
- 1878 The *New York Times* estimates there are 200,000 opiate addicts in the U.S. It warns of a dangerous fad, especially among society women, of injecting morphine; it terms this behavior a vice. (Morgan) (Acker)
- 1879 Dr. Leslie Keeley announces: “Drunkenness is a disease and I can cure it.” Contends that the disease results from poisoning of the cells and that his Bi-Chloride of Gold cured alcoholism by unpoisoning the cells. Marks beginning of franchised addiction cure institutes that use a disease concept of inebriety as a marketing slogan and treatment philosophy. (White, 1998)
- 1879 Crothers, T.D. (1879). Editorial: Practical Value of Inebriate Asylums. *Journal of Inebriety*, 3(4): 249
 ❖ “The Permanent cure of inebriates under treatment in asylums will compare favorably in numbers with that of any other disease of the nervous system which is more or less chronic before the treatment is commenced.”

**The Combined Addiction Disease Chronologies of
 William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
 1880 - 1899**

Between 1880 and the end of the 19th century, there were many efforts to more clearly elaborate a disease concept of addiction. Attempts to define the essence of this disease tended to focus on the morbid craving for alcohol or other drugs and the loss of volitional control over drug intake. The causes of this disease were most frequently defined in terms of hereditary predisposition, the poisoning effects of the drugs, and the stresses of American society. The disease concept gained momentum alongside the growing knowledge of the pathophysiology of alcohol, opiates and cocaine.

The movement to proclaim addiction a disease generated its own counter-movement. The early 1880s saw many criticisms of the proposition that inebriety was a disease. These attacks came from physicians (Earle, 1880), clergy (Todd, 1882) and even from leaders of some inebriate homes (12th Annual Report, 1884) who all tended to view recovery not in terms of medical intervention but in terms of moral reformation. We see in these debates the roots of many current arguments over the question of whether the disease concept hurts or harms

individuals and the society as a whole. Even the most committed disease concept advocates struggled to reconcile the concept of disease with that of personal responsibility--to define the boundary line between the disease of addiction and the vice of drunkenness. One also finds here a quite pointed debate over the question of whether social stigma and shame associated with drunkenness is good (a deterrent) or bad (an obstacle to seeking help).

Finally, we see the growing use of the “disease concept” in the promotion of secret (and often fraudulent) cures for addiction and a growing professional and cultural backlash against the purveyors of such secret “specifics” for the cure of addiction. The 19th century ended in a growing pessimism about the prospects of addiction treatment and recovery and a growing openness to define addiction in moral and criminal terms. In this transition, the focus shifted from the cells of addicts to the character of addicts.

- 1880 In the late 1870s and early 1880s, there is a vogue for a treatment method developed by Edouard Levinstein. It consists of abrupt withdrawal from opiates, physical restraints, and drugs to control symptoms. Patient resistance to its harsh methods quickly lead to its abandonment. A method of gradual withdrawal of opiates over the course of a week, with other medications to relieve symptoms, becomes standard. Various drugs go through brief periods of popularity as substitutes for morphine, including cocaine and cannabis. (Morgan)
- 1880 Earle, C.W. (MD) (1880). The Opium Habit. *Chicago Medical Review*, 2:442-446, 493-498.
❖ “It is becoming altogether too customary in these days to speak of vice as disease, and to excuse the men and women for the performance of indulgence of certain acts which not only ruin themselves and families but brings burden on the community...That the responsibility of taking the opium or whiskey...is to be excused and called a disease, I am not willing for one moment to admit, and I propose to fight this pernicious doctrine as long as is necessary.”
- 1881 Kane, H.H. (1881). *Drugs That Enslave: The Opium, Morphine, Chloral and Hashish Habits*. Philadelphia: Presley Blakiston. In Grog, Ed., (1981). *American Perceptions of Drug Addiction*. New York: Arno Press.
❖ “This is a medical text filled with symptom descriptions and detailed treatment protocol; refers to addiction throughout as a “habit” or “vice” p. 19
❖ “Some persons are undoubtedly born with, and some acquire, this craving for some narcotic stimulant.” p. 33
❖ H. H. Kane: “A higher degree of civilization, bringing with it increased mental development among all classes, increased cares, duties and shocks, seems to have caused the habitual use of narcotics, once a comparatively rare vice among Christian nations, to have become alarmingly common.” This statement typifies one of two strands of thinking about addiction as a mental or psychiatric condition in the late nineteenth century: those who engage the brainwork necessary for an advanced civilization suffer from delicate nervous systems which makes them susceptible to nervousness, breakdowns, or addiction. A separate strain ascribes a tendency to addiction to those who lack finer qualities and whose

families pass along a host of heritable negative conditions including addiction. Kane reflects this view as well when he ascribes the tendency of Chinese to achieve a dreamy reverie with opium to racial characteristics. The common thread between these disparate views is that the individual user's makeup or character determines drug effects and susceptibility to addiction. (Morgan) (Acker)

- 1881 Carl Wernicke describes a psychosis with polyneuritis that results from chronic alcoholism and its accompanying Vitamin B1 deficiency.
- 1881 Reference in T.S. Arthur's *Saved As By Fire* to alcoholism as a spiritual disease requiring spiritual remedies. p. 217
- 1881 Hubbard, Fred (M.D.) (1881). *The Opium Habit and Alcoholism*. New York: A.S. Barnes and Co.
- ❖ “The drug (opium) mislead its victims, regarding their own ability to maintain mastery over it...There is no shadow cast before, as a warning of the coming misery.” p. 4
 - ❖ “Our experience suggests that a constitutional condition exists with some persons which predisposes them to this class of habits, making it necessary for them to exercise their will-power and to keep a continual watch upon themselves to curb all desire for liquor or the narcotics.” p. 195
 - ❖ Frederick H. Hubbard writes, “Many patients feel ashamed of being addicted to the drug, and wishing to retain respect, will tell the physician of some imaginary trouble as the cause of the habit.” The shame felt by addicts, the barrier such shame creates to seeking help or treatment, and the recourse to manufactured complaints to try to obtain drugs from physicians all become standard features of addict-physician relations. (Morgan) (Acker)
- 1882 Todd, J.E. Rev. (1882). *Drunkenness a Vice, Not a Disease*. Hartford, CT: Case, Lockwood & Brainard.
- ❖ “No one doubts that drinking to excess is in its earlier stages a vice, not a disease...The question is, whether in the later stages of drunkenness the act of surrender to drunkenness has a physical origin, in a diseased brain, or a moral origin, in a depraved will, whether it has a physical or moral cause, whether it is a misfortune or a crime.” p. 2
 - ❖ “The prevalent opinion at the present day is, that drunkenness is a disease. Medical authorities are divided on the subject. Many physicians, especially specialists who make treatment of drunkenness a business and source of profit, are positive it is a disease.” p. 2
 - ❖ “I pause here merely to throw out the suggestion that if this [disease] theory is the true one the phrase ‘reformed drunkards,’ or, to adopt the absurd slang of temperance, ‘reformed men,’ is not only inaccurate, but a libel upon the characters of unfortunate beings. The only proper phrase is, ‘cured drunkards’, or ‘cured men’.” p. 3

- ❖ "...the theory is, that drunkenness induces a diseased condition of the brain and nervous system, which destroys the freedom of the will." p. 4
- ❖ "But the question is, not what a man's condition is when he is drunk, but what is the cause of action in the intervals in which he is comparatively sober. When he is not specifically under the influence of liquor, when he has been perfectly sober for days or weeks or even months, what is it that makes him go to drinking again, though perfectly aware of the ruin that he is bringing upon himself? Is it a diseased brain? Or is it a depraved will?" p. 6
- ❖ "...the whole policy of getting drunkards to sign pledges is based upon the belief that they *can* stop drinking." p. 8
- ❖ "Physicians do not remonstrate and argue with their small-pox patients, and appeal to them to get well; they give them medical treatment. Almost all the methods and operations of temperance reformers are perfectly useless and absurd, and utterly erroneous and unsuitable, if drunkenness is a disease." p. 9
- ❖ "I consider it certain that the great multitude of drunkards could stop drinking today and for ever, if they would; but they don't want to, and they won't." p. 9
- ❖ "Any habit may become a despotic tyrant, an irrefragable chain; but habits are not diseases." p. 10
- ❖ "If there is any man on earth who deserves the abhorrence of mankind and the curse of God it is the drunkard." p. 11
- ❖ "It [the word of God] deals in no mealy-mouthed language about the disease of alcoholism and the victims of intemperance." p. 11
- ❖ "But I must protest vigorously against all this cloaking of the vice of drunkenness with euphemisms; this calling drunkards diseased men, inebriates, victims of intemperance; this throwing of the responsibility and guilt of drunkenness upon the liquor-sellers, who have guilt enough of their own, instead of upon drunkards, where it chiefly belongs; this coddling and nursing and effusively compassionating and petting and puffing of drunkards; this lifting of men out of the gutter onto platforms and into pulpits and glorifying them and making heroes and saints of them." p. 12
- ❖ "Let us call things by their right names. The sooner that the drunkard takes the place in public estimation to which he belongs, the sooner will young men hesitate about applying for the situation...Why should not the drunkard enter the kingdom of God? Because he is wicked; one of the most wicked men alive. That is all." p. 13
- ❖ "I believe that a very large part of the effort that is put forth for the reclamation of drunkards is wasted...Aside from the universally acknowledged difficulty of permanently reforming drunkards, I doubt whether, as a class, if they could be reformed, they are worth the powder...Every human soul is worth saving; but what I mean is, that if a choice is to be made, drunkards are about the last class to be taken hold of." p. 14
- ❖ "...drunkards as a class are very inferior men, aside from their drunkenness." p. 14
- ❖ "As a rule, the victims of intemperance are those whom the world can spare...nature has secured the obliteration of the worthless breed." p. 16

- ❖ “Attempts to reform drunkards are generally failures.” p. 16
- ❖ “But, apart from such religious reformations, reformation of confirmed drunkards is rare...it is one of the most difficult things in the world to reform a drunkard.” p. 17
- ❖ “Every community among us has its graduates from these [inebriate] asylums, who are living testimonials of their worthlessness. Discharged as cured, many of them have been drunk when they arrived home.” p. 19
- ❖ “Why have these [inebriate] institutions proved failures? Because they have been based upon a false principle. Hospitals for well people cannot succeed; asylums for sane people cannot prosper; institutions for the cure of burglars would not accomplish anything; and yet an asylum for the cure of thieves would be as reasonable as an asylum for the cure of drunkards. Inebriate asylums cannot cure drunkards, because apart from its more physical effects, there is nothing in drunkenness to cure.” p. 19
- ❖ “The very incurableness of drunkenness shows its real nature. Every disease is controllable, and, to a large extent, curable by medical skill. If drunkenness were a disease, there would be a very considerable percentage of cures; but the large percentage once boasted by inebriate asylums have shrunk into lamentable insignificance, with the enlargement of experience and the tests of time, and the asylums themselves are fast passing away as failures.” p. 20

- 1882 Sell, E.H. (1882). *The Opium Habit: Its Successful Treatment by the Avena Sativa*. A Paper read before the New York State Medical Society, February 9, Jersey City. In Grob, G. Ed., (1981). *The Medical Professions and Drug Addiction*. New York: Arno Press.
- ❖ Refers to opium addiction as “dreadful habit”
 - ❖ Reproduces letter from husband of a woman who became addicted following use of morphine for stomach disorder. He reports that “morphine was found to be palliative, and as such was continued until the drug produced its *own disease...*” (Italics in original) p. 4
 - ❖ Uses “inebriety” and “alcoholism” interchangeably
- 1883 Parrish, Joseph (1883). *Alcoholic Inebriety: From a Medical Standpoint with Cases from Clinical Records*. Philadelphia: P. Blakiston, Son & Co.
- ❖ “It [inebriety] is a question of nerves, a neurosis, the issue being between soundness and unsoundness of structure and function...It is a disease...This disease, however, is not to be regarded as an entity that approaches and invades the human organism from without, but rather as a variation of natural function, having its source in the system itself.” p.10
 - ❖ Parrish notes the difficulty defining the boundary between vice and disease but argues that what most distinguishes the latter from the former is the presence of a “physical longing, or deep-seated appetite or craving...” p. 12-13
 - ❖ The essence of “disease” for many 19th century inebriety specialists (see quotes p 22-23) is the presence of an irresistible craving that the individual cannot control in spite of repeated consequences and resolutions to stop hurting

themselves and others in this manner.

❖ “*An ungovernable craving!* That is the pathological state, whether it originates in the nerves of the stomach, in the brain, or elsewhere. Whether it is the result of inheritance, of imprudence, or of accident.” p. 45

❖ “It is not through power of will, resolution, superior wisdom, foresight, caution or merit, that this exemption is manifested. Such persons could not become drunkards if they were so disposed. A certain moral and physical predestination, if I may use the word, protects them from the hazards of inebriety.” p. 77

Parrish argues that recognizing the hereditary influences on inebriety is not fatalistic but actually provides one with a weapon of resistance.

❖ “I am satisfied that among the chief hindrances to recovery from a life of inebriation to a life of sobriety, is the false teaching of those, who overlook the aspects of disease, and limit their labors and appeals to the domain of morals and ethics. When society comes to learn that the cause of inebriety is primarily in the disturbed relations between different organs, and the functions of the human system, and especially that children come into this world, bearing with them the vestiges of disorders that have lingered through one or more previous generations, light will begin to reflect its brightness upon new and improved practical methods.” p. 84

❖ “His disease is an irrepressible longing for the state of drunkenness; not so much for liquor that produces intoxication; and he is just as much an inebriate, -- diseased, -- when he is able to control for the time his desire, as when he indulges. The indulgence may be regarded as the second stage in the manifestation of his disease.” p. 91

❖ “It is well known that there are some drunkards who ‘recovery naturally,’ that is of their own unaided efforts. They ‘work out their own salvation’ in this matter, and are among the heroic men of the times.” p. 126

❖ “It is the internal craving for alcoholic liquors, and for their intoxicating effects, that constitutes the disease, and not the fact of drunkenness.” p. 180

1884

C. H. Hughes writes, “The friends and family of an opium habituate are most familiar with the degrading character of the slavery of the mind and nervous system which opium entails. They realize how lost to the family circle as a real member of the household he or she has become, and whether it be father or mother, sister or brother, it is but natural that they should strive to reclaim that which is lost, or if not lost, at least estranged in many of those familiar mental traits with which are blended family love, esteem and reverence.” This statement reflects the impact of addiction on family members and other intimate associates of the addict. Families’ despair over the addict’s behavior, including that which places drug seeking and drug use over family obligations, is a frequent precipitant of the decision to seek treatment for drug problems. (Acker)

1884

Twelfth Annual Report of the Franklin Reformatory Home for Inebriates, of Philadelphia: Located at Nos. 911 913 and 915 Locust Street. (1884). (Organized April, 1872) Philadelphia: Treager & Lamb, Printers.

- ❖ “...the chief difficulty the Home had, and still has, combating the ‘Disease Theory,’ which is not only a weak apology for the sin of drunkenness, but removes the responsibility from where it properly belongs, and would make the Home useless, except for hospital treatment.” p. 18
- ❖ The Home rejects this idea of “disease” as a “pernicious and dangerous fallacy” and a “blasphemy against God.” p. 23
- ❖ “It [disease theory] is destructive to the idea of free will by relieving man from all moral obligation and responsibility.” p. 23
- ❖ “The ‘disease theory,’ or inherited tendency to alcohol, necessitates the acceptance of the fact, that this diseased appetite for liquor is part of a man’s birthright, from which he can no more escape than from the color of his eyes...” p. 23
- ❖ “...the Home denies that science ever accepted or endorsed the theory that intemperance is an ‘inherited’ disease. Twenty years of discussion and investigation, without results, shows that it has not secured the sanction of science.” p. 27
- ❖ Discussion pp 28-29: The objection to disease reflects the struggle over who will own the problem of intemperance: science or religion.
- ❖ “The Home, therefore, took the broad ground that the inebriate was primarily the victim of society; that wholly unconscious of the dangers attending the use of alcohol, by conforming to the usages and customs of society in the seemingly harmless practice of ‘moderate drinking,’ he had acquired a taste for intoxicants; that taste soon became an appetite; that the indulgence of that appetite developed into a confirmed habit, and this habit made him a slave.” p. 29
- ❖ “...there is no possibility of escaping the personal responsibility for the sin of drinking.” p. 40
- ❖ Intemperance is a “debasing and sinful habit” that “results from his own acts” p. 41

1884 *Journal of Inebriety*, January, p. 46: Quoting a sermon by the Chaplain of Harvard: “The only hope of successful treatment of inebriety is to make it infamous, to increase the severity of the punishment and make it more loathsome and disgusting.”

1884 Hargreaves, W. (1884). *Alcohol and Science*. New York: National Temperance Society and Publication House.

- ❖ “...intemperance may become a disease in every sense of the term.” p. 274
- ❖ “...intemperance is as much a disease, as a sin...The habit once established in the constitution, like any other disease, works independently of the *will* of the victim; and though he may, for a time, refuse to gratify his appetite, he cannot control the cravings that give rise to it.”
- ❖ “...the intemperate use of strong drinks is a disease, and one that can only be cured by entire abstinence from the alcohol that produced it.” p. 274
- ❖ “The disease being established by the use of alcoholics, the victim is impelled to drink to allay the intense cravings; hence the use of liquor is the effect, as well

as the cause of the disease.” p. 274

- 1884 Crothers, T.D. (1884). Facts Concerning Inebriety. *Journal of the American Medical Association* 2:5-7.
❖ “...inebriety is always a positive physical affliction, with distinct etiology and symptomatology.” p. 5
- 1885 J. M. Hull reports to the Iowa State Board of Health that a survey of druggists revealed 235 opiate addicts. These include 18 physicians; 26 who use morphine hypodermically; 86 are males; 129 females. (Acker)
- 1885 Meyerlet, Asa (1885). Notes on the Opium Habit. New York: G.P. Putnam’s Sons. In Grob, G. Ed., (1981). *The Medical Professions and Drug Addiction*. New York: Arno Press.
❖ Refers to “opium habit” throughout; no disease references.
- 1885 Wright, T.L. (1885). *Inebriism*. Columbus, OH: William G. Hubbard.
❖ Dipsomania or “oinomania” defined as “an insatiable desire for intoxicating liquors” or more precisely “an overpowering desire for intoxication” p.42-43
❖ “The neurotic call for intoxication is constitutional, and it involves all the senses. It is also when fully developed irresistible, because the whole being, physical and mental, is absorbed by it.” p. 44
❖ “...the constitutional proclivity to intoxication exists in different persons in varying degrees of intensity. Hence in some instances, the power to refrain, not being wholly overborne by disease, can be enforced.” p. 107
- 1887 Sergei Korsakoff describes a psychosis induced by chronic alcoholism: confusion, memory impairment, confabulation, hallucinations and stereotyped and superficial speech. This condition becomes known as Korsakoff’s psychosis or Korsakoff’s syndrome. (Jellinek, 1942)
- 1887 Collins, Samuel B. Dr, (1887). *Theriaki: A Treatise on the Habitual Use of Narcotic Poison*. In Grob, G. Ed., (1981). *The Medical Professions and Drug Addiction*. New York: Arno Press.
❖ Advertising essay for his “Painless Cure for the Opium Disease”
- 1887 Crothers reports a 20% cure rate for inebriate homes and asylums; down from the 70% figures reported in the 1870s and 1880s. (Wilkerson, 1966, p.153) (potential milestone in the rise of therapeutic pessimism)
- 1887 Crothers, T.D. (1887). The Disease of Inebriety and its Treatment. *International Congress of Medicine* 1:188-193.
- 1888 Edward P. Thwing, M.D., argues that Americans are particularly susceptible to inebriety because the conditions of American life create intense pressures on

individuals. He warns that continued immigration of Europeans of the low type will worsen this problem in America. (Acker)

- 1888 Mann, E. (1888). The Treatment of the Disease of Inebriety and the Morphine Habit, with Clinical Cases. *Brooklyn Medical Journal* 1:299-308.
- ❖ “The great diagnostic point attending alcoholic inebriety is the *irresistible impulse* by which the patient is compelled to gratify his morbid propensity, being blind during the paroxysm to all the higher emotions and pursuing a course against which reason and conscience alike rebel ... His will is overcome by the force of the disease...It is a true disease, and one that exists to an alarming extent today...”
 - ❖ “...they (friends) are apt to view inebriety as a more of a bad habit than a disease. This is not the case, however; it is a disease, and has to be cured -- not reformed.” p. 301
 - ❖ “...we know of no disease that requires more careful study of each individual case and more systematic treatment than does alcoholic inebriety.” p. 303
- 1888 Clum, Franklin D. (M.D.) (1888). *Inebriety: Its Causes, Its Results, Its Remedy*. Philadelphia: J.B. Lippincott Company.
- ❖ Language: “addicted to drink” p. 89, “this morbid craving, this lack of willpower, this ungovernable appetite” p. 4, “irresistible impulse” p. 121
 - ❖ “Drunkenness is spoken of by some persons as a vice, by others as a crime, and by still others as a disease. It may be either...” p. 101
 - ❖ “The fact that the desire for alcoholic drinks is often a disease, which may be either inherited or acquired, is often overlooked by those who condemn the drunkard.” p. 114
 - ❖ “It is the internal craving for alcoholic liquors, and for their intoxicating effect, that constitutes the disease dipsomania.” p. 120
 - ❖ “What would reform one inebriate may aggravate another, but the first object to be obtained, in all cases, is the personal consent of the inebriate to assist in his own reformation.” p. 161
 - ❖ “Inebriety is a disease that feeds upon itself...” p. 204
- 1888 Dr. Norman Kerr coins the term “narcomania” to capture the frenzied drug-seeking behavior of the addict.
- 1888 Dr. J. Edward Turner, in recounting history of first inebriate asylum declared that “dipsomania is truly a *national* disease.” (Turner, 1888, p. 195)
- 1888 Mann, E. (1888). The Treatment of the Disease of Inebriety and the Morphine Habit, with Clinical Cases. *Brooklyn Med. J.* 1:299-308.
- 1888 Medico-Legal Journal Association (1888). *The Medical Jurisprudence of Inebriety: Being Papers Read Before the Medic-Legal Society of New York and the Discussion Thereon*. New York: The Medico-Legal Journal Association.

- ❖ From Preface: “the Medico-Legal Society would be ready to decide by a very large vote, that there was such a disease as Alcoholism, that one of its forms is Methomania, and that it was an hereditary and, of course, transmissible disease.” p. v-vi
- ❖ From “The Status Ebrietatis in our Courts” by Dr. C.H. Hughes of St. Louis: “There are, undoubtedly, elements of disease in inebriety, as there are elements of crime in it. It should be the duty of the law...to inquire diligently how much is crime and how much disease.” p. 26
- ❖ “Alcohol entails disease of the brain as certainly as it vitiates morals and fosters vice.” p. 27
- ❖ From “The Attitude of Legal Medicine vs. The Disease of Alcoholic Inebriety” by Dr. Edward Mann, Medical Superintendent of Sunnyside Private Hospital for Inebriates, the Morphine Habit and Diseases of the Mind and Nervous System. Brooklyn, NY
- ❖ “True dipsomaniacs are totally irresponsible for acts committed immediately before, during and after attacks, just as epileptics are...The great reason why the dipsomaniac is not responsible is, because *he is not master of his desire to drink.*”
- ❖ “Morbid organic conditions, therefore, lie at the root of this disease [alcoholic inebriety].” p. 31
- ❖ “Inebriates should be forbidden marriage always, both by public opinion and by law, for the disease will breed its like. *We need to stamp out the hereditary descent of organically defective persons.*” p. 33
- ❖ From “The Medico-legal Treatment of Common Inebriates” by L. W. Baker
- ❖ “A distinction must be made between the self-controlling vice of drunkenness, or acute alcoholism, and the irresistible impulse of disease.” p. 43
- ❖ “Inebriety is not a crime to be punished, but a disease to be treated.” p. 44
- ❖ “Fines and imprisonment have thus far failed to cure or check the evils of alcoholism.” p. 45
- ❖ From “The Influence of Methomania Upon Business and Criminal Responsibility” by Dr. Stephen Rogers
- ❖ Quoting Dr. Ray of New York State Inebriate Asylum: “As a disease, its (inebriety) character is most complex and obscure, involving as it does abnormal conditions of both body and mind, and varying in every case with individual temperament and characteristics.” p. 155
- ❖ From “Methomania” by Dr. James J. O’Dea: “The disease under which the methomaniac labors deprives him...of his self-control.” p. 1790

- 1890s Addiction to opiates and, to a lesser extent, cocaine, has become a widely recognized problem. Many states pass laws restricting sale of these drugs except as authorized by a physician. Loopholes exist in exemptions allowing amounts below a certain dose threshold to be sold without restriction. (Musto)(Acker)
- 1890 Materia medica and therapeutics textbooks typically couch the addiction risk as associated with particular medical indications, such as prolonged neuralgia, rather than as a risk present whenever opiates are prescribed for lengthy periods. The

long courses of treatment and typical hospital stays of up to three months create risks of addiction for patients. The textbooks also typically characterize opiate addicts as liars who have lost all moral sense. Such statements represent a growing shift from sympathetic to punitive views of addicts that will parallel the demographic shift of opiate addiction from quasi-medical use by middle-aged, middle-class women to recreational use by young men connected to the vice districts of American cities. They also reflect the problematic nature of addicts as patients to physicians in general practice. The view that addicts are liars and cannot be trusted typifies materia medica and therapeutics textbooks through the 1920s. (Acker)

1890

Brownson, W.G. (1890). The Disease Theory of Intemperance. *Proc. Conn. Med. Soc.* 4(3): 60-72.

- ❖ “The drink custom of mankind has become one of the most serious and intricate problems of our age...The wisdom of the philosopher, the impetuous zeal of the reformer, the acute researches and deliberations of statesmen, the speculations and theories of specialists and scientists, the prayers and pleadings of moralists, all enlisted in the inquiry, ‘Men and brethren, what shall we do?’” p. 60
- ❖ “That intemperance...is, in and of itself, a disease is a misnomer.” p. 60
- ❖ Quotes disease advocates who allege: “The extent of this disease can not be gauged by the amount of drunken manifestations, as the disease is an unhealthy state of nervous organization, which may or may not be manifested in the phenomenon of intoxication.” p. 62
- ❖ Quoting Dr, Conrad, head of the Maryland State Hospital: “We have one hall devoted to inebriates or dipsomaniacs...I do not know of a single case where a cure has been effected...” p. 65
- ❖ Presents several case studies of spontaneous remission as an argument against the disease concept: “Shall that be called a disease, which, by a supreme effort of the will, is thus promptly corrected or cured without medical aid?” p. 67
- ❖ “Let it not be forgotten that motives of self-interest are to be taken into the account in weighing the evidence in favor of any new theory...the voluminous literature in support of the disease theory of intemperance has been evolved mostly from the brains of those who were associated with, or interested in, the so-called inebriate homes.” p. 68
- ❖ “If the mass of habitual drunkards drink because they are diseased and can not help it, then all forms of repression, confinement, punishment for crimes committed, become a species of oppression and cruelty...The acceptance of the disease theory will necessitate a revision of all criminal law and legislation....Will not the drunkards themselves laugh at us for relieving them of penalties we impose upon the industrious, sober classes?” p. 70
- ❖ “...this euphonious term, inebriety, has been shorn of its meaning in the modern efforts to clothe it with respectability, that it seems loath to recognize its brother synonyms.” p. 71
- ❖ “The drunkard with moral sensibilities feels keen remorse and sense of shame for a condition he has voluntarily brought upon himself. Tell him he has cancer,

phthisis, or club-foot; there may be sorrow, there is no feeling of remorse. The one is a disgrace, the other a defect or a disease.” p. 72

- 1891 One of first facilities devoted exclusively to treating addiction to drugs other than alcohol--Jansen Mattison’s Brooklyn Home for Habitues--opens.
- 1892 Enfield, A. (1892). Alcoholism. A Disease. *Journal of the American Medical Association* 18:287-289
- ❖ Refers to alcoholism as “a disease that has produced more misery, sickness and death, than all other diseases combined.” p. 288
 - ❖ “Dipsomania must be recognized as a disease, and not as a habit.” p. 288
 - ❖ “...if inebriety is a disease, then its cure rests with the physician.” p.288
 - ❖ “The same principles apply in the treatment of this disease (alcoholism) that apply in all chronic nervous diseases.” p. 288
 - ❖ “...we may then state with perfect confidence that inebriety is a disease and not a habit, and being a disease is therefore curable; and in order to intelligently treat it, we must study the nature and character of the disease as it manifests itself in different individuals.” p. 289
- 1892 Usher, J. (1892). *Alcoholism and its Treatment*. NY: G.P. Putnam’s Sons.
- ❖ Described 3 types of alcoholism: 1) inherited form, 2) acquired form (panacea for physical or emotional ills), and 3) infantile form (resulting from medicinal dosing of infants and children).
- 1892 Keeley, L. (1892). Drunkenness, a Curable Disease. *American Journal of Politics*, 1:27-43.
- ❖ “...it is the analogy of some of these diseases to drunkenness that has finally suggested to the medical mind that drunkenness is a disease and is curable.” p. 27
 - ❖ “If a person inherits a weak resistance to alcohol, and begins drinking, from any cause, he will become a drunkard.” p. 29
 - ❖ “...drunkenness is also a self-limited disease...The duration of drunkenness is, however, very long in most cases, and incurable without treatment; but in a large percentage of cases is self-limited. Almost any middle-aged man can recall people whom he has known for twenty-five years, who were in youth, or early life, drunkards, but who stopped drinking without cure or any particular moral influence. The disease ‘spontaneously’ came to an end.” p. 41
 - ❖ “I believe drunkenness is a disease, that it is curable, and that hereafter it will always be cured.” p. 43
- 1893 Crothers, T. D. *The Disease of Inebriety from Alcohol, Opium and Other Narcotic Drugs* published. The cover says “Diseases” and the inside plate “Disease” raising interesting question of whether inebriety is one disease or a collection of diseases.
- 1893 Crothers, T.D. (1893). *Inebriate Asylums*. In: Stearns, J.N. Ed., *Temperance in All*

Nations New York: National Temperance Society and Publication House.

❖ “The asylum treatment, like the quarantine for contagious disease, isolates the victim from all exciting and predisposing causes and thus places him in the best possible condition for returning health.”

- 1893 Mattison, J. (1893). The Modern and Humane Treatment of the Morphine Disease. *Medical Record*, 44:804-806 (December 23).
- 1894 The AMA rules that medication advertisements will not be accepted for the *Journal of the American Medical Association* unless they include full listing of the products' ingredients. Such actions undermine purveyors' ability to claim efficacy of “secret formulas.” They also support scientists' need to publish the results of their research. Such moves are aimed in part at the indiscriminate sale of opiates, which the AMA targets as an important cause of addiction. (Acker)
- 1894 Key, B. (Circa 1894). *Good Advice and Practical Hints Relative to the Opium, Morphine, Chloral, Whiskey, Cocaine and Kindred Habits (or Diseases) and Their Treatment and Cure*. Chattanooga, Tennessee: Dr. Bailey P. Key (Advertising Pamphlet).
- 1894 Kerr, Norman (MD) (1894). *Inebriety or Narcomania: Its Etiology, Pathology, Treatment and Jurisprudence*. London: H.K.Lewis.
❖ “...let me define inebriety as a constitutional disease of the nervous system, characterized by a very strong morbid impulse to, or crave for, intoxication.” p. 41
❖ “I propose to call this abnormal state...by the comprehensive name -- NARCOMANIA. In other words, a mania for narcotism of any kind, an inexpressibly intense involuntary morbid craving for the temporary anaesthetic relief promised by every form of narcotic.” p. 42
❖ “Inebriety is so varied in form, so subtle in operation, so intricate in development, and so complex in causation, that its treatment is no easy task.” p. 316
- 1894 Taylor, C. (1894). Alcoholism: The Treatment and Cure of the Disease. *Therapy Gazette* 10:238-240.
❖ “That alcoholism is a disease, ...there is no longer any doubt, especially after the long and continuous or excessive use of liquor.” p. 238
❖ “I recognize and have found it convenient to divide the disease into three classes, --viz., acquired, hysterical, and hereditary.” p. 238
❖ “One must treat alcoholism as a disease, and must use caution and judgment in the management of the case at hand as would be expected or required in the treatment of any other case.” p. 240
- 1895 Samuel Potter, in his textbook *Materia Medica, Pharmacy and Therapeutics*, says “Probably no drug in the *Materia Medica* is so useful as Opium, or has so wide a

range of application. At the same time, no drug requires such careful handling, by reason of the many influences which modify its action and uses.” This statement exemplifies a beginning trend among writers of materia medica and therapeutics textbooks to shift from broad indications for opiates to progressively narrower indications and increasingly stringent cautions regarding the drugs’ addictive potential. (Acker)

- 1895 Fobes, Walter K. (1895). *The Alcohol, Tobacco, and Opium Habits: Their Effects on Body and Mind and the Means of Cure with Temperance Songs and Hymns*. Boston: Walter K. Fobes. In Grob, Ed., (1981). *American Perceptions of Drug Addiction*. New York: Arno Press.
❖ Use of “habit” throughout
- 1895 Henry G. Cole ascribes the prevalence of opiate and alcohol addiction to the quickening pace and growing complexity of industrial life. (Acker)
- 1896 Wilson, J.C. and Eshner, A.A. (1896). *American Textbook of Applied Therapeutics*.
❖ “Morphinism is a disease both of the body and the mind, caused by chronic poisoning by morphin. When the disease is developed there exists an irresistible craving for the drug, and it is this artificial appetite that is the difficulty to overcome in the treatment.”
- 1898 Palmers, Charles (1898). *Inebriety: Its Source, Prevention, and Cure*. New York: Fleming H. Revell Company.
❖ ...the so-called moral treatment of the inebriate has been the greatest obstacle in the proper treatment of his case. The instances in which reproaches, imposed mortifications, insults, scoldings, contempt, criminations and recriminations, imprisonments, and other punishments have done other than to aggravate all the morbid manifestations...are so exceptional as to make them unworthy of consideration...This injudicious conduct is the result of regarding the victim of a neurosis as having gone deliberately to work, through criminal self-indulgence and love of degrading vice...to make himself a drunkard, to continue a drunkard for the very love of it, and to refuse to be other than a drunkard, rather than exercise the self-control necessary to become a temperate man.” p. 28
❖ “...we do not regard all drunkards as subjects of the disease inebriety.” p. 29
- 1898 The Bayer company puts heroin on the market as an antitussive. As a sniffable powder marketed as a cough remedy, it quickly gains favor as a recreational drug among young men (and, to a lesser extent, women) in urban neighborhoods. (Acker)
- 1898 The U.S. enters and quickly wins the Spanish-American War and gains new territories, including the Philippines. Missionary observers are appalled at the levels of opium addiction they find there and see this problem as an obstacle to

economic modernization for the islands. Similarly, missionaries portray the prevalence of opium use in China as a sign of China's backwardness. These concerns help launch the international missionary movement which sparks domestic efforts to pass federal legislation banning opiates, on the grounds that American missionaries could hardly urge other countries to pass prohibitive legislation when the U.S. lacked such laws. (Acker)

1899-1903 An antibody theory of alcoholism stirs interest in the potential for an alcoholism vaccine. A resulting product developed from horse blood—Equisine--proves to have little effect as a treatment for alcoholism. (White, 1998) p. 93

1899 W. Hale White, in the fourth edition of his *Materia Medica: Pharmacy, Pharmacology and Therapeutics*, characterizes addicts as liars who cannot be trusted. (Acker)

Late 19th Century The term "addiction" as applied to drugs comes to mean surrendering oneself to a master. (Sonnedecker, 1962, p. 30)

The Combined Addiction Disease Chronologies of William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD 1900 - 1919

The first two decades of the 20th century witnessed the climax of a prolonged struggle to define the nature of and a solution for America's alcohol and other drug problems. The drive for alcohol prohibition reached its apex with the passage of the Eighteenth Amendment to the Constitution in 1919. Growing concerns with drug addiction led to passage of the Harrison Tax Act of 1914 and a series of Supreme Court decisions that pushed most physicians out of the treatment of addiction for the next fifty years. Rather than treat the victims of addiction by either moral or medical means, America decided in the second decade of the 20th century to simply eliminate the source of addiction via the prohibition or aggressive control of nearly all psychoactive drugs.

It should not be surprising that most of the 19th century treatment institutions disappeared during this period. Most inebriate asylums and homes closed. The *Journal of Inebriety* ceased publication in 1914 and the American Association for the Study and Cure of Inebriety collapsed in the early 1920s. Most of the patent medicine bottled cures for addiction were driven out of business by the requirement that they label the contents of their products. The treatments of the 19th century gave way to new social institutions: the "foul wards" of large city hospitals, inebriate penal colonies (work camps), and a new type of private hospital/sanatoria where wealthy alcoholics and addicts could periodically "dry out."

There were many important milestones in this transition. America witnesses her first experiments with narcotic maintenance (long before anyone had heard of methadone). Forty-four communities operated clinics to maintain incurable addicts. These clinics were run by physicians who were convinced that narcotic addiction was for many addicts a chronic disease

best managed by narcotic maintenance. All of these clinics were closed by 1924 under threat of indictment by federal law enforcement authorities. Another milestone was the emergence of psychological models of viewing addiction. Both psychoanalytic treatment (Abraham, 1908) and “lay therapy” models (Baylor, 1919) of addiction and its treatment gained prominence as less purely medical disease models fall out of favor. The new models claimed that addiction was not a primary medical disease but a symptom of underlying psychological disturbance that could be treated with the proper psychological therapy.

As medical models of care of alcoholics and addicts give way to more coercive forms of social control, medical interventions become much more invasive and controlling. To say Mendel’s work spawned the eugenics movement can be seen as implying that Mendel himself gave rise to the eugenics movement. Rather, his work in the 1860s was rediscovered around the turn of the 20th century and used by some to help justify eugenic idea. Mandatory sterilization laws in many states include incurable alcoholics and addicts. Medical testimony also came to be used to sanction the prolonged sequestration of alcoholics and addicts in inebriate penal colonies or state psychiatric asylums.

- 1900 Paredes review notes 3 primary elements in the 19th century characterization of alcoholism: “1) the biological and behavioral symptoms resulting from damage caused by the excessive ingestion of alcohol, 2) the irresistible drive to drink (dipsomania), and 3) functional disturbances of the central nervous system which were the postulated causes of the disorder.” (Paredes, 1976, p. 24)
- 1900 George Frank Butler, in the third edition of his *Textbook of Materia Medica, Therapeutics and Pharmacology*, states that opium “perhaps best represents the typical symptom medicine, being used almost invariably for the relief of one or more symptoms of disease, rather than for its specific or direct curative action upon the disease itself.” This statement reflects a dilemma for the prescribing physician: opiates (most specifically, morphine) remain indispensable in medical practice, but their use to treat symptoms rather than causes of disease runs counter to the growing premium on scientific knowledge of disease causation as a foundation for medical knowledge. Opiates’ effects, in textbooks of the period, are grouped in six categories: to relieve pain; to produce sleep; to reduce intestinal irritation; to reduce secretions (including diarrhea and cough); to support the system in low fevers and adynamic states; and to promote sweating. Like other textbook writers, Butler characterizes addicts as liars who cannot be trusted, but he is unusual in describing this moral degradation as secondary to the drug use. (Acker)
- 1900 The work of Gregory Mendel is rediscovered and adds fuel to a growing science of genetics and a eugenics movement. As America transitions from its flirtation with a medicalized response to addiction to criminalizing addiction, a blend of these approaches results in calls for prolonged legal sequestration of addicts and the mandatory sterilization of alcoholics and addicts.
- 1900 French, J.M. (1900). Treatment of Alcoholism as a Disease. *Indian Med. Rec.*

18:100-101.

❖ “Within the past few years the subject of the disease of Alcoholism and its medical treatment has been brought prominently to the notice of the general public and the medical profession by the rise, progress, and decline of the so-called ‘gold-cure’ of Dr. Leslie E. Keeley. Not the least of the good with which we believe the Keeley cure must be credited, consists in its having brought home to the popular mind the conviction that the drunkard’s unnatural appetite for alcohol can be removed by popular medical treatment.” p. 100

- 1900 Intemperance: Vice or Disease? (1900). *Med. Temp. Rev.* 3: 237-239.
- 1901 The AMA reorganizes such that all members of constituent local medical societies are automatically members of the AMA. The organization becomes more effective in advancing the interests of reform-minded physicians who seek to raise the prestige of medicine, narrow the gateway to an overcrowded profession, and ground medical authority in science. Opiates are important in this context because: they represent old fashion medicine which treats symptoms rather than medicine which reflects the new scientific goal of attacking the cause of disease; they are widely sold by nostrum purveyors whom the AMA opposes; physicians are widely held, both within and without the profession, to be responsible for most addiction through overprescribing of opiates. (Acker, “Anodyne”; Burrow) (Acker)
- 1901 Kurtz and Kraepelin coin “alcohol addiction” to denote a disorder suffered by those whose will is “not strong enough to abandon the use of alcohol even if drinking causes them serious economic, social and somatic changes.” (Marconi, 1959)
- 1902 Mattison, J.B. (1902). *The Mattison Method in Morphinism: A Modern and Humane Treatment of the Morphine Disease*. New York: E.B. Treat & Company. Mattison’s brief monograph makes numerous references to the “disease of morphinism.”
- 1902 Crothers, T.D. (1902). *The Drug Habits and their Treatment*. Chicago: E. P. Englehard & Company.
❖ “The popular and common meaning of the word habit is some state or condition of the body, voluntarily acquired and continued at the will of the person. Conducts or acts which can be changed or checked by the will, and are under the control of the person, are called habits. In its broader scientific sense, there is a physiological and psychological tendency to repeat the same acts apparently outside the control of the will. It is this meaning of the word habit which will be used in this study.” p. 9
❖ “A clinical study of accurately grouped histories of a large number of cases brings ample confirmation of the fact that inebriety or alcoholism is a disease.” p.10. Note use of inebriety and alcoholism interchangeably--one of first such

references by Crothers.

❖ “There is now a well ascertained disease called “opium inebriety” which has an origin, development and termination distinctly defined.” p. 61

❖ Crothers uses “addiction” to describe inebriety related to cocaine, chloral, ether, chloroform, etc.

❖ “The delusion that these unfortunates have full possession of their will to abstain or continue is fast passing away. We are now able to recognize in most of these cases well-defined diseases that begin and follow a progressive line on to death or restoration.” p. 94

- 1902 T. D. Crothers’s *Morphinism* appears. Crothers estimates there are 100,000 opiate addicts in the U.S. He says “Morphinism is one of the most serious addictions among active brain-workers, professionals and businessmen, teachers, and persons having large cares and responsibilities.” This statement is a late example of a trend in the second half of the nineteenth century, best typified by the work of George Beard, to posit specific mental diseases of the over-civilized. Crothers is one of the leading figures in the field of inebriety; he manages a sanitarium in Hartford, Connecticut. Characterizing opiate addiction as a disease of high-status people has clear marketing advantages for those managing private sanitarium. (White 22; Morgan) (Acker)
- 1905 *Collier’s* magazine publishes a series of articles by Samuel Hopkins Adams entitled “The Great American Fraud.” For Adams, nostrums which contain opiates (and whose labels lie about their contents) are the most dangerous products in an unregulated market for medicines which is rife with shoddy or harmful products. For Adams, the “enslaving appetites” created by opiates undermine the sober and rational judgment necessary to function effectively as citizens in a democracy. This view reflects Progressive Era faith that properly informed citizens will make rational decisions in their best interests and supports labeling requirements as adequate protection against hazards of misuse of medicines. Adams favors such labeling requirements. His articles, along with the 1905/6 publication of Upton Sinclair’s novel *The Jungle*, influence passage of the 1906 Pure Food and Drug Act. (Acker)
- 1905 The AMA creates its Council on Pharmacy and Chemistry. One aspect of the physicians’ reform platform is to gain control over the medical marketplace by distinguishing scientifically valid medications from worthless or harmful ones. This group test medicines to determine their effectiveness and the validity of the claims made for them. These actions help divide drug use and drugs into clearly demarcated categories of medical versus recreational; the latter is seen as vice and dependence which originates in this kind of use will increasingly be framed as a marker of psychological defect in the user. (Acker)
- 1905 Elwood Worcester and Samuel McComb of the Episcopal Emmanuel Church organize a tuberculosis clinic under the direction of Dr. Joseph E. Pratt. In 1906,

Worcester and McComb with the help of more doctors, notably a psychiatrist, Dr. Isador H. Coriat, expand their work to include a Class for the Treatment of Mental Disorders. This work leads to a specialty in the treatment of alcoholism and the beginning of 20th century “lay therapy” movement. While shadows of this existed in 19th century, this integration of religion, medicine and psychology may mark beginning of full tripartite treatment of alcoholism. (Kurtz)

- 1906 The Pure Food and Drug Act includes labeling requirements for medicines containing alcohol, opiates or cocaine. This measure reflects the idea that informed consumers will make rational choices in their own best interest. (Acker)
- 1907 The *Journal of Inebriety* incorporates *The Archives of Physiological Therapy*. This marks both the progressive demise of the *Journal of Inebriety* and the AASCI and its absorption into mainstream medicine.
- 1907 Cutten, George (1907). *The Psychology of Alcoholism*. New York: The Walter Scott Publishing Co., LTD.
❖ Language: “alcoholism” used throughout; no disease references.
- 1907-1913 States pass mandatory sterilization laws that include alcoholics and addicts; their inclusion is based on view of hereditary degeneration--diseased alcoholics will bear impaired children who will be a burden on society. (White, 1998, pp. 88-90)
- 1908 Abraham K. (1926). The Psychological Relations Between Sexuality and Alcoholism. *International Journal of Psycho-Analysis* 7 (January): 2-10. (Originally published in 1908) Johnson attributes Karl Abraham’s use of terms alcoholism and alcoholic in his essay on the psychoanalytic view of the disorder as a major milestone in acceptance of the terms. (Johnson, 1973)
- 1910-1911 John D. Rockefeller, Jr., is appointed to a grand jury investigating white slavery in New York. He will later found the Bureau of Social Hygiene that will create a Committee on Drug Addictions. The Bureau of Social Hygiene is founded (1911), with funds from the Laura Spelman Rockefeller fund, for the scientific study of prostitution. In this period, prostitution, venereal diseases (syphilis and gonorrhea), and drug use (including alcohol use) are seen as related problems. (Acker)
- 1911 The American Medical Association publishes *Nostrums and Quackery*, which exposes fraudulent claims and inaccurate labeling of medicines advertised and sold to the public. This work is part of the AMA campaign to increase physician control over access to medicines including opiates. Subsequent volumes appear in 1921 and 1936. (Acker)
- 1912 Charles Terry, director of public health in Jacksonville, Florida, opens a clinic to treat opiate addicts. From this experience, he concludes that addiction is a disease

and that addicts deserve humane treatment. (Acker)

- 1912 *The Dope Evil*. (1912). Boston: The New England Watch and Ward Society. In: Grob, Ed., (1981). *American Perceptions of Drug Addiction*. New York: Arno Press.
- ❖ References to the “dope vice”
 - ❖ “Users of the two drugs (cocaine, morphine) who are committed to prison for crime should be treated for their malady...”
- 1912 Partridge, G.E. (PhD) (1912). *Studies in the Psychology of Intemperance*. New York: Sturgis & Walton Company.
- ❖ Mostly moral view of inebriety with a few disease references thrown in.
 - ❖ “Two types of organisation favour the acquisition of habits of excessive or morbid use of alcohol: the underdeveloped type, and the degenerate, over-sensitive, or otherwise morbid nervous organization.” p. 210
 - ❖ “The abnormal dipsomaniac is a diseased person, and he requires the attention of the specialist in nervous disorders.” p. 253
 - ❖ “Whatever convinces a man that he will drink no more is certain to facilitate the cure, whereas the belief that the craving for alcohol is rooted in the structure of the body helps to keep up the suggestions which lead to a breakdown of the will.” p. 254
 - ❖ “...it is futile to expect the drunkard to reform himself. It is the work of others to furnish the resources of control for the drunkard, and teach him how to develop inner strength.” pp. 256-8
 - ❖ “Some of these cases [men cured at the McAuley Mission], it must be said, however, are very morbid, and their cures seem rather a change in the form of their disease than a real cure. They become intemperately religious and moral, and show signs of weakness of mind and character in everything they do. Many too are at the time of life when sudden cessation of the habit of intoxication is likely to occur, or when the power of the habit is declining.” pp. 259-60.
- 1913 Ernest S. Bishop and George E. Pettey independently offer autoimmune theories of addiction. This model explains tolerance by hypothesizing that the body develops an antitoxin to protect from the toxic effects of morphine. Steadily increasing doses are then necessary for the effects of morphine to supercede the blocking effects of the antitoxin. When morphine administration is stopped, the antitoxin exerts its own toxic effects on organs. This idea is based on current thinking about disease and immunology. Although the hypothesis is based on clinical observation, the precision and consistency with which withdrawal symptoms reflect a user’s customary dose of morphine seem to validate the status of dependence as a scientifically explicated disease. (Acker)
- 1913 Bishop, Ernest (1913). Narcotic Addiction-A Systemic Disease, *Journal of the American Medical Association*, February 8. (See 1920 annotation)

1913

Petty, George E. (MD) (1913). *Narcotic Drug Diseases and Allied Ailments*. Philadelphia: F.A. Davis Company.

- ❖ “The term ‘morphinism,’ or morphine disease, is used ...to include all forms of opium disease.” p. 3
- ❖ “The author considers it very unfortunate that the terms ‘morphine habit’ and ‘opium habit’ have been, and are still, so universally employed when referring to narcotic addiction (disease). They are misleading and do not, in any wise, accurately describe the condition present.” p. 5
- ❖ Habit implies something that can be corrected by an exercise of the will. “This is not true of narcotic disease; therefore, it is not a mere habit and should not be spoken of as such.” p. 6
- ❖ “The essential pathology of narcotic drug addiction (disease) is a toxemia.” p. 10-11
- ❖ “The man who is addicted to a narcotic drug is as truly a diseased man as one who has typhoid fever or pneumonia.” p. 192
- ❖ “Any physician who regards narcotic addiction as a mere vice, a perversion, and holds all addicts to be liars, fiends, perverts, degenerates, etc., is unfit to treat such a patient.” p. 194
- ❖ Quotes and then attacks Alexander Lambert’s reference to the “indulgence” in morphia as a “vice” and then attacks Lambert’s proposed treatments, including the Towns Cure. p. 401
- ❖ “Chronic alcoholism is not only a disease itself, but in many instances it springs from other diseases and it is certain that other diseases grow out of it.” p. 435

1913

Cooper. J.W. (1913). *Pathological Inebriety: Its Cause and Treatment*. New York: Paul B. Hoeber.

- ❖ The true inebriate “has not the power to take alcohol and remain sober, nor when intoxicated has the power to stop drinking and become sober so long as he is able to obtain and retain alcoholic liquors.” p. 2
- ❖ He [the true inebriate] has honestly struggled to lead a sober life but has “failed in a struggle against a defect or weakness, the magnitude of which a normally constituted individual is utterly incapable of fully realizing.” p. 3-4
- ❖ Notes the difficulty in distinguishing “inebriety the vice and inebriety a symptom of a psychoneurotic disease.” p. 6
- ❖ “...we think all forms of pathological inebriety may be properly called ‘alcoholism’...” p. 9
- ❖ Notes that inebriety can be directly or indirectly inherited. p. 16-17
- ❖ “Dipsomania may be either inherited or acquired.” p. 33
- ❖ “A few, very few, periodic inebriates would seem to be able to take alcohol in strict moderation” but such patients are “playing with fire” and are at higher risk of continued addiction than those who totally abstain. p. 47
- ❖ Citing the frequent practice of students drinking heavily for a period of time but then moderating their consumption, Cooper observes that it takes “something more than careless and long-continued custom...to bring about the condition of

mind and body necessary to produce chronic inebriety...” p. 51

❖ “Chronic alcohol inebriety, then, may be regarded as the result of alcohol usage by an individual in some way predisposed to abnormal effects of alcohol action and reaction...” p. 52

❖ “If other disease came under treatment at such a late stage, the hope of recovery would be poor indeed.” p. 97

❖ “A cure may, in a few rare instances, reach such a perfection that the patient is once more able to take alcohol constantly in moderation and remain sober. Such cures exist...but they are extremely rare.” p. 97

- 1913 Reynold Webb Wilcox, in *Materia Medica and Therapeutics*, Eighth Edition, cautions that opiates should not be given for pain, as in peritonitis, until the underlying cause of the pain has been determined. Such a caution contrasts with recommendations to prescribe opiates freely for pain that characterized such textbooks around 1890. Similarly, by this time, physicians are urged not to prescribe opiates for cough until the cause of the cough has been determined. Wilcox cautions that addiction is a risk whenever opiates are prescribed for a significant length of time, regardless of the condition for which they are prescribed. This language contrasts with narrower warnings regarding the risk of addiction which characterize such textbooks in the 1890s. Wilcox characterizes addicts as liars who cannot be trusted. (Acker)
- 1913 C. C. Wholey, M.D., describes types of addicts, including neurotic and psychopathic types; but he maintains that anyone can become addicted and that majority of addicts became so accidentally. He urges humane treatment and warns of the negative effects of stigmatizing addiction. (Acker)
- 1914 Kennedy, Foster (1914). *The Effects of Narcotic Drug Addiction*. *New York Medical Journal* pp. 20-22.
❖ “...morphinism is a disease, in the majority of cases, initiated, sustained and left uncured by members of the medical profession.”
❖ “Thus morphinism is not an unmoral or demented, but a physical condition, a diseased state, of the inception of which the sufferer is usually innocent...”
- 1914 Walter A. Bastedo, in the first edition of *Materia Medica: Pharmacology, Therapeutics, Prescription Writing*, characterizes addicts as liars who cannot be trusted. (Acker)
- 1914 The *Quarterly Journal of Inebriety* ceases publication and the American Association for the Study and Cure of Inebriety collapses sometime in the early 1920s. (White, 1998) This event helps mark the waning of the inebriety concept as the nation moves toward prohibition of alcohol (and thus the idea that there will be no more alcoholism) and a psychopathic view of the opiate addict (to be established in Lawrence Kolb’s work). (Acker)

- 1914 Perry M. Lichtenstein warns in the *New York Medical Journal* that opiate addiction is overtaking levels of alcohol addiction.
- 1914 Congress passes the Harrison Anti-Narcotic Act. This is the first federal act to restrict the sale of any drug (with the exception of the 1909 act that prohibited importation of opium for smoking). Opiates and cocaine are included in the list of drugs that can be obtained only from a physician or from a pharmacist as authorized by a physician. The AMA favors the bill as it increases physicians' control over access to these problematic categories of drugs. Because the act is framed as a revenue bill (because the federal government is prohibited from usurping the states' right to regulate the practice of medicine), it is enforced by the Treasury Department (Acker). While promoters of the law promise that it will not infringe on physician treatment of addicts, subsequent interpretations of the law will make it a benchmark in the demedicalization and criminalization of drug addiction.
- 1915 Treasury Decision 2200 interpreting the Harrison Act: physicians must prescribe narcotics to addicts only in decreasing doses or face arrest.
- 1915 Lambert, Alexander (MD) (1915). The Intoxication Impulse. *Medical Record* February 15. 87:253-259
 ❖ "Morphinism is still looked upon as a vice, deliberately acquired, not as a misfortune sometimes accidentally inflicted on the patient by the physician."
- 1916 White, W.A. (1916). Alcoholism, a Symptom. *Interst. Med J*, 23:404.
- 1916 Williams, T.A. (1916). The pathogenesis of Alcoholism and Narcotism and the Treatment of their Causes. *Interstate Medical Journal*, 23:455-462
 ❖ "The conditions that make inebriates are of many kinds, for inebriety is not a disease itself, but merely a habit of psychic reaction. However, in whatever way it originates, it eventually becomes a craving...the result of preceding impressions constituting memories." p. 155
- 1916 C. B. Towns's *Habits that Handicap* appears. Towns says, "...the great majority of drug-users wish nothing so much as to be freed from this slavery, while at the same time they fear nothing so greatly as sudden deprivation of their drug. In the interaction of these two major impulses lies the key to the addict's psychology." Towns and Alexander Lambert, a leading physician reformer and future president of the AMA, team to offer the Towns-Lambert treatment of opiate addiction. The treatment consists of large doses of atropine-like compounds (hyoscyne and belladonna) as an anesthetic to mask withdrawal symptoms and of cathartics to relieve the severe constipation that results from chronic opiate administration. This treatment method reflects the transitional nature of this period in the treatment of opiate addiction. Atropine-like compounds had been used for some time in the management of asylum patients and were becoming discredited for

this use, but scopolamine was enjoying a vogue as an anesthetic safer than ether or chloroform in the management of the pain of childbirth; the need to monitor the delirium induced by the drug was one factor helping move childbirth among middle class women from the home into the hospital. Thus it echoed earlier symptomatic treatments while appearing in a new guise as an anesthetic consistent with the transformation of the hospital as a site for the practice of the new scientific medicine. Lambert's willingness to work with Towns, who made extravagant claims for the success of his formula, also marks a transitional time. Early optimism about being able to cure addicts just as implementation of Harrison was making them increasingly visible quickly faded. (Acker)

- 1917 Charles Towns declares: "Medical men have been largely responsible for making the alcoholic believe that alcoholism is a disease. Stop and think for a moment and you will see how ridiculous this is!" Yet he purports that the basis of alcoholism is a systematic poisoning of the cells and that the basis of his cure was to "unpoison him physiologically and thus set him free psychologically."
- 1918 Dana, C.L. (1918). Problems of Drug Addiction. *Medical Record*, February 2. ❖ "In drug addiction there is a morbid condition of metabolism which arouses a very uncontrollable need for opium. This may be called a disease or not according to one's fancy in the use of words...Drug addiction is a vice, or moral or mental defect, in the sense that the condition is often deliberately or stupidly acquired and persisted in."
- 1918 The Treasury Department surveys local health officials regarding their views on addiction. Four hundred and fifteen (415) say physicians in their areas believe addiction is a disease while 542 say physicians in their area believe addiction is a vice. (Terry & Pellens) (Acker)
- WWI The Medical Department of the United States Army screens incoming soldiers for fitness to serve, including mental fitness. Psychiatrist Pearce Bailey, deeply familiar with the heroin use scene in New York City, is one of the architects of the World War I psychiatric screening effort. The descriptions of the opiate addict provided for screeners characterize the addict as belonging to a recognizable subculture with its own argot. The addict is one of a number of types that are loosely characterized as psychopaths, individuals whose eccentric behavior and difficulty in getting along with peers or authority figures mark them as potential liabilities on the battlefield and therefore as unfit for service. (Acker)
- WWI New intelligence tests, originally conceived of as aids in diagnosing feeble-mindedness, are deployed to assess aptitude of Army inductees. Following the war, they are implemented in public school systems. They exemplify the growing deployment of classification systems in psychology based on an essentialist view of human nature, human ability, and psychopathology. Following this trend, in the two decades following the war susceptibility to opiate

addiction will be portrayed as a form of innate psychopathy. (Acker)

- 1919 Laase, C.F. (1919). Practical Application of the Facts of Narcotic Addiction Disease. *Medical Record*, August 9.
❖ “It is no longer justifiable to speak of drug addiction as being a habit, a vice, a degeneration or perversion of the mind. It is a distinct, definite physical disease condition...These signs and symptoms are as constant, uniform and recurring as those of any other disease.”
- 1919 Dr. Ernest Bishop extensively quoted in *The Drug Disease* (1919). *Literary Digest* 61:29-30.
❖ “The drug habit is a disease pure and simple.” p. 29
❖ “The most urgent problem of the present narcotic situation is the problem of securing intelligent, competent, and human advice and treatment faced by the addict himself.” p. 29
❖ “There have been altogether too much talk given to various special ‘treatments’ and ‘cures.’ The man who understands narcotic drug-addiction disease as he understands other diseases can handle it in a majority of cases.” p. 29
❖ He notes that the hope for the future lies in changing the question, “What shall be done to the narcotic addict to make him stop using drugs?” to the question, “What can be done for the narcotic addict, so as to relieve him of the physical necessity of using drugs.” p. 30
❖ “The great mass of addicts...need something done for them. They are clinical problems of internal medicine, victims of definite disease, controllable, and are stable.” p. 30
- 1919 A Treasury Department Special Narcotic Committee estimates there are 1 million addicts in the U.S. This extreme exaggeration, based on alarmism and hastily assembled estimates, adds to a sense of urgency about dealing with the threat of addicts. This occurs just as the Red Scare is creating a climate of fear of subversion and deviance. (Acker)
- 1919 *Webb vs. United States*. For a physician to maintain an addict on their usual and customary dose is not good faith medical practice as defined in the Harrison Act and is an indictable offense. Through the *Doremus* and *Webb* cases, the Supreme Court interprets the Harrison Anti-Narcotic Act as forbidding addiction maintenance. The Treasury Department sees these decisions as mandate to close the municipal clinics and move against any attempt to treat addicts through maintenance. The ban on maintenance opens what Courtwright calls the classic era of narcotic control, a period in which drug laws are harshly enforced and addicts have virtually no recourse to community-based or ambulatory treatment. This era ends with the advent of methadone maintenance treatment in the mid-1960s. (Acker)
- 1919-1924 Physicians in 44 communities operate morphine maintenance clinics, all of which

will close under threat of indictment.

- 1919 Willis Butler opens the Shreveport Clinic in Shreveport, Louisiana to provide morphine to addicts. Butler is one of the leading proponents for maintenance as a humane means of managing opiate addiction, and his clinic is one of the last to be closed by the Treasury Department. (Acker)
- 1919 New York City's Worth Street Clinic opens. It is poorly managed. For example, addicts discover means of showing up repeatedly with different identifications to receive multiple doses of drugs. As these problems are exposed, the clinic is cited prominently as an example of why maintenance cannot work. (Acker)
- 1919 The France Bill comes before Congress. It proposes federal support for community-based treatment for addicts. It fails to pass. (Acker)
- 1919 The Volstead Act, the legislative expression of the Eighteenth Amendment, inaugurates national prohibition of alcohol. The newly created Prohibition Unit in the Department of Treasury contains a Division of Narcotics to enforce the Harrison Act. (Acker)
- 1919 E. J. Pellini refutes the claims of Bishop, Pettey, and others that morphine addiction results in the production of an antitoxin or any other special substance in the blood. Those opposed to maintenance treatment seize on this finding to reject the idea that opiate addiction is a physiological disease. (Acker)
- 1919 The AMA passes a resolution opposing ambulatory treatment, in effect opposing maintenance as treatment. At a time when the AMA is establishing its absolute authority to control the practice of medicine, it implicitly accepts the Supreme Court's definition of the boundary of professional practice when it accepts the ban on maintenance as a treatment method; and in a period when many conditions are being redefined in medical terms, thus expanding physicians' social authority, ambivalence about accepting addiction as a disease reflects continuing concern about the role physicians have played in causing addiction through prescribing practices with opiates. (Acker)
- 1919 Baylor, C. (1919). *Remaking a Man* New York: Moffat, Yard & Company.
❖ "Every case of alcoholism has behind it what might be called an alcoholic or neurotic atmosphere...This environment must in its turn be 'cured'." p. 3
❖ "'mental tenseness' is the underlying cause of this neurosis (alcoholism)". p. 20
❖ "The instructor's aim is to bring about in a sick man permanent relaxation and re-education." p. 25

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

1920 - 1941

The 1920s--the first full decade of alcohol and drug prohibition--were marked by the increasingly hostile views toward the alcoholic and addict. Major bodies such as the AMA attacked a disease concept of addiction and the ambulatory treatment of the addict in spite of iconoclastic physicians who continued to advocate the disease position (Bishop, 1920; Williams, 1922). The dominant view of the etiology of addiction shifted from physiological theories to psychological theories (Kolb, 1925). When references to disease did appear it was to portray the addict as having a dangerous, contagious disease that necessitated sustained quarantine to protect the community (Black, 1928; Rowell, 1929). As state and federal prisons began to fill up with addicts in the late 1920s and early 1930s, calls for prison/hospitals to isolate the addicts led to a few state hospitals and then the two federal narcotics hospitals at Lexington and Fort Worth.

The repeal of prohibition marked a shift in focus on alcohol to the question of why certain individuals developed problems with alcohol. Answers to this question ranged from Dr. William Silkworth's "allergy" theory of alcoholism to a growing body of psychoanalytic literature that portrayed alcoholism not as a disease but as a symptom of disturbed character. Most treatment of the alcoholic--what little treatment there was--focused on this emotional/characterological foundation of alcoholism (Knight, 1937; Menninger, 1938). The founding of Alcoholics Anonymous marks a major milestone in this history as it will provide new hope for the alcoholic while being erroneously identified as the source of the modern disease concept of alcoholism. While AA utilizes Silkworth's "allergy" as a useful metaphor, its primary portrayal of the etiology and solution of alcoholism is framed in characterological and spiritual rather than medical language.

- 1920 AMA's Report of the Committee on the Narcotic Drug Situation
"The shallow pretense that drug addiction is "a disease" which the specialists must be allowed to "treat," which pretended treatment consists of supplying its victims with the drug has caused their physical and moral debauchery..." (White, 1998, p. 111)
- 1920 The AMA's Committee on the Narcotic Drug Situation, citing Pellini's research among other things, rejects a physiological explanation of opiate addiction and implicitly accepts a psychopathic explanation. (Acker)
- 1920s The AMA collaborates with state and local authorities enforcing the Harrison Act and prosecuting physicians for improper prescribing of opiates; it publishes names of physicians arrested for drug addiction or possession in *The Journal of the American Medical Association*. (Acker)
- 1920s Opiate addiction treatment options dry up; addicts are increasingly left to fend for themselves on the illicit market, or to quit on their own. Some manage to find sympathetic physicians to help them manage or reduce their use; physicians who over-prescribe opiates risk arrest and imprisonment. (Acker)
- 1920 Bishop, Ernest (MD) (1920). *The Narcotic Drug Problem*. New York: The

Macmillan Company.

- ❖ Describes how he considered alcoholics and addicts “jags” and “dope fiends” before working at the Alcoholic, Narcotic, and Prison Service of Bellevue Hospital where these attitudes were replaced by a growing conviction that these patients suffered from a problem that was primarily medical. p 2.
- ❖ “Is it not possible that instead of punishing a supposedly vicious man, instead of restraining and mentally training a supposedly inherent neuropath and psychopath, we should have been training an actually sick man? Is it not possible that the addict did not want his drug because he enjoyed it but that he wanted it because his body required it?” p. 5
- ❖ “If long ago we had discarded the word ‘habit’ and substituted the word ‘disease’ I believe we would have saved many people from the hell of narcotic drug addiction.” p. 9
- ❖ “They [addicts] are thought of as physical, mental and moral cowards who, after realizing their deplorable condition, refuse to exert ‘will-power’ enough to stop the administration of opiates.” p. 15
- ❖ “Whatever his original status, mental, moral, physical or ethical, and whatever the circumstances of his primary indulgence; once addiction-disease has developed in his body the vital fact of his history is the same--subsequent use of opiate drug means not pleasure, not vice, not appetite, not habit--it means relief of physical suffering and the control of physical symptoms.” p. 20
- ❖ “The worst evils of the narcotic drug situation are not rooted in the inherent depravity and moral weakness of those addicted. They find their origin in the opportunity for commercial exploitation of the suffering resulting from denial of narcotic drugs to one addicted...Such exploitation would become unprofitable on any large scale if the disease created by continued administration of opiates were recognized as it exists and its physical demands comprehended and provided for in more legitimate and less objectionable ways.” pp. 122-123
- ❖ Antitoxin theory of addiction: “...in narcotic drug addiction some antidotal toxic substance has become the constantly present poison, and the narcotic drug itself has become simply the antidote demanded for its control.” p. 42

1921

Raymond B. Fosdick urges John D. Rockefeller, Jr., to address the problem of addiction. A Committee on Drug Addictions is created within the Rockefeller-funded Bureau of Social Hygiene, a body founded by John Rockefeller, Jr., for the scientific study of prostitution. Charles Terry is hired to oversee the research.

The Bureau will work closely with the League of Nations in the latter body’s attempts to determine national levels of legitimate need for opiates for medical uses and restrict worldwide opiate manufacturing to those levels. As part of this effort, Charles Terry will conduct surveys in 7 American cities to determine amounts of opiates being administered and prescribed for medical uses. The Bureau will also fund research at several university laboratories and the Philadelphia General Hospital (the latter is described below at 1926-8). Although the Bureau does not take a clear stand on the disease status of addiction, its

- actions support a supply-side approach to drug control. (Acker)
- 1922 Dr. E. H. Williams, a leading advocate of humane treatment of addicts, publishes *Opiate Addiction: Its Handling and Treatment* (New York: MacMillan Company). (Acker)
- 1922 The Committee on Narcotic Drugs, Medical Society of New York, states in a report: “Your committee does not consider drug addiction as a disease entity, but rather as a habit. . . . Functional disturbances of the internal organs follow acute excesses or prolonged use of these drugs. These conditions can be cured by cutting off the drug, hence a relapse to the former habit when opportunity offers.” (Acker)
- 1923-1929 A second wave of mandatory sterilization laws include alcoholics and addicts. See 1907 annotation.
- 1924 Somerville, William G. (1926). Who is Responsible for the Drug Addict? *Southern Medical Journal* February, pp. 108-112.
❖ “We know that drug addiction is a disease, a pathological condition...drug addiction, or the craving for opium or its derivatives, is as much a symptom of disease as pain is of peritonitis and pleurisy and as headache is of meningitis.”
- 1924 The AMA passes a second resolution opposing ambulatory treatment of opiate addiction. (The first was passed in 1919.) (Acker)
- 1924 Lawrence Kolb and A. G. DuMez, working for the Public Health Service, estimate there are 246,000 opiate addicts in the U.S. This figure is much lower than the 1,000,000 addicts warned of in 1919 by the Special Committee of the Treasury Department. (Morgan) (Acker)
- 1924 The anti-immigration National Origins Act reflects rising nativist sentiment, another sign that mainstream Americans have grown intolerant of difference in the 1920s. This hardening climate is part of the context for increasingly harsh views of opiate addicts. (Acker)
- 1924 The Bureau of Social Hygiene’s Committee on Drug Addictions formulates a research plan. A focus on determining the legitimate medical needs for opiates reflects an ongoing belief that physicians’ prescribing practices have been the main factor causing addiction. This concern also links the committee’s work to the work of the League of Nations’ Opium Advisory Committee, which is seeking to create a worldwide control system for the production and distribution of opiates. Charles Terry undertakes surveys in six American cities to determine amounts of opiates administered by physicians and dispensed by pharmacists; from these results, national estimates of the amount of opiates needed for legitimate medical practice will be derived. (Acker)

- 1925 The last of the municipal clinics is closed, in Knoxville, Tennessee, ending maintenance treatment for several decades until the work of Dole and Nyswander in the 1960s. (Acker)
- 1925 Public Health Service psychiatrist Lawrence Kolb publishes a landmark set of articles which consolidate the psychopathic view of addict. His classifications of addict types, and his view that addiction is explained by pre-existing, inherent defects of personality, are consistent with the rising trend in the 1920s to rely on diagnostic categories and triage to specialized institutions to deal with individuals exhibiting socially troubling behavior. Such psychiatric diagnoses as “constitutional inferior” and “psychopathic personality type” are widely used to characterize such individuals. (In this period, “psychopathic” merely means displaying some form of psychopathology and does not include the later connotations of complete lack of conscience. As the concept of psychopathy becomes harsher over the ensuing decades, so will the idea that addicts’ psychopathology is so severe as to resist almost any form of treatment.) (Acker)
- 1925 Public Health Service pharmacist A. G. DuMez and Lawrence Kolb publish “Absence of Transferable Immunizing Substances in the Blood of Morphine and Heroin Addicts,” *Public Health Reports*, 40:548-58, adding further disproof of Bishop’s and Pettey’s autoimmune model of addiction. (Acker)
- 1925 In *Linder v. U.S.*, the Supreme Court reverses the conviction of a physician who prescribed a small amount of cocaine and morphine, consistent with the presenting complaint of abdominal pain, to an undercover agent of the Narcotic Division. (Acker)
- 1926 Mildred Pellens, working for the Bureau of Social Hygiene’s Committee on Drug Addictions, surveys leaders in pharmacology, physiology, psychiatry and sociology around the country, asking them what they believe are the most important research problems regarding opiate addiction. The answers are wide ranging and yield no consensus. This lack of consensus leaves the committee without clear direction; for the next two years, it continues its process of funding diverse and unrelated projects, including animal studies of the physiological effects of opiates and of the withdrawal syndrome. (Acker)
- 1926-8 Research on opiate addicts is carried out at Philadelphia General Hospital by Arthur B. Light and Edward G. Torraine under the auspices of the Philadelphia Committee for Clinical Study of Opium Addiction. This research is funded by the Bureau of Social Hygiene’s Committee on Drug Addictions. Light and Torraine demonstrate that withdrawal from opiates is not life threatening and usually not dangerous; this finding bolsters idea that medical management of withdrawal is not necessary and adds justification for withholding medical care from addicts. (Acker)

- 1927 Kolb, L. (1927). Clinical Contributions to Drug Addiction: The Struggle for Care and the Conscious Reasons for Relapse. *Journal of Nervous and Mental Disorders*, 66:22-43.
- ❖ Argues that the relapse rate in addicts has increased in shift from traditional medical addict to the new psychopathic addict.
 - ❖ Claims that relapse is not due to physical aspects of addiction but to the psychological makeup of the addict.
 - ❖ “Though the sincerity of addicts who seek cure is for the time being beyond question, the motives which prompt many of them are fundamentally inadequate and therefore usually ineffective.” p. 27
 - ❖ “A very large portion of these addicts deliberately addicted themselves with full knowledge of the difficulties incident to a life of addiction.”p. 36
 - ❖ “...the force of physical dependence is insignificant as a cause of relapse to this drug [cocaine].” p. 41
- 1928 Black, Winifred (1928). *DOPE: The Story of the Living Dead*. New York: Star Company.
- ❖ “...for after drug addiction has reached a certain stage, it is not a habit but a disease..a wasting, loathsome, hideous, cruel disease.” p. 48
 - ❖ “A dope addict is a disease-carrier, and the disease he carries is worse than smallpox, and more terrible than leprosy...Why not isolate him, as you would a leper?” p. 57
- 1928 Solomon Solis-Cohen and Thomas Stotesbury Githens, in *Pharmacotherapeutics, Materia Medica and Drug Action*, characterize addicts as liars who cannot be trusted. (Acker)
- 1928 The Bureau of Social Hygiene publishes Charles Terry and Mildred Pellens’ work *The Opium Problem*, the result of their exhaustive survey of research on opiates in the American and European medical and scientific literature. The work reflects current consensus on several issues, especially among scientists and physicians. These points include long term use of morphine does not result in serious organ damage, and physician over-prescribing is the chief cause of the prevalence of addiction. Terry and Pellens also make a strong argument in favor of addiction maintenance as the most appropriate treatment for addicts who are not able to sustain abstinence. Although largely ignored in the immediate aftermath of its publication, this work is now recognized as one of the classics in the field of opiate addiction. (Acker)
- 1928 Approximately a third of federal prisoners are violators of narcotics laws. (Musto) (Acker)
- 1928 Spadra–California Narcotics Hospital (1928-1941) opens.

- 1929 Rowell, Earle Albert (1929). *Battling the Wolves of Society: The Narcotic Evil*. Mountain View, California: Pacific Press Publishing Association.
 ❖ “The addict is really a very sick man; addiction is actually a terrible disease, just as cancer is a terrible disease. True, addiction may still be classed as a vice, a habit, but it is also a dread disease.” p. 11
- 1929 Porter Bill: enabling legislation for Lexington and Ft. Worth federal narcotic “farms”; some medicalization arguments for public health service involvement but major impetus was federal prisons filling up with addicts.
- Late 1920s Profound therapeutic pessimism regarding the possibility of curing addicts further discourages physicians from accepting them as patients. (Acker)
- 1930s Electrical and chemical shock therapies and psychosurgery introduced in treatment of schizophrenia and depression. They will subsequently be used in the treatment of addiction.
- 1930s Oxford Group uses “disease” as a metaphor for “sin” that requires “soul-surgery.” (Steffen, 1993, p. 131)
- 1931 The American Medical Association publishes *The Indispensable Use of Narcotics*, a book containing guidelines for physicians on prescribing opiates. The aim is to reduce prescribing to an irreducible minimum, in terms of indications, doses, and length of courses of treatment. The publication of this book reflects a growing medical consensus that physicians must take proactive responsibility to avoid exposing their patients to the risk of addiction through the prescribing of opiates. (Acker)
- 1931 Worcester, Elwood and McComb, Samuel (1931). *Body, Mind and Spirit*. Boston: Marshall Jones Company.
 ❖ Loss of control description: “...such a sufferer often believes that he can limit himself to a single drink. But as soon as this is taken he becomes “automatic,” which means that he will go on drinking as long as his money or credit holds out, or he can guide a glass to his lips.” p. 226
 ❖ “I can point to but a few real recoveries from this state (dipsomania) and even in these isolated cases there may have been an error in diagnosis.” p. 228
 ❖ Presents essentially psychoanalytic interpretation of alcoholism: inner conflicts, inferiority complex, “mild homosexuality,” inner conflicts, etc. p. 229
- 1932 Towns, C. (1932). *Drug & Alcohol Sickness*. New York: M.M. Barbour Company. In Grob, G. Ed., (1981). *The Medical Professions and Drug Addiction*. New York: Arno Press.
 ❖ “One of the greatest mistakes generally made in the treatment of those who use narcotics and alcohol is the failure to realize that addicts are sick people.” p. 1
 ❖ “...the continued use of drugs is simply in response to the horrible cry of the

cells for more of the poison which has produced the addict's pathetic state..." p. 4
❖ "I do not believe that there is anything to be gained by the purely mental treatment of this disease--except in very rare instances." (Disease refers here to alcoholism.) p. 33

- 1933 The Eighteenth Amendment, which prohibited the sale of alcohol, is repealed. In subsequent years, as Americans reclaim alcohol as a social beverage, high levels of drinking are considered acceptable; the staggering drunk becomes a staple of slapstick comedy; and there are few social norms promoting moderate use of alcohol. (Acker)
- 1933 Rado, S. (1933). The Psychoanalysis of Pharmacothymia. *Psychoanalytic Quarterly*, 2:1-23.
❖ Drug craving is a "psychologically determined, artificially-induced illness."
- 1934 Richard Peabody's *The Common Sense of Drinking* presents alcoholism as a "psychological malady related to escapism, feelings of inferiority...all the products of a spoiled childhood. The explanation of excessive drinking lies in the field of abnormal psychology rather than that of physiology or ethics." p. xii; "alcoholism is a disease of immaturity...the drunkard is not only a child, but a spoiled child." p. 177; does refer to those with an "abnormal reaction to drinking" (p. xi); those who inherit a "nervous system which proves to be nonresistant to alcohol..." (p.15); "...the real causative factors are those which induce a nervous condition first, and...this condition in turn induces alcoholism." (p. 58)
❖ "Suffice it to say, once a drunkard always a drunkard--or a teetotaler! A fairly exhaustive inquiry has elicited no exceptions to this rule." (p. 82)
❖ Notes Worcester's 100% failure in getting alcoholics to "drink like gentlemen,"
- 1934 Dr. William Silkworth presents allergy concept to Bill Wilson while Wilson is hospitalized at Towns Hospital. Silkworth defines alcoholism in terms of physical allergy, obsession and compulsion.
- 1934 Public Health Service physician Clifton Himmelsbach develops the Himmelsbach Abstinence Scale, a means of assessing severity of addiction by measuring severity of withdrawal syndrome. (Acker)
- 1934 Himmelsbach visits Walter Cannon at Harvard; he becomes convinced that addiction is a disorder of homeostasis. (Acker)
- 1934 "Drug Addiction" appears as diagnostic category for first time in American Psychiatric Association's Standard Classified Nomenclature of Disease. (Acker)
- 1935 The U.S. Public Health Service Narcotic Hospital at Lexington, Kentucky opens. Lawrence Kolb is its first Medical Director. The first patients arrive on June 29. (Acker)

- 1935 AA Founded (See 1939; and Kurtz, 2000)
- 1935 Shadel Sanitarium begins systematic use of aversive conditioning; teaches all patients that alcoholism is an illness.
- 1936 Strecker and Chambers create multidisciplinary team that includes a psychiatrist and lay therapist.
 ❖ Chambers taught his patients that their abnormal relationship with alcohol was a result of their having inherited a nervous system that was “non-resistant” to alcohol, and that they should be no more ashamed of their inability to drink than diabetics should be ashamed of their inability to eat sugar. (White, 1998, p. 103)
- 1937 Durfee, C. (1937). *To Drink or Not to Drink*. Boston: Longmans, Green.
 ❖ Alcoholism is the result “not of sin but of sickness . . . not a sign of moral degradation but the pathological expression of an inner need, a deeper lying mental trouble, which requires professional treatment like any physical disease.”
- 1937 Silkworth, W. (1937). Alcoholism as a manifestation of allergy. *Medical Record* 145:249-251. March 17th. (See 1934 and 1950 annotations)
 ❖ “...true alcoholism is a manifestation of allergy.” p. 249
 ❖ “...alcoholism is not a habit....drunkenness and alcoholism are not synonymous...p. 249
 ❖ “...true alcoholism is an allergic state, the result of gradually increasing sensitization by alcohol over a more or less extended period of time.” p. 251
 ❖ Compares to hay fever in terms of progressive exposure and then full emergence of disease
 ❖ “The patient can not use alcohol at all for physiological reasons. He must understand and accept the situation as a law of nature operating inexorably. Once he has fully and intelligently grasped the facts of the matter he will shape his policy accordingly.” p. 251
- 1937 Seliger, R. (1937). The Problem of the Alcoholic in the Community. *American Journal of Psychiatry* 95(3):701-716.
 ❖ “For many years, American psychiatry, with few exceptions, has looked upon the alcoholic with more or less hopelessness.”
 ❖ Describes multiple etiologies of excessive drinking: 1) an escape from life’s problems, 2) manifestation of a maladjusted personality, 3) evolution of social drinking into pathological drinking, 4) symptom of a major abnormal mental state, 5) escape from incurable physical pain, and 6) manifestation of the constitutionally inferior-psychopath. p 704
 ❖ uses allergy as metaphor; “his ‘psychobiological sensitivity’ explanation of the inability to handle alcohol is a distinct aid in therapy”; “there is reason to expect that all the successfully treated patients will continue their contacts with the psychiatrist for life, making one or two visits to his office yearly.” p. 712

- 1937 Knight publishes his “Dynamics and Treatment of Chronic Alcoholism” in the *Bulletin of the Menninger Clinic* in which he rejects the disease conceptualization of alcoholism: “Alcoholism is a symptom rather than a disease.”
- 1938 Menninger, K. (1966). *Man Against Himself*. NY: Harcourt, Brace & World, Inc.
 ❖ “...alcohol addiction can be thought of not as a disease but as a suicidal flight from disease, a disastrous attempt at the self-cure of an unseen inner conflict.”
- 1938 A report of the Scientific Committee of the Research Council on Problems of Alcohol include the following:
 ❖ “An alcoholic should be regarded as a sick person, just as one who is suffering from tuberculosis, cancer, heart disease, or other serious chronic disorder.” (Johnson, 1973, p. 244)
- 1938 Parkhurst, G. (1938). Drinking and Alcoholism. *Harper’s Magazine*, 177:468-469 (July).
 ❖ Alcoholism “not a vice but a disease... [The alcoholic is] tragically ill with a mental malady.”
- 1938 Strecker, Edward and Chambers, Francis (1938). *Alcohol: One Man’s Meat*. New York: The Macmillan Company.
 ❖ “...the man or woman who has been seduced by the false promises of alcohol is definitely a sick person. He or she is just as sick as the patient with tuberculosis or pneumonia, or any other physical disease.” p. xiii
 ❖ “The term ‘alcoholic’ has become as vague and meaningless as the words ‘nervous breakdown,’ or the feminine ‘vapors’ of the 19th century.” p. 21 – Strecker and Chambers prefer “normal drinker” and “abnormal drinker.”
 ❖ Caution about using “alcoholism” to designate the large number of conditions that can involve the over-indulgence in alcohol. p. 23
 ❖ Reference to those individuals who have a “psychic allergy” to alcohol. p. 37
 ❖ Title is significant; shift from toxicity of the product to the vulnerability of the individual, e.g., meat for one, poison for another.
- 1938 Seliger paper to APA, June: chronic drunkard is a victim of a “psychobiological allergy” (Kurtz)
- 1938 USPHS Narcotic Hospital at Fort Worth, Texas, opens. (Acker)
- 1938 Eldin V. Lynn, in the first edition of *Pharmaceutical Therapeutics*, calls opiates “the most important class of all drugs” even as he cautions that they should be prescribed only as a last resort because of risks of addiction. This position reflects an ongoing dilemma for the practicing physician, as the production of new medicines that can cure disease (rather than relieve symptoms) has lagged

behind important discoveries in disease pathogenesis. Medicines which grow directly from the scientific understandings of disease that began with the bacteriological discoveries in the late nineteenth century include biologicals (i.e., medical products derived from animals) such as diphtheria antitoxin and insulin, and Salvarsan, the product of systematic pharmacological research. The first effective treatment for infectious disease, sulphanomide, was produced in 1936. Penicillin, a profusion of other antibiotics, and important new classes of drugs to treat a variety of diseases, are on the horizon; their availability will reduce the physician's need to resort to symptom palliation with opiates. Nevertheless, morphine will remain an essential analgesic until the present day. (Acker)

- 1939 Silkworth, W. (1939). The doctor's opinion. In: *Alcoholics Anonymous*. New York: Alcoholics Anonymous World Service. (pp. xxi-xiv)
- ❖ "We believe...that the action of alcohol on these chronic alcoholics is a manifestation of an allergy; that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any form at all..." p. xxvi)
- 1939 *Alcoholics Anonymous*. New York: Alcoholics Anonymous World Service (page numbers from second edition).
- ❖ From it stem all forms of spiritual **disease**, for we have been not only mentally and physically ill, we have been spiritually sick. p. 64
 - ❖: An **illness** of this sort - and we have come to believe it an **illness** - involves those about us in a way no other human sickness can. p.18
 - ❖ But not so with the alcoholic **illness**, for with it there goes annihilation of all the things worth while in life. p. 18
 - ❖ We are convinced that a man that alcoholics of our type are in the grip of a progressive illness. p. 30
 - ❖ If that be the case, you may be suffering from an **illness** which only a spiritual experience will conquer. p. 44
 - ❖ Continue to speak of alcoholism as an illness, a fatal malady. p. 92
 - ❖ Had we fully understood the nature of the alcoholic illness, we might have behaved differently. p. 107
 - ❖ While you need not discuss your husband at length, you can quietly let your friends know the nature of his illness. p. 115
 - ❖ At such moments we forget that alcoholism is an illness over which we could not possibly have had any power. p. 118
 - ❖ At this point, it might be well to explain alcoholism, the illness. p. 142
 - ❖ But urge upon a man's family that he has been a very sick person and should be treated accordingly. p. 100
 - ❖ When you have carefully explained to such people that he is a sick person, you will have created a new atmosphere. p. 115
 - ❖ Of course, this chapter refers to alcoholics, sick people, deranged men. p. 149
 - ❖ An illness of this sort - and we have come to believe it an illness - involves those about us in a way no other human sickness can. p. 18

- ❖ If this presents difficulty, re-reading chapters two and three, where the alcoholic sickness is discussed at length might be worth while. p. 140
- ❖ We are equally positive that once he takes any alcohol whatever into his system, something happens, both in the bodily and mental sense, which makes it virtually impossible for him to stop. p. 22-23
- ❖ Yet he had no control whatever over alcohol. p. 26
- ❖ Remember that we deal with alcohol - cunning, baffling, powerful! p. 58-59
- ❖ Some men have been so impaired by alcohol that they cannot stop. p. 114
- ❖ It relieved me somewhat to learn that in alcoholics the will is amazingly weakened when it comes to combating liquor, though it often remains strong in other respects. p. 7
- ❖ *The fact is that most alcoholics, for reasons yet obscure, have lost the power of choice in drink.* p. 24
- ❖ Physicians who are familiar with alcoholism agree there is no such thing as making a normal drinker out of an alcoholic. p. 31
- ❖ We have heard of a few instances where people, who showed definite signs of alcoholism, were able to stop for a long period because of an overpowering desire to do so. p. 32
- ❖ This is the baffling feature of alcoholism as we know it - this utter inability to leave it alone, no matter how great the necessity or the wish. p. 34
- ❖ We are not cured of alcoholism. p. 85
- ❖ Our so-called will power becomes practically nonexistent. p. 24
- ❖ He may start off as a moderate drinker; he may or may not become a continuous hard drinker; but at some stage of his drinking career he begins to lose all control of his liquor consumption, once he starts to drink. p. 21
- ❖ He has lost control. p. 23-24
- ❖ Yet he had no control whatever over alcohol. p. 26
- ❖ The idea that somehow, someday he will control and enjoy his drinking is the great obsession of every abnormal drinker. p. 30
- ❖ We alcoholics are men and women who have lost the ability to control our drinking. p. 30
- ❖ We know that no real alcoholic *ever* recovers control. p. 30
- ❖ All of us felt at times that we were regaining control, but such intervals - usually brief - were inevitably followed by still less control, which led in time to pitiful and incomprehensible demoralization. p. 30
- ❖ If anyone who is showing inability to control his drinking can do the right-about-face and drink like a gentleman, our hats are off to him. p. 31
- ❖ Once he started, he had no control whatever. p. 32
- ❖ If, when you honestly want to, you find you cannot quit entirely, or if when drinking, you have little control over the amount you take, you are probably alcoholic. p. 44
- ❖ If he sticks to the idea that he can still control his drinking, tell him that possibly he can - if he is not too alcoholic. p.92
- ❖ Some time later, and just as he thought he was getting control of his liquor situation, he went on a roaring bender. p. 155

- ❖ That may be true of certain nonalcoholic people who, though drinking foolishly and heavily at the present time, are able to stop or moderate, because their brains and bodies have not been damaged as ours were. p. 39
- ❖ Physicians who are familiar with alcoholism agree there is no such thing as making a normal drinker out of an alcoholic. p. 31
- ❖ Show him, from your own experience, how the queer mental condition surrounding that first drink prevents normal functioning of the will power. p. 92
- ❖ Normal drinkers are not so affected, nor can they understand the aberrations of the alcoholic. p. 140
- ❖ Most of us have believed that if we remained sober for a long stretch, we could thereafter drink normally. p. 33
- ❖ Therefore, it is not surprising that our drinking careers have been characterized by countless vain attempts to prove we could drink like other people. p. 30
- ❖ The delusion that we are like other people, or presently may be, has to be smashed. p. 30

- 1939 Anonymous (1939). Can the alcoholic become a normal drinker? *Mental Hygiene*, 23:80.
- ❖ Anonymous alcoholic confessional; brief disease and allergy reference -- no AA reference.
 - ❖ Plea for problem drinker to understand the need for complete and permanent abstinence.
- 1939 Research Council on Problems of Alcohol shifts its research focus from alcohol problems to alcoholism. (Roizen, 1995, p. 4)
- 1939 Morris Markey's article in *Liberty Magazine* -Sept. 30-"Alcoholics and God"-
- ❖ reference to hypothetical alcoholic being surrounded by AA members "telling him the true nature of his disease." Reference to AA's mission being that of rescuing "allergic alcoholics." (Kurtz)
- 1939 First A.A. collaboration with state psychiatric facility at Rockland State Hospital, Orangeburg, NY. (White, 1998, p. 170)
- 1939 Silkworth, William D. "Psychological Rehabilitation of Alcoholics." *Medical Record*, (19 July 1939); allergy and craving, once established, prevents alcoholics from using in moderation. Refers to earlier (March 1937) *Medical Record*, 145: 6:249, article on "the allergic nature of true alcoholism" (Kurtz)
- 1940s Studies indicate 80% relapse rate following treatment for heroin addiction; the "80% relapse rate" becomes a standard feature of claims that opiate addiction is virtually incurable. These studies, however, included such problems as considering a single episode of post-treatment heroin use an example of treatment failure. (O'Donnell) (Acker)

- 1940 Nossen, Herbert Ludwig Nossen, M.D. (1940). *Twelve Against Alcohol*. New York: Harrison-Hilton Books.
- ❖ “The incontrovertible fact is that the alcoholic is a *sick* individual who, contrary to an extensive and stubborn delusion, in most instances can be rehabilitated and restored to a constructive role in society.” p. 9
 - ❖ Patient: “I was only able to bring myself to consult a specialist by arguing that I was suffering from a disease--that is, a mental disorder, and that it was as logical to see a doctor for dipsomania as it was for some malignant growth.”
 - ❖ Patient: “...he (psychiatrist) said that to view alcoholism as a problem in moral behavior was preposterous and hypercritical. The immediate reason it was necessary for me to cease drinking was closely analogous to the reason some people stopped eating strawberries--they broke out in a rash, or why some people didn't eat beans, because it induced stomachaches. This appealed to me as fundamental good-sense, and the issue thereafter of moral behavior never arose.” p. 231
 - ❖ “I have had to acknowledge that I belong to a class of people for whom alcohol is poison-mental as well as physical.” p. 234
 - ❖ Nossen uses a disease metaphor throughout this book although he defines alcoholism as a psychological disorder.
- 1940 February 19 *Time Magazine* article on AA: “Psychiatrists now generally consider alcoholism a disease, specifically a psychoneurosis.” pp. 56-57
- 1941 March 1 *Saturday Evening Post* article on AA by Jack Alexander. Presents core etiology of alcoholism as “emotional immaturity”; no references to “disease”
- 1941 Kolb, L. (1941). Alcoholism and Public Health. *Quarterly Journal of Studies on Alcohol* 1(4): 605-621.
- ❖ Written while Kolb was Assistant Surgeon General, US Public Health Service
 - ❖ “Many of these people could be saved if, in the early stage of their chronic alcoholism, they were handled like sick people instead of being treated like criminals or allowed to shift for themselves.” p. 620
- 1941 September *Harper's Magazine* article by Genevieve Parkhurst “Laymen and Alcoholics.”
- ❖ References allergy theory;
 - ❖ Referring to AA: “They recognize alcoholism as a ‘fugal’ disease, meaning that it is made up of several strains, each of which is involved in the other.” (Kurtz)
- 1941 Bowman and Jellinek. “Alcohol Addiction and its Treatment.” *Quarterly Journal of Studies on Alcohol*, 2 (1941): 98-176: distinguish between “chronic alcoholism” [changes resulting from prolonged use of alcohol] and “alcohol addiction” [a disorder characterized by an urgent craving for alcohol]. Literature on treatment outcome: few report better than 30% after two years. (Kurtz)

1941

Edward Spencer Cowles (1941). *Don't Be Afraid*. New York: McGraw-Hill Book Co., Inc.

❖ “Chronic alcoholism is not a crime. It is a definite brain-chemistry disease. It can be diagnosed with chemical precision, and it can definitely be cured. It is not a matter of morals or will power any more than hay fever can be said to be. It is caused by a diseased condition of the brain covering—not an infection but an irritation—that produces an excess of brain fluid.”

❖ “...the meninges of the brain set up an allergic reaction to blood. The dose of alcohol necessary to bring about this allergic response varies with the individual. Some individuals are more susceptible than others.”

❖ “The treatment is done by a series of lumbar punctures, ten days apart, and by allied medical treatment.”

❖ “After the first lumbar puncture, relieving the pressure on the brain somewhat, the patient usually loses the desire for drink. Many patients report that the sight and the smell of alcohol become repugnant to them. No effort is required to keep from drinking.”

❖ “1. Chronic alcoholism is not a sin. It is a brain chemistry disease. 2. Moral suasion, psychoanalysis, and religious conversations cannot alter the facts of the brain chemistry any more than they can cure tuberculosis. 3. Lumbar punctures that reduce the fluid pressure on the brain are the only means that will change the brain chemistry and give the patient the chance of a scientific cure.”

**The Combined Addiction Disease Chronologies of
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
1942 - 1955**

The years 1942-1955 saw the further articulation of an addiction disease concept as well as transformation of this concept into disease-based treatment philosophies and interventions.

The oft-cited studies of Jellinek on the phases of alcohol addiction posited the progressiveness of alcoholism and noted the stages of that progression. Not only did the disease of alcoholism (no longer drunkenness or inebriety) take on form and substance during this period, it was also frequently compared to other major diseases of the day (Silkworth, 1947; Reilly, 1950; and Franco, 1951).

The writings of Anderson (1942) and Mann (1944) outlined the kinetic ideas that launched a “modern alcoholism movement.” Mann proposed “alcoholism is a disease” as the lead idea of this movement. In doing so, she pulled the disease concept from the periphery to the center of the drive to simultaneously medicalize and de-moralize alcohol problems. This movement generated early pronouncements on the seriousness of alcoholism from major medical and public health institutions, led to the establishment of state alcoholism commissions, and led to the emergence of new hospital-based detoxification programs and community-based treatment programs. Most prominent among the latter was the emergence of the “Minnesota Model” of chemical dependency treatment that used as the centerpiece of its treatment philosophy the disease concept of alcoholism.

In spite of these more medicalized views of alcoholism, belief that addiction to narcotics was a disease remained a minority view. Punishment of drug addicts became increasingly severe in the years following World War II. The harshness of the Boggs Act (1951) and the increasing concentration of addicts in prison led to the appointment of committees within the AMA and ABA who conducted a more critical analysis of the nature of, and proposed solutions for, the drug addiction problem.

The period ended with Dr. Harry Tiebout, a significant figure in the clinical branch of the modern alcoholism movement, expressing his misgivings about the lack of scientific underpinnings for the oft-proclaimed adage that alcoholism was a “disease.” Tiebout offered a prediction that there would be future challenges to the scientific validity of the disease concept of addiction.

- 1942 Jellinek, E.M. (1942). *Alcohol Addiction and Chronic Alcoholism*. New Haven: Yale University Press.
- ❖ “...all [of those whose definitions of chronic alcoholism had just been cited] regard chronic alcoholism as determined by mental or physiological changes following the prolonged use of alcoholic beverages, but not by drinking itself. As Silkworth has expressed it, ‘Alcoholism is not a habit.’” p. 6.
 - ❖ After listing seventeen definitions of alcohol addiction, Jellinek notes that “craving and the inability to resist are contained in all of these definitions...” p. 9
 - ❖ “Although they (A.A.) insist that alcohol addiction is also a physical disease, probably of an allergic nature, they consider the main cause to be emotional maladjustment.” p. 62

- ❖ Haggard and Jellinek used “alcoholism” to refer to the physical disease produced by drinking, and “inebriety” to refer to a broader cluster of alcohol-related problems. p. 144
- ❖ “The progress of research has, however, been impeded by two conceptions: the first that all habitual excessive drinking is a disease, and the second that it is the same disease.”

1942

Anderson, D. (Dwight) (1942). Alcohol and Public Opinion. *Quarterly Journal of Studies on Alcohol*, 3(3):376-392

- ❖ Anderson presents his “kinetic ideas”:
 - “1. That the problem drinker is a sick man, exceptionally reactive to alcohol.
 2. That he can be helped.
 3. That he is worth helping.
 4. That the problem is therefore a responsibility of the healing professions, as well as of the established health authorities and the public generally.” (Anderson, 1942, p. 392)
- ❖ “Sickness implies the possibility of treatment. It also implies that, to some extent, the individual is not responsible for his condition. It further implies that is worth while to try to help the sick one. Lastly, it follows from all this that the problem is a responsibility of the medical profession, of the constituted health authorities, and the public in general.” p. 377
- ❖ “Too frequently the therapist merely regards this (relapse) as evidence of the impossibility of cure, and gives up... ‘Well, I see you’re back in here again...’ Do we chide a tuberculosis patient who relapses? We know he is never cured, that the best we can do is arrest the disease. Is it the attitude of the cardiac specialists to say, ‘nothing can be done’ for the patient with coronary disease because a year after his first attack he has another?” p. 387
- ❖ Anderson’s language discussion: advocates use of “problem drinker” or “compulsive drinker” over terms of drunkard, alcoholic, and addict.
- ❖ “Malady” and “ailment” are preferable to “disease” because most people associate the term disease with somatic conditions rather than with problems having an essentially emotional basis.” p. 388
- ❖ “If the problem drinker is a sick man, as is agreed by most authorities, we should avoid terms which are incompatible with this idea.” p. 389
- ❖ Compares stigma of alcoholism to what existed before there were campaigns to educate the public about tuberculosis, cancer, syphilis, mental illness. p. 390
- ❖ “...he (Anderson) suggests that stressing the disease character of alcoholism affords the alcohol science movement a fine central symbol by which the public can differentiate the “new scientific approach” to alcohol from the old warring dry and wet camps.” p. 390

1942

Keller, J. (1942). Book Review: “Nomenclature and Classification of ‘Alcoholic’ Diseases.” Jordan, E.P. (Ed.) *Quarterly Journal of Studies on Alcohol*, Vol 3. Pp. 518-523.

❖ “Alcoholism” listed under subheading “Psychoneuroses,” for use only in mental hospitals when a patient is kept for observation and no diagnosis of mental disorder is made. “The use of the term ‘alcoholism’ is undesirable from another viewpoint. Psychiatrists are now distinguishing, with increasing consistency, between alcohol addiction on the one hand and, on the other, the bodily and mental disorders of excessive users of alcohol, whether addicts or not.”

- 1942 Research Council on Problems of Alcohol decides to open a pilot alcoholism clinic in New York City for purpose of “info dissemination, referral, treatment and clinical research.” (Roizen, 1995)
- 1942 Miller, M.M. (1942). Ambulatory Treatment of Chronic Alcoholism. *Journal of the American Medical Association*, 120:271-275.
❖ According to Smart (1976), this is the first report of spontaneous recovery from alcoholism. p. 279
- 1943 Rinehart, F. (1943). *Confessions of a Booze-Fighter: I Took the Keeley Cure*. Girard, Kansas: Haldeman-Julius Publications.
❖ “Drunkenness is not a disease, but only a symptom. The Keeley physicians can help a man to get on the wagon, but they can’t give him a new nervous system. That’s why a reformed drunkard can never become a moderate drinker. The nervous abnormality which made him a drunkard is still there, and it will make him a drunkard again, unless he avoids alcohol entirely.” p. 21
- 1943 E.M. Jellinek and Raymond Mc Carthy establish alcoholism clinics in New Haven and Hartford that provide group and individual counseling; Beauchamp, p. 12: “the clinics were formed to test the feasibility of rehabilitation in outpatient clinics of large numbers of alcoholics at minimal cost”
- 1944 Haggard, H. and Jellinek, E. (1944). Two Yale Savants Stress Alcoholism as True Disease. *A.A. Grapevine* 1(1):1
- 1944 A committee report of the American Hospital Association declares that the primary point of attack on the problem of alcoholism should be the local general hospital. (Johnson, 1973, p. 94) (See 1957)
- 1944 Anderson, D. (1944). The Process of Recovery from Alcoholism. *Federal Probation*, 8(4):14-19.(October)
❖ “It is one thing for us to acknowledge, academically, that the alcoholic (or compulsive drinker) is a sick man; it is quite another to maintain that belief while in actual contact with his vagaries....It is far easy to conclude that he is just a ‘bad’ person. This discharges us from responsibility. Having failed to help him, we are inclined to protect ourselves from further injury at his hands by rejecting him.” p. 14
❖ “A large portion of alcoholics are not trying to escape reality as their behavior

often has been described...What most of them really are subjectively seeking and insistently demanding is perfection. The need for perfection in everything is itself pathological, and may be a basic compulsion of which disasters of excessive drinking are merely symptomatic.” p. 14

❖ “There must be some somatic factor which accounts for the excessive reaction of some people to alcohol, while others, whose psychic dispositions have comparable needs, are immune. Science and medicine as yet are unable to find it, but...some day this element will be known, and when this knowledge enters the minds of the public all the stigmatic connotations of being a ‘drunkard’ will be expelled.” p. 15

❖ On spontaneous recovery: “A wide variety of ideas, modalities, and even accidental experiences, can and do induce these states in such a way that the need for alcohol disappears.” p. 16

❖ “Until the knowledge has become widespread that the alcoholic is a sick man physically as well as psychologically, there will be neither patients seeking doctors nor doctors prepared to treat patients.” p. 18

❖ “The compulsive drinker is the crux of all the problems of alcohol. This is said without intending to disparage the fact that numerically the normal excessive drinkers present a far greater problem.” p. 19

1944 Mann, M. (1944). Formation of a National Committee for Education on Alcoholism. *Quarterly Journal of Studies on Alcohol*, 5(2):354. Mann & Jellinek’s NCEA is announced to the world; Mann outlines the five ideas that will be at its core:

- “1. Alcoholism is a disease.
2. The alcoholic, therefore, is a sick person.
3. The alcoholic can be helped.
4. The alcoholic is worth helping.
5. Alcoholism is our No. 4 public health problem, and our public responsibility.”

1944 Tiebout, H. (1944). Therapeutic Mechanisms of Alcoholics Anonymous. *American Journal of Psychiatry*, 100:468-473.

❖ Explains recovery in AA within the framework of a sudden or gradual spiritual experience that alters the “alcoholic’s narcissistic egocentric core”; includes case studies of both Marty M. and Bill W. and description of the A.A. program: no reference to disease.

1944 Jellinek and Haggard see “disease” as “wheelhorse” of movement to popularize the “scientific approach” to alcoholism and its related problems.

1944 Haggard, H. (1944). Critique of the Concept of the Allergic Nature of Alcohol Addiction. *Quarterly Journal of Studies on Alcohol*, 5:233-241

❖ Haggard reviews available scientific evidence and concludes that there is no scientific foundation for the idea of an allergy that creates a biologically abnormal response to alcohol among alcoholics.

- 1944 *A.A. Grapevine*, December, 1944, p. 2: When a letter writer queries whether her son is truly “ill,” the editor responds with a quote from Jellinek’s *Alcohol Explored* -but quote references different types of drinkers and doesn’t specifically include disease references.
- 1944 Powdermaker, F. (1944). “The Relation Between the Alcoholic and the Physician,” *Quarterly Journal of Studies on Alcohol, Vol 2*.
 ❖ Emphasizes infantilism of alcoholic’s need for dependence. “It is obvious that with the alcoholic, as with all patients, no therapy will be successful unless there is a desire to give up the neurosis.” p. 245-429
- 1944 Wilson, W. The Fellowship of Alcoholics Anonymous. In: *Alcohol, Science and Society*. (1945). New Haven: *Quarterly Journal of Studies on Alcohol*, pp. 461-473.
 “I am sure that in this course you have heard that alcoholism is a malady; that something is dead wrong with us physically; that our reaction to alcohol has changed; that something has been very wrong with us emotionally; and that our alcoholic habit has become an obsession, which can no longer reckon even with death itself....In other words, a sort of allergy of the body which guarantees that we shall die if we drink, an obsession of the mind which guarantees that we shall go on drinking.” p. 461-462
- 1945 Tiebout, H. (1945). The Syndrome of Alcohol Addiction. *Quarterly Journal of Studies on Alcohol*, (June) pp. 535-546.
 ❖ “...intoxication which, after all, like a fever, is but one of the symptoms of the illness.” p. 535
 ❖ “...alcohol addiction may be considered an ailment characterized by two chief elements: first, tension states with the eventual emergence of a pattern of remittance; second, progressive deterioration with ultimate somatic involvement.” p. 536
- 1945 *A.A. Grapevine*, February: Dr. Wortis of Bellevue: “alcoholics are sick people.” (Kurtz)
- 1945 *A.A. Grapevine*, March, 1945, p. 1: Article by Dr. Sam Parker-Kings County Hospital.
 ❖ “Alcoholism is a symptom of an emotional disorder...alcoholism begins as a personality disorder, but may become a serious physical disease.” (Kurtz)
 ❖ “Philadelphia Story on Hospitalization”: “This recognition that alcoholism is a disease furnished a tremendous impetus to the movement here.” (Kurtz)
- 1945 *A.A. Grapevine* article in June issue refers to alcoholism as a “social disease.”
- 1945 Bishop, J. (1945). *The Glass Crutch: The Biographical Novel of William Wynne*

Wister. NY: Doubleday, Doran & Co., Inc.

❖ Lay Therapist William Wister: “When this [overprotection] is carried to an extreme and where the child is overly spoiled and undisciplined it produces a nervous condition that ultimately leads to alcoholism. After all, alcoholism is nothing more than a disease of immaturity.” p. 229

- 1945 First exposure of A.A. on radio--a series of Saturday morning programs in which different A.A. members shared their recovery; the announcer summarized the first show saying, “Alcoholism is a disease...an obsession...an allergy...” *Time*, March 5, 1943, p. 53
- 1945 (June) series, “So You Can’t Stop Drinking,” in *Chicago Herald-American*.
❖ References doctors’ belief that alcoholism is a disease (“or at least an allergy”). Presents A.A. member talking to a pigeon [new prospect] saying, “It’s a disease, and the shame is not in having it, but in failing to do something about it-- especially when a way out is opened. That’s AA -- a way out.” Reference to alcoholism as “incurable disease.” p. 6
- 1945 Johnson calls 1945 “the year American journalism discovered alcoholism.” Significant increase in media coverage between 1945-1949. (Johnson, 1973, p. 134)
- 1945 June 26 article in *Look* entitled “Case History of an Alcoholic”
❖ General AA history story -- “Recognizing themselves as sufferers from a specific illness, their mutual concern is recovery from that illness for themselves and all men and women like them.”
- 1945 Seliger, R. (1945). *Alcoholics are Sick People*. Baltimore: Alcoholism Publications.
- 1945 The movie, *The Lost Weekend*, wins an Oscar for Best Picture. The girlfriend of the alcoholic protagonist in the film proclaims, “He’s a sick person!”
- mid 1940s First state alcoholism commissions organized under rationale that alcoholism is a disease.
- late 1940s Methadone, an opiate analgesic developed in Germany, is brought to the Public Health Service Hospital at Lexington where it is used to detoxify heroin addicts (Acker)
- 1946 Mann attacks McCarthy’s use of phrase “drinking habit” in his *Quarterly Journal of Studies on Alcohol* article on the grounds that habit implied that one voluntarily entered into the problem and that term also implied that alcoholism is something that can be overcome with will-power alone. She suggested substituting the word “problem” for “habit”. (Johnson, 1973, p. 294)

- 1946 Tiebout, H. (1946). Psychological Factors Operating in Alcoholics Anonymous. In: Glueck, B. *Current Therapies of Personality Disorders*. New York: Grune & Stratton, pp. 154-165.
 ❖ A.A. recovery discussed in exclusively in psychiatric and spiritual terms; no disease references.
- 1946 Jellinek, E.M. (1946). Phases in the Drinking History of Alcoholics. Analysis of a Survey Conducted by the Official Organ of Alcoholics Anonymous. *Quarterly Journal of Studies on Alcohol*, 7:1-88. Based on 98 A.A. questionnaires (expands to 2000 in 1952);
 ❖ Portrayal of uniform progression of alcoholism as a single disorder; later replaced with a more complex portrayal of clinical subtypes.
- 1946 Mann, Marty. "Alcoholics Anonymous: A New Partner for Hospitals." *Modern Hospital*, 66.1 (Jan. 1946).
 ❖ No mention of "disease," but describes need for hospitals and how AA-hospital collaborations could be developed.
- 1947 Silkworth, W. (1947) Slips and Human Nature. *A.A. Grapevine*, January.
 ❖ "The alcoholic is a sick person. Under the technique of Alcoholics Anonymous he gets well—that is to say, his disease is arrested."
 ❖ "...the symptoms and much of the behavior of alcoholism are closely paralleled and even duplicated in other diseases."
 ❖ "But slips may also occur after an alcoholic has been a member of A.A. for many months or even several years, and it is in this kind, above all, that often finds a marked similarity to other diseases." Silkworth goes on to compare alcoholism relapse to cardiac and tuberculosis relapse--problems of thinking that manifest themselves in failed compliance with recovery maintenance activities.
 ❖ "In both cardiac and tubular cases, the acts which led to the relapses were preceded by wrong thinking. The patient in each case rationalized himself out of a sense of his own perilous reality. He deliberately turned away from his knowledge of the fact that he had been the victim of a serious disease. He grew overconfident. He decided he didn't have to follow directions." p. 2
 ❖ "The psychology of the alcoholic is not as different as some people try to make it...there is no more reason to be talking about "the alcoholic mind" than there is to try to describe something called the "cardiac mind" or the "TB mind." I think we'll help the alcoholic more if we can recognize that he is primarily a human being--afflicted with human nature."
- 1947 *A.A. Grapevine*, January, letter from Linda, Vista, CA "Alcoholism is a disease, not a symptom of a disease." (Kurtz)
- 1947 Wilson, W. *A.A. Grapevine*, (May), article on "Adequate Hospitalization"
 ❖ "Most of us feel that ready access to hospitals and other places of rest and

recuperation borders on absolute necessity.” (Kurtz)

- 1947 Seldon Bacon, sociologist, feels emphasis on physical disease blunts the awareness of the need for a variety of treatment approaches. (Kurtz)
- 1947 Anton J. Carlson speech: public opinion polls over the previous two years showed an increase from six to forty percent of those surveyed who saw problem drinking as a sickness – published by RCPA (Page) Prof. John. W. Riley of Rutgers found that the number of persons supporting the disease conception had jumped from 5-6% in 1943 to 36% by 1946. (Kurtz)
- 1947 Congress passes the Alcoholic Rehabilitation Act that calls for the establishment of alcoholism treatment clinics in Washington DC but funds to operate the clinics weren’t approved until 1966. (Johnson, 1973, p. 104)
- 1947 Howard Haggard, May *Federator* article
❖ “Misbehavior in general is not excused because misbehavior is based on illness, and all drunkenness is not to be forgiven on the basis that drunkenness is an illness...only alcoholism--or if you prefer compulsive drinking, is an illness.” (Quoted in Johnson, 1973, 291-292)
- 1947 Alfred Lindesmith’s *Opiate Addiction*, based on his dissertation research at the University of Chicago in the 1930s, is published. Lindesmith rejects criminal and medical explanations addiction. He argues that continued opiate use by addicts is reasonable behavior intended primarily to stave off or relieve symptoms of withdrawal. He insists that the fundamental characteristic of addiction is the addict’s own knowledge that taking opiates will relieve withdrawal, since the addict will not continue drug use without this knowledge. This insistence on a cognitive aspect of addiction as definitional reflects his interest in respecting the subjective experience of the addict rather than in explaining addiction as the result of psychopathology. He poses this model as an explicit rejection of Lawrence Kolb’s theory of psychopathic addicts. (Acker)
- 1947 Duncan, R.E. (1947). Alcohol as a Medical Problem. *Kansas City Medical Journal*, 23(6):9-12.
❖ “It is frequently stated that the excessive use of alcohol is a disease. I cannot agree. A problem drinker is a sick person suffering from a disease -- but the disease is *not* alcohol. Excessive use of alcohol comes through habituation although at times it may become a quasi addiction.” p. 9
❖ “...excessive drinking of alcoholic beverages is basically habituation. Therefore, it is a chronic affair; chronic conditions must be approached on a long range basis.” p. 11
❖ “The method of the treatment is not the important factor; the drinker must be motivated within himself or no treatment will be successful.” p. 12

- 1948 Brown, C. (1948). We Can Lick Alcoholism: Clinic Plan Offers Hope for World's Least Understood Sick People. *Science Illustrated*, July, pp. 44-48, 62-65.
- ❖ Review of Yale and RCPA activities
 - ❖ "To scientists concerned with the problem, the alcoholic is a sick person, no more deserving of moral blame or ridicule than sufferers from any illness." p. 45
 - ❖ Dr. George Lolli: "The most important thing I have learned about alcoholics is that you can't say one thing that characterizes all of them." p. 48
 - ❖ Dr. Lolli: "...we consider him a patient, not a sinner."
 - ❖ After noting Williams' belief that alcoholism may be a metabolic idiosyncrasy: "This does not mean that alcoholism is a hereditary disease--an old-fashioned bugaboo that has been thoroughly scouted by genetic science." p. 48
 - ❖ Emphasizes psychological treatment but closes with the following Lolli quote: "And the best approach is a combined one--medical, psychological, religious, social. The time will come when the physiological bases of alcoholism will be found. Then we will be able to put a finger on predisposing conditions, perhaps correct them medically or at least convince people with these conditions that alcohol is poison for them." p. 65
- 1948 Mann, "The Alcoholic in the General Hospital." *Southern Hospitals* (Nov.); Presents standard complaint regarding hospitals excluding alcoholics; notes this is now changing. Cites Jellinek (1942) that "an average of 12,000 people a year die, with alcoholism given on their death certificates as either the primary or secondary cause of death." Blames not medical profession or hospital administrators but public opinion.
- ❖ "It is our belief that the general hospital is the proper place for alcoholics in the acute stage of their illness. Hospitalization need not be of long duration -- in most cases five days is found to be sufficient. Hospitalization for acute alcoholism is in no sense the same as the treatment of alcoholism itself, which may be, and usually is, a protracted affair."
 - ❖ Describes Knickerbocker Hospital program, wing for alcoholics opened April 1945, in first three years has handled over 3000 patients. Admission is via A.A.
- 1948 A.A. *Grapevine*, May 1948, p. 5: Article entitled "Some People are Sicker than Others." Includes following: "When most of us came to AA we were relieved to learn that we had a disease." And "But guilt is entirely foreign to the concept of alcoholism as a disease."
- 1948-1950 Pioneer House, Hazelden, Willmar State Hospital alcoholism treatment programs founded; out of their synergy will emerge the Minnesota Model.
- 1949 Tiebout, H. (1949). The Act of Surrender in the Therapeutic Process, with Special Reference to Alcoholism. *Quarterly Journal of Studies on Alcohol*, 10:48-58.
- ❖ Surrender compared to religious conversion experience; no disease references.
- 1949 National States Conference on Alcoholism, which later became the Alcohol and

Drug Problems Association of North America (ADPA) founded at Yale Summer School; purpose: to support changes in public policy regarding treatment of addicts and alcoholics. Pushed for leadership from the federal government in diagnosing and treating alcoholism.

- 1949 Smith *Quarterly Journal of Studies on Alcohol* article on alcoholism as “a metabolic disease tied to certain ethnic groups.” (Kurtz)
- 1949 Only 20% of Americans perceive the alcoholic as a sick person. (Riley, 1949)
- 1949 Delehanty, Edward J (MD). Alcoholism. In: *Alcoholism: A Source Book for the Priest* (1960). Indianapolis: National Clergy Conference on Alcoholism.
❖ “No recovered alcoholic on record has ever been able to resume social drinking.” p. 329
- 1950 Mann, M. (1950). *Primer on Alcoholism*. New York: Rinehart & Co.
❖ “Alcoholism is a disease which manifests itself chiefly by the uncontrollable drinking of the victim, who is known as an alcoholic. It is a progressive disease, which, if left untreated, grows more virulent year by year...” p 3
❖ “The statement that alcoholism is a disease has provoked widespread discussion during the past five years. It has been asserted, questioned, debated, denied and defended. On the whole, it has been accepted. Furthermore, that acceptance has grown and spread through every segment of the population.” p. 3
❖ “The alcoholic, who is also aptly known as a ‘compulsive drinker’ *does not choose*. He has lost the power of choice in the matter of drinking, and that is precisely the nature of his disease, alcoholism.” p. 8
❖ “It is this inevitable progression, along with the striking similarity of the signs and symptoms marking the progression, both of which appear in identical forms in all kinds of highly differentiated individuals, which mark alcoholism for the disease it is.” p. 10
- 1950 Reilly, Hugh (1950). *Easy Does It: The Story of Mac*. New York: P.J. Kennedy & Sons. With a Foreword by William D. Silkworth.
❖ “...alcoholism is more than just the result of a physical allergy like hay fever; along with that there is an obsession, a mental quirk that makes him want to drink so badly that he will make anything and everything an excuse for doing so.” p. 69
❖ Responding when asked what impressed him about his first A.A. meeting: “That I was suffering from a disease...because no one before then had ever had the brains to tell me that...They told me that alcoholism is a physical allergy to alcohol with a mental obsession to drink.” p. 88-89
❖ “I think there is a reasonable assumption that an alcoholic is an alcoholic from birth to death.” p. 127
❖ “Some people like to get away from the fact that alcoholism is a physical as well as mental disease...they consider that if the alcoholic believes himself a physically sick person, he will use this malady as an excuse for further drinking

and as a solicitation for sympathy and a demand for pampering. But this is no reason for hiding the proper truth from the vast number of alcoholics to whom this knowledge would be beneficial.” p. 130

❖ “And the disease (of alcoholism) is progressive.” p. 130

❖ “Alcoholism is a disease that can be arrested if properly diagnosed and treated.” p. 142

❖ “The alcoholic is the only one who can arrest his disease. But in this he can be and usually must be helped.” p. 210

❖ “You must impress upon the family, in every way you can, that there is absolutely no disgrace in harboring an alcoholic among them. No more disgrace than if one of their number were suffering from tuberculosis, hay fever, diabetes, anemia, or a chronically bad gall bladder. And there’s no more reason why the alcoholic should feel shame, humiliation, or embarrassment than if he were afflicted with one of these diseases...” p. 213

❖ “Alcoholism is a disease. We know at long last that it is a complex disease of the body and mind. And when we say mind, inevitably we mean the psyche, the spirit, or the soul...” p. 271

❖ “It is no more an insult to call a person an alcoholic than it is to call him a diabetic or a cardiac. To think otherwise is to harbor a hangover from the provincial opinion that drunkenness was a mark of a weak and depraved character.” p. 276

- 1950 *A.A. Grapevine* (July)
❖ Article on “AA and Hospitalization”; mentions Saul Clinic in Philadelphia, St. Thomas in Akron, but mainly describes Knickerbocker Hospital program “formal and outright relationship enjoyed between the hospital and AA”
- 1950 Both parties in New York State have platform statements that alcoholism a disease. (Kurtz)
- 1950 Silkworth, W. (1950). *The Prevention of Alcoholism, A Challenge to the Catholic Clergy*. In: *Alcoholism: A Source Book for the Priest* (1960). Indianapolis: National Clergy Conference on Alcoholism.
❖ “alcoholism is a disease, essentially physical in its origin, a manifestation of an allergy.” p. 208
- 1950 Wilson, William G. “Alcoholics Anonymous.” *New York State Journal of Medicine* 50 (July 1950) (“W.G.W.”): after usual telling of AA’s story, questions by physicians about hospital practice, relations of AAs to clinics, use of sedatives.
- 1950 WHO’s Expert Committee on Mental Health publishes a report defining alcoholism (“A chronic behavior disorder manifested by repeated drinking of alcoholic beverages in excess of dietary and social uses of the community and to an extent that interferes with the drinker’s health or his social and economic functioning.”) and emphasizes that alcoholism should be considered a disease.

This is the first such declaration by a major medical body.

- 1951 The Boggs Act creates the first mandatory minimum sentences. Stiffening penalties for trafficking and possession deepen the stigma associated with opiate users, who are increasingly seen as irredeemable criminals and psychopaths. (Acker)
- 1951 Wexberg, L. (1951). Alcoholism as a Sickness. *Quarterly Journal of Studies on Alcohol*, 12(June), 217-230.
❖ “The emotional impact of the statement, “Alcoholism is a sickness,” is such that very few people care to stop to think what it actually means.” p. 217
❖ Reviews potential multiple meanings of phrase “Alcoholism is a sickness.”
❖ “It is my opinion that this...malignant habit of addiction deserves to be classified as a disease...” p. 221
- 1951 Tiebout, H. (1951a). The Role of Psychiatry in the Field of Alcoholism; With Comment on the Current Concept of Alcoholism as Symptom and as Disease. *Quarterly Journal of Studies on Alcohol*, 12:52-57 (March).
❖ Tiebout’s first article that references disease. He refers to alcoholism as a “symptom that has taken on disease significance.”
❖ Describing A.A.: “Instead of an operation to cut out the disease, they have a program which seems to remove the pressure to drink.” p.55
❖ “The alcoholic must be brought to accept that he is the victim of a disease and that the only way for him to remain healthy is to refrain from taking the first drink...” p. 56
❖ Describes alcoholism as a “runaway symptom...” p. 57
- 1951 Charles Franco, “Chronic Alcoholism as a Medical Problem in Industry”: calls for recognizing alcoholism “as much a disease as diabetes or tuberculosis.” (Kurtz)
- 1951 February article in *Fortune Magazine* entitled “A.A.: A Uniquely American Phenomenon” references alcoholism as a “progressive, incurable and fatally terminating disease.” (Kurtz)
- 1951 American Hospital Association passes resolution on “Admission of Alcoholic Patients to the General Hospital.” While not referring to alcoholism as a disease’ it refers to alcoholism as a “serious health problem.”
- 1951 Parsons, T. (1951). Illness and the Role of the Physician: A Sociological Perspective. *American Journal of Orthopsychiatry*, 21(July):455-456.
❖ “The sick person is, by definition, in some respect disabled from fulfilling normal social obligations, and the motivation of the sick person in being or staying sick has some reference to this fact.” p. 453
❖ “...the sick person is, in a very specific sense, also exempted from a certain type of responsibility for his own state...He cannot reasonably be expected to

‘pull himself together’ by a mere act of will, and thus decide to be all right. He may have been responsible for getting himself into such a state, as by exposure to accident or infection, but even then he is not responsible for the process of getting well, except in a peripheral sense.” p. 456

❖ “No one is given the privileges of being sick any longer than necessary but only so long as he ‘can’t help it’...The sick person is thereby isolated, and by his deviant pattern is deprived of a claim to appeal to others.” p. 456

❖ “...being sick is also defined, except for the mildest cases, as being ‘in need of help’. Moreover, the type of help which is needed is presumptively defined; it is that of a person qualified to care for illness, above all, physicians...he incurs certain obligations, especially that of ‘cooperating’ with his physician--or other therapist--in the process of trying to get well.” p. 456

1952

Jellinek, E.M. (1952). The Phases of Alcohol Addiction. *Quarterly Journal of Studies on Alcohol*, 13:672-684.

❖ Distinguishes between excessive drinking that is and is not amenable to medical-psychiatric treatment; he designates the former as alcoholism.

❖ “With the exception of specialists in alcoholism, the broader medical profession, representatives of the biological and social sciences, and the lay public use the term ‘alcoholism’ as a designation for any form of excessive drinking instead of as a label for a limited and well-defined area of excessive drinking behaviors. Automatically, the disease conception of alcoholism becomes extended to all excessive drinking irrespective of whether or not there is any physical or psychological pathology involved in the drinking. Such an unwarranted extension of the disease conception can only be harmful, because sooner or later the misapplication will reflect on the legitimate use too and, more importantly, will tend to weaken the ethical basis of social sanctions against drunkenness.” p. 356-357

❖ “Strictly speaking, the disease conception attaches to the alcohol addicts only, but not to the habitual symptomatic excessive drinkers.” p. 357

❖ “The disease conception of alcohol addiction does not apply to excessive drinking, but solely to the loss of control which occurs in only one group of alcoholics and then only after many years of excessive drinking. There is no intention to deny that the non-addictive alcoholic is a sick person; but this ailment is not the excessive drinking, but rather the psychological or social difficulties from which alcohol intoxication gives temporary surcease.” p. 357

❖ “The fact that this loss of control does not occur in a large group of excessive drinkers would point towards a predisposing X factor in the addictive alcoholic.” pp. 357-358

❖ “The onset of loss of control is the beginning of the ‘disease process’ of alcohol addiction which is superimposed over the excessive symptomatic drinking. Progressively, this disease process undermines the morale and the physical resistance of the addict.” p. 365

1952

A.A. *Grapevine*, March, article “Stethoscope and Periscope: The Doctors Look at

Alcohol”: “That there is a strong new beat to the pulse on the medical profession’s recognition of alcoholism as a disease is indicated by even a casual survey of current medical journals.” (Kurtz)

- 1952 *A.A. Grapevine*, May, Bill W.:
❖ “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.”
❖ Same issue, “The Problem Drinker”: “Alcoholism is now recognized as a form of illness. As such it is medicine’s responsibility to study, treat, and attempt preventative measures in this disorder of human behavior.” (Kurtz)
- 1952 The first edition of the *American Psychiatric Association’s Diagnostic and Statistical Manual* (DSM-I) is published. Alcoholism and drug addiction are subsumed within the category of Sociopathic Personality Disturbances. This placement reflected the view that alcoholism was an outgrowth of a particular cluster of personality traits.
- 1953 Howard Becker’s article “Becoming a Marihuana User” appears in the *American Journal of Sociology*. This is a seminal work in portraying drug use as a social behavior, connected to identity and social roles. (Acker)
- 1953 Lemere, F. (1953). What Happens to Alcoholics? *American Journal of Psychiatry*, 109:674-682.
❖ Study of life course of 500 untreated alcoholics. One-fifth were in remission, (half [or one-tenth] of these abstinent; half [or one-tenth] drinking asymptotically); three-fifths abused alcohol until they died; one-fifth stopped drinking late in life from severe illness.
- 1953 Smith, James J. (MD--Bellevue Medical Center). Recent Therapies in Alcoholism. In *Alcoholism: A Source Book for the Priest* (1960) Indianapolis: National Clergy Conference on Alcoholism.
❖ “...in speaking of alcoholism we very often confuse the manifestations with the disease.” p. 213
- 1954 Edward McGoldrick’s (founder, Bridge House) *Management of the Mind* is published.
❖ “Alcoholism is no more a disease than thieving or lynching.” p. 3 He considered the notion that alcoholism was a disease “pernicious” and an “excuse for excessive drinking.” (White, 1998, p. 218)
- 1954 Fleming, Robert (MD) (1954). A Psychiatric Conception of Alcoholism. In *Alcoholism: A Source Book for the Priest* (1960) Indianapolis: National Clergy Conference on Alcoholism.
❖ “...anybody who drinks enough can get involved in addictive drinking....once a

person gets caught in this, the cure seems to be total abstinence.” p. 360

- 1955 The Academy of Medicine of New York calls for maintenance clinics. (Musto p. 232) (Acker)
- 1955 The American Bar Association and the American Medical Association form a joint committee to study the narcotic drugs situation. (Musto 232) (Acker)
- 1955 Menninger, Karl (MD) (1955). The Psychoanalytic Approach to Alcoholism. In *Alcoholism: A Source Book for the Priest* (1960) Indianapolis: National Clergy Conference on Alcoholism.
❖ “One can look at alcoholism as a disease in the sense that something seems to have gone wrong...I am not too sure that calling it a disease and looking on it as such is as helpful as it ought to be. At least I would suggest to you that we look beyond merely the word *disease* that may have different meanings. For many people the implication of disease is something that represents a visitation by some external force. They look on disease as something from without taking possession of the individual.” p. 376
- 1955 Lolli, G. (1955). Alcoholism as a Medical Problem. *Bulletin of New York Academy of Medicine* 31:876-885.
❖ “...there are three types of excessive drinkers: the addictive drinkers, the habitual symptomatic drinkers, and the irregular symptomatic drinkers,” p. 876
❖ “Nor is it true that in the alcoholic the first drink is always followed by more drinks. There are instances when the alcoholic is able to stop after a drink or two. These are instances when the concentration of alcohol present in the blood stream is either lower or higher than the concentration causing the blended pleasure of body and mind which the addictive drinker seeks.” p. 876
❖ “The basic goal of treatment is total and permanent abstinence from the use of alcoholic beverages.... Experience has abundantly shown that even those alcoholics who have undergone a thorough and successful analysis cannot drink in a controlled way. In other words, there is at present no psychiatric or other treatment which might enable the alcoholic to drink moderately.” pp. 880-881
- 1955 Lewis, J. (1955). Summary of Federal and State Alcoholism Programs in the U.S. *American Journal of Public Health*, 45:1417-1419
❖ Notes phenomenal growth of the public health attack upon alcoholism: “Ten years ago, not a single state had a formal program for alcoholism. Now there are thirty-four.” (But Room, 1980, says 38 by 1952.) Note ideas on alcoholism: “Our over-all approach in the Public Health Service is based on the assumption that alcoholism is a symptom complex, a reaction syndrome related to deeper problems of the individual personality, his emotional maturity, psychological and physiological functioning, and his interactions with significant other persons... Treatment and rehabilitation are conceived broadly to include any combination of measures, medical, psychological, social, economic, taken collectively which are

useful in assisting the patient to achieve continued sobriety and adjust more successfully to his family and community, with greater satisfaction for himself.”

- 1955 Use of “Alcoholism” to label chronic drunkenness appears for first time in a standard reference text in America—the Encyclopedia Americana (The article is written by Keller and Effron) (Kurtz)
- 1955 Tiebout, H. (1955b). Perspectives in Alcoholism. *Selected Papers Delivered at the Sixth Annual Meeting National States’ Conference on Alcoholism, Miami Beach, Florida, October 30-November 2*. Portland, Oregon: The National States’ Conference on Alcoholism, pp. 1-7.
- ❖ “In a psychological sense, he (the alcoholic) is ill; he has a disease.” p. 1
 - ❖ Referring to the mid-1930s: “By the mid-thirties, the concept that behavior has its pathological or disease aspects had been generally accepted. It was quite logical for the new group to stress that excessive drinking was a sign of illness and that problem drinking could be a manifestation of a disease.”
 - ❖ Notes that slogan “alcoholism is a disease” guided alcoholism field for past 20 years.
 - ❖ “...the idea that alcoholism as a disease was reached empirically by pure inference. It had never been really proved nor does there seem to be much disposition to validate the concept or to round out the picture...I cannot help but feel that the whole field of alcoholism is way out on a limb which any minute will crack and drop us all in a frightful mess. To change the metaphor, we have stuck our necks out and not one of us knows if he will be stepped on individually or collectively. I sometimes tremble to think of how little we have to back up our claims. We’re all skating on pretty thin ice.” p. 2

**The Combined Addiction Disease Chronologies of
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
1956 - 1965**

Between 1956 and 1965, there was an increased acceptance of the disease concept of alcoholism by major medical and public health groups, at the same time there were emerging criticisms of the disease concept in both the popular and scientific literature. The number of Americans agreeing with the statement that alcoholism was an illness rose from 20% in 1946 (Riley, 1946) to 93% in 1964 (Mulford and Miller, 1964) while the American Medical Association, American Hospital Association and the American Psychiatric Association passed formal resolutions advocating more medicalized approaches to the problem of alcoholism. At the same time, there were research studies that began to challenge some of the tenets of the disease concept (Selzer and Holloway, 1957; Davis, 1962; Kendell, 1965), and there were the first allegations that the disease concept could actually do harm to alcoholics (McNamara, 1960; Cain, 1964).

Within the addictions field itself, there were concerns expressed by Jellinek (1960) and Keller (1962) about the ambiguous definition of alcoholism. A much more sophisticated disease model was set forth by Jellinek--a model that called for the delineation of multiple "species" of alcoholism and a delineation of which species warranted the designation of "disease." This marked a beginning preoccupation with distinguishing alcohol-related problems from alcoholism.

The call for a more humane and effective approach to the problem of narcotic addiction by the American Medical Association and the American Bar Association added fuel to the growing medicalization of alcohol and other drug problems. The involvement of the federal government increased throughout this 10-year period. These experiments in federal support for treatment paved the way for a dramatic infusion of federal funds to support alcoholism and addiction treatment in the 1970s. What will be needed are models of addiction treatment that could be widely replicated in communities throughout the United States. Such models emerged in the 1960s: a clinic model of outpatient alcoholism counseling, the early diffusion of therapeutic communities, the development of methadone blockade therapy and the development of outpatient drug free counseling approaches. These modalities varied widely in terms of their underlying philosophies with only a portion of them resting on a disease concept foundation.

- 1956 Kruse, H.D., Ed., (1956). *Alcoholism as a Medical Problem*. New York: Hoeber-Harper.
- ❖ From Preface by Kruse
 - ❖ "...it (alcoholism) carried more a label of sin than disease...alcoholism has been the concern mainly of the church, social welfare, the law and the courts, not of medicine." p. 9
 - ❖ "...alcoholism was finally recognized as a disease, with spiritual, sociologic, psychologic, and economic implications, to be sure; but nevertheless a disease." p. 9
 - ❖ "Few would argue that alcoholism is a disease of simple etiology." p. 9
 - ❖ From "The Epidemiology of Alcoholism" by John Gordon

- ❖ "...social influences are heavily weighted in alcoholism, as in many other diseases, notably tuberculosis." p. 16
- ❖ "The elements involved in the ecology of a mass disease are the agent of the disease, the particular thing responsible for the process; a host who is attacked; and the environment in which the host and agent operate." p. 22 (Detailed discussion of public health model)
- ❖ From Discussion: Dr. Franz Alexander: "The comparison of alcoholism with such diseases as tuberculosis requires one very important qualification...Alcoholism is a part of the person's behavior. The host actively brings about the disease." --Dr. Gordon's Response: "My emphasis on the host is because of increasing conviction that in degenerative disease, the mental disorder, in most diseases of a chronic nature, the kind of person--the human organism--affected determines in large measure the pathology that results. That would seem especially true of alcoholism: the kind of people in a community, more than anything else, determines the frequency of alcoholic excess." p. 30
- ❖ From "The Natural History of Alcoholism" by Arnold Z. Pfeffer
- ❖ "The disease of alcoholism may be discussed in classical medical terms under the headings of: Definition; Signs, Symptoms, and Course; Diagnosis; Treatment; and Prognosis." p. 68
- ❖ "Alcoholism is a chronic disease based on a complicated etiology involving psychological, social and physical factors. If not arrested, it progresses to further serious involvement of the organism at all levels of integration, with the development of a multitude of characteristic complications--medical, neuropsychiatric, psychologic and social....Despite this, the concept of alcoholism as a disease is often not accepted." p. 68
- ❖ From "Evaluation of Alcoholism" by Hugo Muench
- ❖ "...we are dealing with a chronic disease and in chronic disease the word "cure" probably has very little meaning. We are interested in abatement of symptoms, freedom from acute difficulties over varying periods of time--the control of the disease...--and that, I think, is probably what we should be thinking of in evaluating treatment because it seems to me that there is still a good deal of clarification necessary to decide what constitutes good results." p. 89
- ❖ From Discussion, Dr. M. Ralph Kaufman: "I wonder whether alcoholism is a disease...or a disease syndrome. It seems to me that alcoholism is a phase of a total continuing series of adaptive processes which may be called a disease..." p. 93
- ❖ Kaufman continuing: "It seems to me that what we consider disease...are attempts on the part of the organism to get well." Kaufman compares excessive drinking to fever--not so much a symptom of a disease but the body's effort to re-establish lost harmony. He suggests that to prematurely label alcoholism a disease entity may prematurely close research that could discover the true function that excessive drinking is serving. pp. 93-94

1956

Hospitalization of Patients with Alcoholism. (1956). *JAMA* October 20.

- ❖ AMA resolution on admitting alcoholics to general hospitals does not explicitly

state that alcoholism is a disease but does refer to the alcoholic as a “sick individual”: the acknowledgment (resolution) of alcoholism as a disease was not passed until 1967

❖ The 1956 resolution stated: “Hospitals should be urged to consider admission of such patients with a diagnosis of alcoholism based upon the condition of the individual patient, rather than a general objection to all such patients.”

- 1956 Block, M.A. (1956). Alcoholism is a Disease. *Today's Health*, 34:36-39 (November).
- ❖ “It was not until the ‘thirties, when its own victims recognized alcoholism as an illness, that something was done to educate the public about a disease that affected millions of people...” p. 36
- ❖ “Today the physician is equipped to care for these sick people. A number of general hospitals now admit them with other patients.” p. 39
- 1957 The American Hospital Association adopts a resolution urging local hospitals to develop programs for the treatment of alcoholism. (Johnson, 1973, p. 95)
- 1957 Bonner, Harold C. (1957). A Medical Approach to Sobriety. In *Alcoholism: A Source Book for the Priest* (1960). Indianapolis: National Clergy Conference on Alcoholism.
- ❖ “Alcoholism is...a chronic disease process which, in its early stages, has the emotional factor, or the factor of the disturbance in the psyche, as the original part of the disease process.” p. 261
- 1957 Selzer, M. L. & W. H. Holloway. “A Follow-up Study of Alcoholics Committed to a State Hospital.” *Quarterly Journal of Studies on Alcohol*: follow-up after five years; efforts to rehabilitate the unwilling do work; claims overall 40% success rate, including 16% (13 of 83) who returned to social or nonpathological drinking. They suggested this latter finding “seems to warrant a second look at the long-cherished theory that no alcoholic can ever become a moderate drinker.”
- 1957 Diethelm, O. (1957). Some Fundamental Considerations in the Treatment of Chronic Alcoholism. In: Himwich, Harold, Ed. *Alcoholism: Basic Aspects and Treatment*. Washington, DC: American Association for the Advancement of Science. pp 191-198.
- ❖ “Alcoholism is a biosocial problem which must be investigated and evaluated by students from the biological, medical, psychologic, and social sciences.” p. 191
- ❖ Notes the need to distinguish between those with alcohol problems who can stop excessive drinking once aware of these problems from those who cannot control their consumption even in the face of unrelenting problems. p. 191
- 1958 Glatt, M. (1958). Group Therapy in Alcoholism. *British Journal of Addiction*. 54(2):133.

- ❖ Max Glatt charts Jellinek’s stages of alcoholism and adds the stages of recovery in what Room will later christen as the “most widely diffused artifact of the alcoholism movement.”
- 1958 58% of persons in a household survey reported that they would view a person who drank so much as to affect their job and their relationships with people as sick; 35% see such person as morally weak. (Roper survey; Johnson, 1973, p. 146)
- 1958 Mann, M. (1958). *Marty Mann’s New Primer on Alcoholism*. New York: Holt, Rinehart and Winston.
- ❖ “Alcoholism is a disease which manifests itself chiefly by the uncontrollable drinking of the victim, who is known as an alcoholic. It is progressive, which, if left untreated, grows more virulent year by year, driving its victims further and further from the normal world, deeper and deeper into an abyss which has only two outlets: insanity or death. Alcoholism, therefore, is a progressive, and often fatal, disease...if it is not treated and arrested. But it can be arrested.” p. 3
 - ❖ “It (disease concept) has come as a revelation to thousands of alcoholics seeking desperately to find a reason for their, to them, inexplicable drinking behavior’ and for many of them it has been the greatest single factor leading to eventual recovery from the disease. It has come as a healing balm to the tortured hearts of wives, mothers and hundreds of alcoholics, who had hopelessly clung to a lonely belief that *their* alcoholic wasn’t the ‘bad character’ of general opinion, but had ‘something’ wrong with him that drove him to destructive excess in drinking. Finally, it has come as a constructive tool to the hands of baffled and frustrated would-be helpers...” p. 4
 - ❖ “The concept of alcoholism as a disease has been on the scientific record for a very long time, and has been rediscovered over and over again by observant medical men and laymen alike.” p. 4
- 1958 The *Interim Report* of the ABA/AMA joint committee is published; it argues for treating addiction as a disease. (Acker)
- 1958 Charles Dederich founds Synanon, based on idea of therapeutic community developed by Maxwell Jones and on use of confrontational tactics to break down denial and negative behavior patterns. It begins with a focus on alcoholics, but shifts to focus on addiction. (White 240) (Acker) (See 1960s)
- 1958 Tiebout, H. (1958). Direct Treatment of a Symptom. In: Hoch, P. and Zubin, J. *Problems of Addiction and Habituation*. NY: Grune & Stratton, pp. 17-26.
- ❖ Therapists with alcoholics have a twofold task. They must treat the disease alcoholism and they must treat the person afflicted with it. p. 2
 - ❖ Notes how few alcoholics were helped by treating alcoholism as a symptom.
 - ❖ “...the treatment of the alcoholic must include direct treatment of the symptom.”

- 1958 A.A. *Grapevine* article entitled “Alcoholism is a Disease: The Essence of AA” opens with lines: “Alcoholism is a disease. AA was the first to give me this bit of information.” p. 13 Notes it is a disease with physical, mental and spiritual dimensions. Refers to alcoholism as a “serious, insidious, progressive disease” and notes that it becomes a “disease of despair and fear.” p. 15 October 1970. Reaffirms threefold character of alcoholism. This may mark the movement of the disease concept from the periphery of AA thought to its center.
- 1959 Marconi, J. (1959). The Concept of Alcoholism. . *Quarterly Journal of Studies on Alcohol*, 20(2):216-235.
 ❖ Excellent historical review of the history of alcoholism.
 ❖ “We understand, by *alcoholism*, a chronic disease, characterized by a fundamental disturbance of the central nervous system, which manifests itself in a group of bodily symptoms and signs that give an imperious character to the concomitant desire to drink alcohol. On the behavioral level the disease manifests itself by a primary or secondary state of physical dependence on the drug. The symptomatology disappears temporarily after consumption of a certain quantity of alcohol.” p. 221
 ❖ “The appellative ‘chronic,’ however, constitutes a redundancy, as pointed out by Dittmer (1932); the suffix ‘ism’ in itself indicates a persistent state.” p. 230
- 1959 Seeley, John (1959). The W.H.O. Definition of Alcoholism. *Quarterly Journal of Studies on Alcohol*, 20: 326-392.
- 1960s New demographics of drug use create the context for a transformation of drug treatment in the U.S. White middle class youth, in large numbers, use marijuana, psychedelics and, in the late 1960s, amphetamines, cocaine and heroin. This new pattern in drug use adds to a cultural divide in America at the time of the Civil Rights movement (in the early 1960s) and the Vietnam War (in the late 1960s). For conservatives, drug use joins sexual liberation and left-wing politics as symbols of a collapse of traditional American values; for liberals, the broad sectors of youth using illicit drugs and the less harmful nature of marijuana as compared to heroin fuel the view that America’s drug laws are either too harsh or completely misguided. (Acker)
- 1960s Therapeutic communities are widely replicated. They contain two basic ideas about the nature of addiction; one, the behavioral change is the main focus of treatment and behavioral change can bring about changes in maturity and emotional adjustment; two, the root cause of addiction lies in character flaws (as psychiatric theories of addiction have held since at least the 1920s when Kolb developed his psychopathic view of the addict). As a residential treatment venue, the therapeutic community creates a milieu in which constant monitoring of behavior and imposition of rewards and punishments encourage the desired changes in behavior. The use of ex-addicts as staff is groundbreaking because it

acknowledges the value of addicts' own understanding of the experience of addiction; it also creates new avenues for recovering addicts to move toward conventional occupational roles. (White, 1998, p. 245-49; Besteman) Therapeutic communities founded in the 1960s include Daytop Lodge, Gateway House, Odyssey House, and Phoenix House. (Besteman) (Acker)

- 1960 Jellinek, E.M. (1960). Alcoholism, a genus and some of its species. *Canadian Medical Association Journal*, 83:1341-1345.
- ❖ “In a recent article, the author came to the conclusion that ‘alcoholism’ was not a specific, but a generic term.” p. 1341
 - ❖ “When one scans these various ‘alcoholisms’, it appears that they have only two elements in common: one is drinking and the other is damage (individual or social) incumbent upon drinking. The two elements form the basis for the definition of alcoholism.” p. 1341
 - ❖ “If we define the genus of alcoholism as any drinking which brings about damage, it would seem that we cannot even ask whether alcoholism is a disease or not, but we would have to name or describe one or more species of the genus in order to give a reasonable answer to the question.” p. 1341
 - ❖ “It is suggested that only two species of alcoholism [gamma and delta], which represent addiction in the strict pharmacological sense, may be seen as diseases.” p. 1345
- 1960 Straus, “Research in the Problems of Alcohol -- a 20-Year Perspective.” *Multidisciplinary Programming in Alcoholism Investigation: Proceedings of a Conference*. Berkeley, CA, 1960; California Department of Public Health, Division of Alcohol Rehabilitation.
- ❖ Room (Dissertation) sees as first clear use of term, “the alcoholism movement,” replacing “the new scientific approach.”
 - ❖ Describes the years 1940-1955 as “the first modern generation of research on alcoholism.”
- 1960 McNamara, J. (1960). The Disease Conception of Alcoholism: Its Therapeutic Value for the Alcoholic and His Wife. *Social Casework*, 41:460-465.
- ❖ “...the therapeutic value of the disease concept may bear no relationship to its scientific validity.” p. 461
 - ❖ “...under certain given conditions, the disease conception of alcoholism may contribute to excessive use of alcohol as, under other conditions, it may contribute to the control of alcoholism.” p. 461
 - ❖ Notes how the disease concept shifts the alcoholic spouse’s self-blame to the impersonal state called “disease” and provides her or him with a cognitive map of the disease and the recovery process. p. 462
 - ❖ the disease concept may lead to “over-protectiveness” of the alcoholic. p. 463
 - ❖ Notes paradox of how AA holds the alcoholic responsible for his first drink but not those that follow. p. 464
 - ❖ “...the disease conception offers no easy solution to the problem of alcoholism

for either the alcoholic or his wife.” p. 464

❖ “The utility of the disease conception would seem to be of minimal value in many cases.” p. 465

1960

Wilson, B. (1960). “Clergy Conference” talk to the National Clergy Conference on Alcoholism, New York, April 21: “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—a far safer term for us to use.” (quoted in Kurtz, 1979)

1960

Jellinek, E.M. (1960). *The Disease Concept of Alcoholism*. New Haven, CT: College and University Press.

❖ “...as far as the broad lay public is concerned some emotional appeal is necessary, but the ‘alcoholic’ would become a more acceptable human being without a halo hovering over his head.” p. 5

❖ “...there is not one alcoholism but a whole variety.” p. 10

❖ “...alcoholism has too many definitions and disease has practically none.” p. 11

❖ “It comes to this, that *a disease is what the medical profession recognizes as such.*” p. 12

❖ “In connection with alcoholism the term illness is more acceptable to the public than disease, of which they think rather in terms of the infectious diseases.”

❖ By adhering strictly to our American ideas about ‘alcoholism’ and ‘alcoholics’ (created by Alcoholics Anonymous in their own image) and restricting the term to these ideas, we have been continuing to overlook many other problems of alcohol which need urgent attention.” p. 35

❖ “...we have termed as alcoholism any use of alcoholic beverages that causes any damage to the individual or society or both.” p. 35

❖ “...there is every reason why the student of alcoholism should emancipate himself from accepting the exclusiveness of the picture of alcoholism as propounded by Alcoholics Anonymous.” p. 38

❖ “Recovered alcoholics in Alcoholics Anonymous speak of “loss of control” to denote that stage in the development of their drinking history when the ingestion of one alcoholic drink sets up a chain reaction so that they are unable to adhere to their intention to “have one or two drinks only” but continue to ingest more and more--often with quite some difficulty and disgust--contrary to their volition.” p. 41

❖ Quoting Lake (1957) “There is no such thing as “alcoholism.” p. 59

❖ Citing his own understanding of alcoholism in the years 1945-1953: “Heavy drinking is initiated by psychological or social factors; later a physiological X factor accounts for a disease condition outwardly manifested through loss of control.” p. 84

❖ Jellinek recognizing clinical usefulness of metaphors: “The figurative use of

the term “alcoholism is an allergy” is as good as or better than anything else for their (AA’s) purposes, as long as they do not wish to foist it upon students of alcoholism.” p. 87

❖ Notes that how alcoholism is labeled (e.g., disease) has important implications for whether the culture will respond to the alcoholic with therapeutic, social welfare or penal measures. p. 157

❖ “The question of what formulation of the illness conception is accepted ... cannot be determined on the basis of existing information. The indications for the great majority are that the accepted version is merely that “alcoholism is a disease.” For the time being this may suffice, but not indefinitely.” p. 159

❖ “...if the medical profession were not to accept the idea of alcoholism as an illness, the movement for its propagation could not maintain itself in the long run, and would sooner or later collapse.” p. 160

❖ “The concept of alcoholism as a single disease, a unitary clinical entity based on a medical model, believed to progress along a known or predictable continuum, and measurable in terms of a single common symptoms may be an oversimplified representation...”

❖ Jellinek notes the apparent shift in public acceptance of alcoholism as an illness between 1948 and 1958 public opinion surveys but suggests that “the belief is not deeply rooted as yet,” lacked any “particular depth,” and may have been little more than “lip service.” Pp. 183-4

❖ “...the idea of alcoholism as a disease has been propagated by this subcommittee (WHO) perhaps with too much zeal and too little recognition of alcohol problems arising from other sources than true alcohol addiction...” Pp. 203-204

- early 1960s California’s Civil Addict Program mandates treatment and post-treatment monitoring for addicts through court commitment and special parole authority; New York state’s Narcotic Addiction Control Commission provides treatment to individuals committed through civil and criminal courts. (Besteman) (Acker)
- 1961 The *Final Report* of the ABA/AMA joint committee is published. The report challenges the effectiveness of harsh sentences for drug possession and calls for treating addiction as a medical condition with community-based facilities. It discusses maintenance clinics as an approach deserving consideration. (Musto 232-3; White, 1998, p. 252) (Acker)
- 1961 Mulford, H. and Miller, D. (1961). Public Definition of the Alcoholic. *Quarterly Journal of Studies on Alcohol*, 22:312-320.
❖ A 1958 Iowa survey finds that 51% of those surveyed agree that the alcoholic is best described as a “sick person.” There were significant differences in agreement by occupation: physicians (51%), high school principals (29%), and police chiefs (13%). 60% of police chiefs viewed the alcoholic as “morally weak.”

- 1961 Ausubel, David P. (1961). Causes and Types of Narcotic Addiction: A Psychosocial View. *Psychiatric Quarterly*, 35:523-531.
- ❖ "...there are many different kinds of drug addicts, and the causes of drug addiction are multiple and additive in their impact rather than mutually exclusive. As in most other diseases the causes of drug addiction include both *internal* factors originating within the affected individual (e.g., hereditary susceptibility) and *external* factors originating within the environment. Each type of factor may be further categorized with respect to whether its impact occurs immediately prior to, and is essential for, the appearance of the disease (*precipitating*), or is operative over a long period of time and merely contributory (*predisposing*)."
- 1961 Cohen, H. (1961). The Evolution of the Concept of Disease. In: Lush, B. Eds. *Concepts of Medicine*. New York: Pergamon.
- ❖ Excellent review of the history of the concept of disease.
 - ❖ "The dangers which the "entity" concept (of disease) carries are: (1) that it promotes a "penny-in-the-slot machine" approach to diagnosis by seeking for pathognomic signs especially the short cuts of the laboratory or instrument, (2) that it suggests that diagnosis is arrived at by comparing an unknown with a catalogue of knowns: the method of recognizing an elephant by having seen one before, (3) that it reduces thought to a minimum, (4) that it is of little help and may be positively misleading where the disease varies significantly from the usual, and (5) that it leads to all those dangers associated with...those "who to the fascination of a name, surrender judgement, hoodwinked." p. 168
- 1962 The Presidential Commission on Narcotics and Drug Abuse is convened. The resulting report (the Prettyman report, named after commission head Judge E. Barrett Prettyman) makes 25 recommendations. Only one, which calls for civil commitment programs similar to those in California and New York, is implemented (see NARA, below). (Besteman) (Acker)
- 1962 Jellinek, E.M. (1962). Cultural Differences in the Meaning of Alcoholism. In: Pittman, D. and Snyder, C. *Society, Culture and Drinking Patterns*. New York: John Wiley and Sons, Pp. 382-394
- ❖ "Instead of the extension of the term 'alcoholism' to all forms of excessive drinking and the creation of new terminology to serve the necessary distinctions, it seems preferable to talk about the problems of alcohol and to regard alcoholism as one of the problems." p. 384
 - ❖ Discussing use of the term alcoholism "...any label or definition is only a matter of convenience and convention, and the essential factor is the consistency in connotation." p. 383
 - ❖ "All of the ideas about alcoholism in a given country have a good deal of truth in them, but they become modified in the light of experience from other countries." p. 387
- 1962 Keller, M. (1962). The Definition of Alcoholism and the Estimation of its

Prevalence. In: Pittman, D. and Snyder, C. *Society, Culture and Drinking Patterns*. New York: John Wiley and Sons, pp.310-329.

❖ “The definition of alcoholism has long been marked by uncertainty, conflict, and ambiguity.” p. 310

❖ Notes designation of alcoholism as a disease in medical dictionaries.

❖ “Alcoholism is a disease with a history older than the resolutions of medical societies granting it diplomatic recognition as such.”

❖ “These conceptions allow the conclusion that alcoholism is a chronic disease and that it is etiologically associated with personality deviation or with the pharmacological properties of alcohol, and perhaps with both either simultaneously or successively.” p. 312

❖ “Alcoholism is a psychogenic dependence on or a physiological addiction to ethanol manifested by the inability of the alcoholic to consistently control either the start of drinking or its termination once started...” p. 312

❖ “...many alcoholics may be dependent on intoxication rather than addicted to a particular substance.” p. 312n

❖ “... ‘loss of control’ means that whenever an alcoholic starts to drink it is not certain he will be able to stop at will.” p. 313

1962 “The \$1.1 million NIMH grant for the work of the Cooperative Commissions represented the first significant involvement on the part of the federal government with the issue of alcoholism.” (Johnson, 1973, p. 349)

1962 Supreme Court declares addiction a disease in *Robinson v. California*
❖ Justice William O. Douglas: “The addict is under compulsion not capable of management without help...[He or she] has a disease and ... must be treated as a sick person.”

1962 Davies, D.L. (1962). Normal Drinking in Recovered Alcohol Addicts. *Quarterly Journal of Studies on Alcohol*, 23:94-104. Davies follow-up study of alcoholics treated at Maudsley Hospital in London reports of seven patients who successfully returned to controlled drinking following treatment.

1962 Winick, C. (1962). Maturing Out of Narcotic Addiction. *Bulletin on Narcotics*, 14:1-7 (January-March).

1962 Seeley, J. (1962). Alcoholism as a Disease: Implications for Social Policy In: Pittman, D. and Snyder, C. (Eds). *Society, Culture and Drinking Patterns*. NY: John Wiley & Sons.
❖ “The statement, ‘alcoholism is a disease,’ is now so widely heard in scientific and lay circles that one can hardly safely begin any undertaking in reference to alcoholism without first repeating it as, presumably, a sign of piety and a promise of right performance.” p. 586
❖ “Disease falls into a naturalistic matrix; sin, into a moral one; crime, into a legal one.” p. 588

- ❖ Persons can contract a disease and still be held responsible when effective preventative and corrective measures are known and available. p. 588
 - ❖ Can praise be laid on the drinker who has escaped alcoholism and blame laid on the drinker who suffers from alcoholism and has become an alcoholic? Is alcoholism a natural or volitional event or something in between? Does the process of acquiring alcoholism involve free or determined behavior? p. 588
 - ❖ Following his conclusion that alcoholism fits most biological/medical definitions of “disease”: Seeley says, “If we may without impropriety define it as a disease, we may next ask *should* we -- a question of wisdom...” p. 593
 - ❖ “I think the bare statement that ‘alcoholism is a disease’ is most misleading, since a) it links up with a much -- too-narrow concept of ‘disease’ in the public mind, and b) it conceals what is essential -- that is, that a step in public policy is being recommended, not a scientific discovery announced. It would seem to me infinitely preferable to say, ‘It is best to look on alcoholism as a disease because...,’ and to enumerate reasons.” p. 593
 - ❖ Room (1984) notes that Seeley was one of the first people who began to talk about the disease concept as “a matter of social definition rather than as a statement of fact.”
- 1963 ❖ The Community Mental Health Centers Act is passed; it calls for establishment of community-based treatment programs, which will become sites for drug and alcohol dependence treatment. (Acker)
- 1963 ❖ Howard Becker’s *Outsiders: Studies in the Sociology of Deviance* reprints his articles on marijuana use and on jazz musicians. Becker’s key ideas -- that deviant behavior can be understood as a “career” and that deviant groups are as much created by the labeling of the society around them as by the behavior of their members -- will influence the generation of drug ethnographers who begin publishing in the 1970s. (Acker)
- 1963 Clark, D.W. (1963). A vocabulary for preventive medicine. In: *Preventive Medicine*. Clark, D.W. and McMahon, B., eds., Boston: Little, Brown and Company.
- ❖ on defining ‘disease’: “This term [disease], which literally means “without ease,” may be defined as the adaptive mechanisms of an organism to counteract adequately the stimuli and stresses to which it is subject, resulting in a disturbance in function or structure of some part of the body.” p. 4
- 1963 Haberman and Sheinberg survey: 64% report alcoholism “mainly due to an illness” (Johnson, 1973, p. 147)
- 1964 ❖ Sydney Archer, N. F. Albertson, Louis Harris, and colleagues propose a new approach to testing new compounds as potential opioid analgesics lacking addictiveness. Noting that all tested compounds which demonstrated analgesia via the tail-flick test turned out to be addictive, they turn the standard testing

sequence upside down and study only compounds which prove negative in the tail-flick assay. They develop pentazocine, the first clinically useful drug that combines agonist and antagonist properties. Continuing work by this group and others yields a vast library of compounds with different constellations of agonist and antagonist effects; use of such drugs as probes of brain function forms part of the background for the discovery in the mid-1970s of opiate receptors and endogenous opioids. This discovery, in turn, provides a new physiological basis for understanding drug effects and drug dependence. Despite early hopes that pentazocine's low addictiveness will preclude nonmedical use, addicts discover that combining pentazocine with the antihistamine tripeleminamine (Pyribenzamine) creates a heroin-like rush. (Acker)

- 1964 Winick, C. (1964). The Life Cycle of the Narcotic Addict and of Addiction. *U.N. Bulletin on Narcotics*, 16:1-11.
 ❖ "...addiction might be a self limiting process for perhaps two-thirds of addicts." p. 1
 ❖ Notes that maturing out may be related to changes in the very factors that contributed to the initiation and early maintenance of addiction. p. 3
 ❖ Winick uses 5 years as his criteria for stable maturing out: the time period free of symptoms that is the traditional medical criteria for recovery from a chronic disease.
- 1964 Mulford, H.A. and D.E. Miller. "Measuring Public Acceptance of the Alcoholic as A Sick Person," *Quarterly Journal of Studies on Alcohol*, 25:314-323.
 ❖ Note 1959 McCarthy and Fain Connecticut Survey in which 93% of those surveyed agreed that "alcoholism is an illness."
 ❖ "...the younger a person starts narcotics, the longer is his period of drug use likely to last." p. 3
 ❖ 65% of an adult Iowa population defined the alcoholic as "sick" while 35% defined him as "morally weak"
 ❖ 24 percent of a public sample gave unqualified endorsement to a disease concept of alcoholism, while 41 percent endorsed a rather ambivalent combination of medical and moralistic points of view.
 ❖ 76% of those surveyed believed that the alcoholic needed help in order to stop drinking
- 1964 WHO replaces "addiction" and "habituation" with "dependance" for both alcohol and other drugs (see 1977)
- 1965 *A.A. Grapevine*, April article by Griffith Edwards entitled "The Puzzle of AA"
 ❖ "With what at first appears to be boring reiteration, the meetings drive at the fact that alcoholism is a disease, an allergy, a disorder of metabolism akin to diabetes." (Kurtz)
- 1965 Simmons, J.L. (1965-1966). Public stereotypes of deviants. *Social Problems*,

13:223-232.

❖ In response to a survey question of “What is deviant?” respondents listed the following top five groups: homosexuals (49%), drug addicts (47%), alcoholics (46%), prostitutes (27%) and murderers (22%). p. 224

❖ “Rather than try to eliminate stereotypes about deviants and other social objects, it would seem then, that social scientists should aim at gathering and communicating valid knowledge, in the hope that this knowledge will form the basis of future public attitudes.” p. 232

1965

Cain, A.H. (1964). *The Cured Alcoholic*. New York: John Day.

❖ After explaining that alcoholics in their current condition cannot and should not attempt to achieve normal drinking, he adds: “Yet, I believe just as strongly that there is not a single alcoholic in the world today who could not learn to live normally without worrying in any way about alcohol and even learn to drink normally if he so desired.” p. 18

❖ “Once an alcoholic, always an alcoholic. With this adamant attitude, he’ll always be one, too...as long as he’s convinced that his “alcoholism” is a disease with which he must live, he’ll always be an “alcoholic.” p. 18

❖ Cain says that abnormal drinking is “something people do,” not something they have. p. 19

❖ “...when a person who has lost control of his drinking speaks of his “disease” as if it were cancer or tuberculosis, an entity-in-itself, he is only confusing himself and others.” p. 19

❖ “We will never get to this next step if we continue to assume implicitly that alcoholism is an incurable disease and that the best thing the alcoholic can do is to learn to live with it.” p. 21

❖ Reference to AA members maturing out of AA—reaching a point where they “are no longer dependent upon A.A. for their sobriety.” p. 23

❖ “There is no such person as an ‘alcoholic.’ There are only people who do not control their drinking.” p. 29

❖ “The professional researchers into alcoholism are almost entirely circumscribed in their efforts to uncover truth about alcoholism by the *physical disease conception* of alcoholism: alcoholism *must* turn out to be a physical disease...” p. 129

❖ “...the compulsive quality (of heavy drinking) is not fixed entity but can, at times, lose its steam or force, thereby making it possible for the individual to drink normally.” p. 142

❖ “I define the recovered alcoholic as a previously uncontrolled drinker who has recovered control of his total behavior to the point where alcohol is no longer a problem.” p. 227

❖ “I must here repeat that such a cure [of alcoholism] comes about only through a creative, disciplined, multi-faceted program of therapy and re-education -- not by mere abstention from alcohol, no matter how long. I therefore again warn the alcoholic reader that unless he has undergone such a rigorous course of training, there is no chance he would be able to drink normally.” p. 229 (Reports 4 of 7 of

his treated cases are now drinking normally.)

❖ It is important to "...distinguish between the 'arrested alcoholic' and the 'recovered' or 'cured alcoholic': the arrested alcoholic *never really loses his desire to become intoxicated with alcohol*. He learns to *control* his desire (he learns to 'live with his disease') *but he never learns to transcend this desire.*" p. 234

❖ "The 'disease concept' had retarded the fight against alcoholism, simply because people find it quite impossible to accept...it is becoming increasingly clear that the 'alcoholism is a Disease' slogan is not working." Evidence? NCA's insolvency and struggles for money. He recommends that they just focus on 3 points: (1) the alcoholic is a sick person, (2) the alcoholic can be helped, (3) the alcoholic is worth helping, and drop the disease slogan completely. p. 246

❖ The disease concept of alcoholism is a "stultifying hindrance to both research and treatment." p. 246

1965 Kendell, R.E. (1965). Normal Drinking by Former Alcohol Addicts. *Journal of Studies on Alcohol*, 26:247-257.

❖ "In a follow-up of 62 untreated alcohol addicts, 3 men and 1 woman were found who had resumed normal social drinking between 3 and 8 years...The report provides confirmation of the possibility of alcohol addicts regaining the ability to drink normally but, at least at this stage, it is believed that this fact should not be allowed to influence therapeutic programs in any way." p. 256-257

1965 Dole, V.P. and Nyswander, M.E. (1965). A medical treatment for diacetylmorphine (heroin) addiction. A clinical trial with methadone hydrochloride. *Journal of the American Medical Association*, 193:8-84.

❖ Dole and Nyswander set forth "metabolic disease theory" of narcotic addiction and introduce methadone maintenance. Studies by Mary Jeanne Kreek in the late 1960s establish the benefit of methadone maintenance treatment. Introduction of methadone maintenance marks the end of Courtwright's classic era of narcotic control. In the 1970s, methadone maintenance will become a cornerstone of Richard Nixon's policy of supporting community-based addiction treatment. The advent of methadone maintenance marks a major milestone in opening up treatment possibilities after the decades of diminished treatment possibilities since the 1919 Supreme Court decisions prohibiting addiction maintenance. (Acker)

1965 Wikler, Abraham (1965). Conditioning Factors in Opiate Addiction and Relapse. In: Wilner, D.I. and Kassebaum, G.C. *Narcotics*. New York: McGraw-Hill.

❖ Widely recognized as the first paper to explore the roles of classical and instrumental conditioning in addiction.

1965 American Psychiatric Association publishes a statement that includes approval of the disease concept of alcoholism

1965 Gerald, D.L., Saenger, G., & Wile, R. (1962). The Abstinent Alcoholic. *Archives*

of General Psychiatry, Vol. 6 (Jan).

❖ “Two central purposes of the treatment of alcoholism – indeed of any chronic disease process – are to maintain life and to sustain functioning in the community.” p. 101

**The Combined Addiction Disease Chronologies of
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
1966 - 1972**

Between 1966 and 1972, the debate over the disease concept of addiction intensified even as the public came to increasingly embrace this view and as the President, Congress and the Supreme Court all became significantly involved in support of the expansion of addiction treatment.

These six years mark the ignition of major federal involvement in addiction treatment, through NARA legislation of 1966, the Community Mental Health Center Act of 1968, OEO legislation of 1968, and the passage of legislation in 1970, 1971 and 1972 that will lead to the creation of national alcohol and drug institutes. Another trend was the movement of addiction treatment from remote penal institutions (the closing of the federal prison narcotics hospitals) to local community-based agencies.

The development of criteria for the diagnosis of alcoholism and the development of accreditation standards for alcoholism treatment programs set the stage for expanding insurance coverage of alcoholism on par with other diseases. While these advances proceeded, there were both research challenges to the disease concept (Merry, 1966; Drew, 1968) and rhetorical challenges to the concept (Szasz, 1967; Reinert, 1968; Schmidhofer, 1969; MacAndrew, 1969; Fingarette, 1970 and Robinson, 1972). Perhaps most pointed were continued claims that the disease concept could even do harm (Roman and Trice, 1968; Schaefer, 1971; Dewes, 1972). This criticisms buried within academic journals did little to stop the growing embrace of the disease concept of addiction and the development of new treatment institutions based on that belief.

- 1966 Attorney General Nicholas Katzenbach testifies to Senate Judiciary Committee in favor of a federal civil commitment program as part of federal court reform. He urges a less punitive and more therapeutic response to addiction. (Besteman) (Acker)
- 1966 Wilkerson, A. (1966). *A History of the Concept of Alcoholism as a Disease*, DSW dissertation, University of Pennsylvania.
- ❖ Well-researched history of the concept of alcoholism and its conceptualization as a disease.
 - ❖ Quoting Dr. Benjamin Rush: “I am aware that the efforts of science and humanity, in applying their resources to the cure of a disease induced by an act of vice, will meet with a cold reception from many people.” p. 1
 - ❖ “From the beginning, the concept has been both a statement of a point of view and a request for implementation of resources.” p. 289
 - ❖ “Perhaps it is most useful to see the long use of the term ‘disease’ in defining alcoholism as a kind of social metaphor providing a flexible yet seemingly ‘scientific framework within which the alcoholic can be approached.” p. 291
 - ❖ “Alcoholism meets the basic, descriptive criteria of disease.” p. 293
 - ❖ “At the present time, the assertion that alcoholism is a disease is more candidly

a public policy declaration.” p. 294

- 1966 Chafez, M. (1966). Alcohol Excess, *Annals of the New York Academy of Sciences* 133:808-813.
❖ “we...must conclude that alcoholic excess, alcoholic problems, alcoholism, or any label you care to affix, is produced by complex, multidimensional factors, and that, in fact, there is no such thing as an alcoholic.” Chafez, 1966 p. 810
- 1966 In his Health Message to Congress, President Johnson, becomes the first President to speak out about alcoholism by declaring “The alcoholic suffers from a disease which will yield eventually to scientific research and adequate treatment.” He goes on to call for the inclusion of responses to alcoholism within comprehensive health programs. (Johnson, 1973, p. 107)
- 1966 Driver (January) and Easter (March) federal court rulings: in both cases, court reverses conviction on charge of being drunk in a public place on grounds that they were victims of a disease and thus cannot be held responsible for drinking behavior. The court ruling noted that “This addiction--chronic alcoholism--is now almost universally accepted medically as a disease.” (Johnson, 1973, p. 115)
- 1966 Merry, J. (1966). The “Loss of Control” myth. *Lancet*, 1:1257-1258.
Merry challenges the scientific validity of the concept of loss of control by providing hospitalized alcoholics 1-2 oz of vodka or similar mixture with water without their knowledge while measuring their self-reported cravings for alcohol. Those who received this quantity of alcohol did not report increased craving.
❖ “The oft-repeated assertion that “loss of control” in the alcoholic is brought about by a single drink of alcohol was not confirmed.” p. 1258
- 1966 Prince, J.M., Glatt, M., and Pullar-Strecker, H. (1966). The “Loss of Control” Myth. Letters to the Editor. *Lancet* (June 25) 1423-1424.
❖ “...being able for short periods and with great expense of effort and energy to stop after a few drinks, as a few of our alcoholics have done, can hardly be termed ‘normal drinking.’ ” p. 1424
- 1966 An editorial in the *American Journal of Psychiatry* states that the image of the alcoholic as a skid row derelict has been successfully transformed to that of a worthwhile person suffering from an illness which can be brought into stable remission.
- 1966 The Narcotic Addiction Rehabilitation Act (NARA) is passed. This is the first major federal expression of the resurgence of medical perspectives on addiction. It is based on the California and New York civil commitment measures. It calls for grants to community programs and includes a provision for community-based supervision of addicts after release from prison. (Gerstein & Harwood) NARA

lays the groundwork for a federally funded system of treatment, though this is not implemented until the 1970s in the Nixon administration (see below). Under NARA, defendants with no prior convictions and no violent crime can elect treatment instead of trial; successful completion, including a 2-1/2 year follow-up, results in dropped charges. Also federal courts can send convicted defendants to treatment instead of prison. The National Institute on Mental Health is charged with implementation. (Besteman) The PHS Narcotic Hospitals at Lexington and Ft. Worth stop receiving voluntary patients; inmates now include only prisoners serving out sentences and prisoners sentenced directly to the hospitals for six-month terms. (White, 1998, 260) (Acker)

1967 Stanley Yolles, director of NIMH, outlines a NARA implementation plan which calls for creation of 11 PHS treatment centers in major cities. This plan is never carried out, as an unexpected surge of demand for treatment overwhelms the allocated manpower. Instead, NIMH arranges for treatment in a community setting, and most treatment is on an outpatient basis because of budget constraints. These decisions, based on exigency, form background for the later proliferation of community-based outpatient treatment, which becomes an important modality. Implementation of NARA also includes training programs, staffed mainly by professionals who had worked at Lexington or Fort Worth as well as ex-addicts, which help train a cadre of treatment professionals. Federal contract provisions (for contracts with community-based treatment programs) spell out requirements and authorize 3 modalities: drug-free outpatient, TC, and methadone maintenance. (Besteman) These foundations for the expansion of federally funded treatment in the 1970s are based entirely on the treatment of heroin addiction. (Acker)

1967 William Martin, Chief of the Addiction Research Center at the PHS Narcotic Hospital/Clinical Research Center, hypothesizes the existence of three distinct opiate receptor types, based on observation of the complex constellations of effects produced by different agonist and antagonist drugs. His hypothesis is borne out by receptor mapping studies in the 1970s and 1980s. (Acker)

1967 Dole, V.P. and Nyswander, M.E. (1967). Heroin Addiction: A Metabolic Disease. *Archives of Internal Medicine*, 120:19-24.

- ❖ "...the critics who are most contemptuous of addicts are those who were not exposed to narcotic drugs in adolescence." p. 21
- ❖ Paper outlines the history of methadone maintenance, attacks psychogenic theories of addiction, and offers an alternative view of addiction based on the concept of metabolic vulnerability and metabolic adaptation.
- ❖ "The social deterioration of addicts may be profound...but it should not be too quickly assumed that these are weak individuals who would fail in society if relieved of the compulsion to obtain drugs. The potential strengths of addicts, like their faults, cannot be judged while addicts are trapped in the orbit of drug abuse." p. 23

- ❖ “The new evidence provided by the results of maintenance treatment strongly suggests that the ‘addict traits’ are a consequence, not a cause, of addiction and demonstrates that a substantial number of addicts can be rehabilitated on a medical program.” p. 24
- 1967 AMA passes resolution that “alcoholism is a disease that merits the serious concern of all members of the health professions.”
- 1967 April: Moss-Javits “Alcoholism Care and Control Act” amending 1963 Community Mental Health Act.
- 1967 Cooperative Commission report published; calls for use of term “person with a drinking problem” rather than “alcoholic” to avoid oversimplification (all alcohol problems result from alcoholism) and stereotyping.
- 1967 Beuabrun, M.H. (1967). Treatment of Alcoholism in Trinidad and Tobago, 1956-65. *British Journal of Psychiatry*, 113:643-658
 - ❖ “The therapist knows that the semantic distinction between ‘addiction’ and ‘disease’ can make all the difference to his patient’s sobriety. It is the distinction between a criminal and a sick person.” p. 656
- 1967 Szasz, T.S. (1967). Alcoholism; a Socio-ethical Perspective. *Washburn Law Journal*, (Topeka), 6:255-268.
 - ❖ “If alcoholism is a disease, why do we need propagandists and politicians to tell us so?”
 - ❖ “Acute alcoholism is a state of poisoning, As such, it is a disease. The difficulty with this view is that the poisoning is self-induced...the alcoholic both resembles and differs from the diabetic--just as the soldier who shoots himself in the foot (to be evacuated from the front lines) both resembles and differs from his buddy wounded by the enemy.” p. 259
 - ❖ “The disease concept of alcoholism...is confused and confusing because it fails to distinguish between the individual’s helplessness and hence lack of responsibility for falling ill--and his power and hence responsibility for trying to recover from illness.” p. 261
 - ❖ “...it is quite clear that the fundamental purpose of defining alcoholism as a disease is to bring it under the umbrella of mental illness and so justify the involuntary hospitalization and treatment of the so-called patient.” p. 262
 - ❖ “the upshot (of the disease concept) is a weakening of individual choice, freedom, and responsibility--and a strengthening of the power of experts and of the state.” p. 264
 - ❖ “Drinking to excess may cause illness but in itself is not a disease.” p. 267
 - ❖ “If we regard alcoholism as a disease, we ought to let the alcoholic accept or reject treatment for it. The involuntary hospitalization and treatment of the alcoholic should be morally abhorrent to all who believe that individual freedom under the Rule of Law is more important than the dubious benefits that might be

derived from the coercive medical control of the problem drinker.” p. 268

- 1968 Amendment of the Community Mental Health Centers Act mandates and supports treatment of drug and alcohol treatment in Community Mental Health Centers. (Gerstein & Harwood) (Acker)
- 1968 The Illinois Drug Abuse Program is founded and headed by Jerome Jaffe. It exemplifies early implementation of multi-modality treatment in a community setting. Treatment principles include: central intake and triage to the appropriate modality; tailoring treatment to specific needs, including such issues as pregnancy or mental illness; assuming that different treatment methods may be appropriate for the same individual at different times. Ex-addict counselors occupy most counselor positions. Demand for treatment soon results in long waiting lists. (White, 1998, 257-9) (Acker)
- 1968-1969 Dr. Sidney Cohen, director NIH’s Division of Narcotic Addiction and Drug Abuse (DNADA, precursor to NIDA), submits an investigative new drug application for use of methadone in maintenance treatment of opiate addiction. This move is opposed by NIMH and FDA leadership. DNADA instructs local treatment programs to offer methadone maintenance. This widespread use leads to a proliferation of data about effectiveness of methadone maintenance. (Besteman) (Acker)
- ca. 1968 The Office of Economic Opportunity starts supporting multi-modality community-based drug and alcohol treatment programs. (Gerstein & Harwood) (Acker)
- 1968 Supreme Court upholds Powell conviction 5-4; Marshall, Warren, Black, and Harlan reject “disease” argument. The alcoholism field virtually ignores the decision.
- 1968 Drew, L.R.H. (1968). Alcoholism as a self-limiting disease. *Quarterly Journal of Studies on Alcohol*, 29:956-967.
❖ “A process of ‘spontaneous recovery’ probably accounts for a large proportion of the disappearance of alcoholics who cease to appear in alcoholism statistics as their age increases.” p. 963
❖ “Increasing maturity and responsibility, decreasing drive, increasing social withdrawal, changing social pressures, reduced financial resources, and onset of psychiatric disturbances, are factors which that accompany aging and which may contribute to this reduction of alcohol problems with increasing age.” p. 965
- 1968 Reinert, R.E. (1968). The concept of alcoholism as a disease. *Bulletin of the Menninger Clinic*, 32:21-25.
❖ Challenges the concepts of progression and irreversibility
❖ “This ‘all or none’ concept of alcoholism, ‘once an alcoholic, always an

alcoholic,' frightens early alcoholics away from recognizing their problem and from seeking treatment." p. 23

- 1968 Reinert, R.E. and Bown, W.T. (1968). Social Drinking Following Treatment for Alcoholism. *Bulletin of the Menninger Clinic*, 32: 280-290.
- ❖ Good lit review of early controlled drinking reports.
 - 1952, DeMosier and Feldman, 76 of 500 patients
 - 1953, Lemere, 50 of 500 patients
 - 1954, Shea, single case study
 - 1957, Pfeffer and Berger, 7 of 60 patients
 - 1957, Selzer and Holloway, 12 of 83 patients
 - 1962, Davies, 7 of 93 patients
 - 1965, Kendell, 4 of 62 patients
 - 1967, Pattison, 11 of 32 patients
 - 1964, Cain, report of 7 "cured" alcoholics, 4 of whom drank socially without difficulties
 - 1966, Reinert and Bowen, 4 of 156
 - ❖ The controlled drinkers were characterized by: (1) a short period between onset of heavy drinking and entry into treatment, (2) pre-treatment vocational adjustment, (3) intact families, (4) most had extended period of abstinence prior to onset of controlled drinking..
 - ❖ Describes great care exerted by those who can drink following treatment--they must "choose carefully and even compulsively the time, the place and the circumstances of drinking; and he must rigidly limit the amount he drinks."
 - ❖ Conclusion: "The normal use of alcoholic beverages by those who had once been identified as alcoholics is a rare occurrence." p. 289
- 1968 Reinert, R.E. (1968). The Concept of Alcoholism as a Bad Habit. *Bulletin of the Menninger Clinic*, 32:35-46.
- ❖ "We propose that we seriously reconsider the old but common-sense notion that alcoholism is fundamentally a bad habit." p. 37
 - ❖ "Not until the addict has repeatedly lived through without alcohol or tobacco the anxiety, grief, joy, rebellion, intimacy and the myriad other situations which had once been associated with the addicting agent can he dare to take a smoke or a drink with safety." p. 42
- 1968 Second edition of APA DSM (DSM-II) follows precedent of WHO ICD-8 and includes three subcategories of alcohol-related disorders: alcohol addiction, episodic excessive drinking, and habitual excessive drinking. Alcoholism and drug addiction continues to be classified as types of sociopathic personality disturbances. (See Kosten and Kosten, 1991; Miller & Gold, 1991)
- 1968 Roman, P.M and Trice, H.M. (1968). The Sick Role, Labeling Theory and the Deviant Drinker. *International Journal of Social Psychiatry*, 14:245-51.
- ❖ "...the medic-disease concept of alcoholism and deviant drinking has led to

the...placement of alcoholics and deviant drinkers in 'sick roles' that...further develop, legitimize, and in some cases perpetuate the abnormal use of alcohol." p. 245

❖ "The mere process of labeling and sick role assignment may serve to aggravate and perpetuate a condition which is initially under the control of the individual. *In other words, the disease label has disease consequences.*" pp. 247-248.

❖ "...the labeling and sick role assignment create actual pressure toward alcohol addiction rather than halting the progression." p. 248

❖ "The purpose of this paper is to offer a supplemental paradigm for the disease model such that the disease label is not applied before the disease has developed." p. 250.

1968

Siegler, M, Osmond, H, and Newell, S. (1968). "Models of Alcoholism" *Quarterly Journal of Studies on Alcohol*, 29:571-91.

❖ Describes following models: the impaired model, the "Dry" Moral model, the "Wet" Moral model, the Alcoholics Anonymous Model, the psychoanalytic model, the family-interaction model, the "Old" medical model, and the "New" Medical model.

❖ AA Model defines alcoholism as "an incurable, progressive and often fatal disease...Alcoholics are emotionally impaired people who drink to compensate for their inadequacies, and then, because of their body chemistry, become addicted to alcohol, creating a circular process of further inadequacy and further drinking." p. 577

❖ Old medical model defines alcoholism as "a serious, progressive and eventually fatal disease, which is incurred by the immoral behavior (i.e., excessive drinking) of the patient...The etiology of alcoholism is the excessive drinking of alcohol." p. 580

❖ New Medical Model defines alcoholism as "a progressive, often fatal, disease, possibly hereditary." Etiology defined in terms of defects of metabolism complicated by additional psychological and social factors. P. 582-3

❖ "...the new medical model treats alcoholism as a bona fide disease, without reservations. It is a hopeful model, and one that encourages new scientific research. It enables those using it to draw strength from the successful campaigns against other major illnesses." p. 584

❖ "...the energy needed for fighting the disease ought not to be wasted on self-blame."

❖ In the AA Model: "Although he is not held responsible for having been ill, he must make good the debts, both monetary and moral, which he incurred while ill." p. 587

❖ "To a large extent, AA is responsible for the existence of the newer (disease) model." p. 588

1968

Moore, R.A. (1968). The Conception of Alcoholism as a Mental Illness. *Quarterly Journal of Studies on Alcohol*, 29:172-175.

❖ "For any infinite variety of combinations of biological, sociological and

psychological reasons, certain people misuse alcohol in trying to solve the problems of their life. Alcoholism is used as an adaptive technique, a form of 'self-treatment,' to find a compromise in life." p. 173

❖ "A psychosociobiological approach to alcoholism is compatible with the mental-illness concept and allows free play of research without the pre-conception that one area must be the more important." p. 173

❖ "Among those who still think of 'disease' in the narrow terms of a bygone era, as a bodily disorder manifested by physical symptoms, the 'disease concept' has led to a biological orientation and the pursuit by many researchers of some unitary cause and much hobbyhorse riding." p. 174

❖ "The psychobiological frame of reference leads away from research for 'the' original 'cause' and encourages a fuller understanding of the interrelationship of many "causes." p 174

❖ Re the disease concept: "Some shibboleths that may have once proven valuable propaganda weapons may have to be challenged." p. 174

1969 Christie, N. and Brunn, K. (1969). Alcohol Problems: The Conceptual Framework. In: Keller, M, and Coffey, T. Eds. *Proceedings of the 28th International Congress on Alcohol and Alcoholism*, Vol 2. Highland Park, NJ: Hillhouse Press, pp 65-73.

1969 Schmidhofer, E. (1969). Alcoholism is NOT a Disease. *Maryland State Medical Journal*, 18:59-64.

❖ "What is the cause of this "disease"? How does it originate? When does it become a disease? If we don't know what causes it or how it originates or when it becomes a disease, how can we call it a disease?" p. 59

❖ Distinguishes between a disease characterized by organic nature, abnormalities of physical structure and anatomic changes and a disorder that is functional in nature but evidences physiological changes. p. 60

❖ "If alcoholism is a disease, where is the pathology? If alcoholism is a disease, what is the pathology?" p. 61

❖ "Would it be proper to call alcoholism a problem rather than a disease? The answer may be posited in the affirmative because it is a problem from the standpoint of definition, diagnosis, epidemiology, etiology, family, management, recovery, society and treatment." p. 63

❖ "Those who might find unsatisfactory the word 'problem' would perhaps prefer to substitute affliction, condition, disorder, malady or state." p. 63

❖ "...alcoholism may be considered more appropriately as a condition whose primary state is not a disease and which does not begin as a disease but may lead, in time, to disease processes in the heart, the kidneys, the liver, and elsewhere." p. 64

❖ "...this 'disease' is present not as an entity in the bodies of those who are alcoholic, but rather, as a concept in the brains of those who have labeled them so." p. 64

- 1969 MacAndrew, C. (1969). On the Notion that Certain Persons Who are Given to Drunkenness Suffer from a Disease Called Alcoholism. In: Plog, S. and Edgerton, R. Eds. *Changing Perspectives in Mental Illness*. New York: Holt, Rinehart, and Winston, pp. 483-500.
- ❖ “While the local medical consensus concerning the propriety of the notion that ‘Alcoholism is a disease’ continues to grow, there is precious little agreement among the parties to this consensus as to the nature of the disease.” p. 495
 - ❖ “...in officially proclaiming that ‘alcoholism is a disease,’ whatever else the proclaimers may be doing, they are not announcing a discovery of fact....the success of this latest venture in medical designation is a social-historical attainment and not a scientific achievement.” p. 495-6
 - ❖ “If we are unable to set forth a series of criteria, the differential presence of which constitute the necessary and sufficient conditions for the existence of the disease, alcoholism, it is apparent that the designation lacks what might be called ‘fixed meaning.’ Ought we conclude, then, that we are using a word whose meaning we do not know and that we are thus talking nonsense?” p. 498
- 1969 Horn, J.L. and Wanberg, K.W. (1969). Symptom patterns Related to Excessive Use of Alcohol. *Quarterly Journal of Studies on Alcohol*, 30:35-58.
- ❖ Horn and Wanberg argue that symptom diversity in alcoholism is so variable that no single unitary disorder labeled alcoholism exists. They advocate abandonment of the terms: “alcoholism” and “alcoholic.” p. 18
- 1969 Tharp, R. and Wetzel, R. (1969). *Behavior Modification in the Natural Environment*. New York: Academic Press.
- ❖ “The illness model applied to behavior results in a concept of behavioral origins within the individual.” p. 10
 - ❖ “In many ways, it is more degrading to be removed from responsibility for one’s behavior than to be punished for it.” p. 13
 - ❖ “... ‘sick’ role behaviors which treatment requires are often antagonistic to the ‘well’ behaviors treatment seeks.” p. 13
 - ❖ “The very words themselves, illness health, disease, therapy, treatment, and detection, suggest that anything but professional action is inappropriate.” p. 14
- 1969 Verden, P., Jackson, D.N., and King, G.A. (1969). Popular Conceptions of the Etiology of Alcoholism. *Quarterly Journal of Studies on Alcohol*, 30:78-92.
- ❖ “Conduct once universally viewed within our culture as evil is now interpreted among large segments of the American population as illness.” p. 79
- 1969 Haberman, P.W. and Sheinberg, J. (1969). Public Attitudes Toward Alcoholism as an Illness. *American Journal of Public Health*, 59:1209-1216.
- ❖ Review of surveys of public acceptance of disease concept
 - 1946 Riley, about 20%
 - Maxwell, 1950 about 20%
 - 1955 Gallup, 63% agreed that alcoholism was an illness

- 1958, Roper, 58%
- 1961 Mulford and Miller, 51%
- 1969 Haberman and Sheinberg, 66%

❖ “Although alcoholism has been widely defined as an illness since the mid-fifties, a considerable portion of this public acceptance of the disease concept seems to be little more than lip service.” p. 1215

- 1969-1973 Addiction career/addiction culture theories set forth as alternatives to disease etiology of opiate addiction. (Finestone, Prebble & Casey, Waldorf, Agar)
- 1960s-early 1970s Room (1984) observes that much of the initial criticism of the disease concept by sociologists came from outside the United States, e.g, Seeley, Christie and Brunn, Robinson.
- 1970 Glatt graphically depicts Jellinek’s phaseology of alcoholism and Glatt’s own view of recovery into a U-shaped chart of the stages of alcoholism and alcoholism recovery. It will become what Room refers to as the most widely distributed artifact of the modern alcoholism movement.
- 1970 The Comprehensive Drug Abuse and Control Act creates drug schedules 1 through 5, based on therapeutic usefulness and abuse liability. This legislation replaces the Harrison Act and other federal drug control legislation. (Acker)
- 1970 Methadone patients in New York number 4,376; a dropout rate of 20% has been stable since beginning of program. Nationwide, there are 10,000 methadone patients in 50 programs. (Acker)
- 1970 Linsky, A.S. (1970). The Changing Public Views of Alcoholism. *Quarterly Journal of Studies on Alcohol*, 31:692-704.
 ❖ Survey data of residents of Vancouver, WA reveal a “broad preference for a modern therapeutic orientation (toward alcohol problems) with opinion divided almost equally between medical and psychological approaches to treatment.” Sympathetic attitudes toward the alcoholic and alcoholism treatment were related to increased education and more exposure to the media. p. 696
 ❖ “The trend toward acceptance of professional therapeutic help for alcoholism has come at the expense of public faith in the efficacy of will power, religious help and legal controls for getting alcoholics to stop drinking.” p. 697
 ❖ “There appears to be a trend away from explanations of alcoholism based on the moral character of the alcoholic.” p. 698
- 1970 Fingarette, H. (1970). The Perils of Powell: In Search of a Factual Foundation for the Disease Concept of Alcoholism. *Harvard Law Review*, 83:793-812.
 ❖ “I do not believe that anything I have said precludes in any way the many legislative options for establishing rational procedures and institutions, whether

penal or civil systems, for “detoxifying” the acutely intoxicated, for counseling, for treating, and for otherwise helping the alcoholic...The burden of my remark is, however, that one tempting road to reform--the building of new constitutional doctrine on the basis of purported medical knowledge of alcoholism--is also a very dangerous one.” p. 812

- 1970 Public Law 91-616, Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 [“Hughes Act”]: Anderson (1981): “a new era of humane treatment rather than criminal punishment began for thousands of alcoholics throughout the U.S.” (see Paredes 1976; Hart 1977). Baumohl & Jaffe: Hughes Act accomplished three goals of the alcoholism treatment movement: effectively redefined alcoholism as primary disorder, not a symptom of mental illness; created federal agency (NIAAA) that would not be dominated by the mental health establishment competing for the same resources; established grant programs in support of treatment.
- 1970 Cahalan, D. (1970). *Problem Drinkers: A National Survey*. San Francisco: Jossey-Bass.
❖ Cahalan’s study concludes that alcoholics are not a distinct group but exist on a continuum of drinking behavior and drinking consequences.
❖ When followed over time, half of problem drinkers are drinking normally four years later.
- 1970 Edwards, G. (1970). The status of alcoholism as a disease. In Phillipson, R. Ed. *Modern Trends in Drug Dependence and Alcoholism*. Toronto: University of Toronto Press. Pp.140-161.
❖ “Much of the necessary evidence on which to make a decision as to whether alcoholism is a disease is not yet available, and when all the relevant information on the causes of abnormal drinking has been gathered in, the decision as to alcoholism being a disease will still rest very much on the definition of ‘alcoholism’ on the one and of ‘disease’ on the other...From the point of view of public policy...to declare alcoholism a disease is...to define a programme rather than to say anything scientifically meaningful. To have persuaded society to shift a particular type of deviancy from the bad role to the sick role could, however, whatever the logic, whatever the science, prove to be an event of importance.” p. 161
- 1971 The PHS Narcotic Hospital at Ft. Worth closes. (Acker)
- 1971 In a message to Congress, President Richard Nixon proposes initiatives that include addiction treatment centers in Vietnam, expanded Veterans Administration addiction treatment, and expanded federal assistance for community-based treatment centers. He is concerned both about the specter of returning Vietnam veterans addicted to heroin and about the specter of crimes committed by heroin addicts. Subsequent actions by Nixon and Congress to

create the National Institute on Drug Abuse, and to fund and monitor community-based treatment and research on drug use, drug effects, and treatment methods, bring the federal government into a new role regarding illicit drug use. (Acker)

- 1971 At Wilson's death in 1971, over 50% Americans still thought of alcoholics as "weak, unhappy, neurotic" (Kurtz, 1979, p. 9)
- 1971 Steiner, Claude (1971) *Games Alcoholics Play*. New York: Grove.
❖ Steiner, within the framework of transactional analysis, portrays alcoholism not as a disease but as a learned role that can, with the proper treatment, be unlearned, allowing the alcoholic to return to a normal relationship with alcohol.
- 1971 Blizard, P.J. (1971). Beliefs about disease and alcoholism. *Mental Hygiene*, 55:184-189.
❖ "Parsons requires that the person who is defined as 'sick'...wants to get well, that he cannot do so by a mere act of will...and that while the illness lasts, he is not responsible for it. The alcoholic often fails to meet any or all of these requirements in the eyes of the public." p. 187
❖ Blizard suggests that for a larger percentage of the public to fully embrace alcoholism as a disease, they will first have to broaden their definition of illness itself. p. 188
❖ "...the alcoholic...is a case which is 'in transition' --a type of behavior which has yet to be accommodated into the community-held conception about the nature of illness." p. 189
- 1971 Schaefer, E.M. (1971). A Cultural Delusion of Alcoholics. *Psychological Reports*, 29:587-589.
❖ "It is also true that with alcoholism, as probably with most phenomena which man does not readily understand, there are many plausible explanations which are not necessarily facts. Acceptance of such myths stands in the way of progressing to a point where inroads can be made into the problem of alcoholism." p. 588
❖ "An alcoholic who accepts the dictum that the first drink inevitably leads to drunkenness may well use his belief in the validity of this dictum as an excuse or even stimulus to become inebriated when by chance, social occasion, or for some other reason, he has taken a single drink. If that is true, then doubtless a goodly number of alcoholics are alcoholics because of a dictum which may well not be true." p. 589
- 1971 In response to Nixon's message of 6/17/71, Congress passes legislation creating the Special Action Office on Drug Abuse Policy (SAODAP) in the White House. (Gerstein & Harwood) The legislation also funds treatment slots and provides training and technical assistance to local treatment programs. This is the first law to make grants to states rather than community programs. One reason for creation of an office in the White House is that NIMH is opposed to methadone maintenance (the leadership there believes it needs more study), and Nixon wants

to implement methadone maintenance as a cost effective means of reducing heroin addiction and related crime. SAODAP creates an alternate funding mechanism that bypasses NIMH. At this time, there are 135 federally funded drug treatment programs; within 18 months, this number increases to 394. SAODAP actions result in reducing inpatient beds and increasing outpatient treatment slots. (Gerstein & Harwood; Besteman) (Acker)

- 1971 The federal budget includes \$212.5 million for anti-drug efforts. For the first time, treatment and prevention allocations exceed enforcement allocations. The Veterans Administration is given money to create treatment centers for heroin addiction. The Department of Defense begins urinalysis of returning Vietnam soldiers. Funds are provided to create treatment slots for those on waiting lists. Clients in federally funded treatment programs increase from 20,000 to 60,000 between October 1971 and December 1972. (Acker)
- 1971 Norman Zinberg tours Vietnam, surveys the heroin situation, and concludes that the personality defect explanation of addiction is invalid. (Acker)
- 1971 The Drug Abuse Office and Treatment Act calls for creation of National Institute on Drug Abuse (NIDA). (Acker)
- late 1971 The FDA has received applications to provide methadone from 380 treatment programs. (Acker)
- 1972 The authorization of the Supplemental Security Income includes provisions for a “drug addiction and alcoholism” program that recognizes these conditions as potentially disabling impairments that could qualify one for SSI benefits. The program continues until 1996.
- 1972 Creation of Treatment Alternatives to Street Crime (TASC) marks the beginning of extensive cooperation between criminal justice and treatment systems to intervene with treatment in careers of substance-abusing criminals. (Acker)
- 1972 The Food and Drug Administration changes methadone’s status from Investigational New Drug to that of a drug warranting long term study. There are 60,000 methadone patients. (Acker)
- 1972 Szasz, T. (1972). Bad Habits are not Diseases: A Refutation of the Claim that Alcoholism is a Disease. *The Lancet*, (July 8) 2;83- 84.
❖ “...the view that alcoholism is a disease is false; and the programmes sponsored by the State and supported by tax moneys to ‘cure’ it are immoral and inconsistent with our political commitment to individual freedom and responsibility.” p. 83
❖ “Excessive drinking is a habit...if we choose to call bad habits ‘diseases’, there is no limit to what we may define as ‘disease’--and ‘treat’ involuntarily.” p. 84

❖ “It is one thing to maintain that a person is not responsible for being an alcoholic; it is quite another to maintain that he is not responsible for the interpersonal, occupational, economic, and legal consequences of his actions.” p. 84

1972 Robinson, David (1972). The Alcoholic’s Addiction: Some Implications of Having Lost Control Over the Disease Concept of Alcoholism. *Quarterly Journal of Studies on Alcohol*, 33:1028-1042. Jellinek’s original (1952) definition of the disease concept restricted to loss-of-control and inability-to-abstain; later (1960) adopted more wide-ranging definition of alcoholism, abandoned his earlier wariness of extending the concept. “An ever-increasing range of conditions and behaviors may be conceptualized as related to stages in a disease process.” Medical profession considered to have competence in an ever-widening sphere of life. Term “alcoholism” has become so vague that it has lost its meaning.

1972 Dewes, P. (1972). Comment on “The alcoholic’s addiction” *Quarterly Journal of Studies on Alcohol*, 33:1045-47.
❖ “...the punitive treatment of alcoholics is now widely rejected; the medical disease concept which largely displaced punishment is having serious unfortunate consequences for both alcoholics and society, as well as being ineffective; the two models by no means exhaust the possibilities, so it is time to move to new attacks.” p. 1047

1972 Room, R. (1972). Comment on “The alcoholic’s addiction” *Quarterly Journal of Studies on Alcohol*, 33:1049-1059.
❖ “As a ‘health education’ campaign in the United States, the disease conception must be judged an astonishing success...” based on changed perception of the alcoholism and the alcoholic, the establishment of alcoholism as a legitimate medical diagnosis and the rise in federal funds to support treatment from nothing to more than \$85 million. p. 1049
❖ “The greatest irony is that the disease concept has triumphed just as its conceptual underpinnings are coming under siege...New questioning of the disease model are no longer rare in the alcoholism literature, and stronger and more thoroughgoing criticisms must be expected in the future.” p. 1050
❖ Notes the disease model is being attacked for offering only a vague understanding of the problem, for justifying invasive interventions into the lives of individuals that are as coercive as punishment, and that the model individualizes a problem whose source is more likely found in social relationships and social conditions. p. 1051
❖ “...the promulgation of disease concept of alcoholism has been brought about essentially as a means of getting a better deal for the ‘alcoholic,’ rather than as a logical consequence of scholarly and scientific discoveries.” p. 1056
❖ “...a viable reform of the disease concept would involve a re-examination by clinicians of some of their most strongly held notions of what is meant and

implied by the concept of disease. It might involve a renunciation of the clinician's exclusive jurisdiction over disease." p. 1056-1057

- 1972 Knupfer, G. (1972). Ex-Problem Drinkers. In: Roff, M, Robbins, L., and Pollack, H. *Life History Research in Psychopathology*, Vol 2. Minneapolis: University of Minnesota.
- ❖ "The life history of problem drinking has been very little studied...It (Jellinek's phases of alcohol addiction) has contributed to freezing our thinking on the subject into a model of unalterable progression toward an increasingly malignant state." p. 257
 - ❖ "...the picture of disease we get from population samples, as compared with samples derived from people who apply to treatment, tends to give a wider range of severity of disease, sometimes revealing the existence of hitherto unknown mild and arrested forms of disease." p. 257
 - ❖ "...there seem to be two routes to controlled drink: some problem drinkers abstain for a few years and then find they can drink a little without losing control; others just cut down gradually as they get older or as their circumstances change." p. 272
- 1972 National Council on Alcoholism (1972) Criteria for the Diagnosis of Alcoholism. *Annals of Internal Medicine*, 77:249-258.
- 1972 Joint Commission on Accreditation of Hospitals develops voluntary standards for alcoholism treatment programs. Critical stage in medicalization and reimbursement for alcoholism treatment.
- 1972 Keller, J. (1972). On the Loss of Control Phenomenon in Alcoholism. *British Journal of Addiction*, 67: 153-166
- ❖ Refers to "loss of control" as the "pathognomic sign of alcoholism, that is, alcohol addiction." p. 153
 - ❖ "At first glance it may seem surprising that much of the contemporary understanding of a disease...should derive from a fellowship of laymen." p. 153
 - ❖ "...there is no room for alcoholism without loss of control." p. 1544
 - ❖ Keller expands loss of control from its limited use as inability to predict quantity of alcohol consumed once drinking commences to also include inability to stop drinking and inability to abstain from drinking.
 - ❖ "...if I believed that an alcoholic can always choose whether or not to take the first drink, I could not believe in the existence of a disease, alcohol addiction." p. 160
 - ❖ "He has become disabled from choosing invariably whether he will drink. That is the essential loss of control of drinking." p. 161
 - ❖ "...the characteristic symptom of alcoholism is that an alcoholic cannot consistently choose whether he shall drink, and if he drinks, he cannot consistently choose whether he shall stop." p. 163
 - ❖ Keller notes that loss of control does not accompany every act of drinking but

describes the alcoholics' inability to consistently control whether to drink and how much to drink.

**The Combined Addiction Disease Chronologies of
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
1973 - 1978**

As attacks on the disease concept rose among researchers and academicians in the years 1973-1978, addiction treatment programs based on this concept rose throughout the United States with the clinicians working in these programs often oblivious to the existence or nature of this larger debate. While the criticisms grew, the emerging field of addiction treatment experienced something of a Camelot Period of sweeping advances. This field also had its professional (Gitlow, 1973 and Keller, 1975, 1976) and institutional (NCADD, ASAM) advocates who engaged in the disease debate.

There was also something larger afoot, more sweeping analyses and alternatives proposed. These came from both clinical sources (Pattison, Sobell, and Sobell, 1977) as well as from a larger public policy analysis that led to the emergence of a public health model of responding to alcohol and other drug-related problems (Brunn, et.al., 1976; Beauchamp, 1976) There were also writers such as Schneider (1976) who were beginning to frame the disease debate not in medical terms but in the professional, political and economic stakes that undergirded this debate.

- 1973 Lew, D. (1973) Alcoholism as Disease. *Journal of the American Medical Association*, 223:800.
- 1973 Pert, C.B. and Snyder, S.H. (1973). Opiate Receptor: demonstration in nervous tissue. *Science*, 198:849-851.
 ❖ Opiate receptors discovered; it is theorized that the receptors are present to receive some type of endogenous morphine-like compound. (See 1975)
 ❖ At about the same time, other researchers report similar findings; they include Avram Goldstein at Stanford; Hugh Kosterlitz in Aberdeen, Scotland; Lars Terenius in Sweden; and Eric Simon in New York. (Acker)
- 1973 Nathan B. Eddy and Everette May publish an article in *Science* summarizing past work on opiates; they point to Snyder and Pert's work as a promising new development. (Acker)
- 1973 Gitlow, Stanley E. (1973). Alcoholism: A Disease. In: Bourne, P. and Fox, R. Eds. *Alcoholism: Progress in Research and Treatment*. New York: Academic Press.
 ❖ "The American Medical Association, American Psychiatric Association, American Public Health Association, American Hospital Association, National Association of Social Workers, World Health Organization, and the American College of Physicians have each and all pronounced alcoholism a disease. The rest of us can do no less."
 ❖ "The ultimate reason for the designation of any individual as sick or diseased is for the singular purpose of separating him from the larger (normal) group in order

to channel special resources to him.” p. 7

❖ “...the disease concept establishes alcoholism as firmly within the province of the medical profession, fixing responsibility for clinical care of the alcoholic and research into the nature of his suffering upon the physician and his paramedical partners.” p. 7

- 1973 Lee Robins’s study of returned Vietnam veterans find that most returning addicts discontinued drug use after returning to the U.S. (Acker)
- 1973 Michael Agar’s *Ripping and Running: A Formal Ethnography of Urban Heroin Addicts* is an early example of an emerging set of ethnographic studies of heroin use in American cities. Although Agar based his study on interviews with inmates at the PHS Narcotic Hospital at Lexington, Kentucky, others will soon undertake ethnographic study of drug using groups in the urban settings where the drug users live and use drugs. (Acker)
- 1973 George Vaillant’s article “A Twenty Year Follow Up of New York Narcotic Addicts” appears in *Archives of General Psychiatry*; it discusses 100 heroin addicts who had been admitted to Lexington Narcotic Hospital in 1950s. (Gerstein & Harwood) (Acker)
- 1974 The PHS Narcotic Hospital at Lexington closes. (Acker)
- 1974 The Narcotic Addict Treatment Act creates guidelines for methadone clinics. The guidelines are aimed at problems like diversion of methadone and accidental methadone poisoning. As a treatment modality highly regulated by the federal government, methadone maintenance creates regimented routines for patients that resemble punishment in some ways -- for example, by requiring urine samples and restricting take home doses. (Acker)
- 1974 Cahalan, D. and Room, R. (1974). *Problem Drinking Among American Men*. New Brunswick: Rutgers Center of Alcohol Studies.
- 1974 Hershon, H. (1974). Alcoholism and the Concept of Disease. *British Journal of Addiction*, 69:123.
❖ “Whatever the merit of the case it is possible to define a condition as a disease if those believed to be technically competent in the matter deal with the condition as a disease. This may be called ‘medical legitimization’. Alcoholism is repeatedly said to be a disease by those individuals and institutions which are considered to be informed and expert.” p. 125
❖ “It is an interesting paradox that a lay organization like Alcoholics Anonymous...is one of the strongest advocates of the disease concept of alcoholism...To AA then, the concept of disease seems to be both the cause for alcoholism and a ploy for sobriety.” p 25
❖ Suggests that a critical definition of “disease” should be of a condition with an

“aetiologically relevant physical process which the person cannot choose not to have or will away.” p. 128

- 1974 Davies, D.L. (1974). Is alcoholism a disease? *Contemporary Drug Problems* 3:197-212.
- ❖ “On the positive side, the disease concept has given the alcoholic the status of a sick person, deserving of help not only from medical services, but from all social services and society at large. It has made him a worthy subject for research endowed for medical purposes. It has helped his rehabilitation, and softened the impact of criminal law.” p. 200
 - ❖ “On the negative side, the disease concept has resulted in an unfounded faith in prescribing drugs, so that one form of addiction is often replaced by another.” p. 201
 - ❖ “The concept of alcoholism as a disease has outlived its usefulness...If the disease concept were abandoned, alcoholism would be regarded as a medico-social problem..., alcoholics would be recognized much earlier and more often, they would be helped by more diverse agencies, and there would be more goals of treatment than total abstinence....In that way alcoholism would be seen as a medico-social problem, which calls for control by scientific preventive measures involving professional workers in many disciplines, rather than a ‘disease’ to be ‘treated’ by doctors.” p. 210
- 1974 Szasz, T. (1974). *Ceremonial Chemistry*. Garden City, NY: Anchor Press.
- ❖ “...using and avoiding drugs are not matters of health and disease but matters of good and evil;drug abuse is not a regrettable medical problem but a repudiated religious observance.” p xii
 - ❖ “‘addiction’ refers not to disease but to a despised kind of deviance.” p. xv
 - ❖ Notes how heroin use, when it moved from black to white neighborhoods, became a “disease” whose spread was a “plague.” p. 13
 - ❖ “...there is no such thing as ‘drug addiction.’” p. 54
 - ❖ Quotes Marion Sanders speculating on whether the “whole business of addiction mongering is a gigantic hoax.” p. 56
- 1974 Sobell, M. and Sobell, L. (1974). Alternatives to Abstinence: Time to Acknowledge Reality. *Addictions*, 21:2-29.
- ❖ “Jellinek, if he were alive today, would probably be both offended and appalled at the gross misuse of his work.” p. 5
 - ❖ “To date, the disease concept in its totality has had undeniably beneficial results. However, now that a great many of the sociopolitical gains envisioned by Jellinek have been realized, it is time to evaluate the potential benefits and disadvantages of continuing the widespread belief in a reified disease concept.” p. 6
 - ❖ “We have found more than 600 total studies which have reported that some alcoholic individuals have successfully resumed some type of non-problematic moderate drinking.” p. 10

❖ “Legitimizing an alternative to abstinence--i.e., controlled drinking as a viable objective for *some* patients should not imply that it is appropriate for all or even most alcoholics.” p. 24

1975 Keller, Mark (1975) Alcoholism: The Image and the Reality. *Alcoholism*, Zagreb 11(1):18-27.

❖ Notes that opposition to the disease concept comes primarily from social scientists and non-medical professionals.

❖ “...their (AA members) insistence that their alcoholism was a disease--through they misdiagnosed and mislabeled it an allergy--was more convincing to many than the reams of medical testimony had been.” p. 20

❖ “The image (of alcoholism and the alcoholic) is not all of one shape. Some see the alcoholic as sick. But some, perhaps the majority, see him as bad.” p. 24

❖ “There are two forms of loss of control over drinking: disablement from consistently refraining, and disablement from consistently stopping...the loss of control is the pathognomic sign of alcoholism.” Notes that Jellinek considered inability to stop as loss of control--Keller’s expansion of definition a key transition in modern understanding of loss of control.

❖ “...the notion of disease is deliberately built into the definition (of alcoholism). We are given a person who behaves persistently in a grossly self-harming way. We assume that he is helpless to control this behavior. Who would insist that this is not a form of sickness?” p. 25

1975 Hughes, J., Smith, T.W., Kosterlitz, H.W., Fothergill, L.A., Morgan, B.A., and Morris, H.R. (1975). Identification of Two Related Pentapeptides from the Brain with Potent Opiate Agonist Activity. *Nature*, 258:577-579.

❖ Discovery of opiate receptors and endogenous opioids provides a new basis for uniting behavioral and physiological understandings of drug use and effects into a single model. (Acker)

1975 Glatt, M.M. (1975). The Alcoholisms. 4. The Birth of the Disease Concept. *Nursing Times*, 71:822-823.

❖ After quick reference to Rush, places beginning of disease concept with AA and work of Jellinek.

❖ AA attribution “Since its beginnings in 1935 Alcoholics Anonymous (A.A.), has approached alcoholism as a disease.” “...it was left to the lay fellowship of AA to proclaim the notion of the alcoholic as a sick man, suffering from a disease which affected men mentally, physically, and spiritually.” both p. 822

❖ Opposes “critics of the ‘disease concept’ [who] would like to restrict the terms ‘disease’ and ‘medical’ to purely organic connotations and disorders which are to be treated exclusively by drugs.”

1975 Khantzian, Edward, J. (1975). Self Selection and Progression in Drug Dependence. *Psychiatry Digest*, 36:19-22.

❖ Notes the adaptive nature of drug use and the way that drug dependent

individuals select energizing drugs, releasing drugs, and controlling-stabilizing drugs to achieve a desired ego state.

- 1976 Brunn, K., Edwards, G., Lumio, M., Makela, K., Pan, L., Popham, R, Room, R., Schmkidt, W., Skog, O-J, Sulkunen, P. and Osterberg, E. (1976). *Alcohol Control Policies in Public Health Perspective*. Finnish Foundation for Alcohol Studies. p. 25.
- ❖ “...alcoholism or alcohol dependence is only a part of alcohol-related problems and...alcoholism cannot be tackled without a policy towards the agent, alcohol.” p. 9
 - ❖ Main argument: “Changes in the overall consumption of alcoholic beverages have a bearing on the health of the people in any society. Alcohol control measures can be used to limit consumption: thus, control of alcohol availability becomes a public health issue.” p. 13
 - ❖ “The emphasis on the treatment of ‘problem drinkers’ probably also derives in part from the widely entertained concept of alcoholism as a clear cut disease entity. This concept has encouraged the view that ‘normal drinkers’ and ‘alcoholics’ form two quite separate groups within the population, alcohol problems being primarily associated with the ‘alcoholics.’ Alcoholism is seen as an essentially immanent condition that is immune to environmental manipulations or controls: no restriction will be effective in preventing alcoholics from procuring their drinks. However, in recent years evidence has been accumulating which casts doubt on so narrow a concept of alcoholism and on the assumption that alcohol problems are primarily attributable to clinically defined alcoholics.” p. 66
- 1976 David E. Smith and Donald Wesson publish findings noting similarities between amphetamine dependence and cocaine dependence; they posit a stimulant dependence model. This model broadens the range of drugs considered addictive; the dominance of heroin and other opiates, as well as alcohol and barbiturates, has grounded most thinking about addiction in patterns associated with depressant drugs. (Acker)
- 1976 American Society of Addiction Medicine & National Council on Alcoholism and Drug Dependence. (1976). Disease Definition of Alcoholism. *Annals of Internal Medicine*, 85(6):764.
- ❖ “Alcoholism is a chronic, progressive, and potentially fatal disease. It is characterized by tolerance and physical dependency or pathologic organ changes, or both—all the direct consequences of the alcohol ingested.”
- 1976 Pomerleau, O., Pertschuk, M. and Stinnet, J. (1976). A Critical Examination of Some Current Assumptions in the Treatment of Alcoholism. *Journal of Studies on Alcohol*, 37(7):849-867.
- ❖ “...the disease conception has produced a number of major benefits, among them the establishment of treatment and rehabilitation as alternatives to moral

condemnation and incarceration. Also, the way has been opened for greater physician involvement in providing medical services for alcoholics.” p. 850

- ❖ Portrayal of loss of control as something that happens every time the alcoholic starts drinking is scientifically untenable. p. 852
- ❖ Review of loss of control research and moderate drinking research.
- ❖ “Beyond the inherent danger of promulgating a model of behavior which is not objectively validated, the over-inclusive application of the disease conception to all alcohol problems may have serious disadvantages...” p. 862

1976 Blumberg, L. (1976). Comments on “The Uniform Alcoholism and Intoxication Act”. *Journal of Studies on Alcohol*, 37(1):105-110

- ❖ “It seems likely that the redefinition of ‘alcoholism’ as a ‘disease’ has been successfully accomplished and will stand without regard to the issue-attention cycle.” p. 109

1976 Beauchamp, D. (1976). Comments on “The Uniform Alcoholism and Intoxication Act”. *Journal of Studies on Alcohol*, 37(1):110-113.

- ❖ “...whether the ‘condition’ of alcoholism is a disease or something else is a false one (debate) because it focuses on the wrong level--the individual. Alcohol problems are primarily collective problems, but we continue to treat them as problems of individuals...” p. 111
- ❖ “The important thing is to see how the concept of alcoholism tends to give alcohol as our leading drug issue an alibi and helps frustrate recognition of alcohol problems such as public drunkenness.” p. 111
- ❖ “...alcohol problems are collective problems of the entire society; any attempt to “solve” these problems while at the same time exonerating the majority or a powerful industry from their fair share of the costs of controlling problems is not only unjust, it is doomed to failure.” p. 113

1976 Beachamp, D. (1976). Alcoholism as Blaming the Alcoholic. *The International Journal of the Addictions*, 2:41-52.

- ❖ “A public health approach to alcohol problems is needed that identifies the risks for all associated with hazardous intakes of alcohol and that seeks to reduce these hazards chiefly by reducing the overall consumption of alcohol.” p. 41-41.
- ❖ “First, there is the myth that alcohol is not a problem. By making the irrelevant claim that alcohol is not the cause of the alcoholic’s behavior, alcoholism experts have encouraged the view that alcohol and its hazards are not a central problem of social policy.” p. 49
- ❖ “A second myth is that viewing alcohol problems as a disease or illness helps lift the stigma of alcoholism, On the contrary, it is likely that the concept of alcoholism only heightens stigma...The concept of alcoholism...is itself a major source of stigma.” p. 49
- ❖ “By continuing to discuss alcohol problems in terms of individual metaphors of ability or control, we perpetuate the misconception that alcohol problems can be explained by dispositional factors located inside individuals.” p. 50

- ❖ “What is needed...is to...recast alcohol problems at a community and societal level. This will first require public recognition that alcohol is a major chemical hazard of man’s environment.” p. 50

- 1976 Gordis, E. (1976). Editorial: What is Alcoholism Research? *Annals of Internal Medicine*, 85:821-823.
 - ❖ “...the treatment of alcoholism has not improved in any important way in twenty-five years.”

- 1976 Jacobson, George (1976). *The Alcoholisms: Detection, Assessment, and Diagnosis*. New York: Human Sciences Press.
 - ❖ There is “valid and reliable scientific evidence that the current concept of alcoholism may be inadequate at best and misleading at worst.” p. 15
 - ❖ “The concept of alcoholism as a single disease, a unitary clinical entity based on a medical model, believed to progress along a known or predictable continuum, and measurable in terms of a single common symptom may be an oversimplified representation of a complex multidimensional problem, and acceptance of that concept may lead to faulty understanding of etiology and treatment.” p. 15
 - ❖ “It would seem more reasonable and prudent to entertain the idea that there may be several *alcoholisms*, which, once detected, assessed, and diagnosed, may be amenable to different treatments.” p. 16

- 1976 Rand Report (*Alcoholism and Treatment*) stirs controversy over findings that alcoholics can return to normal drinking.

- 1976 WHO adopts “alcoholism dependence syndrome.” Edwards, G., Gross, M.M., Keller, M., and Mosher, J. (1976). Alcohol-related Problems in the Disability Perspective: A Summary of the Consensus of the WHO Group of Investigators on Criteria for Identifying and Classifying Disabilities Related to Alcohol Consumption. *Journal of Studies on Alcohol*, 37:1360-1382.

- 1976 Davies, D.L. (1976). Definitional Issues in Alcoholism. In: Tarter, R.E. and Sugarman, A.A. Eds., *Alcoholism: Interdisciplinary Approaches to an Enduring Problem*. Reading, Mass: Addison-Wesley.
 - ❖ “...serious research findings can be dismissed, especially if they offer a challenge to the folklore of alcoholism, with the glib statement that the cases investigated were not ‘proper or real alcoholics.’ It cannot be too strongly emphasized that the great value of a sound definition of alcoholism is that it precludes this all-too-easy way of avoiding distasteful facts.” p. 59
 - ❖ “...the multiplicity of terms used to describe alcoholism...is itself a serious bar to clear thinking on this topic.” p. 60

- 1976 Clark, W.B. and Cahalan, D. (1976). Changes in problem drinking over a four-year span. *Addictive Behaviors*, 1:251-259.

❖ “The common conception of alcoholism as a disease fails to cover a large part of the domain of alcohol problems and a more useful model would place greater emphasis on the development and correlates of particular problems related to drinking, rather than assuming that alcoholism as an underlying and unitary, progressive diseases is the source of most alcohol problems. p. 133

❖ “Drinking problems do not typically appear to be unilinear, with progression from less severe to more severe problems and from single problems to many problems. Rather we have observed great flux and turnover in alcohol problems, both in terms of numbers of problems and types of problems, over the span of four years.”

❖ “It should be pointed out that these distinctions between the concept of alcoholism as a disease and the concept of problems-related-to-drinking are not mere quibbles. If an alcoholism-as-disease- model is emphasized, public policy tends to be oriented toward the individual as the locus of the disease; and alcoholism research and treatment accordingly take on a clinical and pathological emphasis. If instead the “problems” approach is emphasized, there are fewer conceptual barriers to viewing the drinking problems as associated with disjunctions in the interactions between the individual and his environment--with considerably different implications for research and remedial measures.” p. 258

1976 Paredes, A. (1976). The History of the Concept of Alcoholism. In: *Alcoholism: Interdisciplinary Approaches to an Enduring Problem*, pp.9-52, Eds. Tarter, R. and Sugeran, A., Reading, MA: Addison-Wesley.

❖ Paredes’ review of the concept of alcoholism concludes that “alcoholism has an inadequately validated working definition.” p. 37

1976 Gilbert, R.M. (1976). Drug Abuse as Excessive Behavior. *Canadian Psychological Review*, 17:231-240.

❖ Argues that addiction is not a primary disease but a disorder of excess.

❖ “If drug use is a problem because it is excessive, rather than because it occurs, it seems reasonable to search for the causes of drug abuse among the causes of excessive behavior rather than among the causes of drug use. Thus one would ask questions about an alcoholic in this order:

1. Why is she behaving to excess?
2. Why is alcohol drinking her excessive behavior?”

1976 Keller, M. (1976). The Disease Concept of Alcoholism Revisited. *Journal of Studies on Alcohol*, 37(11):1694-1717.

❖ “Differences in definition can cause differences of opinion as to whether alcoholism is a disease.” p. 1694

❖ “One of the most reliable criteria of the presence of a disease is that the condition constitutes a physical or mental disablement of the person.” 1696

❖ “One can only regret the current regression to ‘alcohol abuse’ which, paralleling the nearly archaic ‘intemperate use,’ tends to blur the distinction between drunkenness as a mere misbehavior and alcoholism-addiction as a

disease state.” p. 1700n

❖ “It (alcoholism) is a disease because its behavioral manifestation is a disablement. To be disabled from consistently choosing whether to ingest alcohol, or, if one does drink some, to be then disabled from consistently choosing whether to stop or not, that is a disease.” p. 1704

❖ Lists and critiques arguments against disease concept: (1) irresponsibility, (2) labeling and stigma, (3) exculpation of drunkenness, (4) inconsistent symptomatology, (5) uncertain etiology, (6) “in and outers” (return to controlled drinking).

1976

Schneider, Joseph (1976). Deviant Drinking as Disease: Alcoholism as a Social Accomplishment. *Social Problems*, 15:361-372.

❖ “I define the claim that such behavior (deviant drinking) is a social and political construction, warranting study in its own right.” p. 361

❖ “Critics of these ideas suggest that its (disease concept) appeal must be seen in historical perspective and should be understood on terms of its practical, humanitarian, and administrative consequences rather than on the basis of scientific merit.” p. 365

❖ “The question of whether or not a given condition constitutes a disease involves issues of politics and ideology--questions of definition, not fact...That certain forms of deviant drinking are now or have been for more than one hundred and fifty years medicalized is not due to a medical ‘hegemony,’ but reflects the interests of several groups and organizations assuming, or being given, responsibility for behaviors associated with chronic drunkenness in the United States. The disease concept owes its life to these variously interested parties, rather than to substantive scientific findings. As such, the disease concept of alcoholism is a social rather than a scientific or medical accomplishment.” p. 370-371

1976

Smart, R.G. (1976). Spontaneous Recovery in Alcoholics: A Review and Analysis of the Available Literature. *Drug and Alcohol Dependence*, 1:227-285.

❖ “Alcoholic symptoms and heavy drinking appear to decline with age....” p. 278

❖ “Many studies have found spontaneous recovery among alcoholics to occur. The overall rates vary from 10% to 42%...” p. 285

❖ “The reasons for spontaneous recovery are not well understood but probably include changes in health, jobs, marriages and residence. The highest rates have been found in alcoholics being treated for physical illnesses as a consequence of drinking.” p. 284

1976

Orcutt, J.D. (1976). Ideological variations in the structure of deviant types: A multivariate comparison of alcoholism and heroin addiction. *Social Forces*, 55:419-437. Chapel Hill, NC

❖ “Respondents holding medical images of deviance are less likely than those holding moralistic images to impute personal responsibility, stigma, and incurability to the alcoholic and addict. However, evidence...suggests that the

increasing influence of the medical ideology on alcoholism may have the undesirable consequence of locking the alcoholic into a non-responsible, but stigmatized deviant type.” p. 419

- 1976 Coleman, J.W. (1976). The Myth of Addiction. *Journal of Drug Issues*, 6(Spring):135-141.
- ❖ Suggests that the following are myths that exist within the drug culture but for which there is no scientific support: (1) the craving for drugs is too powerful to resist, (2) addiction turns the individual into a liar, thief, and hustler, (3) addicts commit crimes because they believe their need for drugs forces them to do so.

- 1977 Pattison, E.M., Sobell, M.B. and Sobell, L.C. (1977). *Emerging Concepts of Alcohol Dependence*. New York: Springer.
- ❖ The authors describe the traditional model of alcoholism as resting on 6 propositions:
 - “1. There is a unitary phenomenon which can be identified as alcoholism.
 2. Alcoholics and prealcoholics are essentially different from nonalcoholics.
 3. Alcoholics may sometimes experience a seemingly irresistible physical craving for alcohol, or a strong psychological compulsion to drink.
 4. Alcoholics gradually develop a process called “loss of control” over drinking, and possibly even an inability to stop drinking.
 5. Alcoholism is a permanent and irreversible condition.
 6. Alcoholism is a progressive disease which follows an inexorable development through a distinct series of phases.” p. 2
 - ❖ Eleven emerging concepts are presented as alternatives to the traditional disease conceptualization of alcoholism. These include:
 - “1. Alcohol dependence summarizes a variety of syndromes defined by drinking patterns and the adverse physical, psychological and/or social consequences of such drinking. These syndromes, jointly defined as ‘alcohol dependence,’ are best considered a serious health problem.
 2. An individual’s pattern of use of alcohol can develop a syndrome of alcohol dependence.
 3. Any person who uses alcohol can develop a syndrome of alcohol dependence.
 4. The development of alcohol problems follows variable patterns over time and does not necessarily proceed inexorably to severe fatal stages.
 5. Recovery from alcohol dependence bears no necessary relation to abstinence, although such a concurrence is frequently the case.
 6. The consumption of a small amount of alcohol by an individual once labeled as “alcoholic” does not initiate either physical dependence or a physiological need for more alcohol by that individual.
 7. Continued drinking of large doses of alcohol over an extended period of time is likely to initiate a process of physical dependence which will eventually be manifested as an alcohol withdrawal syndrome.
 8. The population of persons with alcohol problems is multivariant. Correspondingly, treatment services should be diverse, emphasizing the

development of a variety of services, with determination of which treatment, delivered in which contexts, are most effective for which persons and which types of problems.

9. Alcohol problems are typically interrelated with other life problems, especially when alcohol dependence is long established.

10. An emphasis should be placed on dealing with alcohol problems in the environment in which they occur.

11. Treatment services should be designed to provide for a continuity of care throughout the lengthy process of recovery from alcohol problems.” p. 4-5

❖ **Conclusions**

“1. There is no single entity that can be defined as alcoholism.

2. There is no clear dichotomy between either alcoholics and nonalcoholics, or between prealcoholics and non-prealcoholics.

3. The developmental sequence of adverse consequences appears to be highly variable.

4. There is no evidence to date for a basic biological process that predisposes an individual toward dysfunctional use of alcohol.

5. The empirical evidence suggests that alcohol problems are reversible.

6. Alcohol problems are typically interrelated with other life problems.

7. It may be clinically useful to develop typologies of subpopulations for administrative program development.” Pp. 189-190

- 1977 Engel, G.L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196:129-136.
- ❖ “The dominant model of disease...leaves no room within its framework for the social, psychological, and behavioral dimensions of illness.” p. 130
 - ❖ “How ironic it would be were psychiatry to insist on subscribing to a medical model which some leaders in medicine already are beginning to question.” p. 134
 - ❖ “...systems theory provides a conceptual approach suitable not only for the proposed biopsychosocial concept of disease but also for studying disease and medical care as interrelated processes.” p. 134
- 1977 Roizen, R. “Barriers to Alcoholism Treatment Paper”
- ❖ “The acceptance of the disease concept appears to be high but not easily interpreted: it may coexist in the same mind with a moralist view of alcoholism and may take a variety of different meanings from person to person.” p. 17
- 1977 WHO report challenges relevance of the disease model of alcoholism as primary focus for health problems
- 1977 Sontag, S. (1977). *Illness as Metaphor*. New York: Vintage.
- ❖ “It is hardly possible to take up one’s residence in the kingdom of the ill unprejudiced by the lurid metaphors with which it has been landscaped.” p. 3
- 1977 Ries, J. (1977). Public Acceptance of the Disease Concept of Alcoholism.

Journal of Health and Social Behavior, 18:338-344.

❖ Suggests that the question of whether alcoholism is a disease is not a trivial one in that the acceptance of this idea led to the decriminalization of public intoxication, the expansion of treatment resources and the reimbursement of such treatment by insurance companies. p. 338

❖ Survey results revealed that alcoholics were perceived more unfavorably than persons with other diseases and that “attitudes toward the alcoholic are generally intolerant.” p. 341

1978 Goldstein, A. (1978). The Endorphins—their physiological and pathological potentials. In *Current Concepts in Postoperative Pain*. (A special report) New York: *Hospital Practice*.

❖ Argues that vulnerability for addiction might be caused by a defect in the system that regulates pain, anxiety and mood or that it could result from damage done to this system resulting from habitual use of exogenous opiates.

1978 “Alcoholism” replaced in the ICD-9 with “alcohol dependence syndrome.”

1978 Rohan, W.P. (1978) Comment on “The N.C.A. Criteria for the Diagnosis of Alcoholism: an Empirical Evaluation.” *Journal of Studies on Alcohol*, 39:211-218.

❖ “...alcoholism exists in our language and in our minds but not in the objective world around us.”

1978 Levine, H. (1978). The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America. *Journal of Studies on Alcohol*, 39(2):143-174. Notes discovery of the concept of addiction and its first categorization as a disease 175-200 years ago. Appendix notes “no single agreed-upon definition of drug addiction or of alcoholism in current scientific or medical literature.”

1978 Szasz, T. (1978). *Reason Magazine*, March. www.reason.com

❖ “By defining the behavior of the individual who exposes himself to the risk of “addiction” as a public health problem, we radically expand the range of legitimate state coercion in the name of health.”

❖ “Who benefitted from drug medicalization in the past and who benefits from it today?”

1978 Roizen, R., Cahalan, D., and Shanks, P. (1978). “Spontaneous Remission among Untreated Problem Drinkers. In Kandel, D.B., Ed. *Longitudinal Research on Drug Use: Empirical Findings and Methodological Issues*. New York: Wiley.

❖ “Where alcoholism is regarded as a *progressive* and *irreversible* condition, spontaneous remission also indicates the degree to which either the *progressive characterization* or the *diagnostic criteria* for alcoholism require rethinking and revision.” p. 198

❖ Historical review of spontaneous remission research--rates reported

- Lemere 1/3–2/3rds of which became abstinent during a terminal illness.
- Kendall and Staton (1966) 32 no-treatment cases–1 abstinent, 2 normal drinking, 13 continued drinking without major problems
- Kisson...(1968) 4% of untreated judged improved
- Guze (1971)--40% remission rate at 8-yr follow-up
- 3 other studies noted improvement rates of 37%, 40% and 54%
- Emrick (1975) review–24 studies of untreated or minimally treated alcoholics found 15% abstinent and 40% improved.
- Ruggles (1975)--untreated and minimally treated alcoholics show 30% abstinence rate and total of 66% either abstinent or improved.
- “A corollary to the fact that there is no natural boundary between alcoholic and nonalcoholic drinkers in our general-population studies is that there will be no natural boundary between remission and non-remission from alcohol-related problems.” p. 215 --implication is that we can talk about degrees of improvement on a continuum from complete and enduring abstinence to barely measurable improvement in drinking and drinking-related problems.
- “...the conventional clinical picture of drinking problems as relatively stable and lasting phenomena may need changing.” p. 214
- “...differences in these findings show that the substantive results of research on remission are partly by-products of (1) the way the research problem has been defined and (2) the research design that each problem definition commonly implies.” p. 215

- 1978 Howland, R. and Howland, J. (1978). 200 Years of Drinking in the United States: Evolution of the Disease Concept. In: Ewing, J. and Rouse, B. *Drinking: Alcohol in American Society--Issued and Current Research*. Chicago: Nelson-Hall.
- ❖ “...the stigma of alcoholism parallels that of the much better known disease leprosy (Hansen’s disease) or, in recent memory, the horror of alcoholism equals the horror of cancer.” p. 40
- 1978 Winters, A. (1978). *Alternatives for the Problem Drinker: A.A. Is Not the Only Way*. New York: Drake Publishers.
- ❖ “The very word alcoholic is loaded with superstition, prejudice, and myth.” p. 37
 - ❖ “The disease model of alcoholism has some very unfortunate limitations. It gives the incorrect impression that the doctor alone can deal with the cause and treatment of alcoholism. It identifies the client as a patient in need of treatment, often removing him from family and job and isolating him from his everyday places and problems. It emphasizes the helplessness of the person rather than his degree of self-determinism. It completely rules out the importance of environmental, cultural and economic factors. It provides the drinker with an excuse or alibi for not changing his behavior.” p. 38
 - ❖ “Labeling persons as deviants merely perpetuates deviance...It [disease model] describes the alcoholic intrinsically as a metabolic cripple born with a tragic flaw

in his makeup that can never be corrected. He is alleged to be a person of permanent physiological abnormality.” p. 39

❖ “In trying to recover from the octopus-like grip of the disease concept of present treatment ideology, several ideas emerge. (1) Any person who drinks can develop an alcohol problem; (2) Recovery from the habit of alcoholic drinking can mean either abstinence or moderate drinking; (3) Persons with alcohol problems are extremely diverse and have little in common except their addiction to alcohol; (4) Their drinking problem is typically intertwined with a cluster of other life-problems, none of which can be separated from the environment; and (5) Social, vocational, and economic stress must also be considered causative factors which could lead to remission in an overdrinker...” p. 44

❖ Brief description of Drinkwatchers and Responsible Drinkers (RD); refers to such groups collectively as Responsible Use Groups (RUGs). p. 144-147

1978 Marlatt, G.A. (1978, 1985). Relapse Prevention: Theoretical Rationale and Overview of the Model. In: Marlatt, G. A. and Gordon, J. *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*. New York: Guilford.

❖ “Perhaps one of the main reasons why the disease model has led to increased numbers of individuals seeking help or assistance with their drinking problems is that this approach absolves the alcoholic from accepting personal responsibility or moral guilt for his or her condition.” p. 7

❖ “The emphasis in the disease model on the dichotomy of abstinence or excess (absolute control vs. loss of control) tends to reinforce the oscillation of addictive behaviors from one extreme to the other by forcing the individual to adopt one or the other of these extreme roles. From the self-control perspective, there is an alternative ‘middle way’ or a position of balance between total restraint and total indulgence.” p. 17

1978 Jaffe, A. (1978). Reform in American Medical Science: The Inebriety Movement and the Origins of the Psychological Disease Theory of Addiction, 1870-1920. *British Journal of Addiction to Alcohol and Other Drugs*, LXXIII (June), 139-147.

❖ Notes that the emerging psychiatric profession of the 19th century (The National Association for the Protection of the Insane and the Prevention of Insanity - founded 1880) did not support a disease concept of addiction and instead took the position that chronic intemperance was a vice. p. 139

❖ Reports that objections to the disease thesis of addiction was based on the view that the concept provided an excuse for a “vice-begotten habit.” p. 142

1978 Room, R. (1978). *Governing Images of Alcohol and Drug Problems: The Structure, Sources and Sequels of Conceptualizations of Intractable Problems*. Ph.D. Dissertation, Berkeley, CA: University of California.

❖ “...the assumptions of the classic disease model are untenable without considerable modification as an empirical description of clinic populations under

treatment for alcoholism.” p. 5

❖ “An alcohol problem can be seen in any of a number of ways as a sin, as a crime, as a disease, as a result of deprivation, as a failure of social planning, as a consequence of the social or economic system. Its handling will accordingly tend to be defined as a matter for priests, for lawyers, for doctors, for social workers, for social planners, for revolutionaries.” p. 17

❖ “...the liquor industry has felt reasonably comfortable with a disease conceptualization of alcoholism, since it tends to substitute a public concern with “curing” those afflicted with the disease for the temperance movement’s concern with changing social factors contributing to the “liquor problem”--for example, by regulating taverns and conditions of sale.” p. 34

❖ “...by definition an intractable problem also has built in an element of instability: whatever “solution” is currently dominant, it can be seen to be not “working,” in the sense of wholly eliminating the problem. Intractable problems are thus fertile fields for ideological entrepreneurship: any solution which is not currently in effect is likely to look more hopeful than the currently dominant solution.” p. 40

❖ “Although the most public battles have been with the behavioral psychologists, the most fundamental threat to the classic diseases image’s hegemony has been, ironically, the very index of the movement’s success: the rise of substantial government structures with custody over alcohol problems.” p. 198

❖ “Much mischief can and has resulted from the simplification and over-extension which are the hallmarks of governing images of intractable problems.” p. 202

**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-diseaseniks,” “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

– 1962 Winick’s maturing out study

– 1966 Scharse study of 71 ex-heroin users who quit without treatment

– 1967 Robins St. Louis study: 10% addicted; only 2% ever treated

– 1973 Vaillant follow-up study: ½ able to go for 2 years without being reported to BNDD

– 1973 Robins study of returning Vietnam veterans; only 10% used on return and only 1% became re-addicted.

– 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.” (Vaillant, 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
- ❖ “...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

**The Combined Addiction Disease Chronologies of
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
1984 - 1988**

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

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

- 1985 Ward, D. (1985). Conceptions of the Nature and Treatment of Alcoholism. In: Ward, D. *Alcoholism: Introduction to Theory and Treatment*. Dubuque, Iowa: Kendall/Hunt Publishing Company.
 ❖ AA Attribution: “The A.A. model defines alcoholism as a disease.”
- 1985 Fingarette, H. (1985). Alcoholism: Neither Sin nor Disease. *Center Magazine*, 18:56-63.
- 1985 Shaffer, H. (1985). The Disease Controversy: Of Metaphors, Maps and Menus. *Journal of Psychoactive Drugs*, 17:65-76.
 ❖ “...the primary utility of the disease concept remains as a heuristic device for the study and treatment of addiction: A metaphor or map that is available to guide understanding and treatment of addictive phenomenon.” p. 65
 ❖ “...the use of the term ‘disease’ has profound social consequences that should not be dismissed as merely semantic.” p. 68
 ❖ Refers to the “AA definition of alcoholism as a disease.” p. 70
 ❖ Implies AA endorsement of genetics: “Unlike the AA model of alcoholic disease, Jellinek was also not certain about the genetic nature of alcoholism.” p. 70
 ❖ Cahalan (1970) noted that “over time some alcoholics will die, some will become abstinent, some will gain control over their drinking and still others will remain unchanged.” p. 71
 ❖ “The disease concept is, on certain occasions, a useful metaphor for the natural history of drug-related human problems.” p. 73
 ❖ “...the most powerful use of the disease metaphor has been its application as an anodyne to the guilt and responsibility experienced by those who have struggled against drug dependence.” p. 73
 ❖ “...in almost every outcome study..., some of the subjects remit without treatment. This is not indicative of a progressive, terminal disease.” p. 71
 ❖ “The disease approach is not useful as a guide to prevention.” p. 73
 ❖ Estimates % of alcoholics who achieve controlled drinking between 5-15%. p. 73
 ❖ “The disease approach to drug dependence blurs the important functional distinctions between users, abusers, and addicts.” p. 73
- 1985 Hill, Shirley Y. (1985). The Disease Concept of Alcoholism: A Review. *Drug and Alcohol Dependence*, 16:193-214.
 ❖ Quoting Rohan (1975 *Quarterly Journal of Studies on Alcohol*, 36:908)
 “Alcoholism has become an entity, a unitary force, an existing animism of some type which is classified as a condition or thing. Since this is now a part of our language-thought patterns, it is difficult to see that drinking is what a person does rather than something a person has...That drinking is a reflection of an internal regulating disease process is only one possible explanation, and I believe a misleading one.” p. 196
 ❖ “It would appear that many features of the disorder as seen among alcoholics in

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

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

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

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

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

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

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

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

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

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

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

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

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

❖ “Alcoholism is a unique field in which custom dictates that unsupported beliefs

are more acceptable than hard data. In some areas beliefs are so deeply entrenched that it is impossible to introduce factual knowledge at all.” p. 55

- 1985 Levinson, V.R. (1985). Compatibility of the Disease Concept with a Psycho-dynamic Approach in the Treatment of Alcoholism. *Alcoholism Treatment Quarterly*, 2(1):7-24.
- ❖ “It (alcoholism) is diagnosable as a disease at the point at which the habitual use of alcohol has caused damage in some area of the person’s life, be it physical, social, work, psychological, or spiritual.” p. 9
- 1985 Shaw, S. (1985). Disease Concept of Dependence. In: N. Heather, I. Robertson, and P. Davies, Eds., *Misuse of Alcohol: Crucial Issues in Dependence Treatment and Prevention*. New York, NY: New York University Press. pp. 35-44.
- ❖ “...the disease concept of alcoholism became not only popularly accepted, but also accepted amongst those involved in research and treatment, even though its theoretical and factual flaws now seem obvious.” p. 39
 - ❖ “...sophisticated accounts of complex problems have a nasty habit of becoming oversimplified dogma once they achieve political status.” p. 42
 - ❖ Quoting but disagreeing with G. Edwards 1979 statement: “perhaps it would be best in our particular society and at the present time to look on alcohol dependence as a disease, but with the added insistence that society has to take an informed rather than mechanical view of what is meant by that statement.”
- 1985 Smith, D.E.; Milkman, H.B.; and Sunderwirth, S.G. (1985). Addictive Disease: Concept and Controversy. In: H.B. Milkman and H.J. Shaffer, Eds., *Addictions: Multidisciplinary Perspectives and Treatments*. Lexington, MA: Lexington Books. pp. 145-159.
- ❖ “As in other disease processes (for example, diabetes), an individual may have a genetic predisposition for addictive disease, yet circumvent most of its complications by avoiding the psychoactive substances that trigger its symptoms.” p. 147
 - ❖ “The biological basis of drug hunger and compulsive substance abuse is the organism’s adaptation to addictive substances.” p. 147
 - ❖ “According to disease theory, substance abusers are not responsible for the symptoms of their disease; they are, however, responsible for their program of recovery.” p. 153
 - ❖ “Part of the assimilation of disease theory by the laity may be attributed to a state of cognitive dissonance resultant from alcohol’s status as a legal drug. The underlying public assumption may well be that normal individuals would be unlikely to experience pathological reactions to a government taxed (and therefore sanctioned), media promoted, and legally purchased commodities...Politically, those who represent interests in the manufacture, distribution, or sale of alcoholic beverages may be inclined to embrace a disease concept.” p. 156

- 1985 A survey of 1300 health insurance plans of medium to large employers found that 68% provided coverage for alcoholism treatment, up from 38% in 1981 and 61% in 1984. (Gordis, 1987)
- 1985 Fingarette, H. (1985). Reconceiving Alcoholism. *Drinking and Drug Practices Surveyor*, (20):36.
 ❖ “The governing image of alcoholism as a disease has been shown to be a mistaken oversimplification lacking a satisfactory scientific or conceptual basis.” p. 36
 ❖ Proposes a “way of life” view of alcoholism: so-called “alcoholics” are “not automatons whose drinking is a chemically induced reflex, that they are really individuals who on each occasion choose whether to drink.”
- 1985 Heather, N and Robertson, I. (1985). *Problem Drinking: The New Approach*. Harmondsworth: Penguin.
 ❖ “...the newly formulated disease concept can also be seen as part of the emergence of psychiatry as a separate discipline...the origins of psychiatry have themselves been regarded as part of a more fundamental change in the way social control of deviant behavior was exerted, with the church and civic authorities being replaced by science and medicine.” p. 31
 ❖ “There are three main types of disease positions: (a) alcoholism as pre-existent physical abnormality, (b) alcoholism as mental illness or psychopathology; and (c) alcoholism as acquired addiction or dependence.” p. 59
 ❖ AA Attribution “...scattered through AA writings may be found an informal or implicit disease theory and the key characteristics of this theory all follow from the central idea of an allergy or some kind of pre-existent physical abnormality.” p. 61
 ❖ “...labeling a problem a disease has profound consequences for how society organizes its responses to that problem and, equally as important, for how those who have the problem make sense of their own behavior and go about seeking solutions to it.” p. 78
- 1986 The Anti-Drug Abuse Act mandates an independent study, to be carried out by the Institute of Medicine, of substance abuse treatment, both publicly and privately funded. The Act is in part a response to the high-profile cocaine deaths of prominent athletes. It allocates more funds for enforcement and prevention than for treatment. (Gerstein & Harwood) (Acker)
- 1986 The Omnibus Anti-Drug Act provides stiffer punishments for drug use and trafficking and mandates federal drug-free workplace programs. (Acker)
- 1986 Kurtz, E. Alcoholics Anonymous: A Phenomenon in American Religious History. In: *The Collected Ernie Kurtz*. Wheeling, West Virginia: The Bishop of Books.
 ❖ “The personal acceptance of human essential limitation permeates the whole A.A. program.” p. 27

❖ In this context, 'disease' becomes a metaphor for imperfection.

1986

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

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

❖ Among Conclusions

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

– "Addicts are not alike in character or lifestyle." p. 7

– "All addicts do not undergo the same social careers or become equally affected by their addiction." p. 7

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

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

1986

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

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

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

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

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

1986

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

❖ "...it seems that hardly anyone really believes that it (alcoholism) is a disease." p. 322

❖ Claims that if advocates really believed alcoholism was a disease, they would insist of FDA control of alcohol, a ban on alcohol advertising, and discourage

social drinking as a precursor to the disease of alcoholism. “They do none of these things. Logically, one can only conclude that they do not really believe that alcoholism is a disease.” p. 322

- 1986 Peele, S. (1986). Dominance of the Disease Theory in American Ideas About and Treatment of Alcoholism. *American Psychologist*, 41(3):323-324.
- ❖ Claims there is not a “single comparative study that has found moderation to be inferior to abstinence as a treatment goal for any group of alcoholics.” p. 323
 - ❖ “...those who do not undergo treatment for their drinking problems regularly achieve remission through moderation, many more than do by abstaining.” p. 323
- 1986 Zweben, J.E. and Smith, D.E. (1986). Changing Attitudes and Policies Toward Alcohol Use in the Therapeutic Community. *Journal of Psychoactive Drugs*, 18:253-260
- ❖ “The value of the disease model concept is that it provides clear guidelines about the path to recovery.” p. 259
- 1986 Forman, R.F. (1986). Addiction, the Disease Concept and Human Genetics. *Alvernia College Addictology*, 1(2):1-4.
- ❖ “...adequate insurance coverage for both inpatient and outpatient treatment might become nation-wide if the disease concept was better accepted” and “the shame and self-hate that plagues the alcoholic would tend to lessen if the disease concept was better understood and accepted.” p. 1
- 1987 The AMA accepts a behavioral definition of addiction: use that is compulsive and out of control and continues in spite of adverse consequences. (Acker)
- 1987 Drew, L.R.H. (1987). Beyond the Disease Concept of Addiction: Towards an Integration of the Moral and Scientific Perspectives. *Australian Drug and Alcohol Review*, 6(1):45-48, 1987.
- ❖ “To respond to the complexities of human behavior practitioners need to use a large range of alternative ideas, rather than being addicted to a few principles....If action based on a governing image is ineffective or inefficient then it may be time for another ‘truth’ to be found, and for another governing image to be adopted.” p. 45
 - ❖ The disease concept has been based on the notions of: (1) predisposition, (2) the power of certain drugs to take control of the lives of those particularly vulnerable to their effects, (3) progressiveness of this loss of volitional control over the drug, and (4) the resulting condition is a medical one.
 - ❖ “...the scientific study of drug using behavior has...opened the way for drug use (particularly drug addiction) to be understood in a broader context than that of a disease process, and to be responded to from a broader community base than that of the health system.” p. 46
 - ❖ “...no governing image demands acceptance on the grounds that it provides a superior basis for efficacious intervention. However, governing images may

differ in the amount of harm they produce. It is on this basis...that the disease concept must be judged in comparison with available alternatives.” p. 48

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

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

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

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

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

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

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

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

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

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

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

❖ “Most definitions of alcoholism incorporate the following dimensions: (1) large quantities of alcohol consumed over a period of years, (2) physiological manifestations of ethanol addiction, (3) chronic loss of control over drinking, shown by an inability to stop or refrain, and (4) chronic damage to physical health and social standing resulting from sustained alcohol abuse.” p. 10

❖ “Understanding alcoholism as a disease is useful in caring for patients with drinking problems...it enables physicians to use familiar techniques to make a

diagnosis, for a treatment plan, provide patient education, and discuss a prognosis. It helps differentiate alcoholism from bad habit...or a moral weakness from lack of will power and legitimizes interventions..." pp. 11-12

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

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

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

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

❖ "There was no evidence from this study that endorsing the disease concept of alcoholism was associated with higher scores on a measure of 'social desirability'." p. 1136

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

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

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

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

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

1987 Caetano, R. (1987). Public Opinions about Alcoholism and its Treatment. *Journal of Studies on Alcohol*, 48:153-160.

❖ Notes shift in public acceptance of alcoholism as a disease (measured by answering affirmative to belief statements depicting alcoholism is a sickness, illness, public health problem).

20% in 1949 Riley survey

58% in 1958 Roper Survey
65% in 1964 Mulford and Miller Survey
2/3rds of 1969 Haberman and Sheinberg survey
58% in 1972 Room Survey
78% in 1981 Rodin Survey

Caetano 1987 survey found 90% supporting idea of alcoholism as a disease.

❖ In a survey of attitudes toward alcoholism, approximately 90% agreed with the proposition that alcoholism is a disease.

- 1987 Cahalan, D. (1987). Implications of the Disease Concept of Alcoholism. *Drugs and Society*, 2:49-68.
- ❖ The disease concept has had both positive and negative effects upon the treatment of alcoholism. p. 49
 - ❖ While there are alternative models, the entrenchment of the disease concept makes it unlikely that other models will replace it.
 - ❖ "...whether a human problem is (or is not) considered to be a 'disease' is indeed a flexible matter, subject to much negotiation between the healing arts and the general public as well as changes in biomedical concepts and knowledge." p. 53
 - ❖ "The treatment of alcoholism as a disease has not contributed to any increased emphasis on the prevention of alcohol problems before they occur." p. 55
 - ❖ "...the treatment of alcoholism as a disease...works to the advantage of most of the principal interest groups concerned with alcoholism." p. 55
 - ❖ "The moral model of alcoholism (that it is a sin or moral problem) is always in the background of American thinking." p. 58
- 1987 O'Hagan, J.J. (1987). Take a Walk Around the Octagon: Looking for a Model to Replace the Disease Concept. *Australian Drug and Alcohol Review*, 6(1):55-57.
- ❖ Describes the predicament, or disease, of addiction as an 8-sided building, each side of which offers a different view of the problem: The 8 sides are: (1) the drug, (2) genetic vulnerability, (3) physical and mental complications, (4) psychiatric perspective, (5) behavioral family dynamic perspective, (6) moral perspective, (7) social perspective, and (8) political economic perspective.
 - ❖ "Each perspective has a quite different philosophy. Each has its own validity. No single one gives the complete picture. In each a varying degree of blame is laid on the sufferer and a varying responsibility for recovery. Those models which see a low level of blame usually demand a high level of responsibility for recovery and a high level of professional intervention." p. 56
- 1987 Room, R. (1987). Governing Images and Self-control: A Comment on Drew's "Beyond the disease concept of addiction". *Australian Drug and Alcohol Review*, 6(1):51-54.
- ❖ "If we must needs have a single governing image, the choice between a 'way of life' and a disease concept should not, in my view, ignore the consequence of the choice. Is the welfare state, in an era of fiscal stringency, going to be willing to include 'way of life' problems in health insurance coverage? Is help going to be

otherwise available?" p. 53

❖ "Industrialization, urbanization, improved transportation, and other processes of incorporation into a global economy have revolutionized the availability of psychoactive drugs...Attention to the consumer's self-control might therefore be balanced with attention to community control of the market forces the consumer will encounter." p. 53

1987

Alexander, B.K. (1987). The Disease and Adaptive Models of Addiction: A Framework Evaluation. *Journal of Drug Issues*, 17:47-66.

❖ "...in contemporary forms of the disease model it (cause) is attributed to either a genetic predisposition or to psychological damage that occurred during childhood, or both." p. 49

❖ "These principles (formulated by Rush) contain the key points of the modern disease model with the exception of a genetic predisposition, which was added later when Alcoholics Anonymous reformulated the medical model of the twentieth century." p. 56 AA Attribution

❖ "...the disease model provides a logically consistent, putatively scientific justification for cruel, ineffective, and mendacious policies." p. 58

❖ "If addiction is an intractable disease, it requires treatment by professional specialists; if the treatment is not effective, more intensive treatment and more professional control is needed. The system that has emerged from the logic of the disease model is professionalized, expensive, coercive, and ineffective." p. 59

❖ "Replacing the disease concept requires giving up the enticing promise that addiction and other forms of deviance can be controlled by application of punitive force and categorical medical treatment." p. 62

1987

Gordis, E. (1987). Accessible and Affordable Health Care for Alcoholism and Related Problems. *Journal of Studies on Alcohol* 48:579-585.

❖ "Alcoholism is a disease characterized by four main clinical features: (1) tolerance...; (2) physical dependence...; (3) loss of control...; and (4) the discomfort of withdrawal, or 'craving'..." p. 581

❖ "Yet in the case of alcoholism, our whole treatment system, with its innumerable therapies, armies of therapists, large and expensive programs, endless conferences, innovation and public relations activities is founded on hunch, not evidence, and not on science." p. 582

❖ "Contemporary treatment for alcoholism owes its existence more to historical processes than to science." p. 582

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

1988

Narcotics Anonymous (1988). Fifth Edition. Van Nuys, CA: NA World Service Office, Inc.

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

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

1988 The Drug Free Workplace Act sparks growth of drug screening programs in the work world. These are drug specific and rarely test for alcohol. In this year, approximately 16.6 million (20%) private industry employees work in organizations with drug screening programs. These mostly consist of applicant screening. (Acker)

- 1988 The Tacoma County Department of Health takes over a needle exchange program established by David Purchase; it sets up five sites. Needle exchange programs mark a new form of outreach to injection drug users. They are based on a harm reduction model that rejects stigma and insists on providing humane care to addicts and linking them to services in a nonpunitive way. Other needle exchange programs appear in San Francisco, New Haven, and a few other cities. (Acker)
- 1988 Rinaldi, R.C.; Steindler, E.M., and Wilford, B.B. (1988). Clarification and Standardization of Substance Abuse terminology. *Journal of the American Medical Association*, 259:555-557.
 ❖ Alcoholism definition derived from a Delphi process: “A chronic, progressive, and potentially fatal biogenetic and psychosocial disease characterized by tolerance and physical dependence manifested by a loss of control, as well as diverse personality changes and social consequences.” p. 556
- 1988 Wallace, J. (1988). Alcoholism and other Chemical Dependencies are Diseases. Adolescent Counselor. In: Wallace, J. (1989) *Writings: The Alcoholism Papers*. Newport, RI: Edgehill Publications, pp. 177-183.
 ❖ “...alcoholism is not a symptom of something else but is a primary disease in its own right.” p. 177
- 1988 Cook, C. (1988). Minnesota Model in the Management of Drug and Alcohol Dependency: Miracle, Method or Myth? Part I. The philosophy and the programme. *British Journal of Addiction*, 83(6):625-634.
 ❖ “The terms ‘illness’ or ‘disease’ are widely used in Minnesota Model treatment centres...and the disease concept is quoted as a fundamental tenet of the Minnesota Model.”
 ❖ A key tenet of the Minnesota model is that “Alcoholism is...a ‘chronic,’ ‘primary,’ and ‘progressive’ illness...that, if left unchecked, will follow a deteriorating course.” p. 626
- 1988 Cook, C. (1988). Minnesota Model in the Management of Drug and Alcohol Dependency: Miracle, Method of Myth? Part II.
 ❖ Evidence and conclusions. *British Journal of Addiction*, 83:735-748.
 ❖ “Despite extravagant claims of success, there appear to be few serious follow-up studies of patients graduating from Minnesota-type programmes.” p. 735
 ❖ “The therapeutic efficacy of the disease concept derives partly from its ideological importance. It lifts the alcoholic’s guilt and forces him to put his trust in forces which are beyond his conscious effort...paradoxically, in the form employed by AA (and the Minnesota Model), the disease concept increases the sense of responsibility that the alcoholic must adopt to ensure his own recovery.” p. 743
 ❖ “...the benefits (of the disease concept) are real enough even if it is theoretically invalid.” p. 743

- 1988 Fingarette, H. (1989). *Heavy Drinking: The Myth of Alcoholism as a Disease*. Berkeley: University of California Press.
- ❖ Fingarette's *Heavy Drinking* challenges disease-concept.
 - ❖ "Almost everything that the American public believes to be the scientific truth about alcoholism is false." p. 1
 - ❖ "The classic disease concept admirably suits the interests of the liquor industry. By acknowledging that a small minority of the drinking population is susceptible to the disease of alcoholism, the industry can implicitly assure consumers that the vast majority of people who drink are not at risk." p. 27
 - ❖ "Thus the best answer we have to the question, What causes the disease of alcoholism? Is: There is no such single disease and therefore there is no cause." p. 51
 - ❖ "...the very word symptom takes a nonmedical event and turns it into a medical one." p. 107
 - ❖ "...physical dependency does not rule out a return to moderate drinking." p. 124
- 1988 Madsen, W. (1988). *Defending the Disease: From Facts to Fingarette*. Akron: Wilson, Brown.
- ❖ Strident rejoinder to Fingarette's *Heavy Drinking*
 - ❖ "...controlled drinking experiments have been so disastrous in their outcomes that they have been totally abandoned in this country." p. 24
 - ❖ "...his ignorance of AA has left Fingarette with the misconception...that AA rests almost exclusively on the biological disease concept." p. 30
- 1988 Faulkner, W.D., Sandage, D., and Maguire, B. (1988). The Disease Concept of Alcoholism: The Persistence of an Outmoded Scientific Paradigm. *Deviant Behavior*, 9:317-332.
- ❖ "The present writers view the empirical existence of the "disease" of alcoholism as a human social creation with no independent reality." p. 321
 - ❖ "The Disease Paradigm as a Self-Fulfilling Prophecy: The Belief that a Disease Called Alcoholism is a Condition That Exists in Some Persons and is Absent in All Others Creates a Category of Persons Who Drink to Such an Extreme That They Appear to Manifest the Symptoms of the Condition." p. 323 (Capitalization and Underlining in original)
 - ❖ "The Research Strategies and Methodological Techniques that have Developed with the Disease Paradigm Tend to Limit the Range of Possible Solutions to the Research Puzzles Investigated by its Supporters." p. 325
 - ❖ "The medical model of alcoholism is, at present, firmly entrenched in American culture and social structure. Most critics are outsiders who do not occupy positions of authority or influence." p. 329
- 1988 Roman, P. (1988). Disease Concept of Alcoholism: Sociocultural and Organizational Bases of Support. *Drugs and Society*, 2(3/4):5-31.
- ❖ "...American 'alcoholology' and the disease-oriented 'alcoholism industry' ...

provide intense support for the disease concept, and little or no support for any visible alternatives.” p. 5

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

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

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

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

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

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

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

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

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

❖ “Unlike the earlier unitary view of symptom progression, the perspective of alcohol and drug dependence as syndromes assumes that not all elements need always be present, or be present to the same degree.” p. 24

1988 Mulford, H. (1988). Enhancing the Natural Control of Drinking Behavior: Catching up with Common Sense. *Contemporary Drug Problems* Fall, pp. 321-334.

❖ “Today we have a large and growing alcoholism industry operating as though the disease has been defined and the treatment is known.” p. 328.

1988 Zweben, J.A. and Sorenson, J. (1988). “Misunderstandings about Methadone.”

Journal of Psychoactive Drugs, 20:275-281.

- ❖ Brief review of methadone myths/misunderstandings, e.g., “substituting one drug for another,” “methadone keeps you high for 24 hours...”
- ❖ “...rehabilitation, not abstinence, is the primary goal of methadone treatment. Yet large segments of the treatment community focus on the need to get the patient off of methadone...” p. 276
- ❖ Discussion of how inadequate dosing leads to high secondary drug use and poor treatment outcomes.

1988

Vaillant, G. (1988). What can long-term follow-up teach us about relapse and prevention of relapse in addiction? *British Journal of Addiction* 83:1147-1157.

- ❖ “...in any chronic illness with a fluctuating course, hospitalization is usually sought during clinical nadirs; thus, seeming post-hospitalization improvement may be attributed either to treatment or to the natural history of a fluctuating disorder.” p. 1147
- ❖ “In diabetes, hospitalization saves lives but does not alter the course of the disease. Once survival is achieved a patient’s control over his illness must take place in the community through sustained self-medication, altered life habits and through a conscious awareness that relapse is always possible. Conscious awareness of relapse is maintained by daily rituals like urine testing and diet contro.” p. 1151
- ❖ “The lesson is that the treatment of drug and alcohol addiction, like the treatment of diabetes and hypertension, requires clinicians take a long range view. Eventually, stable remissions may occur among the most unlikely prospects. If treatment as we currently understand it does not seem more effective than natural healing processes, then we need to understand natural healing processes better than we do at present. As the science of immunology teaches us, natural healing is never spontaneous.” p.1156

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

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

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

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

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

❖ Highly personalized rejoinder/attack on Fingarette.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

❖ “Those in the treatment industry have an economic investment in maintaining the disease model...Shall science be compromised for these economic and ideological investments?” p. 865

1989

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

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

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

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

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

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

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

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

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

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

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

1989

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

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

❖ Notes distinctions between alcoholics and problem drinkers.

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

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

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

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

controlled drinking also fails to recognize that “poorly understood remissions occur in other diseases when the usual course is steady deterioration.” p. 151
❖ “There is every reason to believe that the drive for alcohol in the alcoholic is in large measure biologically determined.” p. 152

- 1989 Wallace, J. (1989). A Biopsychosocial Model of Alcoholism. *Social Casework*, 70:325-332.
❖ “...alcoholism in the United States is a disease not unlike coronary heart disease. It involves genetic predisposition, behavior that is ultimately self-destructive, and a society and culture that encourages unhealthy patterns of consumption of alcoholic beverages.” p. 325
❖ “The disease model enables alcoholics to rid themselves of excessive, irrational and self-defeating guilt over their condition. It helps with problems of low self-esteem, shame, self-disgust...The biopsychosocial disease model also provides many people with an explanation for why they behaved in such baffling, self-defeating and self-punishing ways.” p. 331
❖ “The advantage of the biopsychosocial disease model of alcoholism over a ‘naïve’ disease concept is that it encourages a more complex view of the illness.” p. 332

- 1989 Crawford, J.R.; Thomson, N.A.; Gullion, F.E. Garthwaite, P. (1989). Does endorsement of the disease concept of alcoholism predict humanitarian attitudes to alcoholics?. *International Journal of the Addictions*, 24(1):71-77.
❖ “Crawford and Heather (1987) pointed out that this century has witnessed a growth in non-condemning humanitarian attitudes to most deviant groups (including those who have not acquired the illness label). They argue that this general trend is largely responsible for the positive historical changes in attitudes to alcoholics. They further argued that contemporary individual differences in attitudes to alcoholics will be largely determined by the extent to which individuals hold this ‘humanitarian world view’ rather than whether they consider alcoholism to be a disease.” p. 73
❖ 69% of respondents of their survey endorsed a disease conception of alcoholism.
❖ “...public attitudes to other deviant groups are closely related to attitudes to alcoholics...These results support Crawford and Heather’s (1987) argument that individual differences in attitudes to alcoholics are more a reflection of individuals’ broader attitudes to deviancy than a function of whether they hold a disease view of alcoholism.” p. 76
❖ “...the study suggests that educational efforts should directly attempt to foster constructive humanitarian attitudes, rather than tackle the problem indirectly by promoting the disease concept.” p. 76

- 1989 Gorman, D.M. (1989). Is the “problem drinking concept” of Heather and Robertson more useful in advancing our scientific knowledge than the “old” disease concept? *British Journal of Addiction*, 84(8):843-845.

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

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

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

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

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

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

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

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

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

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

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

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

1989 The first strategy document from Office of National Drug Control Policy appears. It argues for tougher criminal penalties. It takes two disease approaches to addiction: a public health approach, in which the addict is seen as agent of contagion, and approach that addiction is an incurable chronic disease, so that the addict is at constant risk for relapse. (Gerstein & Harwood) (Acker)

- ca. 1990 The 10th edition of *International Classification of Diseases, Injuries, and Causes of Death* (ICD-10), produced by the World Health Organization, includes a definition of drug dependence which is based on clusters of functionally significant problems, not on drug-specific factors. (Gerstein & Harwood) (Acker)
- 1990 The FBI reports approximately 1,000,000 drug arrests, 1/3 for trafficking and 2/3 for possession. International illicit drug market volume is estimated at \$100 billion. (Acker)
- 1990 Fingarette, H. (1990). We Should Reject the Disease Concept of Alcoholism. *The Harvard Medical School Mental Health Newsletter*, 6(8):4-6.
- ❖ “The myth [alcoholism as a disease] is embodied in the following four scientifically baseless propositions: (1) Heavy problem drinkers show a single distinctive pattern of ever greater alcohol use leading to ever greater bodily, mental, and social deterioration. (2) The condition, once it appears, persists involuntarily: the craving is irresistible and the drinking is uncontrollable once it has begun. (3) Medical expertise is needed to understand and relieve the condition (‘cure the disease’) or at least ameliorate its symptoms. (4) Alcoholics are no more responsible legally or morally for their drinking and its consequences than epileptics are responsible for the consequences of their movements during seizures.” . 4
 - ❖ “The myth [alcoholism as a disease]...is neither helpfully compassionate nor scientifically valid. It promotes false beliefs and inappropriate attitudes, as well as harmful, wasteful, and ineffective social policies.” p. 4
 - ❖ AA Attribution: “It [disease concept] was revived in the 1930s by the founders of Alcoholics Anonymous....” p. 4
 - ❖ Presents arguments against propositions that: (1) there is only one pattern of alcoholism, (2) alcoholics constantly drink, (3) alcoholism is hereditary, (4) alcoholics lack control over their drinking.
 - ❖ “It is not only misleading but dangerous to regard alcoholism as a genetic disorder. Heavy drinkers without alcoholism in their genetic backgrounds are led to feel immune to serious drinking problems, yet they have the greatest total number of problems. On the other hand, people who do have some hereditary disposition to alcoholism could easily become defeatist.” p. 5
 - ❖ Describes drinking problems as “a way of life in which they use drinking as a major strategy for coping with problems.” p. 5
 - ❖ Attacks disease promoters first for having a rigid definition of disease and then for changing their definition of disease. p. 6
 - ❖ Argues that disease concept does not facilitate the alcoholic seeking help but rather dissuades a large pool of heavy drinkers from seeking help. p. 6
 - ❖ “When behavior is labeled a disease, it becomes excusable because it is regarded as involuntary.” p. 6
 - ❖ “...both independent and government research shows expensive disease-oriented treatment programs to be largely a waste of money and human

resources.” p. 6

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

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

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

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

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

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

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

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

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

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

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

❖ Response to Fingarette

❖ Notes that the attackers of the disease concept come almost uniformly from those who have never specialized in the treatment of alcoholism.

❖ “The point of using the term ‘disease’ for alcoholism is simply to understand that once a person has lost the capacity to control consistently how much and how

often he or she drinks, continued use of alcohol can be both a necessary and sufficient cause of a syndrome that produces millions of invalids and causes millions of deaths.” p. 5

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

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

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

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

- 1990 Korcok, *Addiction Treatment in Crisis*. Providence, RI: Manisses. Communications Group, Inc., 1990: “The addictions treatment field is in a state of siege. It is being battered by a confrontation with managed care companies looking to change the nature of the industry, by a fierce competition for patients, and by a spreading attack on the belief that alcoholism and other drug dependency is a disease and that those afflicted by it deserve treatment -the way other sick people do.”
- 1990 Lieber, C.S. (1990). Alcoholism: A Disease of Internal Medicine. *Journal of Substance Abuse Treatment*, 51:101-102.
❖ Overview of the broad spectrum of medical disorders created by or exacerbated by alcoholism.
- 1990 Institute of Medicine (IOM) (1990). *Broadening the Base of Treatment for Alcohol Problems*. Washington, D.C.: National Academy Press.
- 1990 Peele, S. (1990) Why and By Whom the American Alcoholism Treatment Industry is Under Siege. *Journal of Psychoactive Drugs*, 22:1-13.
❖ Response to Attacks by John Wallace of an earlier Peele article.
- 1990 Nathan, P.E. (1990). Integration of Biosocial and Psychosocial Research on Alcoholism. *Alcoholism: Clinical and Experimental Research*, 14:368-374.
❖ “...categorical thinking about alcoholism is impoverishing; ...an integrated view of biological and psychological factors in the disorder is correspondingly enriching.” p. 368
- 1991 Blum, K. with Payne, J. (1991). *Alcohol and the Addictive Brain: New Hope for Alcoholics from Biogenetic Research*. New York: Free Press.
❖ “Most scientists currently working in the field of addiction agree that alcoholism is the result--at least in part--of deficiencies or imbalances in brain

chemistry--perhaps genetic in origin.” p. 8

❖ “...now scientists are learning that the behavioral as well as the physical problems associated with alcoholism are all part of the disease syndrome...The early symptoms of the disease of alcoholism, even before drinking begins, are often intense forms of restlessness, anxiety, stubbornness, and anger that drive the alcoholic into self-destructive, asocial, or anti-social behavior.” Pp. 14-15

❖ “...*environment acts as the trigger, initiating the actual onset of the disease.*” (Italics in original)

- 1991 *Treating Drug Problems*, Dean R. Gerstein and Henrick J. Harwood, eds. (Washington, D.C.: National Academy Press, 1990) is published.
❖ Commissioned by the Institute of Medicine, this two-volume work synthesizes research to date on treatment. Among its conclusions: The treatment system is a two-tier system, with one system, publicly funded and with close links to the criminal justice system, for the poor and another, in the private sector and growing primarily from hospital units, for those with insurance or private assets to pay for treatment. (Acker)
- 1991 There are about 90,000 methadone patients in more than 700 clinics. (Acker)
- 1991 Dole, V. (1991). Addiction as a Public Health Problem. *Alcoholism: Clinical and Experimental Research* 15(5):749-752.
❖ Brief recounting of Dr. Vincent Dole’s pioneering work in the development of methadone maintenance, a summation of his view of opiate addiction as a metabolic disease, and his experiences serving as a trustee of Alcoholics Anonymous. Includes the following most interesting account:
“At the last trustee meeting (of AA) that we (Vincent Dole and Bill Wilson) both attended, he (Bill Wilson) spoke to me of his deep concern for the alcoholics who are not reached by AA, and for those who enter and drop out and never return. Always the good shepherd, he was thinking about the many lost sheep who are lost in the dark world of alcoholism. He suggested that in my future research I should look for an analogue of methadone, a medication that would relieve the alcoholic’s sometimes irresistible craving and enable him to progress in AA toward social and emotional recovery, following the Twelve Steps.” p. 751
- 1991 Peele, S. (1991). What works in addiction treatment and what doesn’t: Is the best therapy no therapy? *International Journal of the Addictions*, 25:1409-1419.
❖ “...more individuals have quit addictions on their own than have been successfully treated by even the best therapies.” p. 1409
❖ “...addiction treatment is becoming more pervasive and coercive, and today holds out the possibility of corrupting our society and the self-conceptions of its members.” p. 1409
❖ “Treatment along medical-model lines that identifies drug use or alcohol misuse or addiction as an internal, individual problem is misguided and doomed to failure.” Such treatments are “actually growing and being applied to broader

and younger populations than those for which it was designed, meaning that a failed system is expanding into areas where its failures will be even more costly.” p. 1415

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

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

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

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

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

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

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

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

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

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

Definition of disease model: (quoted)

1. Addiction is inbred and biological.
2. The solution is medical treatment and membership in spiritual groups such as AA
3. Addiction is all-or-nothing; you are or you aren’t an addict.
4. Addiction is permanent and you can relapse at any moment.
5. Addicts are in “denial” and must be forced to acknowledge they have a

disease.

6. The recovering addict/alcoholic is an expert on addiction.
7. Addiction is a “primary” disease
8. Your main associates must be other recovering addicts
9. You must accept the disease philosophy to recovery
10. Surrendering to a higher power is the key to recovery. p. 22

The disease Model is wrong because: (quoted)

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

- 1991 Schaler, J. (1991). Drugs and Free Will. *Society* September/October. Reprinted in Wekesser, Alcoholism: Current Controversies, 1994
- ❖ Depicts the ever-widening extension of the concept of disease applied to socially deviant behavior as a means of absolving people from personal responsibility.
 - ❖ Notes how addicts and treatment programs have psychological and financial stakes in the disease concept of addiction: “The more behaviors are diagnosed as disease, the more they will be paid by health insurance companies for treating these diseases.” p. 42-43
 - ❖ Contradictions: “Addiction is a disease beyond volitional control except when it comes to treatment failure, wherein “resistance” comes into play.” p. 44
 - ❖ “...treatment does not work because there is nothing to treat.” p. 44
- 1991 Maltzman, I (1991). Is Alcoholism a Disease? A Critical Review of the Controversy. *Integrative Physiological and Behavioral Science*, 26:200-210.
- ❖ “Our conclusion is that alcoholism, as a lawful pattern of observable signs and symptoms that deviate significantly from a norm of health, is a bio-psychosocial disease.” p. 200
- 1991 Miller, N.; Chappel, J.N. (1991). History of the Disease Concept. *Psychiatric*

Annals, 21(4):196-205.

❖ “Alcoholism has...suffered from a belief that has also plagued psychiatric disorders...That belief is the moral explanation of drinking and other drug use. The concept of free will as a primary explanation remains embedded in the modern notions about the etiology, natural history, and prognosis of alcoholism or drug addiction.” p. 196

❖ “The debate over the legitimacy of alcoholism and drug addictions diseases wastes time, misdirects research, and de-emphasizes the need for diagnosis and treatment.” p. 197

❖ “...according to the disease concept for alcoholism, it is consistent to hold that the alcoholic is not the cause of the alcoholism but must be held accountable for alcohol-induced behavior.” p. 203

❖ “It has been clinically supported by studies that alcoholics and drug addicts are more likely to accept treatment and commit to a recovery program if they believe they have a disease rather than a moral problem.” p. 203

❖ “No doubt the disease concept for alcoholism and drug addiction will survive, but the diagnosis and treatment for those who suffer will be greatly affected by how well it is accepted and integrated into medicine (psychiatry) as an independent disease.” p. 204

- 1991 Noble, E.P. (1991). Genetic Studies in Alcoholism: CNS Functioning and Molecular Biology. *Psychiatric Annals*, 21(2):215-229
- ❖ “Alcoholism is a disease of CNS dysfunction, with a large majority of alcoholics inheriting genes that predispose them to develop the disease...through identification of predispositional genes and study of their biochemical expression, the development of specific pharmaceuticals for treating alcoholics becomes a realistic possibility.” p. 228
- 1991 Meisch, R. (1991). Studies of Drug Self-Administration. *Psychiatric Annals*, 21(4):230-2324.
- ❖ “The fact that animals self-administer the drugs that produce addiction in humans means there is a biological component to drug addiction. The fundamental core of drug addiction is that certain drugs can, under some conditions, serve as powerful reinforcers...drug addiction is an accident of nature whereby a normal biological process, namely reinforcement, produces a pathological outcome.” p. 233
- 1991 Roizen, R. (1991). The American Discovery of Alcoholism, 1935-1939, Ph.D. Dissertation-Sociology, University of California, Berkeley.
- ❖ In describing the shift from an alcohol paradigm to an alcoholism paradigm, Roizen notes: “The alcoholism paradigm offers a strikingly different perspective. Alcohol is viewed as an addictive and destructive substance in only a minority of persons, known as alcoholics. Therefore it is the person of the alcoholic and not the substance alcohol that provides the focus of conceptualization and societal response.” Preface, p. 2

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

- 1991 Roman, P.M. (1991). Problem Definitions and Social Movement Strategies: The Disease Concept and the Hidden Alcoholic Revisited. In: P.M. Roman, Ed., *Alcohol: The Development of Sociological Perspectives on Use and Abuse*, Brunswick, NJ: Center of Alcohol Studies, pp 235-253.
- ❖ A medicalized concept of alcohol problems achieved two things in Post-Repeal America: (1) it shifted the problem definition from the product to the person portrayed alcohol as a “manageable cultural item,” and (2) it shifted the problem focus from one of drinking alcohol to one of compulsive drunkenness and offered AA as a solution for the latter.
- ❖ “...the disease model has come to be used very loosely to refer to a vast range of alcohol problems. These applications include many instances where there is no evidence of loss of individual control over drinking, evidence that once was believed to be the very “heart” of the disease designation of alcoholism.” p. 238
- ❖ Notes the way in which a medicalized model of alcoholism was extended to medicalized views of all misuse of alcohol and all alcohol problems. p. 240
- ❖ Notes that intermingling alcohol with other drugs, particularly the illicit drugs, may spread the intense negative feelings toward illicit drug users to alcoholics. p. 241
- ❖ “Empirical reality seems better described as comprised of: (1) persons without drinking problems, (2) persons whose drinking may exceed some objective standard but who are socially integrated, (3) persons whose drinking behavior is leading in the direction of social reactions that will precipitate possible referral and labeling, and (4) persons whose drinking behaviors have led others to take actions toward them that resulted in the formal label of alcoholic.” p. 251
- 1991 Lewis, D. (1991). Comparison of Alcoholism and Other Medical Disease: An Internist's View. *Psychiatric Annals*, 21(5):257-265.
- ❖ “...a particular condition is designated a disease at least as much a matter of cultural consensus as medical truth.” p. 256
- ❖ “...alcoholism can be viewed as a biologically based disease in which genetic predisposition is activated by environmental factors.” p. 259
- ❖ “Although alcoholism and a variety of other disease can be described by a rigid notion of disease, few diseases fit the model of being purely biological, discrete entities with steadily progressive courses and that show no evidence of volitional influence in their etiology or manifestations.” p. 262
- 1991 Cermak, T. (1991). Co-Addiction as a Disease. *Psychiatric Annals*, 21(5):268-272.
- ❖ “The word *co-alcoholism* arose in the early 1970s, and transmuted to *co-*

dependence and *co-addiction* when alcoholism was absorbed into the more generic terms of chemical dependence and addictive disease.” p. 266

❖ “...codependence is seen as a disease entity for which operational diagnostic criteria can be developed.” p. 269 (Proposed criteria included in article.)

1991 Bell, C. and Khantzian, E. (1991). Contemporary Psychodynamic Perspectives and the Disease Concept of Addiction: Complementary or Competing Models? *Psychiatric Annals*, 21(5):273-281.

❖ “To enter the world of addiction, and addictions treatment, is to feel a lot like Alice, falling down a rabbit hole or stepping through a looking glass, only to discover oneself a stranger in a strange land where things are hardly ever what they seem. It is an ever-changing world, frequented by disconcerting, sometimes bizarre characters, and most characterized by ambiguity. To negotiate this unsettling terrain requires a high tolerance for uncertainty coupled with an appreciation of the nature of paradox--for in this world its is paradox that reigns supreme.” p. 273

❖ “The disease concept is helpful in clearly establishing the realization that exogenous substances and addictive processes can govern behavior. It is too reductionist, however, to argue that physiological or disease processes alone govern the complexities of a reliance on substances.” p. 274

❖ “The debate whether substance abuse is a disease or a symptom most often hinges on arguments about psychopathology associated with it.” p. 280

1992 Morse, R. and Flavin, D. (1992). Definition of Alcoholism. *Journal of the American Medical Association*, 268:1012-1013. (Also in Wekesser, Alcoholism, 1994)

❖ “Although the term alcoholism has been used over the years as a vague, poorly understood, and sometimes morally flavored term, we do not believe it is necessary or desirable to discard it.”

❖ “Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations.”

❖ “Disease” means an involuntary disability...a discrete entity that is not deliberately pursued.”

1992 Walters, G.D. (1992). Drug-seeking Behavior: Disease or Lifestyle? *Professional Psychology: Research & Practice*, 23(2):139-145.

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

❖ “In theory, the disease model holds that only a portion of the substance-abusing population suffers from the disease of alcoholism--drug addiction. In practice,

however, nearly everyone with a substance-abuse problem who enters a disease-based intervention program is treated as if he or she was suffering from a disease.” p. 143

- 1992 Milam, James (1992). “The Alcoholism Revolution” *The Professional Counselor*, August. [Http://hookomo.aloha.net/~bobalex/two.htm](http://hookomo.aloha.net/~bobalex/two.htm)
- ❖ Contrasts psychogenic and biogenic models of alcoholism
 - ❖ “The biogenic model recognizes that alcoholism is a primary addictive response to alcohol in a biologically susceptible drinker, regardless of character and personality.”
 - ❖ There is no pre-drinking personality nor pre-drinking mental illness associated with the onset of alcoholism; those later found in late stage alcoholics are the neuropsychological consequences, not causes of, alcoholism.
 - ❖ Refers to “alcohol abuse” as a “psychogenic term of moral censure.”
 - ❖ Complains that the term “addiction” was stripped of its profound biogenic meaning.
 - ❖ “Alcohol is selectively addictive, and the selection is biological.”
 - ❖ Contends that alcoholism is linked solely to genetic vulnerability.
 - ❖ “There are not two or more types of alcoholism. There are merely different complications and different types of people who are alcoholic, with different levels of concern and strategies of damage control.” (Milam, 1992)
 - ❖ “The person as transmogrified, transformed by the brain syndrome, enters treatment alone. The original, authentic person is not present. He or she has been superceded, replaced. All therapeutic dialogs with patients during the first weeks of treatment, until Jekyll is allowed to reappear, are dialogs with Hyde, through his ‘mask of sanity’.”
- 1992 Erickson’s “A Pharmacologist's Opinion: Alcoholism: The Disease Debate Needs to Stop” in *Alcohol and Alcoholism*.
- 1992 Morgenstern, J. and McCrady, B.S. (1992). Curative Factors in Alcohol and Drug Treatment: Behavioral and Disease Model Perspectives. *British Journal of Addiction*, 87:901-912.
- ❖ Reference that the “disease model” is the approach taken by AA and not that of investigators emphasizing genetic/biological factors in alcoholism. P. 902-3
 - ❖ Found disease proponents advocated many behavioral process approaches.
 - ❖ “Results seem to indicate that the simple disease model approach of acceptance of alcoholism as a disease, surrendering to a higher power, and affiliation with Alcoholics Anonymous is evolving into a more complex treatment approach integrating the therapeutic aspects of other models.” p. 909
- 1992 Davies, J.B. (1992, 1997). *The Myth of Addiction*. New York: Harwood Academic Publishers.
- ❖ “...conceptualizing drug use in terms of ‘addiction’ is primarily an illustration of how attribution works, rather than being a ‘true’ or ‘scientific’ account.” p. 25

- ❖ "...the idea of addiction-as-disease is alive and well amongst many drug and alcohol misusers and their families, and in many treatment agencies. It will not go away for one simple reason. Namely, it is highly functional." p. 47
- ❖ "...the problem or reification, the process whereby a convenient semantic symbol becomes transmuted into an entity which is assumed to have real existence." p. 50
- ❖ "The idea that the pharmacology of drugs makes people into addicts against their 'will' has to be contrasted with the idea that people make addicts of themselves because they choose to do so. The latter...makes sense of the fact that treatment for addictions frequently seems to have more in common with procedures for attitude change, than with medical intervention." p. 54
- ❖ "The idea that addiction is a state in which the driving force for autonomous action becomes lost to the individual, and is taken over by craving, an irresistible psychological force fueled by inevitable and excruciating withdrawal symptoms, is untenable since these concepts do not in fact possess the monolithic properties that they would require in order to assume the roles assigned to them." p. 55

1993

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

- ❖ "When, and for whom, is addiction a disease? For a White, middle-class addict working in a company with a skillfully administered employee assistance program (EAP) and liberal health care benefits, addiction surely is a disease. It is also a disease for an African-American whose only employment consists of illicit trafficking in drugs or sex, who is arrested for possession or sale of drugs, who goes to prison upon conviction, and who is never exposed to treatment? Or is it a disease for an addict who stops drug use and maintains abstinence without ever seeking treatment?" p. 193
- ❖ We have seen the "emergence of a non-punitive disease model of addiction that has many adherents in the addiction treatment profession but which has not displaced the enforcement activity directed as users of illegal drugs." p. 194
- ❖ "Individuals can be caught in blame when popular explanations of disease emphasize individual behavior as the cause." p. 195
- ❖ Slightly Paraphrased: Calling something a disease can constitute an expression of social norms and a function of social control. p. 196
- ❖ "...disease definitions may be entirely constructed by elite or dominant groups without input from those actually experiencing the stigmatized condition." p. 197
- ❖ "The harsher the stigma placed on addiction, the more intense are the disincentives to revealing one's condition in order to seek treatment." p. 197
- ❖ "drug addiction shares with syphilis the status of a disease involving disapproved behavior." p. 200
- ❖ "However sheltering or utilitarian some disease models may be in legitimizing care, a potential for coercion resides within any system of disease definition." p. 203
- ❖ "It is not enough to ask whether addiction is a disease. One must also ask what

kind of social space a particular disease formulation creates for those who have the disease. One must further inquire whether the treatment and prevention infrastructure makes care and other services available in an equitable manner to all social groups.” p. 204

- 1993 Roizen’s paper “Merging alcohol and Illicit Drugs: A Brief Commentary on the Search for Symbolic Middle Ground Between Licit and Illicit Psychoactive Substances.”
- ❖ “(1) conceptually, the alcoholism paradigm places the locus of alcohol-related problems in the ‘faulty drinker’ whereas the paradigm for illicit drugs places it in the ‘dangerous substances’; (2) pragmatically, the alcoholism paradigm emphasizes treatment whereas the illicit-drug paradigm emphasized enforcing the tabu; (3) morally, the alcoholism paradigm offers a measure of exculpation whereas the illicit-drug paradigm leaves the stigma of addiction virtually unmitigated.” p. 6
 - ❖ If the trend toward merging alcohol and other drug problems continues we could see a “drug-ification” of alcohol problems and an “alcoholization” of drug problems that could produce either a middle ground between the historical positions or a new paradigm that could embrace these two formerly separate problem areas. p. 10
 - ❖ “Moreover, as Christie and Brunn (1969) sagely pointed out many years ago, multiple and fuzzy meanings may well be one of the assets and even requirements of viable social problems paradigms, given that such paradigms must serve to integrate thought, feeling and action across many institutional planes, diverse interest groups, and changing historical circumstances.” Roizen, 1993 p. 11
 - ❖ “...alcohol has been undergoing a process of re-problematization.” p. 17, e.g., FAS/FAE, DUI, youth drinking
- 1993 DSM-IV presents seven criteria for alcohol and other drug dependence, three required for diagnosis. (Jaffe 1994)
- 1993 Chiauzzi, E.J. and Liljegren, S. (1993). Taboo Topics in Addiction Treatment: An Empirical Review of Clinical Folklore. *Journal of Substance Abuse Treatment* 10:303-316.
- 1993 Sanchez-Craig, M. (1993). *Saying When: How to Quit Drinking or Cut Down*. Toronto: Addiction Research Foundation.
- ❖ Significant for its inclusion of moderation as well as abstinence goal.
- 1993 Spicer, J. (1993). *Minnesota model: The evolution of the multidisciplinary approach to addiction recovery*. Center City, MN: Hazelden Educational Materials.
- ❖ Notes Nelson Bradley’s innovations at Willmar: separating alcoholics from the mentally ill, unlocking treatment the units, hiring recovering alcoholics as counselors, and integrating AA principles within a multidisciplinary team. p. 3

❖ Identifies Willmar's treatment model as: "1. Alcoholism exists. 2. Alcoholism is an illness. 3. Alcoholism is a no-fault illness. 4. Alcoholism is a multiphase illness. 5. Alcoholism is a chronic, primary illness. 6. Initial motivation for treatment is unrelated to outcome. 7. Education about alcoholism must begin in the community." pp 35-36

1993

Miller, W. (1993). Alcoholism: Toward a Better Disease Model. *Psychology of Addictive Behaviors*, 7(2):129-136.

❖ Notes that the disposition disease model rests on four propositions: (1) Alcoholism is a unitary disorder; (2) Alcoholism is caused by physical abnormalities. (3) Loss of control is the cardinal characteristic of alcoholism, and (4) alcoholism is irreversible. p. 130

❖ "In summary, a dispositional disease model, as exemplified by Under the Influence (Milam and Ketcham, 1983), construes alcoholism as an incurable all-or-none unitary disorder caused solely by hereditary physical abnormalities. Although selective studies can be cited to illustrate its key assertions, the core assumptions of the model are and always have been contradicted by a large body of scientific research on alcohol and related problems." p. 133

❖ "This (dispositional disease) model is simply inadequate for the task of describing, understanding, and addressing alcohol problems in society...A public health perspective provides a broad and widely accepted model to guide social programs for overcoming complex health problems. A descriptive model based on continua of severity, and an etiological model encompassing host, agent, and environmental factors seem better suited to guide future research, treatment, and prevention efforts." p. 135

**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 Disease. *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 pneumococcal 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 system.” 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.
 - 1960–Rossi et al, 24% abstinent at least 6 months
 - 1982–Landergan, 50% abstinent at 1 year
 - 1985–Gilmore, 89% had “good outcome” abstinent or reduced use
 - 1988–Cook criticizes these studies for serious, methodological flaws
 - 1991–Hoffman and Harrison; 2/3rds abstinent at one year (very low follow-up rates)
 - 1993–McLellan et al, -follow-up of four private programs; abstinence rates ranged from 45% to 87% at 6 months
 - 1998–Stinchfield and Owen–53% 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

**The Combined Addiction Disease Chronologies of
William White, MA, Ernest Kurtz, PhD, and Caroline Acker, PhD
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 – 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 – 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 – sick – 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 – 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 – one objective only – ‘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 of 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 “AA 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. – 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 7th)

“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

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Semantic Scholar profile for Caroline Acker, with fewer than 50 highly influential citations. The Combined Addiction Disease Chronologies of. William Lawrence White, Ernest Kurtz, Caroline Acker. 2001. In 1998, the Illinois General Assembly called upon the Illinois Department of Human Service's Office of Alcoholism and Substance Abuse to create a Behavioral Health Recovery Management (BHRM) (More). View PDF. Readbag users suggest that The Combined Addiction Disease Chronologies of is worth reading. The file contains 15 page(s) and is free to view, download or print. (Acker) Charles Dederich founds Synanon, based on idea of therapeutic community developed by Maxwell Jones and on use of confrontational tactics to break down denial and negative behavior patterns. It begins with a focus on alcoholics, but shifts to focus on addiction. (White 240) (Acker) (See 1960s) Tiebout, H. (1958). Direct Treatment of a Symptom. In: Hoch, P. and Zubin, J. Problems of Addiction and Habituation.