

**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 pathological organ changes, or bothBall 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 Sugerma, 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 noncurability 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” **INSERT FULL TITLE**
 “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 EndorphinsBtheir 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

B Lemere 1/3B2/3rds of which became abstinent during a terminal illness.

B Kendall and Staton (1966) 32 no-treatment casesB1 abstinent, 2 normal drinking, 13 continued drinking without major problems

B Kisson...(1968) 4% of untreated judged improved

B Guze (1971)--40% remission rate at 8-yr follow-up

B 3 other studies noted improvement rates of 37%, 40% and 54%

B Emrick (1975) reviewB24 studies of untreated or minimally treated alcoholics found 15% abstinent and 40% improved.

B Ruggles (1975)--untreated and minimally treated alcoholics show 30% abstinence rate and total of 66% either abstinent or improved.

B “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.

B “...the conventional clinical picture of drinking problems as relatively stable and lasting phenomena may need changing.” p. 214

B “...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.

“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