

● **Alcoholism: A disease of speculation**

"In 1976, the writer Ivan Illich warned in the book, *Limits to Medicine*, that 'the medical establishment has become a major threat to health'. At the time, he was dismissed as a maverick, but a quarter of a century later, even the medical establishment is prepared to admit that he may well be right. (Anthony Browne, April 14, 2002, the Observer)"

History and science have shown us that the existence of the disease of alcoholism is pure speculation. Just saying alcoholism is a disease, doesn't make it true. Nevertheless, medical professionals and American culture lovingly embraced the disease concept and quickly applied it to every possible deviant behavior from alcohol abuse to compulsive lecturing. The disease concept was a panacea for many failing medical institutions adding billions of dollars to the industry and leading to a prompt evolution of pop-psychology. Research has shown that alcoholism is a choice, not a disease, and stripping alcohol abusers of their choice, by applying the disease concept, is a threat to the health of the individual.

The disease concept oozes into every crevice of our society perpetuating harmful misinformation that hurts the very people it was intended to help. It is a backwards situation where the assumptions of a few were adopted as fact by the medical profession, devoid of supporting evidence. And soon after, the disease concept was accepted by the general public. With this said, visiting the history of the disease concept gives us all a better understanding of how and why all of this happened.

The disease concept originated in the 1800s with a fellow by the name of Dr. Benjamin Rush. He believed alcoholics were diseased and used the idea to promote his prohibitionist political platform. He also believed that dishonesty, political dissention and being of African-American decent were diseases. The "disease concept" was used throughout the late 1800s and early 1900s by prohibitionists and those involved in the Temperance Movement to further a political agenda. Prior to this time, the term alcoholic did not exist. Alcohol was freely consumed, but drunkenness was not tolerated. Many sociologists contribute its non-existence to the very stigma that the disease concept removes. In fact, "Despite an ardent search, however, temperance adherents never identified an account of a drunkard before the 1800s who reported that he has lost control of his drinking." (Stanton Peele "Diseasing of America" pg. 37) "Drunkenness was not so much seen as the cause of deviant behavior-in particular crime and violence- as it was construed as a sign that an individual was willing to engage in such behavior." (H.G. Levine, "The Good Creature of God and the Demon Rum," in *Alcohol and Disinhibition*, eds. R. Room and G. Collins.) During this period of time social ties and family played a much more influential role in an individual's life. Therefore, deviant behaviors were undesirable and less likely to occur. It was not until industrialization began, when the importance of social and family ties diminished, that alcoholism became a problem. We now live in a society that encourages binge drinking as a social norm, but at the same time, we live in a society that discourages it.

The "recovery" community's adoption of the disease concept began with an early AA member named Marty Mann. Her efforts, combined with a somewhat dubious scientist named E.M. Jellinek, began national acceptance of the disease concept. It was Jellinek's "scientific" study that opened the door for the medical communities' support. E.M. Jellinek's study was funded by the efforts of Marty Mann and R. Brinkley Smithers. And, like so many other circumstances involving Jellinek and Marty Mann, the study was bogus if not outright fraudulent. The surveys he based his conclusions on were from a hand picked group of alcoholics. There were 158 questionnaires handed out and 60 of them were suspiciously not included. His conclusion was based on less than 100 hand picked alcoholics chosen by Marty Mann. Ms. Mann, of course, had a personal agenda to remove the stigma about the homeless and dirty alcoholic or "bowery drunk" in order to gain financial support from the wealthy. By removing the stigma, the problem becomes one of the general population, which would then include the wealthy. The first step was Jellinek publishing his findings in his book "The Stages of Alcoholism" which was based on the selective study. Later, E.M. Jellinek was asked by Yale University to refute his own findings. He complied. E.M. Jellinek's Stages of Alcoholism did not stand up to scientific scrutiny.

Early in the 20th Century, the validity of the disease concept was often debated in medical circles. However, in 1956 the American Medical Association (AMA) proclaimed alcoholism an "illness." Then, in 1966, the AMA proclaimed alcoholism a disease. The decision was wrapped in controversy. Historically, Marty Mann had her hand in much of this and manipulated information and doctors into agreeing with the disease concept. Marty Mann used her position as founder of the NCA (National Counsel for Alcoholism) to promote the disease concept through Jellinek and a somewhat clandestine relationship with the founder of the NIAAA (National Institute for Alcoholism and Alcohol Abuse) whose founder worked with Marty Mann during the institute's early development. The founder of NIAAA (R. Brinkley Smithers) was a major contributor to and promoter of the disease concept. It was his money that actually funded Jellinek's work at Yale. Smithers was also responsible for gaining insurance coverage for patients in treatment (hence the 28 day program). Smithers was certainly not altruistic in his efforts. At that time he had already launched a treatment program for which he was lobbying for insurance payments. Acceptance by the medical community was the only way this could happen; alcoholism had to be a medical problem in order for medical insurance to pay for programs. We can see the influence of these "advances" everyday in treatment programs. Today the treatment industry is a multi-billion dollar industry, with insurance paying the lion's share of the costs.

While it can be argued that Smithers's efforts played an important role, it was Jellinek's study that was such a monumental turning point for the supporters of the disease concept. The current disease paradigm was, in part, developed and promulgated by Jellinek and various other partial participants with personal agendas. Today, Jellinek's "Stages of the Alcoholic" is still widely used to diagnose substance abusers. But, these stages are based on a corrupt study that the author, himself, later refuted. Jellinek not only published a fraudulent study, he defrauded members of his academic community, and apparently lied about his educational background to gain acceptance. Nonetheless, it was Jellinek's

"Stages of the Alcoholic" that led to diagnosing alcoholism as a disease and eventually to the medical acceptance of alcoholism as a disease. Astoundingly, the inception of the current disease and treatment paradigm is based on fraud.

While many advocate for its benefits, the disease concept has proven to be far more damaging to the substance abuser than anyone could have predicted. Therapists claim the disease concept helps the patient to understand the seriousness of [his/her] problems. But in reality, this idea has backfired. The disease concept strips the substance abuser of responsibility. A disease cannot be cured by force of will; therefore, adding the medical label transfers the responsibility from the abuser to caregivers. Inevitably the abusers become unwilling victims, and just as inevitably they take on that role. In retrospect then, the disease concept has effectively increased alcoholism and drug abuse. Furthermore, its only benefit has been vast monetary reward for the professionals' and governmental agencies responsible for providing recovery services. Specifically, it has not offered a solution for those attempting to stop abusive alcohol and drug use.

Baldwin Research Institute, Inc. interviewed 545 self-acknowledged substance abusers. Out of the 545, 454 of them had been to at least one conventional, disease-based treatment facility prior to the interview. Some had been to as many as 20 or more conventional, disease-based treatment facilities prior to the interview. Of the total 545 substance abusers, 542 never thought they had a disease. Rather, they thought they had made poor choices regarding their substance use. Three thought they had a disease, and it should be noted that those three were continuing to abuse substances. For those who did not think they had a disease, more than 400 of them falsely stated during conventional treatment that they believed they had a disease. The pressure to conform to the treatment rhetoric and the built-in excuse to relapse were the primary reasons given by treatment clients for saying they had a disease even when they believed wholeheartedly that it was not true. Many substance abusers embrace any excuse to be insincere and abdicate responsibility for them, even if they know in their heart it's a lie.

In a recent Gallup poll, 90 percent of people surveyed believe that alcoholism is a disease. Most argue that because the American Medical Association (AMA) has proclaimed alcoholism a disease, the idea is without reproach. But, the fact is that the AMA made this determination in the absence of empirical evidence. After reviewing the history of the decision, it would not be unreasonable to suggest that the AMA has been pursuing its own agenda in the face of evidence negating the validity of alcoholism. While the AMA has made extraordinary contributions in the mental health field, it is not outside the box. The AMA is a part of the capitalist paradigm that is necessary for our society to function. The promulgation of the disease concept, in conjunction with AMA approval, has created a multi-billion dollar treatment industry that contributes billions to the health care industry. But, even with the AMA's lofty status, mistakes in classifications can and has resulted in disastrous consequence.

While the AMA's classifications for the most part are accurate, the organization is not without error. Since its inception the AMA has made classifications of varying "deviant" behaviors without scientific research to validate its claims. And, for whatever reason, the

definition of a disease, as set forth by the AMA, is a malleable and all inclusive definition allowing for the inclusion of almost every behavior, deviant or otherwise. As a result, every unwanted behavior can be medicalized and medically treated thereby providing professionals with more patients and more income.

With respect to alcoholism, it is beyond the grasp of logic for medical professionals to prescribe 12-Step type meeting attendance as a remedy for an "incurable" medical ailment, not to mention a contradiction to the supposed nature of the problem. Medical professionals are admittedly incapable of helping drug addicts and alcoholics so they pass the buck to organizations outside of the medical community. But, because of recidivism rates and treatment failure, the buck is passed right back. Patients in search of help, pay, on average, over \$18,000 (BRI 2003) to attend programs based on principals promulgated by 12 step groups. After an array of varying forms of "therapy" the patient is released with a prescription for lifelong attendance to AA or NA meetings.

In treatment and 12 step groups the individual is told that they can only live "one day at a time." Additionally, they are told that they should never be fooled into believing they can be cured, and if they don't attend meetings they will inevitably fall prey to their "disease doing push-ups in the parking lot." The disease, as described by 12 steppers, is all powerful; it is a separate entity and without meetings it will destroy them. But, with some thought one realizes that these ideas are oxymoronic. To point out the obvious, if someone is "powerless" they would, by definition, not be able to control themselves, not even one day at a time.

The absurdities do not stop with 12 Step groups; professionals contribute their own set of absurdities. For example, the AMA's definition of alcoholism is: "Alcoholism is an illness characterized by preoccupation with alcohol and loss of control over its consumption, such as to lead usually to intoxication if drinking; by chronicity, by progression and by a tendency toward relapse. It is typically associated with physical disability and impaired emotional, occupational and/or social adjustments as a direct consequence of persistent excessive use."

A natural assumption would be that the classification of a disease requires that characteristics and symptoms can be measured or observed. While the majority of diseases fit this requirement, substance abuse does not. The contradiction to these requirements lies within the defined nature of "alcoholism." This supposed disease's symptoms are only discovered after the consumption of alcohol. The health risks, dangerous behaviors and repercussions only materialize after the alcohol is consumed and not before. In comparison, the diagnosis for cancer comes after symptoms surface or cancerous cell are discovered. There are physically visible anomalies that can be measured. This measurement does not exist with alcoholics. The majority of time, the diagnoses of alcoholism is a guess, if indeed such a diagnosis actually exists. There is little question that a person exposed to enough carcinogens or radiation will eventually get cancer. With alcohol it is questionable if a person will become a problem drinker if exposed to alcohol. While cancer is a separate entity of its own within the body that first exists without the knowledge of its host, over consumption of alcohol, a substance

consumed by choice, is necessary before a diagnosis can be made. That is to say that one must choose to create the condition before the condition can exist and subsequently be diagnosed.

Furthermore, consider the following taken from CNE Health. "From doctors and patients to drug companies and the media, there are relentless pressures to classify any condition as a disease. Richard Smith, the British Medical Journals editor, wrote: 'Doctors, particularly some specialists, may welcome the boost to status, influence and income that comes when new territory is defined as medical. International pharmaceutical companies have an apparent interest in medicalising life's problems. Dr. Iona Heath, head of ethics at the Royal College of General Practitioners, warns that there could also be clear downsides: 'Alternative approaches - emphasizing the self-limiting or relatively benign natural history of a problem or the importance of personal coping strategies - are played down or ignored. The disease-mongers gnaw away at our self-confidence. Inappropriate medicalization carries the dangers of unnecessary labeling, poor treatment decisions, economic waste, as well as the costs that result when resources are diverted from treating or preventing more serious disease. At a deeper level, it may help to feed obsessions with health.'"(CNE Health)

Then there is the DSM IV criterion for diagnosing alcohol abuse. It also does not include physically measurable symptoms. It only requires social and/or legal problems. The DSM IV criterion for diagnosing alcohol dependence requires only one physical symptom that is a result of drinking too much, which is alcohol withdrawal. Following this logic, if a person smokes cigarettes they do not have a problem, but, when they stop smoking and go through nicotine withdrawal, they are then diseased. Yet, most treatment professionals seem oblivious to these blatant contradictions. (Keep in mind that cigarette smoking is not a disease according to DSM IV, although it causes far more health problems than does the use of alcohol and all other drugs combined.)

Sociologist and psychologist have long since been aware of the dangers of medicalising deviant behaviors. Most encourage extreme caution when diagnosing mental illness because of the potential for damage in doing so. People who are labeled usually conform to the standards that the label calls for whether the diagnoses is correct or not. Its dangerous ground that is commonly tread upon by professionals today.

What's even more disheartening is that a large percentage of diagnoses are not made by doctors, but by unqualified "drug counselors." Treatment and AA are recommended by counselors as a way to "nip it in the bud" but these recommendations do far more damage to the individual than if they had just been left alone (which will be discussed later.) It should be pointed out that there is a major conflict of interest among drug counselors, a conflict of interest that cannot be ignored. The majority are, themselves, members of 12 step groups and are believers in AA dogma. These non-professional "professional" counselors have been manipulated into believing 12-Step propaganda. And, like the AMA, their "professional" status allows counselors to convince their patients that the patients need help because they are sick.

And, if this 12 Step nonsense is not harmful enough misinformation abounds. Consider that recently in an attempt to prove a genetic link for alcohol and drug abuse, most studies only provide roundabout evidence of a predisposition, not a cause for alcoholism. With this said, we should point out that the predisposition can only prove a difference in bodily processes, not a difference in thinking. "Knowing the sequence of individual genes doesn't tell you anything about the complexities of what life is," said Dr. Brian Goodwin, a theoretical biologist at Schumacher College in Devon, England, and a member of the Santa Fe Institute in New Mexico. Goodwin goes on to explain single gene mutations are not accountable for, and cannot explain, complex behaviors. Genes produce proteins they do not guide behaviors. The truth is a predisposition for substance abuse, if it does exist, has no bearing on subsequent behaviors. Chemical processes do not make a person an alcoholic. The person makes the conscience choice. Altered processing of alcohol in no way determines choice or behaviors. Obsessive drinking is not a reaction to bodily processes, but merely a choice. The amount consumed is determined by the individual not by the body.

Nevertheless, news stories surface every year proclaiming discoveries of the genetic sources of emotional and behavioral problems while ignoring the mountains of evidence that refutes such preposterous assertions. Genetics is the new panacea for medical professionals. Since 1987 such reports have appeared on the front page of The New York Times in connection with manic-depressive disorder, schizophrenia, homosexuality, drug abuse and alcoholism. For example, in the early 1990's the Times published a front page story with the headline "Alcoholism Gene Found." However, soon after, the Times published a story titled "Scientists Now Doubt They Found Faulty Gene Linked to Mental Illness." This was not on the front page like the initial story but deep within the paper (Stanton Peele). In the study a genetic marker was found in 69 percent of 70 cadavers who had died from alcohol related deaths. But, the cadavers only represented 5 percent of the American population. According to the study 25 percent of the population has the "alcoholism gene marker" or genetic predisposition. The actual alcoholic population is 10 percent. It was then found that only 1/5 of the 25 percent that have the marker would develop alcoholic drinking that fit the parameters of those involved in the Blum-Noble study. Therefore the results fail to demonstrate any increased vulnerability to alcoholism. In later articles it was revealed that the genetic marker appears to have little to do with becoming an alcoholic. Not surprising, the AMA supported the faulty findings with limited investigation. The two members of the team who reported the false discovery of the gene were not without bias. Ernest Noble is the former director of the NIAAA and Blum, a Pharmacologist for Texas University, markets his own remedy for the malady in the form of supplements.

Subsequently, a team of three genetics researchers summarized the results of research on the Blum and Noble "alcoholism gene:" excluding results from studies Blum himself conducted, "the frequency of the A1 allele at DRD2 is 0.18 in alcoholics, 0.18 in controls (random population and nonalcoholic), and 0.18 in severe alcoholics. Blum et al. reported allele frequencies for their alcoholics that are significantly different from the combined allele frequencies reported by a total of seven other groups of investigators for alcoholics ($p < .001$)." (J Gelernter, D Goldman, N Risch, The A1 allele at the D2 dopamine

receptor gene and alcoholism: a reappraisal, JAMA, 1993;269:1676) (Stanton Peele, the Bottle in the Gene)

Looking at the situation objectively, if alcoholism is passed through genes, the abnormality must be relatively new. As stated previously, alcoholism did not exist in the early colonization of America. In fact, it did not exist until the late 1700's. Some would argue that the residents of the United States are largely immigrants and as a result the alcoholism gene was introduced later in history. Meaning, the "new" citizens are not of the same family tree as those of the 1700s. But, its important to point out, many cultures outside of the United States do not even know what alcoholism is; they do not have a word for it. People with different cultural backgrounds do not have different genetic make-ups. America's arrogance has led the population to believe that we are scientifically more advanced than other cultures; therefore, we know the truth and they do not. But this is far from true. In a country where we claim to "know the truth", the city of Los Angeles has more addicts than all of Europe. While professionals strive to remove the stigma surrounding alcoholics, they are in essence, removing the social unacceptability of the act. By removing the stigma, they are encouraging this socially unacceptable behavior to continue. We replaced the negative stigma with positive acceptance.

Today the AMA reports that while there is no "alcoholic personality," it does not seem unreasonable to believe that there may be "some combination of personality traits which are contributive to the development of alcoholism." They assert that emotional immaturity and strong dependency needs are commonly seen in alcoholics. While researchers work hard to prove the disease concept sound and verifiable, repeatedly studies refute the impact of genetic predispositions. "A great deal of evidence, more consistent and extensive than anything yet established by biological research, shows that social categories are the best predictors of drinking problems and alcoholism. For example, in one study of Boston ethnics, Irish Americans were seven times as likely to become alcoholic over a 40-year period as Italian Americans living in the same neighborhoods. Research uniformly finds alcoholism to be 3 to 10 times as prevalent among men as among women. Even researchers with a biological orientation acknowledge that group differences of such magnitude cannot be explained by genetic factors; certainly no such genes have been identified." (Peele, Second Thoughts about a Gene for Alcoholism) Strangely, cultural groups that don't believe they can control their drinking have higher rates of alcoholism than those who believe they can.

The NIAAA (National Institute of Alcoholism and Alcohol Abuse) found that 1 in 4 children in the US have been exposed to a family member who was/is an alcoholic before the age of 18. In 1974 an estimate was developed by Booz-Allen Hamilton based on the ratio of problem drinkers in the US, and the average number of children a family has. This method was then applied by the Children of Alcoholics Foundation in 1984, and it is estimated that 6,600,000 adolescents were children of alcoholics (Keep in mind that there are 195,000,000 people in the United States, so even though 6,600,000 looks large, compared to the total population it is not). Another estimate, using the 1980 population census, puts the number of COA's (Children of Alcoholics) at 22,000,000. It has also been found that children exposed to the idea that they will inevitably become alcoholic

drinkers should they decide to drink, and those who enter support groups, have lower self-esteem and increased feelings of depression, two characteristics of every substance abuser. Similar to treatment for substance abusers overall, children entering support groups as a result of familial problems are more likely to develop the same or similar problems themselves. Furthermore, it has been shown in numerous studies that COA's are only 6 percent more likely to become problem drinkers. Like the need for a war on drugs, the idea that COA's will inevitably become alcoholics, is pure propaganda. Teaching children they will face inevitable consequence upon the consumption of substances, for many, creates the problem.

It seems that self-proclaimed treatment professionals, blinded by intention, are ignoring the overwhelming evidence that contradicts the very principles they teach. True scientist and medical professionals know, beyond reasonable doubt, the truth about alcoholism and substance abuse. The rise of pop-psychology has clouded reasonable thought. Self-help groups, treatment "therapy," counselors, and groupers are severely damaging the very people they are whole-heartedly trying to help. Twelve-Step dogma and treatment misinformation contradicts empirical evidence and rational thought, in essence, stripping patients and members of inherent and inbred abilities of spontaneous recovery.

While the NCADD (National Counsel on Alcoholism and Drug Dependence), formally the NCA, claims to "fight the stigma and the disease of alcoholism and other drug addictions," its happy-go-lucky explanations of alcoholism and its nature are insultingly unsound. The NIAAA and the NCADD are two adamant supporters of the disease concept and 12 step therapies. But, as previously stated, they are not altruistic in their efforts. These two organizations fund most of the treatment research that goes on in the United States. And, like Marty Mann, pick and choose those studies that fit the organizations' agendas, or they manipulate and reinterpret the outcomes in their own favor. Thus, they receive funding to preserve themselves. This fact is applicable across the board for all certifying governmental organizations and institutions. In truth, whether intentional or not, is pure genius. By filtering the facts, these organizations have "created" the necessity for themselves. They have created a public perception that they are needed by controlling and manipulating substance abuse information.

It has been estimated that 5.5 million Americans are in need of help for substance abuse issues. In 1988, 10.5 million U.S. residents could be diagnosed with alcohol dependency as set forth by the AMA and DSM IV, and 7.2 million more abused alcohol. Estimates among the general population indicate that 6-12% have substance abuse problems. The population of substance abusers has slowly increased since the 1930's coinciding with the spread of the disease concept and governmental interference in individual freedoms. What is interesting is that since the 70's the percentage substance abuse population has increased dramatically, just like the popularity and prevalence of the drug treatment industry. The question is: if the multi-billion dollar war on drugs and the multi-billion dollar treatment industry have been growing, why does the drug problem continue to get worse?

Irrefutable empirical evidence has shown that organizations and institutions who promote, and adhere to, the disease concept, fail when trying to help people with substance abuse problems. Alcoholics Anonymous has successfully promoted itself as the only hope for alcohol abusers. The public perception is that Alcoholics Anonymous works, but the reality is something completely different.

In 65 years Alcoholics Anonymous has become a part of our social structure. Its tenets have led the medical establishment and been used to diagnose patients with alcoholism while simultaneously giving birth to dozens of spin-off anonymous meetings. Its most outstanding accomplishment has been successfully promoting a fictitious disease, as fact, and to be absorbed into the very fabric of our society. But, while Alcoholics Anonymous has accomplished the unthinkable, its accomplishments have damaged the society. Although its intentions are synonymous with help, the organization's lies and manipulations have damaged society as a whole, costing taxpayers billions of dollars and costing families the lives of their loved ones.

In 1990, the Alcoholic's Anonymous General Services Office or AA GSO, the governing organization overseeing all "autonomous" meetings, published an internal memo for the employees of its offices. It was an analysis of a survey period between 1977 and 1989. The results were in absolute contrast to the public perception of AA. "After just one month in the Fellowship, 81 percent of the new members have already dropped out. After three months, 90 percent have left, and a full 95 percent have disappeared inside one year!" (Kolenda, 2003, Golden Text Publishing Company) That means that in under a year, 95 percent of the people seeking help from AA leave the program. While this only speaks for attendance, it has further implications. AA surveyors do not include dropouts in their sobriety statistics, which is a deceptive, if not outright dishonest, practice. Using the AA GSO statistics, and including the program dropouts, the success rate of AA, as a whole "...the total averages of sobriety for the total AA membership become 3.7 percent for one year [of sobriety], and 2.5 percent over five years." (Kolenda, 2003, Golden Text Publishing Company) It's important to understand that 95 percent of all substance abuse treatment centers in the United States are 12 step based programs. Thus, the failures of AA are also the failures of treatment.

Repeated studies have shown that the average person, who could be diagnosed with a substance abuse problem, will discontinue use on their own 20 to 30 percent of the time. But, those who are exposed to AA and treatment and who are taught the disease concept have a drastically decreased chance of achieving sobriety. While treatment professionals are aware of program failure, governing organizations support and promote the adoption of 12 Step tenets into treatment programs for substance abusers. Families pay tens of thousands of dollars to help their loved ones only to place them in programs that follow guidelines of another failing program. Any program based on a program that fails will inevitably fail. For most, 12 Step has become synonymous with failure.

In contrast, programs that teach control and choice are far more successful than programs that teach the disease concept. While conventional treatment methods result in a 3 percent success rate after five years, programs that do not teach the disease concept, and instead

teach choice, have success rates of 86 percent after five and even 10 years (Baldwin Research Institute 2003).

In conclusion, after reviewing the available research from both sides of the debate, the belief in the disease of alcoholism, creates the existence of the disease. Organizations and institutions that promote the disease concept are, in many cases, doing irreparable harm to the individual and performing a disservice to the population as a whole. Geneticists are aware that a predisposition does not dictate subsequent behavior, and treatment professionals are aware that the programs they offer, fail. It is an outright injustice when faced with the facts. Stripping human beings of their ability to choose is damaging, whereas giving them back the power of their own volition is essential for recovery. Alcoholism is a choice, not a disease.