Toward a Medical Model of Addiction
or:
Is it Time to Occupy Recovery?

By Martin Nicolaus

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One of the benefits of my retirement from LifeRing two years ago is the free time to get more involved as a sober citizen in the community. Last fall and winter, I took part in the Occupy demonstrations in Oakland. I felt the enormous energy behind this movement, and the power that it could wield. I felt rejuvenated, as if I had been carried back to the eventful days of the civil rights movement and the anti-Vietnam war movement that shaped my younger years.

The core theme of this Occupy movement, as everyone knows, is the clash between the 99 per cent and the one per cent. I'm sure that you all have read about or experienced some of the economic, political, cultural and other facts that demonstrate the reality of this issue, and you've seen how the Occupy movement began to change the national conversation.

Now when the good folks of LifeRing invited me back as a guest peaker here today, the question popped up in my mind, does this issue of the one per cent and the 99 per cent have any bearing on the landscape of addiction recovery? And it only took a few seconds of reflection on the research I had done for my book, *Empowering Your Sober Self*, to answer, yes. Yes not once, but three times.

> First. The One Percent is the sponsor of the 1930s disease model of alcoholism that most people still carry around in their heads today. I am going to tell you about the history of this model and the intentions of its sponsors.
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> Second. The One Percent is the sponsor of the therapeutic program that still dominates addiction recovery today, namely the 12-steps. I am going to show you how this approach dovetails with that particular disease model.
>
> Third. The treatment system that is based on this particular disease model and this particular therapeutic program is a gold mine for some of its owners and has helped launch them into the One Per Cent.

The structure of organized recovery today is built on those three elements. This whole system is powerless against the ongoing humanitarian tragedy of fatalities and broken lives that alcohol and other addictive drugs continue to bring us day after day. I will end by appealing to you, and to all concerned citizens, that more must be done than we are doing, and I will ask you to consider whether it isn't time to Occupy Recovery.

I. The Legacy Disease Model

In the 1960s and 70s, the US Congress passed legislation recognizing alcoholism as a disease, and each of the U.S. medical associations adopted resolutions of their own declaring alcoholism a disease.

You might think therefore, that the legacy disease model of alcoholism has a long-standing solid medical foundation.

You would be wrong. Medical science had virtually no input into this disease concept.

The origin of the 20th century disease concept of alcoholism lies not with the medical profession nor with Alcoholics Anonymous. Its source is the alcoholic beverage industry.

In the mid-1930s, with the repeal of Prohibition, the industry emerged from more than a decade of illegality, and it launched a major image makeover campaign.

Recall that its defeated opponents, the Drys, had for many years depicted the industry's product as ruinous to health, destructive of families, and corruptive of moral virtues – in a word, Demon Rum. Even after the repeal of Prohibition, much of public opinion still held alcohol in about same esteem as bilgewater and rat poison.

The beverage industry's campaign set about to change that. The industry didn't try to deny that drinking sometimes had harmful results. Its purpose, rather, was to shift the blame.

Toward that end, the industry provided major grants that redirected the research of the leading scientific organization of its day away from the evils of alcohol. The new research aim was to establish that a certain small number of individuals could not handle alcohol because they had a disease named alcoholism. Alcohol was good, but some people were defective and couldn't process it. The cause of the problems arising from alcohol lay not in the bottle, but in the man.

In the 1940s, the alcohol industry established and funded the Yale Institute, the Yale Journal of Alcohol Studies, the Yale Summer Schools, among other entities, and it provided seed money for the National Council for Education on Alcoholism (NCEA) which later changed its name to the National Council on Alcoholism and Drug Dependence (NCADD), which exists today.

The NCEA became the cutting edge instrument for popularizing the disease label. Its founder and leader, Marty Mann, an alcoholic who had got sober in AA, criss-crossed the country making hundreds of speeches on the theme that there was a disease called alcoholism and the alcoholic suffered from it, making him unable to handle alcohol without negative consequences.

This campaign soon acquired an important group of allies: an emerging group of treatment providers, for whom the classification of alcoholism as a disease (and not just a metaphorical illness) was the key to obtaining insurance coverage and funding.

During the 1960s, these forces led a huge lobbying movement persuade the political and professional authorities to apply the disease label to alcoholism. And, as we know, succeeded.

Behind all of this cultural and political effort, there was next to nothing in the way of science. In a private letter in 1955, Dr. Harry Tiebout, the leading psychiatrist advising the AA leadership, wrote:

> 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 how little we have to back up our claims. We are all skating on pretty thin ice. (Quoted in White, *Slaying the Dragon*, p. 198)

The social historian Peter Conrad also observed that medical doctors were largely absent from the campaign that moved the AMA and the APA to declare alcoholism a disease. The disease declaration was more a function of politics than of science.

To this there is perhaps no stronger witness than Enoch Gordis, then head of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), who wrote in 1987:

> 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.

The reason, Gordis continued, is that the central concepts of the movement developed "outside the mainstream of medical science" and were influenced rather by religion, moral attitudes, psychoanalytic theories, and pop psychology.

The three pillars of what passes for a disease concept in most of poeople's minds today are (1) that alcoholism is a "spiritual disease" which can only be cured by spiritual enlightenment involving surrender to a higher power; (2) that individuals become alcoholic because of their moral shortcomings and other serious defects of personality; and (3) that alcoholics cannot help it because of their genetic constitution.

None of these notions has a scientific basis. Let's take a short look.

(1) Countless laboratory studies for the past sixty years have demonstrated that monkeys, dogs, cats, hamsters, rats, mice, and even lower species such as fruit flies and nematodes, can readily be made addicted to alcohol and other addictive drugs by the simple expedient of saturating their bloodstreams with nonlethal levels of the substance for a period of time. They emerge from the exposure transformed into creatures that display all the physiological and behavioral symptoms of addiction, which makes them extremely useful for addiction research. Yet the concept of 'spiritual disease' as applied to these addicted creatures is quite meaningless.

(2) The notion that addiction is a consequence of certain personality traits has been thoroughly deflated by more than 50 years of psychometric studies. We have instruments to measure every

kind of personality trait, and every effort to predict addiction on the basis of pre-addiction personality traits has come up blank. Every type of personality is about equally liable to become addicted, if they put addictive substances into their body.

(3) Finally, the belief in the genetic roots of addiction – a darling of the 1930s' eugenics movement – has not survived modern genetics research. Within the past 14 years we have for the first time had the tools to actually look at the human genome and to compare the DNA of healthy individuals with the DNA of alcoholics. The results have swept away the myth that there exists an alcoholism gene that relentlessly drives the alcoholic to the bottle and thus to doom. This belief is complete bunk and has no scientific basis.

In short, the religious-psychomoralistic-geneticist content of the legacy disease concept is without scientific merit. It ranks among the greatest corporate frauds of the 20th century.

II. The Legacy Recovery Program

I said at the outset that the One Per cent were also the sponsors of the dominant approach that still prevails in most recovery centers – the 12 steps. Let's take a closer look.

In 1940, the members of the Alcoholics Anonymous organization, then five years old, were, in AA co-founder Bill Wilson's words, "few and unknown." But in 1937, Wilson had connected, through an in-law relation, with the Rockefellers, and in 1938 Rockefeller's people organized the Alcoholic Foundation, which bailed AA out of the printing debt for its book, gathering dust in a warehouse.

In February 1940, Rockefeller sponsored a famous society gala dinner for AA, to which Rockefeller invited "a veritable constellation of New York's prominent and wealthy," collectively worth, in Bill W's estimation, at least a billion dollars. After this dinner, Rockefeller put his PR firm, Ivy Lee & Co., at the service of the organization, and the resulting worldwide news stories put the seal of high society approval on AA, spawned a snowball of additional publicity, pumped up book orders, doubled AA's membership in a year's time, ended its money worries, and in Bill W's phrase, "put AA on the map." Rockefeller's men also stepped in as trustees of AA, and for many years they entirely controlled the business affairs of the organization.

So, depending on how you feel about the 12 step program, you can either thank or blame the One Per cent for lifting it out of obscurity.

How does the 12-step program integrate with the disease model propagated during the same period by the alcoholic beverage industry? They dovetail perfectly. Consider:

The basic point of the alcohol industry's disease concept is to put the blame for the harm done by alcohol on the drinker rather than on the substance, on the man rather than the bottle.

The basic point of the 12-step program is exactly the same. What is the subtext of this program? Step 1 says to the alcoholic, you are powerless and out of control. Step 2, you are insane. It goes on: you

are incompetent, you are morally deficient, you are a sinner, your character is defective, you are a social menace, and you don't have a clue what to do. It is a thoroughly negative program. In some hands it's an emotionally abusive program. It points all the fingers of blame at the victim. The 12-step approach fits hand in glove with the industry's self-serving disease paradigm.

This is not a new or radical observation. The historian John Burnham already observed that the organized alcoholics themselves worked to support the industry's interest in pointing to the problem in the man rather than in the bottle. Along the same line, Bill White writes, in *Slaying the Dragon*:

> The industry saw Alcoholics Anonymous as a potential ally because the organization focused on a small percentage of late stage drinkers and had little to say about the drinking habits of most Americans. In modern parlance, the organization was concerned about alcoholism, but not about alcohol use – or even alcohol abuse. Perhaps even more, AA located the problem of alcohol in the person, not in the bottle. (P. 195)

Consistent with its positive view of alcohol, except for alcoholics, AA even served alcohol at its social events. Bill W's longtime secretary and AA archivist Nell Wing recalled in her memoirs that alcohol was always served at the Christmas parties in AA's World Services Office in New York. She writes:

> AA was not against drinking, and the staff always made sure that the nonalcoholics were served drinks if they wanted them – as I remember, everybody did. (P. 16)

The product of the alcoholic beverage industry kills more than 100,000 people a year in the U.S. alone. Has AA ever raised its voice against the industry or its product?

III. The Legacy Treatment Industry

Now we come to the third part, the treatment industry. I've already outlined how the treatment industry fell in with the beverage industry's disease promotion historically. That hasn't changed. Today in lobbying on the national political level, the alcohol industry and the treatment industry present a united front.

How can that be, you might ask, since the purpose of the treatment industry, in theory, is to get people to stop using the product of the alcohol industry? You'd think they'd be fighting like cats and dogs.

A clue to this riddle came with a meta-analysis of treatment effectiveness by Professors Hester and Miller of the University of New Mexico in the 90s. They came to the conclusion that the treatment approaches in the most widespread use had the least evidence of being effective.

> The negative correlation between scientific evidence and application in standard practice could hardly be larger if one intentionally constructed treatment programs from those approaches with the least evidence of efficacy. (P. 33)

It's useful in this context to understand a basic economic fact about the alcohol industry. A small proportion of the heaviest drinkers drink the bulk of the beverage alcohol. It has been estimated that 5 per cent of the drinkers drink 50 per cent of the drinks. This means that the alcoholic beverage industry can't do without the small minority of drinkers who drink to excess – alcohol abusers and alcoholics.

If there were an effective treatment system that got alcoholics and other heavy drinkers sober, the alcohol industry would collapse to half its size. What makes the alcohol industry rich is alcoholics.

I was lucky enough, a few people are lucky enough, to get treated in one of the exceptional facilities – Kaiser Oakland. We are lucky to have a selection of other excellent treatment facilities in this local area. But on the whole and on the average nationwide, what we have today is a treatment system that is about as repellent and guaranteed to fail as a treatment system can get. Despite the disease label, the mainstream facilities nationwide tend to be industrial sausage factories that have little or nothing in common with modern medicine.

- The average "medical model" addiction treatment facility does not have a physician or a nurse or anyone else with an advanced graduate degree on full-time staff.
- In nearly half the states, there is no standard certification or license for addiction treatment counselors, as there is for every other type of health care practitioner. You need a license to set up shop as a hairdresser, or to paint fingernails and toenails, or to give massages, but not to work as an addictions counselor.
- About half of the treatment staff in typical medical-model centers have not finished college. A large number have not finished high school.
- The average salary in 2006 for substance addiction counselors was between $24,000 and $30,000, and the average staff tenure was two years. Among program administrators, over half had held their positions for one year or less.
- The typical medical-model program prescribes its treatment plan for the patient without obtaining consent. The motto is "One size fits all." The patient is required to fit the program, not vice versa.
- In an average medical-model facility, available medications for the treatment of addictions, such as naltrexone, buprenorphin, and others, will not be prescribed, and if you have prescribed medications for the treatment of related disorders, such as depression, they may be taken away from you.
- In the usual medical-model facility, if the patient displays the primary symptom of their disease by relapsing, they will probably be thrown out.
- If the treatment doesn't work, the patient—not the treatment—will be blamed.

One could understand this model in a backward country where standards were low, physicians few, education rare, resources unavailable, and superstitions widespread. Think Haiti. But in a developed country, no hospital or clinic for the treatment of diseases such as diabetes, hypertension, heart disease, cancer, or asthma would be allowed to operate on the model that is typical in the treatment of addiction.

As a result of the deplorable state of this industry, as many studies have shown, only a small minority of people who meet the criteria for alcohol dependence approach the treatment system voluntarily. People have to be forced into it. The legacy model is an emotionally punitive system that deters people from seeking help – and it makes the smallest possible dent in the core market of the alcohol industry.

It's an industry, not incidentally, that can be hugely profitable – and this is where the 1 per cent come in again. The venture capital company – or vulture capital, as you prefer – that launched Mitt Romney into the ranks of the 1 per cent, Bain Capital, is also the owner of CRC Health Group, the largest rehab operator in the world. It owns 140 treatment centers with upward of 30,000 patients a day, and its return on capital in the year 2010 was an astronomical 25 per cent.

A big part of the profit margin of this treatment model comes from low wages. Low wages are almost built into the progream. Because the typical treatment paradigm is based on 12-step, about all that's required from front-line staff in the way of training is their own 12-step experience. The employment is dressed up as "service," making employees feel guilty to be paid at all. Here in California, several organizations such as CAADE and CAADAC have long advocated for meaningful licensing and certification standards for treatment staff, to protect the patient. Who could be opposed to that? Answer: The treatment owner's group. They tenaciouly oppose the raising of treatment standards because, bottom line, that would tend to raise staff wages. The 12-step treatment model is a gold mine for treatment owners.

IV. The Cure for the Legacy Medical Model is Real Medicine

This model has been the dominant paradigm for more than 50 years now. Unsurprisingly, there is no sign of light at the end of the long tunnel of alcohol and other drug addiction. Alcohol alone claims more than 100,000 lives each year in the United States. That's a million dead every decade, and among them, to quote the memorable words of Abraham Lincoln, are the "brilliant and the warm blooded,"people of "genius and generosity", "more promising in youth than all their fellows," "the fairest born of every family."

This whole system, built on the concept of powerlessness, is itself powerless to stem the tide of addiction. Because of this, there have long been voices raised to trash the medical model of addiction altogether. The US Supreme Court and other appellate courts have refused to buy into it. The professions remain divided. Writers such as Herbert Fingarette and his followers have maintained that the entire concept of addiction as a medical issue is groundless and should be discarded.

I do not subscribe to this approach. Along with the disease model, out would go any role for physicians in treating alcoholism, and out would go private and public funding for alcoholism treatment. The alcoholic would be consigned to the tender mercies of the religious and penal systems. The only options would be Jesus or jail. I believe that discarding the medical model as a whole would be throwing out the baby with the bathwater. What's needed to cure fake medicine is real medicine.

In the past couple of decades, a tremendous amount of research into the nature of addiction has been done, and it has not been in vain. This research has produced a solid and growing body of positive findings.

We now know to a medical certainty that certain substances, including alcohol, enter into and remodel the normal brain. Most of us have been exposed to diagrams showing brain cells like separate pods, with little dots of neurochemicals passing between them, or to PET scans showing areas of the brain lighting up when addictive chemicals are present. Some of these presentations are more effective than others – some are just plain ridiculous -- but don't miss the basic message: The substance does bad things to you. The problem lies in the substance, not in you. That's a gigantic step forward, even a revolutionary step, compared to the 1930s disease model.

The cornerstone of a genuine medical model of addiction is to understand that addiction is the product of the pharmacology of a certain class of substances – substances such as alcohol, tobacco, cocaine, heroin, etc. – that we call habit forming or, more accurately, addictogenic.

We seem to understand this quite well nowadays with tobacco and with the illegal drugs, but there is still a great protective bubble around alcohol. It needs to be popped. Alcohol is the addictive ingredient in wine, beer, and spirits in the same way that nicotine is the addictive ingredient in cigarettes, cigars, and other forms of tobacco. There is no scientific basis for alcohol exceptionalism when it comes to the addictogenic substances.

Once we understand that addiction is caused by addictive substances, then we can relieve the patient of religious, moral, psychologistic and geneticist judgments. The case is similar to a chronic chemical poisoning. From this starting point, several consequences follow.

Fundamentally: the patient needs to stop the ingestion of these substances. If you have arsenic poisoning, stop taking arsenic. Physicians and other health care providers, to my knowledge, now routinely ask patients whether they smoke, and advise them to stop. That is good. It's time now to move forward and routinely ask patients whether they drink, and if their drinking is more than occasional, advise them to stop.

In this regard, health care practitioners have a unique opportunity and power. Studies have shown that just a word or two from a professional health care provider can sometimes motivate a patient to stop drinking. This is called in the literature “brief intervention,” and its effectiveness compares favorably with that of a long, expensive course of treatment.

A genuine medical model does not beat up the patient by focusing on their weaknesses and failings. It approaches the patient with positive reinforcement for their strengths, however small at first they may appear. Success depends on activating the patient's own drive to survive.

A genuine medical model is not one-size-fits-all. It recognizes the patients's particular issues and needs and works with the patient to construct a personal recovery program.

Treating addicted clients with real medicine also means hiring staff with real medical qualifications and paying them medical-industry wages.

A genuine medical model combines treatment with prevention. Once we know that the substances generate the disease, we have a responsibility as citizens to support measures to discourage their use. The medical profession has done some exemplary work in this regard in recent years in connection with tobacco. It's time that a similar cultural awakening took place around alcohol. Alcoholism is not only a private health issue that calls for treatment; it is a public health issue that responds to prevention.

Bottomline: the cure for the fraudulent medical model that the one per cent have sponsored, and that still forms the dominant paradigm today, is a real medical model.

How are we, the 99 per cent, going to get there? I don't know. But I want to raise for you the question whether it isn't time to Occupy addiction recovery. I'm not a fan of graffiti or broken glass, and I don't advocate disruption as an end in itself. I do know that when people put their minds together and take organized action, great power for change develops and great things are possible.

Thank you.

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