INTRODUCTION

What Science Now Knows, but the Public Doesn't

Another book on alcoholism? Why? Oddly enough, and despite the many books on the topic, there is an important untold story: Almost everything that the American public believes to be the scientific truth about alcoholism is false.

The facts are an open secret. That is, they are quite familiar to scientists and leading researchers in a variety of fields who read the major journals and books addressed to professionals. Indeed, the relevant scientific literature spans several decades of research that roundly contradicts popular beliefs and suggests an entirely new perspective on alcoholism and heavy drinking.

And yet the public—including many counselors and paraprofessionals working in treatment centers—remains in the dark, still holding, and encouraged to hold, beliefs that are forty years out of date.

The aim of this book is to bring the major findings of mainstream science—biology, medicine, psychology, and soci-

ology—to the attention of the general public. In order to do so, I devote Part One to a critique of the account that the general public still believes, the classic disease concept of alcoholism. There I explain how and why researchers have come to know that this traditional concept is inadequate and incorrect. In Part Two, I introduce the new scientific perspectives on alcoholic use and abuse and describe constructive approaches for researchers, public-policy makers, treatment program staff, and heavy drinkers who are seeking help.

A few remarks on the style and form of this book. I have tried to present an account that is reliable, responsible, and readable. To this end, I have kept the documentation of sources brief and omitted some of the intricate detail and qualifications that are necessary to the working scientist but not to the general reader. Complete entries for all works mentioned in the end-of-chapter notes are provided in the section Works Cited. Readers familiar with the field will, I trust, agree that the authorities I cite are among the most eminent experts and represent the spectrum of current views.

Of course, no one expert or experimental study is beyond criticism, and each finding that I cite could provoke a lengthy analysis of the finer points of scientific method and technique. But my arguments are derived from the overall preponderance of evidence, not from any one set of studies by any one school of researchers.

The Great Myth: The Classic Disease Concept

What is the "classic disease concept of alcoholism"? First proposed in the late 1930s, it goes like this. Alcoholism is a specific disease to which some people are vulnerable. Those who are vulnerable develop the disease if they take up drinking. From apparently normal social drinking, they progress to

drinking ever greater amounts, to private and secret drinking, to developing an increased tolerance to liquor, and to experiencing withdrawal distress if drinking is interrupted; they begin to have blackouts (morning-after amnesia) and they forget the previous day's drinking bout. Most crucially: those afflicted by the disease *inevitably* progress to uncontrolled drinking because the disease produces a distinctive disability—"loss of control," a loss of "the power of choice in the matter of drinking."[1] Then, as the saying goes: One drink, one drunk.

According to this disease concept, alcoholism progresses stage by stage in a regular, fairly standard course that does not respect a person's individual characteristics: "Background, environment, race, sex, social status—these make no appreciable difference when once the disease takes hold of the individual. For all intents and purposes he might just as well then be labelled with a number: he has become just another victim of the disease of alcoholism."[2] Inevitably, the alcoholic "hits bottom." From there, physical or emotional breakdown and premature death is the final step unless, with luck, or God's grace, or the help of Alcoholics Anonymous or some sort of treatment, the drinker manages a radical conversion to total abstention. Abstention is the only hope, because the disease is incurable. At best, an alcoholic learns to abstain from the fatal first drink that invariably triggers a new descent into drunken oblivion.

Few people (except those involved with alcoholics) can fully state this entire theory, and many people either do not believe every detail of the doctrine or hold some beliefs inconsistent with it. But versions of the classic disease concept remain a dominant theme in the public's thinking about alcohol abuse.[3]

And yet, *no* leading research authorities accept the classic disease concept. One researcher puts it quite baldly: "There is no adequate empirical substantiation for the basic tenets of

the classic disease concept of alcoholism."[4] Another expert, whose views are more conservative, dismisses the classic disease concept of alcoholism as "old and biased," a model whose propositions are "invalid."[5]

Scientific evidence or no, many knowledgeable people are greatly disturbed by criticism of the disease concept. They argue that the labeling of alcoholism as a disease frees alcohol abusers from feeling guilty or ashamed of their drinking and thereby makes it easier for them to seek treatment. This has the ring of plausibility, and yet reports suggest that the disease concept does not always have this effect. Many heavy drinkers view the labels "diseased" and "alcoholic" as stigmatizing, and so they reject help under such terms.[6] Furthermore, the notion that this disease causes people to lose the ability to control their drinking may discourage a heavy drinker from trying to stop in the (false) belief that it's hopeless. Then, too, some drinkers will not seek help if they believe that lifelong abstinence is the only "remedy" for uncontrolled heavy drinking; the thought of never being able to have even an occasional social drink is too disheartening. Finally, proponents of arguments for retaining the disease concept as a useful tool take it for granted that getting the drinker into alcoholism treatment will make a big difference—an assumption that is not supported by the scientific evidence, as we shall see.

The "Other" Heavy Drinkers

Perhaps most important, however, is the fact that the preceding debate misses a much larger issue. The classic disease concept of alcoholism is unquestionably a hindrance rather than a help in addressing the broad problems of heavy drinking in our society. This is because most individuals in the United States who drink heavily and who get into most of the

troubles related to alcohol do not think of themselves as alcoholics and would not be diagnosed as alcoholics.[7] Not surprisingly, then, very few of these heavy drinkers receive any professional help.[8]

Who are these "other" heavy drinkers? They are people who drink a lot and acknowledge it, but insist, "I can handle it." They get into serious trouble, but they say, "Everyone has family troubles, or job, or money, or other troubles sometimes." They point to some particular difference between their own cases and the many possible "symptoms" of alcoholism: "I don't lose control; I know what I'm doing"; "I never drink as much as a fifth of liquor a day"; "I don't have blackouts"; "I'm carrying on at my job"; "I'm not always drunk."

The litany of excuses and denials is endless. These people deny the significance of their heavy drinking and life problems by showing, often quite correctly, that in one respect or another they do not fit the profile of symptoms of the so-called disease. In this way, the prevalence of the disease concept narrows the scope of inquiry, concern, and help.

For example, it is well known among specialists that there is no clear-cut objective line between "alcoholics" and "problem drinkers." The figures published about the number of alcoholics in the nation often represent the propaganda intent of the agency or institute issuing the data. (Government alcoholism agencies and treatment centers typically publicize the most frightening numbers in order to call attention to the issue.) Depending on the definitions and statistical techniques used, the estimated number of "alcoholics" in the U.S. can range from near zero to as many as 10 million or more.[9]

But another picture of drinking problems emerges if we turn from the misleading black-or-white issue of "alcoholics," and instead examine consumption and a wide range of alcohol-related problems in domestic, job, money, health, and police matters. At any given time approximately 20 percent of

the U.S. population drinks enough to be, on a statistical basis, at substantial risk of having alcohol-related problems. That is a very high figure indeed—and it includes persons of all ages and a significant number of women, although the single largest at-risk group consists of young adult males. By far the greater number of these problem drinkers do *not* fit any of the traditional diagnoses as alcoholics.[10]

This is a crude measure, but a telling one, of the scale on which the focus of public attention and resources has been misdirected. After all, it is this large group that generates most of the alcohol-related problems in the nation. Although their individual problems may be fewer than those of diagnosed alcoholics, these heavy drinkers are so much more numerous that their aggregate problems are far greater.

Meanwhile, researchers who have worked on the problems of heavy drinkers have devised new conceptual approaches. First, it is now a truism in alcohol research that there are crucial psychological and social dimensions to problem drinking, that economics and politics, cultural norms, and cultural stereotypes play a significant role. Second, it is a truism that heavy drinkers do not constitute one homogeneous group suffering from one "disease." Heavy drinkers are a diverse lot, differing in individual motives and patterns of drinking, in life settings and ways of living. Thus rather than seeing one disease (alcoholism) with one cure (abstinence), researchers are looking at heavy drinking as a behavior that serves different functions and fulfills different needs for various individuals.

Because there are so many different patterns of chronic alcohol abuse, I use the phrase *heavy drinking* as the general label for all forms of excessive consumption, reserving the word *alcoholism* for reporting the work of researchers who use that term in their studies.

Dependence, Compulsions, Addictions

From what I have said, you may already be wondering how the new approach to alcohol abuse bears on other forms of addiction or compulsive behavior. What about addictions to heroin, cigarettes, caffeine, cocaine, gambling? What about compulsive eating, or compulsive spending, or repeated sexual offenses?

The pattern of chronic heavy drinking seems at least somewhat analogous to these other patterns of behavior, all of which we tend to refer to as addictions, compulsions, or dependence. And some researchers are starting to conceive of all these forms of "excessive appetite" as variants on one theme, to be incorporated in a "unitary theory."[11] This idea is still somewhat speculative, however, and despite the important commonalities, the evidence also shows significant differences—behavioral as well as chemical—among the various so-called addictions.

Let me add that although I do believe that many of the basic ideas presented in this book apply equally well to other addictions, nothing in my discussion hangs on any such belief.

It may avoid confusion if I also add that this book is not primarily concerned with alcohol intoxication.[12] Obviously heavy drinkers are often intoxicated, but not everyone who gets intoxicated is a chronic heavy drinker. On the contrary, most people who get drunk on occasion are not chronic heavy drinkers. So, while the two topics can't be completely separated, this book focuses on chronic heavy drinkers and the difficulties of understanding and helping persistent long-term drinkers.

Notes

1. Mann, *Primer on Alcoholism* (1950), 8.
2. Mann (1950), 10.
3. *Alcohol: Use and Abuse in America* (1985); Caetano, "Public Opinions About Alcoholism and Its Treatment" (1987); Crawford, "Attitudes About Alcohol" (1987).
4. Marlatt, "The Controlled Drinking Controversy" (1983), 1107.
5. Kissin, "The Disease Concept of Alcoholism" (1983), 121.
6. Shaw et al., *Responding to Drinking Problems* (1978), 58–61.
7. On the self-perceptions of heavy drinkers, see M. Moore and Gerstein, *Alcohol and Public Policy* (1981), 44–45; Moser, *Prevention of Alcohol-Related Problems* (1980), 55–70. On the diagnosis of heavy drinkers, see Olson and Gerstein, *Alcohol in America* (1985), 22–23.
8. Saxe, Dougherty, and Esty, "The Effectiveness and Cost of Alcoholism Treatment" (1985), 488.
9. On the issue of measuring, see Room, "Measurement and Distribution of Drinking Patterns and Problems" (1977), 78–79; Cahalan, "Subcultural Differences in Drinking Behavior" (1978), 240; Schuckit, *Alcohol Patterns and Problems* (1985c), 32; Cahalan and Room, *Problem Drinking Among American Men* (1974), 29.
10. Statistics of this kind are highly variable, often depending on inferences as well as diverse definitions. See, for example, Saxe, Dougherty, and Esty (1985); Room (1977); Clark and Cahalan, "Changes in Problem Drinking Over a Four-Year Span" (1976).
11. Peele, *The Meaning of Addiction* (1985), is to my mind the best recent comprehensive statement about addiction. Peele draws on a variety of disciplines in his discussion of heavy drinking as a complex human dilemma rather than a unitary physical disease; see also Galizio and Maisto, *Determinants of Substance Abuse* (1985); Peele, *Visions of Addiction* (1987c); Orford, *Excessive Appetites* (1985). An interesting study of the psychosocial meaning of heroin addiction and recovery, which touches on themes in this book, is Biernacki, *Pathways from Heroin Addiction* (1986). See also Kaplan, *The Hardest Drug* (1983); Fingarette, "Addiction and Criminal Responsibility" (1975) and "Legal Aspects of Alcoholism and Other Addictions" (1981).