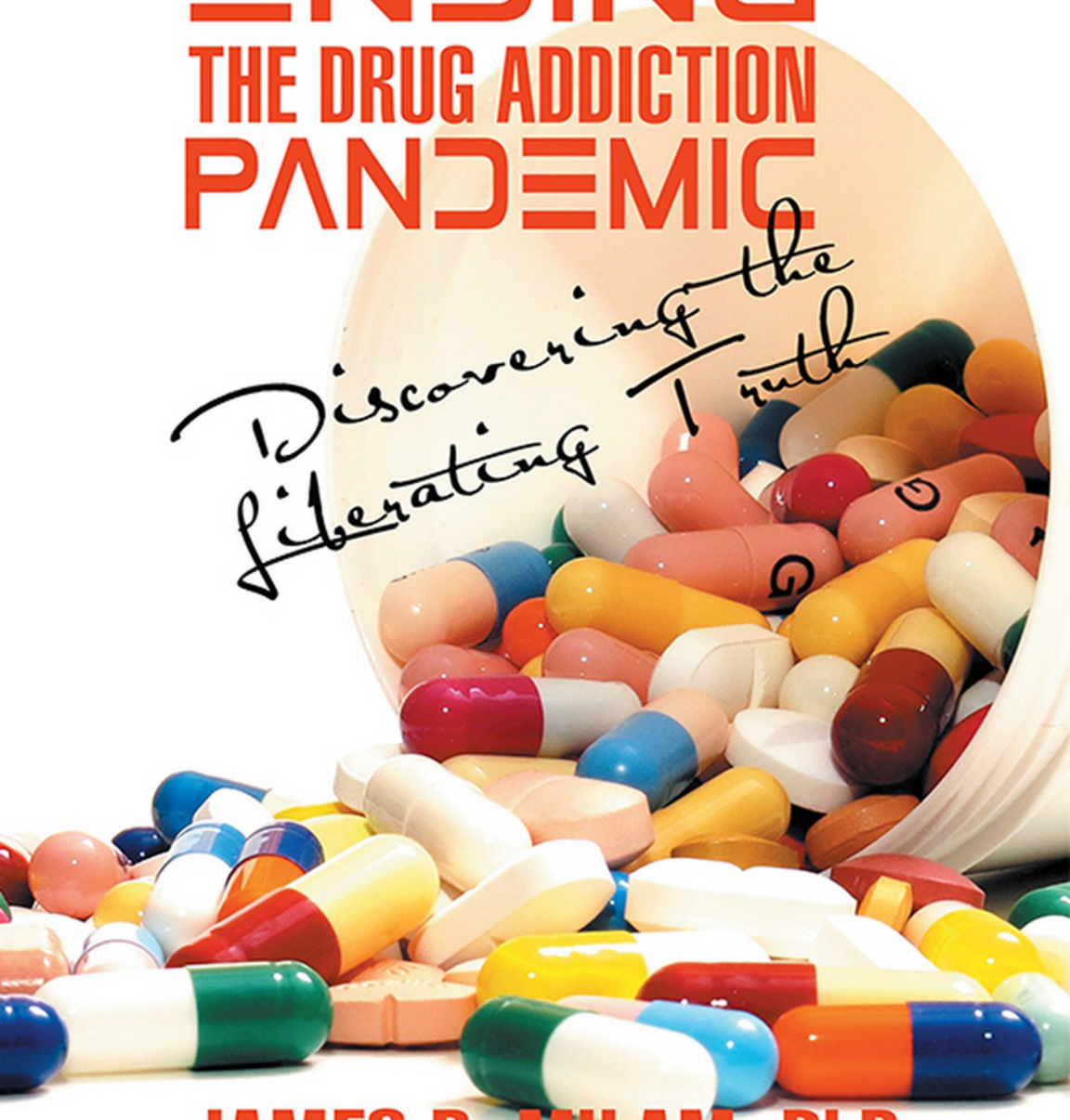
ENDING THE DRUG ADDICTION PANDEMIC



JAMES R. MILAM, PhD

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Discovering the Liberating Truth

by
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Chapter 1: Introduction

Since its first publication in 1981 I have been best known for my book, *Under the Influence (UI),* coauthored with Catherine Ketcham. It was soon recognized as a classic and the indispensable guide to recovery in effective AA oriented treatment programs. In 1983 it became a Bantam paperback and now 3 decades later it is still a top seller in the field. Millions of alcoholics and drug addicts owe their recovery at least in part to this remarkable practical guide to treatment and recovery. Nevertheless, my first book, The Emergent Comprehensive Concept of Alcoholism (ECCA), self-published in 1970, was the more generic and exciting of the two.

The opening sentence of ECCA stated simply and unequivocally that "The most important phenomenon in alcoholism since the founding of Alcoholics Anonymous in 1935, and the least understood by the general public, is the fact that the long awaited scientific and technological breakthrough has already occurred." The rest of the ECCA then explained the new concept, documented it with scientific and clinical research evidence, and contrasted it with the defunct psychiatric view of alcoholism that it is destined to replace.

The truth is that alcoholism is a genetic predisposition, a biological susceptibility. It is activated by simply drinking beverage alcohol regardless of the psychological characteristics of drinkers or why, when, how, or how much they initially drink. Aside from the invisible genetic predisposition, before they first start drinking and during the early adaptation phase of their alcoholism alcoholics are biologically, socially, and psychologically normal and indistinguishable from nonalcoholics. Early adaptation and rising tolerance requires the increasingly heavier alcohol intake that in turn causes the progressive brain syndrome and the neuropsychological symptoms that are then wrongly diagnosed as

a preexisting functional psychiatric problem. This is why most alcoholics are still being destructively treated with psychotherapy and/or cross addicting psychoactive drugs. The recovery rate is worse than zero as the deterioration is compounded and accelerated by the synergism of the toxic metabolites of alcohol and drugs.

Although I was excited about the discovery and expected that ECCA would be warmly received, I was unprepared for the enthusiasm of the response and the surge in demand on my time that soon followed its publication. Because I had already been extremely busy with consulting, public lectures, and helping to start new treatment programs incorporating the new understanding, I had written ECCA in my spare time over a period of about 6 weekends. And although it was initially promoted only locally in my public lectures in and around Seattle, it soon flashed across the nation in the grass roots alcoholism reform movement that was just starting to captivate the country in the early 1970s. It revealed the decisive role of psychiatry in keeping society blinded and paralyzed within the inverted view of alcoholism. It was that little book that suddenly catapulted me onto the national scene as a leading authority on addiction, and that created the initial demand for me on the national lecture circuit.

I soon discovered in Thomas Kuhn's *The Structure of Scientific Revolutions (1962)* that the newly emerging comprehensive concept qualifies as a new scientific paradigm. Kuhn explained that in a shift from an old to a new paradigm compromise is not possible. The two paradigms are mutually exclusive. It is essential to discovering a new paradigm to realize at the outset that it cannot be reached as a modification or linear extension of the old. It is an alternative, a wholly new gestalt.

Kuhn's explanations helped to gather up the loose ends and complete the delineation of the boundary between the old false beliefs about alcoholism and the new factual information. I renamed what I had called the emergent concept the accurately descriptive name, *the biogenic paradigm* of addiction, and the false view that it replaced the descriptive name, *the psychogenic paradigm*.

The contrast between the two paradigms can be illustrated by Robert Louis Stevenson's classic parable of addiction, "Dr. Jekyll and Mr. Hyde." In the psychogenic view, the insane, murderous Hyde is the real person, with Jekyll merely a facade. It taps deep currents in American thought—the notions of original sin and the Freudian Id—that beneath the inhibiting veneer of civilization man is inherently evil. Alcoholism merely releases this deeper ugliness by removing the inhibitions. In vino veritas [in wine is truth]. The task of therapy is to engage and civilize Hyde. Treatment fails because the contemptible Hyde is willfully incorrigible. He deserves the stigma and scorn of society.

Within the biogenic paradigm Jekyll is the real person, Hyde a neuropsychological distortion created by the addictive chemical. Hyde exhibits the same kind of deterioration of personality and character as victims of such other progressive brain pathologies as brain syphilis or a brain tumor. Body, mind, and spirit (including willpower) are biologically compromised and subverted to serve the addiction. Given time for healing, in alcoholism the brain syndrome is reversible. The task of therapy is to restore Jekyll to sanity and selfhood, and to start him on a path that will preclude a return to the addictive, transforming chemical.

It also became evident that according to Kuhn's criteria what I had called the psychogenic paradigm was pre-scientific thinking. But in this instance the recognition of it as such was complicated by the fact that for over a century two conflicting versions of the same pre-scientific thinking have prevailed, represented by the Drys responsible for Prohibition, and the Wets who flouted the law and got it repealed. Widely as they differed in their conclusions and agendas, they were both born of the same historic frustration, disgust and contempt for the drunkard for not controlling his drinking like everyone else soon learns to do.

The unspoken universally shared premise has always been that *alcohol affects everyone the same biologically* and that therefore only a serious character defect could possibly account for such wanton self indulgence and lack of normal

self control. It is this shared premise that permits only the two possible alternatives represented by the Drys and the Wets: For the Drys alcohol is addictive and alcoholics are those without the strength of character to resist or overcome the addiction. For the Wets alcohol is not addictive, and alcoholics are those who shamefully overindulge, who abuse alcohol. Either way, the 10 percent of drinkers who are alcoholic are culpable for failing to control their drinking like the other 90 percent of drinkers do.

Virtually everyone has sided with either the Drys or the Wets without realizing that both are blindly committed to ignorance of alcoholism. Therefore even when legitimate scientific and clinical evidence has been reported it has been brushed aside by everyone as inexplicable and anomalous. Through the first half of the 20th Century, legitimate scientific and clinical knowledge accumulated in the shadows, ignored by psychiatry and the establishment and therefore by the public.

But it did attract more and more scientists and clinicians and the pace of discovery and dissemination accelerated, culminating in the surge of research studies in the 1960s. When all of the legitimate animal and clinical research evidence is gathered together it naturally falls into place to comprise the biogenic paradigm. Nothing is forced in or left out to argue about. And because all parts are valid, the whole is also validated by internal consistency. It is not a philosophy or a theory. It is an all embracing new gestalt, a compelling total perception.

For anyone willing and able to look, the evidence is abundant and conclusive that alcohol is a selectively addictive drug, and that the selection is biological and genetic. However, without certification of any new paradigm and its supporting evidence by society's official authorities on the problem it remains invisible to the public from within the old paradigm.

By 1980 I had presented this new understanding of alcoholism in lectures to enthusiastic audiences in most of the 50 States, with return appearances in many of them.

Under The Influence was written not as a successor to ECCA but as a companion volume to meet the urgent need

for a practical guide to enlightened intervention and treatment of addiction. The translation of all of the complex technical ideas into simpler language by coauthor Ketcham made it easier to read and understand for still sick and confused alcoholics who most urgently need the information. Nevertheless, its complete fidelity to the underlying biogenic paradigm, as explained in ECCA, is what gives the more clinical application in UI its powerful ring of authenticity.

Unfortunately, because her subsequent publications have been destructively misleading by straddling both paradigms, it is necessary to mention that Ketcham didn't then and apparently still doesn't understand the new paradigm, or even recognize that there is one. I chose her as coauthor because earlier in writing a feature about my work for Seattle Magazine she was uniquely willing to let me review and deeply correct the final copy. I was impressed because of the many such reporters who wrote features about my early work she was the first to put accuracy above ego and pride of authorship to that extent. She agreed that I would dictate the content of every chapter of UI, and have final editing authority on everything she wrote.

Although she was required to rewrite every chapter twice, and it was very stressful for both of us, to her credit without exception she always finally yielded. I would be reminded of the issues involved when a decade later she authored a book on alcoholism with three coauthors who were AA members. The following quotations from that book demonstrate her agreement with the mistaken AA belief that character defects made them alcoholics in the first place:

> "Alcoholism is caused by biochemical, neurophysiologic abnormalities that are passed down from one generation to the next or, in some cases, acquired through heavy or prolonged drinking."

> "Over a period of several years and sometimes decades, the social drinker is irreversibly transformed into an alcoholic."

While writing UI we noted in passing the heated conflict between The National Institute on Alcohol Abuse and Alcoholism (NIAAA) and legitimate scientists, but deliberately avoided being drawn into this complicated issue. Instead, we summarized that "The problem is deeper than a superficial disagreement among scholars. Violent feeling lurks here. Profound insecurities and long-standing feuds smolder."

I knew by direct contact with the scientists that the lurking "violent feelings" were those of outraged legitimate scientists whose funding was being threatened, whose voices were being stifled, and whose discoveries were shamelessly being misrepresented in the public discussion. Their noisy protest was quieted only when their funds were cut and they were forced to find other employment.

At that same time some conscientious professionals, including some prominent psychiatrists, confronted directly with the scientific evidence and the explanation of the new paradigm in ECCA, were openly admitting to the general failure of psychiatry to cope with alcoholism effectively. In 1973, Kenneth Eaton, NIAAA Deputy Director under Chafetz, told a special task force that alcoholism is "not a mental health problem," adding that the psychiatric approach - to alcoholism is "not only the most expensive, but probably the least effective."

Psychiatrist Peter Bourne, President Carter's Special Assistant for Health Issues told a December 9, 1977 board meeting of the Alcohol and Drug-Problems Association (ADPA) that "one of the big battles you are going to face in the next few years is whether psychiatrists should have any involvement at all in treating people with alcoholism problems." He predicted that psychiatrists would lose the battle for control.

In January 1978 Peter Brock, then Director of Education and Research for the Group Health Association of America, reported to the President's Commission on Mental Health that mental health professionals have "struck out" because they have not recognized that alcoholism is a primary problem and not a symptom of something else.

Psychiatrist David Ohlms gave a pointed warning to psychiatrists and mental health practitioners at the June, 1979 midcentral regional meeting of the National Association of Alcoholism Counselors that "As long as the mental health field insists on viewing alcoholism as a symptom rather than a primary disease that creates its own symptoms it should keep its nose out of the alcoholism field."

It seemed impossible in those days that the enlightened minority would allow their parent profession of psychiatry to continue in ignorance and denial of addiction. Although the whole field of alcoholism was still unsettled with major conflicts and crosscurrents it seemed safe to let ECCA go out of print temporarily. There were two important reasons for doing so:

The first was to shift the spotlight to the publication of UI in 1981 as the practical application of the new paradigm. The second was to provide the time to rewrite, expand, and more thoroughly document ECCA to become both the definitive explanation of the new paradigm and the guide to overcoming the remaining opposition to recognizing it. However, leading psychiatrists quickly noticed both that UI was not directly confrontational, and that ECCA was out of print. As they realized that they were no longer being so visibly confronted with the error of their ways, they resumed their preparation to trash the whole grass roots movement toward enlightenment.

It was easy to reassert the psychogenic belief about alcoholism because it has always been the default position and it still appeared to the public as the obvious truth. As the abundant scientific and clinical evidence that it is false began to appear psychiatrists simply became more proactive in misrepresenting and suppressing it and pandering to the old belief. They provided the media and the public with steady flow of disinformation, bogus research claims and unfounded opinions.

As Kuhn explained, "… a new paradigm and its supportive evidence are invisible from within the old." It is for this

reason that a new paradigm is always first discovered by someone uniquely prepared and positioned to do so. Kuhn warned that the first attempts to communication it to others not so favorably situated are rarely successful. Almost no one can see the new paradigm when it is first described to them because the old false paradigm already has a monopoly on the territory as the given truth, the obvious definition of reality.

Clearly illustrating the blinding effect of the old paradigm is the fact that hardly anyone who was excited by my first book and public lectures actually discovered the new paradigm. What I presented was warmly received by nearly everyone in the grass roots movement, but as it turned out the enthusiasm was a response to only part of the message. There was appreciation all around that I was providing definitive scientific and clinical evidence supporting the belief of Jellinek and the whole grass roots movement: regardless of its cause, alcoholism becomes a progressive disease that requires continuous total abstinence from alcohol and all substitute drugs for recovery. The equally important conclusive scientific evidence that character defects are not contributing causes of alcoholism was ignored.

When I explained the new paradigm to them in lectures and counseling, some alcoholic patients clearly indicated that they did understand, and that they were incorporating the new understanding in their own personal recovery programs. The relief of guilt and shame and the general improvement in the quality of their recoveries were clearly evident during follow-up counseling. It demonstrated that given enough time the enlightenment could eventually spread to a majority of AA members. It could then safely become openly acknowledged. Until then the minority of enlightened ones would need to publicly stay in the closet and help others only by individual contact. Meanwhile, they could enjoy their enlightenment and higher quality of sobriety without any conflict within the AA fellowship. The program was deliberately designed to preclude any conflict.

The Big Book of AA is a testimonial of the first members who worked out the ideas and wording in prolonged, intense discussions with the principal founder, Bill Wilson, who actually drafted it. It is a collective testimonial. The preamble says, "If you want what we have, here is what we did." It never says "here is what you must believe or what you must do." Diversity of ideas is further condoned by the simple statement that "The only requirement for membership is a desire to stop drinking." Everything else is optional. "No one speaks for AA as a whole," but many members have contributed to general public dialogue not as members but as individuals. Bill Wilson, Marty Mann, Iowa Senator Harold Hughes, Fluor Corporation CEO Thomas Pike and many others have made significant public contributions.

Not as well known to the pubic as the others just mentioned, Mann was well born and a person of extraordinary stature and influence. She was a founding member of AA and the first female member. She founded The National Council on Alcoholism in 1944, authored two influential books about alcoholism and was for several decades a tireless lecturer and consultant on alcoholism around the United States and abroad. In the early 1950s world famous journalist Edward R. Murrow declared Mann to be one of the 10 greatest living Americans. Remembering her extraordinary credentials is especially important because ankle biting lackeys of vested interests in denial have polluted the Internet trying to diminish her lasting influence by portraying her as some kind of light weight bimbo.

When he created his program of physical aversion conditioning, like everyone else Charles Shadel assumed that the underlying psychological causes of alcoholism needed to be treated. In his initial program, during the first 10 days that patients were in the hospital, there were 5 aversion conditioning sessions, administered on alternate days. In the evening after each aversion treatment patients were given an injection of Pentothal, the "truth serum," and as they dozed off they were subjected to a probing psychiatric interview to

determine the real underlying reasons why they drank. They were then allowed to sleep until they spontaneously woke up late the next morning. Then in a counseling session each patient was confronted with what he had confessed under the influence of pentothal to be his real reasons for drinking, and counseled on more mature ways to respond to whatever he had named as a cause for his alcoholic drinking.

Several controlled studies by staff psychiatrist Fred Lemere and others discovered and documented the fact that just the deep, prolonged Pentothal sleep itself was therapeutic but that the probing interview and feedback of the information in counseling the next day added nothing to understanding why the patient drank, the probability of successful recovery, or the quality of life of those who did recover. The alternating pattern of 5 sessions of aversion conditioning and 5 nights of healing Pentothal sleep continued, but without the interviews or feedback counseling. Jekyll was absolved rather than forgiven for Hyde's bad behavior. At that point Shadel treatment became consistent with the new paradigm, but on a pragmatic footing without realizing that it exemplified the new paradigm.

I still chose the AA based model to eventually demonstrate the new paradigm for practical reasons. In 1970, after 35 years in operation there was still only the one Shadel program in the original 55 bed hospital, able to treat only a comparatively small number of alcoholics. Although it was a proprietary program, that wasn't the reason it hadn't spread beyond the one facility. With a stronger flow of referrals the program could have been replicated very quickly in an ever expanding number of other locations. But in spite of its immediate success in treating alcoholic patients there have always been special obstacles to attracting more referrals and very little that Shadel could do to overcome them.

The basic Shadel treatment was relatively brief, but technically more complicated and difficult to understand than the AA oriented programs. There was also the problem that no one could figure out what happened to the presumed

"underlying character defects" of Shadel patients when they recovered. The psychiatric problems were always flagrantly obvious when patients entered treatment. Although they subsided and disappeared in recovery, they always reappeared when patients relapsed. Did patients just learn to repress them, as psychiatrists always insisted?

The AA oriented treatment programs were more readily understood and accepted by the public because AA had incorporated the common belief that alcoholism is caused by character defects. The Big Book of AA refers to "… our character defects that made us alcoholics in the first place." The Twelve Steps of AA are designed specifically to recognize, acknowledge and overcome these personal shortcomings. Guilt and contrition were still evident in recovered alcoholics in AA. Because of this familiar shared belief, the AA oriented programs attracted far more patient referrals than the unfamiliar Shadel program. They quickly proliferated and soon thousands of alcoholics were flowing through treatment programs into AA all over the United States and in many other countries.

In 1968 it seemed that information about the new paradigm would reach the general public faster through reeducating this huge and expanding population of staff members and patients than it would be to start with the very limited numbers of Shadel staff members and patients.

The mistaken belief that character defects are the cause of alcoholism is the only thing that psychiatry and AA agree on. They profoundly disagree on the progressive disease that develops and what must be done about it. It is here that AA and the successful abstinence based treatment programs have the scientific and ethical high ground. By painful trial and error they learned two critically important facts. One, an alcoholic can arrest the disease and fully recover from it only through continuous total abstinence. And two, an alcoholic can never safely take the first drink. Both the importance of continuous total abstinence and the difficulty in achieving it are signaled by the statement in the Big Book, "The only requirement

for membership is the desire to stop drinking." And it is this simple qualification that should also make it obvious to anyone that AA doesn't qualify as a religious cult.

Follow-up studies of the successful patients of both Shadel and the other abstinence based treatments showed that after recovery their health care costs dropped sharply, to below the level of costs for nonalcoholics. It was obvious to leading psychiatrists that the success of these thriving alternatives in attracting and effectively treating these "hopeless" patients was not only creating a revenue crisis, it was threatening to destroy the credibility and authority of their profession.

They viewed it as an additional annoyance that a small but growing number of their members were defecting and humbly learning to participate in the highly effective grass roots revolution. At the same time, they saw in the budding street-drug culture a way to both disarm all criticisms of their egregious failure and to recapture most of the alcoholics and drug addicted patients escaping their revolving doors. They would take the offensive and make their denial of addiction unassailable.

During the 1960s marijuana already had been successfully promoted as harmless and non-addictive by psychiatrist Timothy Leary and others in academia, and therefore in the entertainment industry and the media, when during the 1970s there was a sharp increase in cocaine use. Quelling public concern, President Carter's drug czar, psychiatrist Peter Bourne, made the culture of denial of drug addiction official with the irresponsible declaration from the White House, "Don't worry about cocaine. It is among the most benign of all drugs in widespread use." Thus by official government decree the drugs were exonerated as harmless, unless they are "abused." Psychiatrists could never be held accountable for destroying their addicted patients with addictive prescription drugs. When a drug addict is treated, fails to recover, and runs amok the blame falls only on him for his willful "drug abuse." In his obituary, his psychiatrist will explain that he died of substance abuse in spite of intensive efforts to save him."

Whatever psychiatrist did would be called treatment while the abstinence based addiction treatment programs, even when in a hospital, would be called Rehab centers—where substance abusers go to learn to be good.

In spite of the fact that none of their patients has ever done so, for more than a half century psychiatrists have continued to insist that because alcoholism is a learned behavior alcoholics can unlearn it and drink normally. They have sometimes taught nonalcoholic college age problem drinkers to drink more moderately, but they have repeatedly admitted that during the decades of trying to do so they have never been able to teach a single alcoholic to do so. Their failure only heightened psychiatrists' concern that during he 1970s and early 1980s ever-increasing hundreds of thousands of patients were escaping their lucrative revolving doors into full recovery through effective abstinence based treatment. Moreover, in addition to Shadel and the Cedar Hills and Alcenas programs near Seattle other well known AA oriented programs, like the Hazelton program in Minnesota and the Betty Ford Center in California, were attracting ever more public attention.

As patients disappeared into recovery, the flow of many billions of dollars of establishment revolving door revenues disappeared with them. To make matters worse psychiatrists were also keenly aware that the new biogenic paradigm of addiction, fomenting within the successful grass roots movement, would sooner or later reach critical mass and explode into general public awareness. That would be the absolute end of the disinformation and the credibility of psychiatrists as authorities on alcoholism, or anything else. During the 1980s they constructed the plan that finally put an end to the threat.

In the early 1970s psychiatrist Morris Chafetz, a leading psychoanalyst and founding Director of the newly created NIAAA had first alluded to the planned counter attack with the repeated proclamation that, "It is a shame to see the creation of so many special alcoholism treatment programs.

They will all have to be dismantled when we take alcoholism back into the main stream of healthcare." What had seemed like a face saving boast by an arrogant bureaucrat so long ago suddenly materialized in 1989.

After nearly 2 decades of preparation, psychiatrists and their many establishment cohorts suddenly labeled the whole grass roots movement a "rip-off industry" and launched a media blitz that all but destroyed it. Many of the newer treatment programs were underperforming and overpriced, created by psychiatrists and other mental health professionals purely to exploit the popularity of free standing treatment programs. As though they were typical, it was they who provided the excuse for the destructive media blitz to include all of the abstinence based programs as components of the rip off industry.

Referrals to all of the special programs dropped substantially as most alcoholics were once again referred to the conventional mental health revolving doors. Professionals who had created the bogus programs simply closed them with a shrug and returned to treat the patients returning to the more traditional psychiatric clinics and hospitals. Of course, the total failure of the drug war was assured.

Shadel Hospital and many of the well established AA oriented treatment programs in licensed hospitals were still reimbursed by insurance carriers and survived. Some in non hospital facilities had a strong enough referral base to also adapt and survive, but the majority did not. After just a couple of years most of the abstinence based treatment programs were gone. Still straddling the two paradigms, leaders of the grass roots movement could not articulate an effective defense so they simply switched to survival mode and ran for cover.

That was also when Dorris Hutchison, cofounder of Alcenas, and Mel Schulstad, who had written the glowing praise of ECCA in the Forward of UI, revealed that they also had been straddling the two paradigms. They dropped the pretense of understanding and found employment with others

who were still having it both ways. Later, as an attempted defense of his defection, Schulstad, asked bluntly, "If, as you say, alcoholism is just a genetic biological problem, how come it takes a spiritual program to recover from it?" I was stunned. I knew that he was a long time member of AA, but I wondered how he could possibly not know about the many Shadel patients who had fully recovered without their spiritual lives being even mentioned during their treatment, and with no AA followup.

From continuing contact with many ex-patients and others acquainted with my writings and lectures it was evident that they had fully grasped the new paradigm. They were standing their ground, demonstrating that once an important truth is known it can't become unknown again. But they were too few and too scattered to be noticed above the clamor of Stanton Peele and the others misrepresenting and trashing the grassroots movement in the media.

Any of the abusive, destructive practices of psychiatrists were referred to respectfully as treatment. But even when in a hospital the fully professional and highly effective abstinence based treatment programs were dismissively referred to as Rehab Centers, where people who have been bad go to learn to be good.

For others attempting to discover a newly reported paradigm, passively waiting to be persuaded as each piece of legitimate evidence bounces off the full armor of the old is the sure way to never make the new discovery. That is how the earth stayed flat for so long, and that is what defeated the first effort to start the paradigm shift in alcoholism. Instead, it is necessary to suspend disbelief long enough to discover not only that each piece of the truth is validated by its own evidence, but that it is also supported, clarified and validated by all of the other pieces as each takes its place in the total configuration. And it is only as the individual truths come together to form the whole truth that they more completely expose and replace the corresponding falsehoods in the web of denial.