
Classic Articles

- 1803 Rush B. *An Inquiry into the Effects of Ardent Spirits on the Human Body and Mind, with an Account of the Means of Preventing and the Remedies of Curing Them.*
This monograph, authored by the first Surgeon General of the United States and one of the signers of the Declaration of Independence, is one of the first publications in the US. addressing alcoholism/inebriety as a health issue and speaking to its etiology and treatment. Several editions were published.
- 1941 Alexander J. Alcoholics Anonymous: Freed slaves of drink, now they free others. *Saturday Evening Post* March 1: 9-11+, 1941.
This article in the popular press was very instrumental in popularizing AA. It is recommended as well to contemporary readers unfamiliar with the early days of AA or the nature and level of stigma against alcoholism that prevailed in an earlier era along with the absence of treatment resources.
- 1942 Jellinek EM, ed. *Alcohol Addiction & Chronic Alcoholism. Volume 1. Effects of Alcohol on the Individual: A Critical Exposition of Present Knowledge.* New Haven CT: Yale University Press: 336 pp., 1942.
This work was instrumental in introducing the disease concept of alcoholism.
- 1943 Horton D. The functions of alcohol in primitive societies: A cross-cultural study. *Quarterly Journal of Studies on Alcohol* . 4: 199-320, 1943.
Note: reprinted IN: Pittman DJ; White HR, eds. *Society, Culture, and Drinking Patterns Reexamined.* New Brunswick NJ: Rutgers Center of Alcohol Studies, 1991. pp. 7-31.
This study examined the functions of alcohol in preliterate societies. The thesis was that the degree of inebriety is directly related to the degree of anxiety in the culture. Three sources of anxiety were postulated, i.e. the level of subsistence, the presence or absence of subsistence hazards, and the degree of acculturation. This research gave rise to the "anxiety thesis of the etiology of alcoholism.
- 1946 Bales R. Cultural differences in rates of alcoholism. *Quarterly Journal of Studies on Alcohol* 6(6): 480-499, 1946. (16 refs.)
This classic work describes four different cultural orientations toward alcohol use: total abstinence, ritual, convivial, and utilitarian uses and the influence of these orientations upon a culture's rate of alcoholism. The role of a cultural orientation toward drinking continues to influence current understanding of the origins of alcohol and other drug problems, the differences in levels of alcoholism between cultural groups, and thereby influences public policy and program development.
- 1948 Tiebout H. Alcoholism: Treatment of a symptom. *American Journal of Psychiatry.* (Reprinted in *Problems of Addiction and Habituation*, Grune and Stratton, Inc., 1958)
This monograph represents one of the earliest writings addressed to professional audiences on the management of alcoholism. In effect the author challenged the psychiatric practice of that time by emphasizing that treatment of alcoholics needs to focus upon the drinking behavior rather than upon underlying personality traits or psychopathology which in that era would have been presumed to drive the drinking behavior.
- 1952 Jellinek EM. Phases of alcohol addiction. *Quarterly Journal of Studeis on Alcohol*

13: 673-684, 1952. [Reprinted in Pittman DJ; White HR, eds. *Society, Culture, and Drinking Patterns Reexamined*. New Brunswick NJ: Rutgers Center of Alcohol Studies, 1991. pp. 403-416. (36 refs.)]

This chapter is reprinted from the earlier edition of this work and represents an edited version of a paper originally published in 1946. It significantly influenced the adoption of the disease concept and defined the attributes of the disease. While recognizing that there are different forms of excessive drinking, one variant is viewed as representing alcoholism as opposed to habitual symptomatic excessive drinking, and as being accessible to medical-psychiatric treatment. Four phases in the emergence of alcoholism are described: the prealcoholic symptomatic phase, the prodromal phase, the crucial phase and the chronic phase. The hallmark signs and symptoms and the order of their appearance are charted. The data were derived from surveys of 2,000 male alcoholics conducted by the organization arm of Alcoholics Anonymous.

1953 Victor M; Adams RD. The effect of alcohol on the nervous system. *Research Publications. Association for Research in Nervous and Mental Disease* 32: 526-573, 1953. (56 refs.)

The research reported in this article ties the origins of alcohol withdrawal phenomenon to either absolute or relative cessation of drinking by dependent individuals, rather than being caused by nutritional factors which were earlier thought to the cause of withdrawal.

1954 Jackson JK. The adjustment of the family to the crisis of alcoholism. *Quarterly Journal of Studies on Alcohol* 15(4): 562-586, 1954. (9 refs.)

Through a study of members of the "AA Auxiliary," the predecessor of Al Anon, the author identifies a seven step progression in a family's adjustment to the presence of an alcoholic member. The stages are denial, efforts to eliminate the problem, disorganization, efforts to reorganize despite the problem, efforts to escape the problem, which may entail a dissolution of the marriage, and lead either to reorganization of part of the family or recovery and reorganization of the whole family.

1960 Jellinek EM. *The Disease Concept of Alcoholism*. New Haven CT: Hill House, 1960. In this volume, the author formulates the disease concept, phases of alcoholism and introduces the concept of different types of alcoholism.

1968 Lemoine P; Harousseau H et al. Children of alcoholic parents: Abnormalities observed in 127 cases. *Ouest Medical (Paris)* 21: 476-482, 1968.

This article is the first in the modern literature to describe the phenomenon of fetal alcohol syndrome, that is a distinctive pattern of fetal abnormalities attributable to maternal alcohol use.

1971 Bateson G. The cybernetics of "self": A theory of alcoholism. *Psychiatry* 34(1): 1-18, 1971. (16 refs.)

This is one of the first works to address essentially a systems perspective alcoholism. The essay suggests that a new epistemology is required, one derived from cybernetics and systems theory in required to understand the "logic" of alcoholism and the orientation of Alcoholics Anonymous which differs from the traditional epistemological formulations common in medicine and human services.

Goodwin DW. Is alcoholism hereditary? (review). *Archives of General Psychiatry* 25(6): 545-549, 1971. (35 refs.)

It has been long observed that alcoholism runs in families, nonetheless the task of separating the influences of nature vs. nurture is difficult. This article presents the early, key studies that demonstrated the role of heredity in some cases of alcohol dependence.

- 1972 Lieber CS. Metabolism of ethanol and alcoholism: Racial and acquired factors. *Annals of Internal Medicine* 76(2): 326-327, 1972. (10 refs.)
This article addresses genetic differences in metabolism which may have implications for differential rates of alcoholism between different racial groups. It had been hypothesized that higher rates of alcoholism among Native Americans were attributable to racially based differences in metabolism. This article essentially demolishes that hypothesis, pointing out that within group differences based on race are greater than between group differences.
- 1973 Goodwin DW; Schulsinger F et al. Alcohol problems in adoptees raised apart from alcoholic biological parents. *Archives of General Psychiatry* 28(2): 238-243, 1973.
In this article the authors endeavor to distinguish between the roles of nature and nurture, in the etiology of alcoholism, comparing the relative contributions of growing up in a home with an alcoholic parent and having a biological parent with alcoholism. The authors studied half-siblings, creating four groups on the basis of being or not growing up in an alcoholic home and having or not having a biological parent with alcoholism, and therefore presumably having some genetic loading for the emergence of alcoholism. Copyright 1973, American Medical Association.
- Jones KL et al. Pattern of malformation in offspring of chronic alcoholic mothers. *Lancet* 1(7815): 1267-1271, 1973.
This article represents the first modern English language publication on the teratogenic effects of alcohol, and the phenomenon of fetal alcohol syndrome. It is essentially a replication of the three-year earlier study by the French researchers, Lemoine and Harousseau.
- Johnson V. *I'll Quit Tomorrow*. New York: Harper & Row, Publishers, 1973.
This book, along with a film of the same name, introduced the technique of "the intervention", a method to initiate alcohol treatment. The use of "interventions" has since promoted earlier treatment and prompted care for those previously seen as either "unready" or "inaccessible." The adoption of this clinical approach dispelled the myth that a patient's apparent motivation to cease use is a significant factor in determining treatment outcome, thus revolutionizing alcohol treatment, and by example, drug abuse treatment as well. This work also introduced the concept of "enabling", i.e. the view that the interaction between the family and the alcoholic may unwittingly support the continuation of drinking or drug use. Efforts to counter these behaviors, tied to the framework of the "intervention", offered family a constructive role, beyond "detachment with love", the primary orientation as popularized by Al Anon, the self-help group for family members. This work was also instrumental in introducing the concept of "codependency" and the view of alcoholism as a 'family illness.'
- 1974 Lieber CS; DeCarli LM. An experimental model of alcohol feeding and liver injury in the baboon. *Journal of Medical Primatology* 3(3): 153-163, 1974.
Prior to the publication of this research, the emergence of cirrhosis was attributed not to the effects of alcohol per se but to malnutrition.
- 1976 Kalb M; Propper MS. The future of alcoholology: Craft or science? *American Journal of Psychiatry* 133(6): 641-645, 1976
The authors discuss the problems that have resulted from the influx of professionals into the field of alcoholism, which has historically been dominated by paraprofessional workers. The interaction of the professional, who operates from a scientific model, with the paraprofessional whose model of treatment has followed craft lines, has created unique problems and tensions. A synergism has been created which has been detrimental rather than complementary. The authors suggest that the future of the alcohol field will have to be established along craft (paraprofessional) or scientific (professional) lines because the two models cannot profitably co-exist. Copyright 1976, American Psychiatric Association. Used with permission.
- Rand Corporation; Armor DJ; Polich JM. *Alcoholism and Treatment*. Santa Monica

CA: Rand Corporation, 1976.

This represents one of the first treatment outcome studies conducted for NIAAA of those enrolled in its funded treatment programs. It achieved "notoriety" when some of its findings were released at a press conference, rather than through scientific media, supported the notion of the potential for "controlled drinking" which went counter to the dominant beliefs of that era.

1978 Sobell MB; Sobell LC. *Behavioral Treatment of Alcohol Problems*. New York: Plenum Press, 1978.

The Sobells have been among the most prolific researchers in the behavioral quarter of the research-treatment community. This work includes a summary of a project involving a training regimen using behavioral paradigms that was reported successfully to replace addicted uncontrolled use with a pattern of "controlled drinking."

See: Pendery, Maltzman, West below.

1982 Pendery ML; Maltzman IM; West LJ. Controlled drinking by alcoholics?: New findings and a reevaluation of a major affirmative study. *Science* 217(4555):169-175, 1982. (30 refs)

This study reexamines the evidence underlying a widely cited report by Sobell and Sobell of successful controlled drinking by a substantial proportion of gamma (physically dependent) alcoholic subjects in a behavior therapy experiment. Follow-up of the subjects reveals that most subjects trained to do controlled drinking failed from the outset to drink safely. The majority were hospitalized for alcoholism treatment within a year after their discharge from the research project. A 10-year follow-up (extended through 1981) of the original 20 experimental subjects shows that only one, who apparently had not experienced physical withdrawal symptoms, maintained a pattern of controlled drinking; eight continued to drink excessively—regularly or intermittently—despite repeated damaging consequences; six abandoned their efforts to engage in controlled drinking and became abstinent; four died from alcohol-related causes; and one, certified about a year after discharge from the research project as gravely disabled because of drinking, was missing. (Authors' abstract)

1983 Vaillant GE. *The Natural History of Alcoholism*. Cambridge MA: Harvard University Press, 1983. 359 pp.

A longitudinal prospective study of adult development involving two cohorts provided the opportunity to examine the natural history of alcoholism. The significant findings are as follows: 1) There was a lack of support for the theory of an "alcoholic personality." The presumed "predisposing personality factors" or emotional problems, in actuality, result from drinking. 2) The major predictors of alcoholism are a positive family history, being raised in a culture whose norms proscribe childhood alcohol use, prescribe heavy adult alcohol use, and accept intoxication. 3) In respect to diagnosis, by the time individuals have experienced four life-time problems from use, typically they will meet any diagnostic criteria for alcoholism. 4) However, treatment was not initiated until the occurrence of 8-11 life-time problems. 5) After alcohol dependence is established, the two most common eventual outcomes are recovery or death: over the thirty year follow-up, non-problematic drinking continually declined. 6) Successful recovery is associated with four factors: developing a vital interest that can replace the role of drinking, external reminders that drinking is painful, increased sources of unambivalently offered social support, and the presence of a source of inspiration, hope, and enhanced self-esteem.

Woititz J. *Adult Children of Alcoholics*. Hollywood FL: Health Communications, Inc., 1983. 106 pp.

One of the first popular handbooks on the topic and widely read in both the counselor and lay communities, it has been the source of many of the precepts that have influenced both professional treatment and self-help approaches.

1984 Robins LN; Helzer JE; et al. Lifetime prevalence of specific psychiatric disorders. *Archives of General Psychiatry* 41:949-958, 1984. (21 refs)

A study of lifetime prevalence of 15 (DSM III) major psychiatric disorders was conducted to ascertain the prevalence rates and demographic correlates. Alcohol abuse/dependence was the most common disorder, with a prevalence ranging from 11.5% to 15.7% , a rate virtually twice as high as the second most common problem and three times greater than drug abuse/drug dependence. For 18-24 year olds drug disorders was the most common diagnosis, followed closely by alcohol abuse/dependence. For ages 25 to 64 years, alcohol abuse/dependence was the most common disorder. In terms of demographic correlates, for level of urbanization, significant differences existed only between the extremes, with a prevalence of 19.4% for central city vs. 14% small town/rural; alcohol and drug disorders are male predominant, and neither race nor education are associated with prevalence rates. Copyright 1984, American Medical Association, Used with permission.

Kinney J; Price TRP; Bergen BJ. Impediments to alcohol education. *Journal of Studies on Alcohol* 45(5): 453-459, 1984. (17 refs.)

Two major forces mitigate against alcoholism education within the medical school curriculum. One relates to the structure and organization of academic medicine with its emphasis on disease states and pathophysiology; sophisticated and technologically complex diagnostic and treatment modalities; and an acute illness, cure-oriented focus rather than a chronic illness, adaptational approach to illness. The second constellation of factors relates to the alcoholism field's failure to identify with other issues in medical education that similarly challenge the Flexnerian Curriculum; the lack of a conceptual basis for defining the physician-alcoholism specialist in relation to other medical disciplines; the clinical treatment field's competing craft and professional orientations; and the absence of a scientific vocabulary suited to the existing biopsychosocial paradigms. It is suggested that these impediments could be overcome if the alcoholism field defined the model for managing chronic illness that is implicit in alcoholism treatment. Copyright 1984 by Alcohol Research Documentation, Inc., Used with permission.

1986 Werner EE. Resilient offspring of alcoholics: A longitudinal study from birth to age 18. *Journal of Studies on Alcohol* 47(1):34-40, 1986. (19 refs)

This study focuses on child characteristics and on the qualities of the caregiving environment that differentiated between offspring of alcoholics who did and those who did not develop serious coping problems by age 18. It offers an important counter-point to the 'adult children of alcoholics' movement.

Note: There is concern among clinicians and professionals in the alcohol field that the dysfunctions associated with being a child of an alcoholic are being over-diagnosed and too often are ascribed on the basis of family history rather than based upon clinical evaluation. Another trend of concern is the tendency to generalize from the body of work on children of alcoholics, much based upon lay-based efforts, to the larger field of children of dysfunctional families. This study provides an invaluable context for any consideration of the effects of alcohol problems upon children, as the larger study from which it was derived (Werner EE; Smith RS. *Vulnerable but Invincible: A Longitudinal Study of Resilient Children and Youth*. New York: McGraw-Hill Book Co., 1982.),

1990 Blum K; Noble EP; Sheridan PJ; Montgomery A; Ritchie T; Jagadeeswaran P; Nogami H; Briggs AH; Cohn JB. Allelic association of human dopamine D2 receptor gene in alcoholism. *Journal of the American Medical Association* 263(15): 2055-2060, 1990. (74 refs.)

In a blinded experiment, we report the first allelic association of the dopamine D2 receptor gene in alcoholism. From 70 brain samples of alcoholics and nonalcoholics, DNA was digested with restriction endonucleases and probed with a clone that contained the entire 3' coding exon, the polyadenylation signal, and approximately 16.4 kilobases of noncoding 3' sequence of the human dopamine D2 receptor gene (lambda hD2G1). In the present samples, the presence of A1 allele of the dopamine D2 receptor gene correctly classified 77% of alcoholics, and its absence classified 72% of nonalcoholics. The polymorphic pattern of this receptor gene suggests that a gene that confers susceptibility to at least one form of alcoholism is located on the q22-q23 region of chromosome 11. Copyright 1990, American Medical Association. Used with permission.

1990 Frezza M; diPadova C; Pozzato G; Terpin M; Baraona E; Lieber CS. High blood alcohol levels in women: The role of decreased gastric alcohol dehydrogenase activity and first-pass metabolism. *New England Journal of Medicine* 322(2): 95-99, 1990. (31 refs.)

After consuming comparable amounts of ethanol, women have higher blood ethanol concentrations than men, even with allowance for differences in size, and are more susceptible to alcoholic liver disease. The authors documented significant "first-pass metabolism" of ethanol due to its oxidation by gastric tissue. They report a study of the possible contribution of this metabolism to the sex-related difference in blood alcohol concentrations in 20 men and 23 women. Six in each group were alcoholics. The first-pass metabolism was determined on the basis of the difference in areas under the curves of blood alcohol concentrations after intravenous and oral administration of ethanol (0.3 g per kilogram of body weight). Alcohol dehydrogenase activity was also measured in endoscopic gastric biopsies. In nonalcoholic subjects, the first-pass metabolism and gastric alcohol dehydrogenase activity of the women were 23 and 59 percent, respectively, of those in the men, and there was a significant correlation ($r_s = 0.659$) between first-pass metabolism and gastric mucosal alcohol dehydrogenase activity. In the alcoholic men, the first-pass metabolism and gastric alcohol dehydrogenase activity were about half those in the nonalcoholic men; in the alcoholic women, the gastric mucosal alcohol dehydrogenase activity was even lower than in the alcoholic men, and first-pass metabolism was virtually abolished. They conclude that the increased bioavailability of ethanol resulting from decreased gastric oxidation of ethanol may contribute to the enhanced vulnerability of women to acute and chronic complications of alcoholism. Copyright 1990, Massachusetts Medical Society.

1991 Walsh DC; Hingson RW; Merrigan DM; Levenson SM; Cupples LA; Heeren T et al. A randomized trial of treatment options for alcohol-abusing workers. *New England Journal of Medicine* 325(11): 775-782, 1991. (33 refs.)

Background: Workplace referrals for alcohol treatment are often to inpatient rehabilitation programs, though the effectiveness of inpatient care, compared to less intensive alternatives, has repeatedly been questioned. This study, based in the work site, compares the effectiveness of mandatory in-hospital treatment with other treatments. Methods: A series of 227 workers newly identified as abusing alcohol were assigned to one of three rehabilitation regimens: compulsory inpatient treatment, compulsory attendance at Alcoholics Anonymous (AA) meetings, and a choice of options. Inpatient backup was provided if needed. The groups were compared by 12 job-performance variables and 12 measures of drinking and drug use during a two-year follow-up. Results: All three groups improved. No significant differences were found among the groups in job-related outcome variables. On seven measures of drinking and drug use, however, significant differences emerged at several follow-up points. The hospital group fared best, followed by the choice group, those assigned to AA did least well. Additional inpatient treatment was required more often ($P < 0.0001$) by the AA group (63%) and the choice group (38%) than those initially assigned to hospital treatment (23%). Pronounced differences were found for those using cocaine within six mos. of referral. Costs of inpatient treatment for the AA and choice groups was only 10% less than the hospital group due to higher rates of additional treatment. Conclusions: Even for employed problem drinkers, those not abusing drugs or with serious medical problems, an initial referral to AA alone or a choice of programs, though less costly than inpatient care, involves more risk than compulsory inpatient treatment and should be linked to monitoring for signs of incipient relapse. Copyright 1990, Massachusetts Medical Society.

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