

For the majority of street alcoholics, 'AA' doesn't work

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YOU'VE seen them downtown, those shabby and disheveled men whose lives are a journey from one bottle of cheap wine to the next; they lurk in every corner of the city, shadow men in a shadow realm, and hell itself can offer pain no worse than their besotted existence.

I know; I used to be one of them. And if I had to depend on Alcoholics Anonymous for my sobriety, I'd die on those streets, a wasted life defined by hovels and alleys and drunken brawls.

They're tearing down the 211, the Seattle pool hall with such a rich history. I used to live in the alley beside it, drinking wine, watching my cronies panhandle passersby. The whole block will soon be demolished.

If we are to get a grip on rampant alcohol addiction, something else must feel the wrecker's ball: the mythical success rate of AA. As long as this religious program of talk therapy is presented as *the* solution, as long as it remains the media darling, untouched and unquestioned, addiction will reign undiminished.

Those of us who have drunk ourselves down to the street, while certainly the most visible, are not truly representative of our nation's alcoholics. We number less than 3 percent of addicted drinkers. The rest are in the heartland: teachers, doctors, wives, husbands, neighbors; and most are dying, unable to talk the compulsion to drink away at meetings.

Father Martin, the compassionate and eloquent AA advocate, estimates that perhaps 1 alcoholic in 36 conquers the disease. The rest die, Martin believes, "so that others may live."

This is not so. The rest die because AA simply does not work for the vast majority; the rest die because AA's religious structure by definition demands discouragement of other, more efficient methods of treatment.

In his book, "The Sober Alcoholic," sociologist Irving Peter Gellman observes that AA reports fully 50 percent of the people gain sobriety while attending their very first meeting, with 25 percent more sobering up via talk therapy later. Gellman makes it clear that "these figures are totally unsubstantiated."

Martin's estimate is much closer to the truth. Still, AA continues to be portrayed as surefire salvation for those chained to the bottle.



Eleanor Mill

The other day, I got on the bus downtown, and there he was: Long John Murphy, a decent human being reduced by the bottle to the dregs of existence.

Murphy was once a high-school science teacher; he had a wife and kids about 20,000 drinks ago. Now he's a wino, toothless and ragged, the promise of death the best his future has to offer.

He was loud and drunk, and stank of wine and urine. Dressed in my three-piece suit, I briefly considered ignoring him but found I could not; we'd shared too many bottles, too much pain. I shook his hand — and held my breath — and sat down beside him.

Like many of the homeless, Long John's on welfare. The state gives him his monthly "drunk money" check — "you get your money and get drunk," a street joke — with the requirement that he attend weekly AA meetings.

The state offers one other option: He can enter a state-sanctioned treatment center, where he'll be told on a daily basis that he must go to AA.

These centers offer nothing but talk therapy and consequently have an incredibly high recidivism rate. Alcoholics are recycled through them to the tune of millions of dollars annually.

Why doesn't the state try other, proven forms of alcohol treatment? Because the state has bought into AA's propaganda package, one basic tenet being that an alcoholic cannot fail if he's sincere in effort.

Alcoholism was defined as a disease by the American Medical Association in 1955. Very few diseases can be talked away at meetings. AA is not all that successful in the suburbs, where there is at least some measure of stability; what chance does a homeless alcoholic, no matter how motivated, really have?

For the people sober through AA, fine; these individuals are walking miracles. AA members are a loud minority, their constant testimony to the power of talk therapy overshadowing the failure of the millions who have tried this process.

Even worse is the fact that this organization not only shrugs off legitimate criticism but scorns other means of treatment.

Sociologist Gellman writes: "A member who suggests that AA is not as effective as maintained, and who implies that some improvement might be made, will be censured when broaching these ideas. The AA program is deemed infallible, whereas other methods are considered less than perfect."

A far superior form of treatment does exist: aversion therapy. AA members consider it "less than perfect." The hospital chain using this method has the highest documented success rate in treatment history.

Aversion therapy was introduced in Seattle in 1935 by Dr. Charles Shadel, several months before the advent of AA.

Based on Pavlovian principles of counterconditioning, aversion therapy destroys the addictive urge, that unpredictable temptation, by pairing unpleasant feelings such as nausea with consumption of alcohol (or other addictive substances such as cocaine or marijuana).

The result is stunning. There is, for the alcoholic or drug addict, an actual change in perception: What once held irresistible allure soon becomes unappeal-

ing; even repugnant. The cravings that define addiction are neutralized.

Survival through AA means a lifetime at meetings hiding from the dragon of addiction; aversion therapy guarantees freedom by simply slaying the dragon.

Those of us addicted to a substance know all too well that overpowering urge: It's like being a starving man at a king's banquet. Sooner or later the hunger will dominate. Aversion therapy kills the hunger.

Aversion-therapy graduates can never again use the addictive substance, not without bringing back the whole cycle of craving and withdrawal; nor can any other drugs — including supposedly harmless marijuana — be substituted. It took me half my lifetime to figure this out. Use of other drugs guarantees relapse.

Aversion therapy is a victim of its own success. The treatment is medical rather than verbal. Graduates needn't depend on maintaining sobriety by shouting about their wonderful program. They simply go on with life, virtually indistinguishable from their nonalcoholic neighbors and friends.

Conversely, it is the many failures of AA who fade into the woodwork. Gellman notes that "when an alcoholic attempts recovery in AA and fails, the burden of responsibility is shifted to the individual, and the program itself remains inviolate."

Our country is being torn apart by drug and alcohol addiction. Implementation of aversion therapy on a national level would bring dramatic results: We could save millions of lives and billions of dollars.

When I was on the street, I never did panhandle for my drinking money. Begging would have taken what dignity I had left. Well, I'm begging now: Let's stop gazing at AA through rose-tinted glasses. Let's examine both AA and aversion therapy in a spirit of strict objectivity.

AA members won't like this much. The Big Book — their Bible — states: "We thought we could find a softer, easier way. But we could not."

Yeah? Well, you can walk from Washington to California if you want to — but most people prefer to drive.

In the battle against addiction, people need not remain pedestrians when a Cadillac exists. And while you're driving by, take a close look at that guy face-down in the gutter; that's Long John Murphy, dying from lack of proper treatment.

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