

White, W. (2015). Commentaries on modern addiction treatment and recovery: An interview with Dr. Stanton Peele. Posted at www.williamwhitepapers.com

Commentaries on Modern Addiction Treatment and Recovery: An Interview with Dr. Stanton Peele

Introduction

There are presently more than 125 interviews with leaders in addiction treatment, recovery advocacy and recovery support posted at www.williamwhitepapers.com. The founding purpose of this interview series was to record the prevailing ideas about and approaches to the resolution of alcohol and other drug problems during the late 20th and early 21st centuries. The intended audiences included people seeking or in recovery and their families, people working within the arenas of addiction treatment and recovery support, and future historians seeking to reconstruct the history of addiction treatment and recovery. As much as the series focused on prevailing ideas, it would be incomplete if it did not also include critics of these ideas and their related policies and clinical interventions. No critic has been more visible, persistent, or provocative than Dr. Stanton Peele. Beginning with the 1975 publication of *Love and Addiction* (with Archie Brodsky), Stanton Peele has provided biting critiques and alternative proposals related to American alcohol and drug policy. Perhaps best known for his attacks on the conceptualization of addiction as a disease, Alcoholics Anonymous and 12-Step programs, Dr. Peele's topical coverage of the field has been much broader through his prolific professional and popular writings, his frequent speeches at addiction-related conferences, and his many media appearances. I recently (June 2015) had the opportunity to interview Dr. Peele, in hopes of getting a synopsis of his career to date and capturing something of the man behind the ideas for which he has become so well known. Please join us as we explore the life and times of Dr. Stanton Peele.

Personal Background

Bill White: Stanton, before we get in to your professional work, could you share something of your personal background and how that led you to view addiction with the particular focus that you have?

Stanton Peele: I talk and write about [how I became an addiction expert](#). It's an unusual route. I'm not "in recovery," don't have substance abusing relatives (other than Uncle Ozzie, that is), and never studied addiction en route to my Ph.D. My Jewish family was very sober. So I was keenly aware of drinking, and then drug use, around me, starting with one alcoholic neighbor back in South Philly. Even as a small child, I constantly pondered the effects of substances on people, and why they drugged and drank. My mother supported my budding expertise.

Since I didn't come to this field seeking the answers to my own drug and alcohol problems, I was free to think about how addiction occurred with other behaviors. For instance, my father was very anxious. I thought of his behavior as addictive. His anxiety was a harmful pattern that fed into itself. It was rewarding within his inner world, but not in the family. At the University of Pennsylvania, it struck me that some of my friends' love relationships, including

my own, were addictive. And so it occurred to me that addictive behavior was all cut from one cloth.

Throughout my life, I have derived information and inspiration from what's going on around me, from asking people questions. I'm famous for that. I've gotten kicked out of bars and pissed off a lot of people by asking about their substance use and addiction histories. I joke, bitingly, about addiction experts who have to do studies to find out the most elementary things about addiction and recovery. "Just go out to dinner with a bunch of people and ask how many of them quit smoking, and how they did it!" If they ever roused themselves to do that, natural recovery would not blindside them the way it has.

Although I have emphasized my insights into what addiction is and how it fits into people's lives, I have always also been fascinated by personal stories of recovery. When I meet or read about people who were down and out earlier on in their lives, or headed in a bad direction as kids, and now have achieved success, or stand in front of me happy and normal—well, I can't get enough of that. I just read this story in the NY Times about a woman who now co-owns and designs drinks for some high-end bar in Brooklyn. "She said her interest in adult beverages came along early. 'I was a bad kid; smoking lots of weed, drinking, going to high school parties in seventh grade.'" Then she normalized, like most people do, and now leads an exciting, creative, and glamorous life. There are millions of such stories, the opposite of the hyped downward disease trajectory.

I had one set of experiences that is probably unique among leading figures in American addictionology. I played high school basketball in a very tough Philly schoolboy league. I covered all-time NBA great Earl Monroe. We went into some very tough arenas, like West Philly High School, where I played against future NBAer Frank Card, who was 6'9". I learned not to panic in challenging situations. Later in life, that sang froid helped when I taught the case method at Harvard Business school when I was younger than my average student. This ability to face pressure without flinching has helped me out in my career.

Career Overview

Bill White: How did you come to specialize in the study of addiction?

Stanton Peele: When I entered grad school at the University of Michigan in the 1960s, drug use was the big topic. It was seen as our number one social problem. And, of course, drugs and their effects were presented in the most sensational ways, which continues to the present. I personally used marijuana and hallucinogens in that casual college way. I even used heroin casually. But I did have marijuana-addicted and problem-drinking friends, who fascinated me.

I was reading social commentators' views on drug use. I was struck by comments I saw by Charles Winick in the *New York Times* that narcotics use wasn't especially harmful, but that social conditions led to heroin's negative effects. I started reading his research on maturing out of narcotic addiction and about how physician narcotics users controlled their use. When I told people about that research, they simply refused to believe it. I mean, what did they know about heroin use other than seeing *The Man With the Golden Arm*? That's why I had to take heroin, so that when people said one shot made you addicted, I could say, "I've shot up heroin."

In a unique coincidence, Charles Schuster, who became head of the NIDA, ran the largest animal research laboratory in the country at U of M. I wormed my way into a tour of the animal labs. Archie Brodsky, who co-wrote *Love and Addiction* with me, went along, taking notes. I was

stunned when I realized that supposed monkey “drug addicts” you always heard about were harnessed to surgically implanted catheters in small cages. “That doesn’t prove anything about addiction, in humans or monkeys,” I thought, and we wrote about it in *Love and Addiction*. A few years later, Bruce Alexander showed that rats in Rat Park, a luxuriant setting with other rats, rejected a narcotic solution, while Carl Hart brings out the same point today, four decades later.

Bill White: How did your training in social psychology and law influence your work?

Stanton Peele: My program in social psychology at Michigan combined sociology and experimental psychology. I worked at the Institute for Social Research (ISR). ISR was the site for large-scale field research, like election studies. I couldn’t really take seriously the experimental minutiae studied in laboratories under artificial conditions that academic social psychologists were into at the time. I conducted real-world studies with a fellow grad student, Stan Morse, like one in which we surveyed people on a bus headed towards an anti-war demonstration in Washington. My Ph.D. dissertation was a study of the 1970 South African elections, where Stanley and I lived for a year. All of this prepared me to examine epidemiological research in understanding societal patterns of substance use and addiction. I saw behavior and problems as having both social and psychological sources, and that individual behavior was imbedded in group behavior. When I observed drinking in fraternities, or watched people I knew who smoked marijuana or took psychedelic drugs or heroin together, I always noted the group process. Groups of LSD users were called tribes, actually!

I saw that society gives meaning to our actions and thinking. I regularly took courses in anthropology at Penn. In fact, every year I took one lit course, one anthro course, one statistics course, one psychology course, and one poly sci course. I majored in poly sci. I learned that you can never overestimate how your thinking is conditioned by your culture. We can’t separate ourselves from our cultural mindsets. I was impressed with how cultures used and reacted to drugs and alcohol differently. Some substances considered dangerous and uncontrollable in one cultural context were used casually and with pleasure in another.

All of these experiences, supported by Winick’s and others’ research, and my own insights about caged animals, led me to develop my own view of addiction grounded in something other than American prejudices about drugs, which had been conditioned in us for decades. I began writing *Love and Addiction* while I was still in grad school. When I left Michigan, I taught at the Harvard Business School, where Archie and I completed *L&A*.

I only went to law school much later, when I was turning 50 and had three children. I was expanding my sources of income. But I also wanted to gain an added dimension of knowledge and leverage to use in my professional battles, both in addiction and in my community activism, which I shared with my wife. I worked as a public defender in Morris County family court, where the cases often involved drug, alcohol, mental health, and abuse issues. My wife Mary was a full-time environmental and political activist, and I assisted her, most notably in preventing a prestigious Catholic school from building a retirement community over a pristine water source. We were involved in that case for the better part of a decade.

Bill White: How would you describe the view of addiction that you came to based on your study and experiences?

Stanton Peele: The idea that unifies all of this, which I first presented in *Love and Addiction*, is that people become addicted to overpowering experiences that satisfy crucial emotional needs, even if the involvement actually detracts from their lives. The idea of addiction-to-an-experience allowed me to bring different substances and activities together as being addictive, starting with smoking, drinking, and non-narcotic drugs like cocaine and marijuana, which pharmacology, medicine, and psychiatry did not think of as addictive, and did not classify that way for several more decades, along with love, gambling, and video games. They all create powerful experiences to which people could become compulsively, harmfully, attached.

Examining people's experiences allowed me to combine cultural, social, and personal meanings. All of these factors impact how we experience different substance and activities. In a community-oriented culture, for instance, people don't form the kind of intense love relationships that inspire the crazed love experiences that we see in America. After all, "love" is the greatest stimulus to both suicide and murder for Americans.

People had strong reactions to *Love and Addiction*. Destructive lovers, people addicted to heroin or alcohol, and researchers who studied them and therapists who treated them told me how I had gotten into their core experiences. Melody Beattie subsequently went on to make a cultural meme out of codependence, or what I called love addiction, but which she yoked to the recovery movement. I want to emphasize that I defined love as the opposite of the desperate ingrown and destructive entanglements that characterized love addiction. *L&A* sold well for several decades, and bought me a house. But while *L&A* helped my economic juggling act considerably, throughout my career I have had to deal with economic uncertainty.

I entered the addiction field laterally. A couple of years after *L&A* was published, in 1978, the head of the Canadian Addiction Research Foundation (now CAMH) in the province of Alberta was hosting the ARF's national convention. He contacted me to give their keynote address. Typically, a commentator lambasted me. A guy behind me passed me a note: "I came here prepared to disagree with you. But he's trashing you for emotional reasons. Please don't respond." After that Canadian talk, my work started being broadcast into professional and clinical circles, although it always met with resistance and ridicule. One professor at Harvard, reading an interview with me in *The Boston Globe*, pointed at me and started laughing. "Love addiction," he spit out mockingly. And I regularly spoke before recovering crowds where many people reviled me and my views.

Bill White: Most careers in the addiction field are marked by one's institutional affiliations. Could you comment on your lack of such affiliation and how it has affected your career?

Stanton Peele: I used to say that I was the world's most famous unemployed addiction expert. After teaching at the Harvard Business School, I never again had a full-time institutional position, although I did teach in the University of California extension system in the 1970s and at the New School and NYU School of Social Work in New York in the 2000s. This lack of affiliation has had good and bad results.

I don't need people to validate my point of view. I'm prepared to go it alone. Of course, on the other hand, I have always looked for support from individuals, starting with my ex-wife, Mary, and Archie. And, I need to say, a wide range of individuals have reached out to me or been supportive. I couldn't name them all, for fear of leaving others out, but Charles Schuster and his animal research colleagues at Michigan are one early example, as was the man who took the risk of having me give the ARF keynote address in Alberta. Others include Alan Marlatt,

who always noted our similar approaches and wrote book blurbs for my major works, Nick Heather, who had me out to Australia to speak when he headed their government agency for drugs and alcohol, and Aaron Beck, who had me present to the American Association of Behavior Therapists in New York. I have actively corresponded with many prominent researchers and clinicians, by mail, then email. As we will get to, in many ways I was meant for the Internet age.

Bill White: How have the sources of financial support for your work evolved over the course of your career?

Stanton Peele: I published *Love and Addiction* in 1975, just as I was leaving the Harvard Business School. And the paperback book advance I got for *L&A* enabled me to buy a home in Oakland, California, with Mary for cash. Meanwhile, Mary had gone to business school, and got a job with a Fortune 500 company in San Francisco. For my part, I began inventing my career.

It started with writing, of course. But you can't make a living solely from writing, except in the most exceptional of circumstances. *L&A* eventually did sell, over several decades, a half-million copies. But that didn't come close to supporting a household and sending three kids to expensive colleges.

Early on, I started lecturing and doing workshops, which produced income. Mind you, for any number of years, Mary was our main breadwinner. But I also started to get forensic gigs. These often involved analyzing physicians' drug or alcohol use, their diagnoses, and their treatment charts in order to contest requirements that they continue AA attendance in order to maintain their licenses. In later years, this brought in my legal training, since the habits of courts and government agencies to require AA attendance when people were religiously or philosophically opposed to the 12 steps was found to be a violation of their First Amendment rights.

I was also called on for some monumental legal cases. Exxon's attorneys consulted with me about the Valdez wreck, since Captain Hazelwood had been in rehab, and had been drinking the night the ship was grounded. That was, by the way, a red herring in the case. Cigarette manufacturers contacted me since I pointed out how people often quit, and that nicotine dependence was no more of an irreversible life sentence than any other addiction. In a remarkable number of ways, smoking illustrates the multifactorial approach I have always taken with addiction. But I would never testify against a smoker who sued a tobacco company. Screw the tobacco companies!

I testified in criminal cases for prosecutors in a number of murder cases about criminal culpability for alcoholic and drug addicted defendants, while as a defense witness I explained how disappointed or thwarted lovers who killed were as addicted to those involvements as were those addicted to drugs and alcohol.

I did work for Marcus Grant at the International Center for Alcohol Policies, representing a consortium of alcohol producers, organizing one conference on "Alcohol and Pleasure," at which Tim Stockwell, Alan Marlatt, and a variety of other people presented. These confabs were fun. But then I wound down my involvement with ICAP for a number of reasons. I didn't really see eye-to-eye with Marcus, and I'm not usually shy about making my disagreements known.

Never finding support in the field, I continued to develop alternative ways of making a living. Based on my training as a social psychologist, for a while I became a survey researcher, working for Lou Harris and then Mathematica. I eventually ended up being the primary market

researcher for the AARP's health insurance plans! These opportunities came and went. I always had to be alert to ways of making money. But I always was confident I would come up with something. Mary often said, "I feel like I'm married to a riverboat gambler."

All along, I did some therapy work. I was licensed as a psychologist in New Jersey. As my reputation spread, people who were part of the vast majority who don't find help in AA and the 12 steps would seek me out. I began to write self-help books for them, combining CBT, motivational enhancement, and purpose-driven recovery, notably *The Truth About Addiction and Recovery* (1991) and *7 Tools to Beat Addiction* (2003). This culminated in my partnering with a couple in Iowa to create a residential rehab program. It was quite a financial boon to me, until we broke up in a courtroom! Now I do some private therapy, usually by Skype or phone.

Bill White: How would you describe the role you have played in the addiction field?

Stanton Peele: I am the *bête noir* of the addiction field. I occupy an uneasy position, and will never be taken fully seriously in some circles, even as I have anticipated, pointed out actually, the directions in which the field has moved in every major development in addiction! In my 12 books I repeatedly emphasize how attachments other than narcotics, other than drugs, can be addictive, foreshadowed harm reduction approaches, note the importance of environmental influences on and motivational treatments for addiction, make clear the predominance of natural recovery, and trace the life courses of people who overcome addiction. I don't think anyone can say they have been early-in on more advances in the field of addiction than have I. My joke when I begin a lecture now is that, since the DSM-5 has listed "behavioral addictions" forty years after *Love and Addiction* did so, my Nobel Prize is guaranteed!

But I have never been officially accepted or recognized within the field. That is true, of course, with groups like the NIDA and NIAAA and other government agencies like SAMHSA. I once spoke at a SAMHSA conference and, as often happened, someone lectured me on how my views harmed addicts. Now SAMHSA has adopted a life process model for recovery that sounds extremely close to my own. See my comments about my Nobel Prize above.

The NIDA and Nora Volkow and Charles O'Brien will never acknowledge my existence, of course, nor will the drug czar. I am their sworn enemy for rejecting, for actively fighting, their "brain disease" approach. But even outside of government agencies, with groups that don't primarily rely on the chronic brain disease model, I don't fit readily into any of the "clubs" within the field, like the motivational interviewing group or cognitive behavior therapists or trauma psychology or harm reduction or anti-AA groups. I belong to each, but I can just never toe the line. I go beyond the boundaries of each one of them.

When I write about something, it achieves official recognition only when expressed by someone within the field. For instance, I have continuously attacked the "brain disease" meme since my book *The Meaning of Addiction*, in 1985. But now, thirty years later, books are appearing that take my point of view, and they are considered to be presenting a new approach! Recently Wayne Hall, an Australian, [published in *The Lancet*](#) a response to the *Science* editorial ensconcing the brain disease model as official science and Nora Volkow as the doyen of it, which I had done previously in a [blog post for *Substance.com*](#).

But everyone in the field knows who I am, and my brand precedes me.

Bill White: Can you describe how your career has evolved and how you have integrated these strands of author, critic, and policy/legal advocate?

Stanton Peele: I started out as a gadfly. I was a popular author, talking about love addiction on the Phil Donahue and Oprah Winfrey shows. Oprah had me back to [discuss the disease model of addiction](#) with the usual range of critics on the panel. That was a gas! At the time, I had just started working for, first, Lou Harris, then Mathematica. Since my third child had just been born, my wife quit working at AT&T, and she wanted me to become the primary provider. They set up a TV at Mathematica to watch me on Oprah, and my boss freaked out when he saw the kind of opposition I fomented on the program.

By then, in the 1980s, I had become steeped in the field. I published a series of academic articles, including two in *American Psychologist*. Meanwhile, I became one of the psychologists most associated with controlled drinking, including Mark and Linda Sobell, Alan Marlatt, Bill Miller, Nick Heather, and a few others. I was roundly punished for my involvement there, and my career was seriously endangered in that period. As one instance, I was scheduled to give the keynote address at the University of Texas Summer School of Alcoholism, and my invitation was rescinded after my [Psychology Today article](#) about the Sobells' dispute. From a public university! In that case, when I threatened to sue them, they let me lecture to a very disgruntled crew of recovering alcoholics as long as I did not mention controlled drinking.

But, even in the controlled drinking arena, I was goading people. At a meeting of the AABT in 1983 in Washington, DC with the other leading figures in controlled drinking, my talk was "[Behavior Therapy: The Hardest Way](#)," where I focused on brief interventions and natural recovery. Let's just say I wasn't carried off the stage in triumph on the shoulders of the audience.

It became clear I was never going to make it, or get a job, in academia. So I turned towards more global writing, in more popular magazines, as well as becoming more involved in presenting clinical applications of my views. Thus I went from writing about what addiction really is in *Love and Addiction* (1975) and *The Meaning of Addiction* (1985), to critiquing the disease model in *Diseasing of America* (1989), to presenting self-help books cum treatment manuals in *The Truth About Addiction and Recovery* (1991) and *7 Tools To Beat Addiction* (2003). I continue this tradition with a book I published in 2014, *Recover! Stop Thinking Like an Addict*.

As I said, I created a residential treatment program for a residential rehab and, when that broke up, I took the Life Process Program I had developed online. It embodies the view I always had that addiction is not a primary disease, but is a way of coping for people who feel inadequate to the task, or who have insufficient life satisfaction otherwise. The way out of addiction has to involve improved functioning and simple enjoyment of the world as people find it. This occurs naturally for most people. But others require a boost to find this path, which I have always worked to offer. In *Recover!* Ilse Thompson and I present mindfulness techniques for people to realize their inner resources, including meditations on how we are not defined by our addictions. Our emphasis is on how being an addict is not an innate, unchangeable identity.

I have always taken an interest in policy implications, which I address in all of my books. Saying addiction isn't simply the result of drug use, that addiction isn't a medical disease, that cultural beliefs about and social policies towards drugs and alcohol are part of the addiction equation, all carry with them suggestions about de-emphasizing criminalization of drugs and encouraging community integration and social regulation of substance use. These are things I have always commented on, and my old friend Ethan Nadelmann has sometimes made use of me over at DPA [Drug Policy Alliance]. But not *too* much use.

Bill White: What has primarily motivated you in your career?

Stanton Peele: I wanted an interesting and intellectually and otherwise adventurous life. I felt I had major intellectual contributions to make to society, and to the addiction field. And I wanted to help people, where the present system was hurting them. It makes me feel good. I saw that Ken Anderson, among others, in his interview with you credited my work with saving his life. I recently sent you a letter, like many I get, from a person who has found my work liberating. Thousands of people have written or told me that I helped them emerge from being buried in their addictions and at the same time by the disease theory. Nothing pleases me more than that.

But I need to repeat that, even as this was occurring, I was being constantly attacked for opposing AA. In 1988, I was [invited to debate James Milam](#) at the national Conference on Alcohol Abuse and Alcoholism. Milam had previously written, "Stanton Peele is a liar. He's in total denial of science and has been completely shut out of the scientific community." At the talk, the head of alcoholism services in New Jersey, Riley Regan, rose with the first comment from the audience: "I am embarrassed and ashamed that we have sunk so low as to allow Stanton Peele to speak at our conference."

I just attended a gathering of harm reduction folks at Andrew Tatarsky's center in New York City, and I said my main accomplishment has been surviving as Stanton Peele in the addiction field for 40-50 years! My overall goal in all that time has been to defeat the disease model of addiction, to rout it. An American cultural aberration that we have spread worldwide, the disease model is both inaccurate scientifically and dysfunctional in its effects. It is iatrogenic as a cultural point of view. That is, it creates more of the problem it sets out to remedy. And I have, at the same time, set out ways of educating people about and treating people in line with my approach. At that group at Andrew's, as nearly always happens, a woman who has started a women's chapter of Moderation Management said that the women in her group distributed and read my books, like *Recover!*, *Diseasing*, and *Truth*.

Let's just say opposing the disease theory has kept me busy, and there is a lot left to be done. It is possible for me to say that I have never more than now had so much penetration with my ideas and found so much agreement among people espousing harm reduction, motivational interviewing, psychedelic drug treatments, etc., as well as numerous people like Sally Satel, Marc Lewis, and Wayne Hall among English-speakers who are beginning to question the disease theory publicly. Yet, at the same time, the disease model continues to be pushed in public forums. As AA winds down somewhat, AA and the 12 steps still dominate our worldview of addiction. Meanwhile, the disease meme is given its major thrust now by Nora Volkow through her leadership at the NIDA.

Bill White: How do you see the parabola of thinking about addiction in the American cultural context, including the data that have emerged throughout your career, and your position relative to conventional thinking about addiction? A kind of summary statement, if you will.

Stanton Peele: If I were to declare a "Stanton Peele Mission Statement," it would be as follows:

The United States has been engaged in inventing, expanding, and marketing the idea of addiction as an unmanageable, irreversible, lifelong disease. This campaign began roughly two centuries ago with the Temperance movement, accelerated with the passage of the Harrison Act and the

prohibition of drugs and alcohol, then took off with AA. Lately, it has accelerated with the recognition that addiction is not limited to substances, the chronic brain disease meme, and trauma psychology.

The disease concept has never held true although, paradoxically, each development in the concept itself has made the inexorable course of addiction more commonplace and harder for individuals to fight. Nonetheless, there remains ample evidence of the concept's falseness: the Vietnam War, Rat Park, tens of millions of smokers who cold-turkeyed (like Uncle Ozzie), the government's own epidemiological data, and — most crucially — cross-cultural and individual human experience.

Nonetheless, the disease concept continues to overrun disagreement, to grow into new areas of behavior, and to infect other cultures where it does not naturally occur. My life's mission has been to fight this encroachment, to reverse it, to stamp it out. So far, for the most part, I haven't succeeded—although there are some signs of an opposing movement through the legalization and normalization of drug use. Nonetheless, I continue my mission as my life's contribution to humanity.

Bill White: How would you characterize your personal style and your reputation in the field?

Stanton Peele: A number of prominent figures in the field hold views not that far from mine, like those Bill Miller and Keith Hunphreys expressed in their interviews with you. But they tend either to conform to AA's leadership (Keith), or else to soft-soap their opposition to the disease theory (Bill). Of course, this makes them better adjusted people than me! Still, I feel no need to cushion my views. Motivational interviewing cannot be made to conform with the 12 steps -- they are [incompatible approaches to addiction](#). We are, after all, talking about the future of addiction and its treatment, affecting unlimited numbers of people. Does it really matter how pleasant I can be when we are dealing with lives and deaths forever into the future? For instance, Ethan Nadelmann notes that there must be an "owning up to that role in hundreds of thousands of people dying unnecessarily" due to the decades-long delay in the US in adopting needle exchanges. [He specifically describes the role of AA and the 12 steps](#). I am the moral force to hold them accountable. No one else will.

It was once more customary for people to have public conflicts about issues with important cultural consequences. And what is more important than the future of addiction, to which I have devoted my life's work? In college I studied literature along with anthropology and psychology. In literary criticism, F.R. Leavis, a Cambridge don, engaged in public disputes with the likes of C.P. Snow or T.S. Eliot, for instance, about the value of D.H. Lawrence, whose *Women in Love* Archie and I discussed in *Love and Addiction*. We now have a politer society. But I don't buy into the necessity of that politeness. Sorry. So I'm not that popular, as a rule. But you like me, don't you, Bill?

Author, Commentator, Speaker

Bill White: How would you summarize the major themes that have permeated your books and articles?

Stanton Peele: There are several themes of note. First, addiction is a fundamental human process, or syndrome. It has been related to powerful drug experiences, but it is in no way limited to these, as I made clear in *Love and Addiction*. Regarding addiction as a side effect of drugs, as a reaction to a chemical, as a biological phenomenon is a misbegotten notion, originally linked solely to narcotics, like heroin, that has permeated our thinking, and still does. It's wrong.

Second, taking drugs and drinking alcohol do not repeal the laws of human behavior. Drug use, drinking, and addiction are subject to all of the influences all areas of behavior are. Bill Miller made this point in his interview with you. Beliefs and social influences even impact, in ways we cannot begin to grasp, the basic physiological dimensions of addiction observed as withdrawal and tolerance, as I made clear in *The Meaning of Addiction*.

Third, the major determinants of the likelihood of becoming addicted, and more importantly of overcoming it, are not what therapies people receive, but what personal, group, and societal resources they have at their disposal. This is Keith's point. Good therapy is helping people access these, internally and in their worlds, as I make clear in my self-help books, *Truth and Tools*. Good policy is helping people live sustainable, worthwhile lives.

Fourth, we need to believe that we control our lives, including our ability to manage substance use, as individuals and as a society, or we will be buried in our addictions, as I say in *Diseasing of America*.

Finally, my most radical concepts are that this self-reliance is something that children need to learn to function in the 21st century, my point in *Addiction-Proof Your Child*, and that we must master mindfulness techniques to avoid and overcome addiction, individually and as a society. *And nothing fights against our ability to do so like the disease theory of addiction, as promoted by AA and the neuroscientific models of addiction, mental illness, and behavior proliferating in our era.* To say that addiction is an American disease points out our leadership in creating addiction around the world through our ways of thinking about it.

Bill White: There was a point in your career when you shifted focus from publishing in the field's professional and academic journals to more popular writing such as for *Psychology Today* and online resources such as *Huffington Post*, *Substance.com*, and *The Fix*. Could you comment on this transition?

Stanton Peele: If you tune into the Alcohol and Drug Abuse Institute (ADAI), University of Washington, [Library](#), you'll find a list of 43 of my articles, often in prestigious publications. I published about genetics in the then-named [Journal of Studies on Alcohol](#), followed by "The limitations of control-of-supply models for explaining and preventing alcoholism and drug addiction," which won the 1989 Mark Keller Award from the Rutgers Center of Alcohol Studies for the best article to appear in the journal over the previous year. I also had several prestige publications about [reductionism in general](#), and [alcoholism](#) in particular, in the flagship journal of the American Psychological Association, *American Psychologist*. Peter Nathan was a big help to me there. And I was one of the first to publish about the benefits of alcohol in 1993 in the [American Journal of Public Health](#). The journal [Drug and Alcohol Dependence](#), under editor Chris Johanson, was another important outlet for my academic work. In general, people who write blogs don't have major academic publications as I have had.

There are a few academics who have made points like mine. But I always wanted my views to be seen popularly because, let's face it, a few scores of people read academic journals, if you're lucky. So all along I wrote popularly about addiction, including about *Love and*

Addiction for *Cosmopolitan* and *Self* magazines! Most notably, I have written for *Psychology Today* and for *Reason*, the libertarian magazine, for many decades. I first wrote (with Archie) about [love addiction](#) for *Psychology Today* [PT] in 1974, and have written articles in PT in every decade including the current one, when I analyzed the strange thinking around addiction [evident in DSM-5](#). Likewise, I first wrote about self-control in addiction for *Reason* in 1990, and lately wrote about the hair-splitting that went into [DSM-5's rejecting sex addiction](#) as a diagnosis in 2014.

Both have active websites now, and PT in particular helped me to move into the modern blogging era. I wrote hundreds of posts for [Huffington Post](#), on topics in addition to addiction, until Arianna Huffington's daughter went into rehab. I was then a columnist for [Substance.com](#), until that went under. I now write blog posts for [The Fix](#) and [Rehabs.com](#). My goal has always been to present my views as actively and as widely as is possible, with whatever abilities I have, despite my views being largely out of the mainstream. I'm not the only one with unorthodox views about addiction who is often shut out of mainstream media. In fact, I do as well as anyone in presenting such alternative views, for whatever that's worth. Although, Johann Hari, a journalist, now has a best-seller saying addiction isn't a brain disease, *Chasing the Scream*, I don't see that influencing either the field or popular thinking. For me, that doesn't count.

Bill White: How did the collaboration with Archie Brodsky develop? How did this collaboration work in terms of the research and writing?

Stanton Peele: I met Archie when we were freshmen in the General Honors program at the University of Pennsylvania, when I was 17 and he was 18. That was over a half century ago! We shared an apartment with a third person in our junior and senior years, developing a shared outlook and aesthetic through our appreciation of (among other things) Alfred Hitchcock's films, R&B, and Muhammad Ali. The summer of that freshman year, we wrote our first piece together. Archie's sister worked for the San Francisco Chronicle syndication service; Archie was staying with her and working in the syndicate office, and I hitched to SF. Meanwhile, their psychiatric columnist had flaked out. So I came up with a piece about a kind of Peter Pan figure who couldn't settle down in a relationship. Archie turned it into a well-written column. But then the editor wanted to make it more straightforward, typically, and they made the character a stereotypical gay man (this was 1964).

We share an outré view of things, but have very different personalities and cognitive styles. I make flashy connections and intellectual leaps, while Archie sees to the heart of every idea and grinds it into mellifluous prose. Actually, Archie will object to that characterization, since he is also brilliantly creative. And I'm not chopped liver in terms of expressing ideas and writing clear text. But I think each of us acknowledges the other's supreme gift as laying somewhere outside each of our own métiers. I'm sure Archie has at times winced as he's reviewed my freewheeling prose here.

We've worked together in any number of different ways. In our big books together, *L&A* and *The Truth About Addiction and Recovery*, I wrote most of the original text, and Archie refined and edited. But Archie also wrote telling passages in each, including the introduction to *L&A*, which was excerpted in a volume, *Classic Contributions in the Addictions*, edited by Shaffer and Burglass. Of course, Archie's not an addiction psychologist, but a creative writer, along with having done a lot forensic writing in recent years. But he still helps with my books, and also some of my forensic projects. I always try to clear as much as I can through him.

Archie tends to keep his own counsel, and to contemplate his own productions privately. But we have few secrets from each other. At least I don't from him!

Bill White: You have addressed innumerable addiction conferences. What most stands out in your memory in terms of your interactions with people working on the frontlines of this field?

Stanton Peele: I have already described Riley Regan's rising to attack me at a national conference of the NIAAA, after Milam had slandered me in his preconference remarks. But it is also true that I am a provocateur. I discuss my style before speaking, in a group motivational interviewing session. "Why do I ask you questions, and prompt you with contradictions in your/our views?" The answer is simply providing information has no effect on people's thinking.

I also pick people from the audience to ask their views. Sometimes my host will tell me not to bother people that way. My style can lead to explosive outbursts pro and con. I was invited to lecture to a communist-backed drug group in Italy, and a wild shouting match broke out between the opposing government forces and the drug reform group, which was heavily communist.

But even sometimes my supporters are mystified by me. When I spoke at an International Harm Reduction conference in Liverpool in 2012, I began by asking what people knew about the 1964 Surgeon General's Report on Smoking, and what it said about addiction. No one knows that it specifically rejected the idea that smoking is addictive. People then shout out, "The researchers were in the pocket of the tobacco industry." I say, "Does that really make sense even to you hippies? A bunch of researchers just said that smoking causes cancer, but they're buttering up the industry?"

My point, of course, is that addiction at the time [referred only](#) to urban men in alleys becoming addicted to heroin, or maybe other mind-altering drugs. Smoking epidemiologists and pharmacologists didn't refer to nicotine as addictive until the 1980s, although Archie and I labeled it as such in 1975. Cigarette researchers said that smoking didn't cause withdrawal as narcotics do (which I always knew was hokum). As I make clear: "Addiction's not some biological imperative. And here's the thing—its definition is changing more rapidly now than it was when we decided smoking was addictive. Do you know marijuana is now addictive (boo!) and gambling, too? Addiction is a moving target. Its appearance is affected by what you, what we, think about it."

Of course, I always do my piece de resistance: "What is the toughest drug addiction to quit?" Everyone shouts "Smoking." "Oh, really?" I say. "How many people in this audience have quit a tobacco addiction?" Hundreds raise their hands. "Wow, you guys are truly remarkable. By the way, how many of you joined a support group to quit, or relied on medical therapy, like nicotine gum or patches?" A handful respond in the affirmative, at most—sometimes one or two or none. "Wow," I say, "I just learned something remarkable about addiction. What did you learn?"

I usually have the place in turmoil. Afterwards a leading addiction figure comes up to tell me I'm all wrong about smoking; it is biologically defined as addictive. Others say to me, "You're the bravest person I've ever met, taunting, tempting, and teasing the audience." Always people say, "You're the only person here with the confidence, or gall, or respect for us to actually get the audience involved."

Bill White: You were one of the first people I know to use the internet and social media to promote your work and as vehicles for public education and policy advocacy on addiction-related issues. Do you have any guidance for others who are seeking creative ways to exert such influence and to promote their work?

Stanton Peele: I had one of the first and most prominent websites in the addiction field, SPAWS (Stanton Peele Addiction Website) on the Internet, which I created in 1996. That was before even major institutions had web sites! But I needed to have my own because it was my only direct outlet. SPAWS quickly skyrocketed to a high viewership and rating. At one time it was bigger than both the Drug Policy Alliance and the Addiction Research Foundation Internet presences! I did this in a rather unique partnership with Arjan Sas. Arjan is Dutch, and I knew him through his work with a drug research team in the Netherlands led by my old friend, Peter Cohen.

SPAWS was a repository for my body of research, articles, and views. At one time, I maintained an active blog on it. But the Internet changed, as periodicals developed their own Internet presences. Several had wide fan bases, and I started to present my original material to them. First was the Psychology Today website, which is extremely popular, and for which I started contributing regularly in 2008. I had been a long-time contributor to the magazine dating back to 1974. The same was true for Reason.com, the libertarian website. I had been writing for *Reason* magazine since the late 1980s. Their website is likewise tremendously popular, and I began writing for it more recently.

Meanwhile, addiction websites began to appear on the Internet, starting with *The Fix*. At first I had a strangely ambivalent relationship with them. That is, while they selected me as one of the ten most influential addiction experts in the country (along with you, Bill Miller, Keith Humphreys, Nora Volkow, et al.), their 12-step-oriented management was repulsed by me, and so they were very snarky towards my views. It is clear to me now that I had fans there, as well as high-level opponents. Kind of the story of my life and times! I also wrote for *Huffington Post* for years, and had pieces that were among their most popular on topics from [AA](#) to the [benefits of alcohol](#) to the grace of [Rachel Maddow](#), movies, political psychology, my [overseas adventures](#), etc. When a friend of my daughter's went to work for NIMH, she was handed as her orientation my HuffPo piece on the [biomedical approach to mental illness](#) and addiction. Then Arianna Huffington's daughter entered recovery, and I was out on my ass there!

The Fix underwent some upheaval. Will Godfrey was made editor-in-chief for a while, then the site dissolved, then Will became the editorial head of a new addiction website called *Substance.com*, for which I became a columnist. Will and I are friends. He lives nearby in Brooklyn, and we meet regularly for dinner and drinks and to chew around ideas. It was an ideal editorial relationship. Many of my pieces for *Substance.com* were picked up by [Pacific Standard](#). But Will and his ownership, who are recovery advocates, came a cropper, with my posts being one issue, and they pulled the plug on *Substance.com*.

So I came back to *The Fix*, for which I now write regularly. My editor there, William Georgiades is very supportive, although I believe he is in recovery. You have to be flexible and ride the waves on the Internet. Popular writing has always been ebb and flow, changing directions, and now that pace has accelerated. *Substance.com* existed, despite some major capitalization, for only a year! As I write this, I recognize how my Internet presence has ridden these waves in a way that seems like I have some mastery of institutional America. Rather, I think I deal better than most people with chaos, since I am a self-directed vessel.

In other areas of the Internet, I have begun making podcasts over the last year, including for the Drug Policy Alliance, with asha bande, and a series I am doing with Tom Horvath for SMART Recovery. I am partnering with Archie Brodsky and his wife, Vicki Rowland, using our own publishing imprint, called Broadrow. First we did an ebook version of *Love and Addiction*, with contemporary commentary. Then we released a new print version of *L&A*, which was first published in 1975! We now have added an ebook version of *The Meaning of Addiction* (1985) and are working on *Diseasing of America* (1989). Meanwhile, we induced our publisher, Simon & Schuster, to do an ebook release of *The Truth About Addiction and Recovery* (1991). All of these books were published before the advent of the Internet, and I need to have them available there. Finally, working with Kevin Gallagher, I have published a pamphlet-length spinoff of my book, *Addiction-Proof Your Child*, called *Addiction-Proofing Your Family*. And I am planning on publishing my next book, *Skill at Drug Use: The Key To the 21st Century*, via the Internet.

Perhaps you are aware, some people don't like me! John Wallace wrote a series of articles attacking me, along with a whole group of controlled-drinking supporters, the so-called "Gang of Eight," including Bill Miller, in the late 1980s. Now, for the first time in my life on the Internet, someone has begun publishing my personal emails on the web. One of the commenters asked where this material is coming from if I haven't published it and why it is being put out there. I wonder the same thing. Perhaps I will end up living and dying on the World Wide Web!

Bill White: What is a day in the life of Stanton Peele like?

Stanton Peele: So personal, Bill! I hope I'm causing you to open up this format. (I have lately been influenced by the writing of Karl Ove Knausgaard, a Norwegian who is the world's best selling novelist, and whom Americans would call [an alcoholic](#).) I lead a loosely organized, low-key life. I go to the gym at the Park Slope Y in Brooklyn most mornings. This is the same gym New York Mayor Bill de Blasio goes to, and one time I spoke to him about his daughter's highly publicized entry into recovery at the age of 19. He listened politely.

I then spend most days writing in my yard or my tiny living room on the first floor in what is called a rear house off the street in Brooklyn or in a religious coffee house called The Postmark where you don't have to order anything! I'm so Brooklyn. I am periodically interrupted by Skype or phone therapy sessions or interviews, and I occasionally take trips for business or workshops. At 69, I have spent most of my money on colleges and homes for my three children. I still need to live by dint of my wits and street smarts. I will survive as long as I am alert and can work.

As much work as I have done, work appearing in prominent places, and in such seemingly critical directions for American addictionology, I am still largely off the American addiction grid. Nora Volkow, the NIDA, the NIAAA, Tom McLellan, and Michael Botticelli don't speak of me. Other mainstream researchers and academics, like Keith Humphreys, Bill Miller, Robin Room, and Charles O'Brien would never discuss my work seriously, although it overlaps considerably with theirs. I'm just not in their clubs. This is true even as Robin has been pressed into service on three separate occasions to write rebuttals of my views, on "[control-of-supply models](#)" in the *Journal of Studies on Alcohol*, on the [psychological benefits of moderate drinking](#), where Archie and I were the first to note the cognitive benefits of alcohol, and on the [temperance](#) attitudes of Robin's home organization, the Kettil Bruun Society. Bill has actually commented favorably a few times on my writing, but never that I recall in print. Funnily, both he and Robin praised me on my first major academic piece on alcoholism, "[The Cultural Context](#)

[of American Approaches to Alcoholism](#)” when it appeared in 1984, and then complimented *The Meaning of Addiction* published soon after. (Bill included the former in a reader he used for students, and referred to the latter in a document he produced for his church.) But they grew ever more wary of me as time went on. Ethan Nadelmann is an old friend who cites *Meaning* as one of the two formative influences on his view of drugs (the other being Weil’s *The Natural Mind*). Yet Ethan is likewise wary of involving someone controversial like me at the DPA. But Asha Bandele had me do a major podcast for DPA in 2015, because she told me many policy reformers have found my thinking inspirational. One prominent DPAer, Meghan Ralston, offered my favorite tweet about me: “Stanton Peele can be a polarizing figure for some--but that dude is just as edgy & fearless....” Jerry Otero just invited me to join DPA’s Youth Advisory Group on prevention issues. So I am still there, somewhere central, in the mix. Nonetheless, any influence I have on the field, considering it has moved so much in the directions I have outlined and continue to outline, has occurred sub rosa, or by osmosis.

AOD Problems and their Resolution

Bill White: What do you see as the primary sources of AOD-related problems?

Stanton Peele: There is no question that the driving forces in addiction, substance abuse, and mental illness are cultural and societal. These include ingrained cultural attitudes about substances like opiates and alcohol, social customs around usage, and stress, while community strength and support are the best preventives and antidotes to stress. This was proved conclusively by the Vietnam-addiction/homecoming-recovery situation, which we lasered in on in *Love and Addiction*, when it was happening in real time. We’re not allowed to admit that [social class is a major determinant of substance abuse](#) and mental illness in America today, because to do so [makes us feel like bigots](#). But it simply can’t be denied that there are more major addictions in the worst neighborhoods of Baltimore and in poor Appalachian towns than in upper-class suburbs and urban intellectual centers.

As a result of this cultural blinder and our bureaucratic, privatistic system, including how we organize research and academic institutions, we spend all of our resources on coming up with new medical technologies to address addiction and mental illness, an approach that has repeatedly failed. This is a major focus of *Diseasing of America*. Our failures include both the [Human Genome Project](#) and the [neuroscience revolution](#), beginning in the 1970s, which have done nothing to ameliorate mental illness or addiction. Now we’re immersed in the new [BRAIN initiative](#), which will have the same futile results. We are not improving our mental health as a society, but the reverse.

This individualized outlook extends beyond our mania for medicalizing treatment for mental illness and addiction. It extends even to the social sciences. All of our best-known addiction-related researchers, like Bill [Miller], Alan [Marlatt], even Keith [Humphreys], the community psychologist and AA backer, and others, are in the business of selling individual cures. We’re not interested in identifying social causes and remedies for mental illness and addiction. We don’t have the cultural wherewithal to reach those conclusions as a society or to do anything meaningful about them if we did. At the same time, of course, in my books and personal work, I deal with individual psychological causes of addiction like attachment and developmental issues. These, too, in varying degrees have social origins, in that they might be

far less common in a different kind of society from our own. But people have problems and needs here and now that I am sometimes able to help them with.

Bill White: You have championed the natural resolution of AOD problems (without professional or mutual aid support). What are the implications of research on natural recovery for the design and practice of addiction treatment?

Stanton Peele: From the start, I have always incorporated epidemiological, community-based, and life-history visions of addiction. These regularly show us that people tend to recover naturally. You noted that finding yourself, Bill, based on a literature review, although I don't believe you have delved enough into what that tells us. Natural recovery is the most oft-discovered, then ignored, finding in the alcoholism and addiction world. And ignoring it has misled us terribly.

Let me jump to the "evidence-based-treatment" era we are in, where every documentary and popular article now says we don't use treatments that have empirical support for their effectiveness. The people who promote that "evidence-based" concept are CBTers intent on putting down AA and the 12 steps. I realize that Bill Miller, who has found that AA is ineffective and that belief in the disease theory leads to relapse, and yet supports AA, is hard to fit on that continuum. But you and Keith and others have shown that, looked at from some angles, the evidence is as good for traditional approaches as anything else.

When you questioned Bill about what he learned from Project MATCH, he said it was our arrogance in thinking we could match people with the treatments that would work best for them. What that actually means is that people do best when they find their own ways to recovery! That's a natural recovery outcome, really. Project MATCH [actually showed](#) that all treatments were equally effective for a highly selected population of alcoholics, that is, those who were socially stable, had no co-occurring mental illnesses, and were not mired in the criminal justice system.

But those are the people most likely to recover in any case, treatment or no. And, of course, there wasn't a no-treatment control group in Project MATCH. Cutler's analysis of the MATCH results showed that all the improvement occurred up front, as soon as people signed on. Along with that came follow-up assessments. Project MATCH was a giant brief intervention demonstration with follow-up contacts. That process accounted for virtually all of the subjects' improvement in what was supposed to be a treatment trial.

I have [repeatedly written](#) that we will never treat our way out of addiction or mental illness. Not enough people enter treatment, stay in treatment, succeed at treatment, and avoid relapse to make a difference. And all the while, more and more people are developing the syndromes that supposedly require treatment. I know that you are a great AA booster, Bill. But the simplest back-of-the-envelope calculation shows how futile that whole operation is. According to NESARC [National Epidemiologic Survey on Alcohol and Related Conditions], only 12 percent of alcohol dependent people enter formal alcohol treatment or AA. And, while you can quibble with Lance Dodes, he cites the data showing that 5-8 percent of people stay with and succeed at AA. Taken together, that's one in a hundred alcoholics who benefit from AA or 12-step treatment! Meanwhile NESARC-III [has shown](#) AUDs (alcohol use disorders) increased by 50 percent from 2001-02 to 20012-13, despite—and I mean because of—all of our treatment and supposed chronic-brain-disease discoveries.

Of course, I have created a treatment package myself, the Life Process Program, and my later books are all self-help oriented. That's because I can read which way the wind blows in America, and I need to make a living. But I at least tell people the truth in my books and my program, that recovery requires people to exercise their own initiative, so that they can recognize what they must do, as well as having the research-based support and faith to know that it can be done, examples from history and popular culture showing that it is done all the time, and signposts taken from the data and these examples for how they might do it for themselves.

Bill White: You have also championed moderation as a strategy for the resolution of AOD-related problems. Who are the best candidates for such moderation strategies and for whom would such strategies be contraindicated?

Stanton Peele: I have come to reject the category "moderate drinking." In its own way, it is as abstract and improbable a category as total abstinence. In order to prove that they were purer than Caesar's wife, "controlled drinking" researchers, especially in the aftermath of [Pendery et al.'s attack on the Sobells' research](#), defined moderate drinking so tightly that it almost ceased to exist.

You see this tendency in NESARC as well. NESARC-I found that the majority of alcohol dependent people in America escape dependence, but continue to drink. Included in that category are what the [investigators call](#) "risk drinkers in remission." These formerly alcohol-dependent people have displayed no drinking problems over the prior year, even though they have continued to drink regularly (averaging more than 14 drinks per week for men; 7 drinks per week for women), or they had a single day (or more) in the past year in which they had 5 or more drinks, for men; 4 or more, for women.

Only where abstinence has been elevated to mythical status, as it has been in America, does this category seem reasonable. People who qualified for the worst alcohol use diagnosis are shown by NESARC to now drink regularly, and occasionally go over the line, without problems or symptoms. What a symbol of human capacity to improve even severely addictive behaviors! That substantial numbers of people show this improvement, while short of perfection, is actually the single greatest refutation of the all-or-nothing disease theory of addiction.

I realize that the most severely addicted drinkers are the least likely to moderate. But that's not ironclad. Moreover, Alan Marlatt and colleagues [published a study](#) of the results of wet housing among street inebriates in Seattle. The purpose of allowing these alcoholics to drink was to get them off the streets, protect their health, and cut the costs to society of their incarcerations and hospitalizations. Wet housing cut those costs by almost two thirds. Yet these men also cut their excessive drinking by a third, from an average of 16 drinks daily to 10, in their first year. What an astounding finding! Severely alcoholic men became more discerning about their alcoholism, despite not becoming moderate drinkers.

As I say all this, and remain optimistic for every human being, I am also often at odds with my libertarian cohorts. People assume that I am saying that there is no such thing as addiction. Leave people to their own devices. I know about addiction. I know people die from it, sometimes on the streets (like Terry McGovern, George's tragic daughter). When I discussed that NESARC-III found that Americans' drinking had worsened, people think I'm saying (even though I explicitly disavowed it) that there is no such thing as addiction, and we're making up alcohol problems. I'm saying [almost directly the opposite](#), that our AOD problems are

worsening, due to our ways of thinking about addiction and drugs and alcohol as uncontrollable. What a crazy, counterproductive state of affairs.

I am fine with people quitting drinking or drug use if they feel that's best for them and can do so. Typically, however, that is a slow and irregular process. The idea of nonabstinent improvement for *anyone* is so helpful, so human, so necessary that I don't feel an SUD helper or program can function without recognizing and supporting this reality. Plus, sometimes people return to drinking, and that's not inherently a disastrous relapse, but may simply be another sustainable harm reduction outcome or, ultimately, a reflection of personal growth that makes addictive or high-risk drinking unthinkable. And alcohol and marijuana are examples of substances people use to replace more harmful use of other substances, usually heroin and narcotic painkillers.

All of this makes our ideas about "sobriety" and "recovery" completely [out of touch with reality](#), so that when people use these terms they obfuscate and mislead more than they help. And yet this is where our national alcohol and drug discourse is stalled. It must change.

Bill White: How would you summarize the research on the influence of recovery mutual aid participation on long-term recovery outcomes?

Stanton Peele: The standard defense by you, Keith, and others now is that, following treatment, people who seriously participate in support groups, meaning AA, do better. God bless this minority. But we have lost the forest for the trees. I would ask you to tell me: "What percentage of ever-alcohol-dependent people in the US go to treatment, then seriously attend AA, then follow through with AA?" If it's more than the one percent I cited above, tell me what you believe that figure is. Do you believe it is more than 5 percent? More than 10 percent? A quarter?

Whatever figure you think is right, only a minuscule-to-small minority benefits from our gold standard process of abstinence treatment with full-bore follow-up participation in support groups. This dismal outcome is because the whole process, the whole way of thinking, is counterproductive. While we're shuttling people off to treatment and corralling a few willing souls into support groups, we are cutting social programs that support housing, education, families, and communities. And that produces more addiction. A whole body of environmental research makes this clear: "A Synergism of Plagues," Rodrick Wallace's 1988 paper in *Environmental Research*, described how disinvestment in social programs accelerated the H.I.V. epidemic. Tell me if you, or Keith Humphreys, are optimistic that contemporary America is reducing addiction, despite our almost maniacal focus on it.

And, beyond this, AA and the disease way of thinking, which so pervade our society, are actually [causes of addiction](#). I say this even as the personal testimony of AA beneficiaries makes even my radical, anti-brain disease colleagues, like Bruce Alexander and Sally Satel, skittish. Nonetheless, its overall effects are negative, both for individuals and for society, sorry to say.

Bill White: You have been quite critical of AA and other 12-Step programs. How do you view the secular (e.g., WFS, SOS, LSR, SMART Recovery, MM), and religious (e.g., Celebrate Recovery, Buddhist Recovery Network, etc.) alternatives to 12-Step programs?

Stanton Peele: I am not a support group person. I say this even though I know some people swear by them. That's the small minority of beneficiaries I cite above. I say this even though I know that people struggle to deal with alcoholism and addiction. I say this even though I work with people who are trying to overcome addictions. I say this even though I work actively with SMART Recovery and HAMS [Harm Reduction for Alcohol] and was a board member of Moderation Management. I do these things because I feel I must help to give people more choices.

But here are the data and here are my deepest beliefs. People who go to support groups are really quite similar, whichever ones they attend. In fact, in natural recovery studies, if subjects are recruited by an ad in the paper: "Wanted, people who overcame a drug/alcohol/gambling problem without treatment," *those* people look like AA members. They tend to self-identify as alcoholics, or addicts, or compulsive gamblers. If, instead, say you do a survey at two points, and a person fits the criteria for alcohol or drug or gambling dependence at point one, but not at point two. Then you go back and ask, "How did you overcome your addiction?" they look at you like you're crazy. "[I was never addicted!](#)"

We're constantly labeling people and offering them treatment and telling them we can help them. Fine. But someone has to look out for the forest, beyond the trees. What is the effect of all of this help and labeling and people's self-identification with problems? Again, people swear they need this help. But that only means they depend on it. It's really an addictive process, where treatment leads to more treatment, without any overall decline in the addictions we treat. It is an intellectual struggle to deal with that dichotomy between people's need for help and simultaneously the fluidity of people's lives, the essential role of community and cultural factors, and the abundance of self-cure. And we fail to achieve the right balance in that regard.

Bill White: What is your view on the role medications can play in the resolution of AOD-related problems? (For alcohol use disorders; For opioid use disorders)

Stanton Peele: My natural tendency, based on all of my work, is to oppose medications in addiction, as I did [again in The Fix](#) in 2015. In the first place, from *L&A* on, my target has been to eliminate addiction, in individuals and society. The most prevalent addiction medication at the start of my career, even currently, is methadone, a substitute narcotic. The idea of replacing one addiction with another is not a thrilling goal for me. And that extends, of course, to buprenorphine and Suboxone.

Then came the harm reduction movement. HR appealed to my own vision in recognizing and expecting not only drug use, but also a variety of addictions, throughout our lives. So I had to accept the value of less harmful substitutes. But I can never accept the marketing of harm reduction substitute addictions on the grounds that people are permanently addicted – NEVER. Even those with the most virulent addictions, like Uncle Ozzie and his smoking, quit all the time. So I have always been uncomfortable with ardent methadone proponents, starting with Dole and Nyswander, and their proposition that addiction is a metabolic disease.

At the other end of the process, I naturally reject magic bullet solutions to addiction. I have always argued that addiction is an overall life problem, and that recovery is an overall life solution. To imagine you can throw a drug treatment into the mix and thus solve everything is to reinforce the irrationality of the whole disease concept that addiction is caused and can be cured by a single chemical agent.

But drug therapies are in. Suboxone has demonstrated success in reducing relapse and overdose following treatment. Of course, naloxone/Narcan for reversing narcotic “overdose” (meaning nearly always combining depressant drugs/alcohol) is a required part of every EMT and police kit. Meanwhile, naltrexone is the shining star of drug therapies, showing success for both narcotic addiction and alcoholism by suppressing cravings. Then came a study in *JAMA Psychiatry*, finding that naltrexone substantially reduced drinking days, amount drunk on those days, and binges by alcoholic drinkers. And so did the placebo control! It’s not that naltrexone didn’t work. It’s that its effects were duplicated exactly for dependent drinkers in a double-blind condition, where neither subjects nor therapists realized they were using placebo. And the investigators, naltrexone boosters, simply ignored this incredible finding. [I didn’t ignore it.](#)

I now discuss using pharmacotherapy, a la naltrexone, in the form of craving suppressants across the range of drugs to wean people from addiction. The way I formulate the value of this approach is that you can’t sell double-blind treatment as the real thing. That would be illegal. But you can work to convince people that their pharmaco-inspired reaction is simply a marshaling of their own internal forces, which they can be shown how to do for themselves through mindfulness techniques that accentuate self-efficacy.

And, lastly, we have psychedelic drug therapies in addiction, which is another current “binge” in the field. That includes that old standby LSD and other long-known hallucinogens. Of course, for some time ibogaine has been added to that group. And along have come ayahuasca, a la Gabor. I have a fondness for psychedelics from the sixties. Likewise, I am sympathetic to a concept of shaking up your psyche to escape traps you have created for yourself. But, once again, I am not a one-drug-session-cures-all kind of guy.

I am scheduled to speak at an ibogaine conference in the fall in Mexico. My topic will be “skills at ibogaine use.” By that I mean to position the drug as a road to insight and life change, not as a magic bullet. And that is true to my whole approach to addiction.

Bill White: By the way, every time you speak or write a book you discuss your Uncle Ozzie (you’ve already mentioned him in this interview as though everybody knows who you were talking about). Ozzie quit smoking in middle age. What is it about Ozzie that you find so apocryphal?

Stanton Peele: Uncle Ozzie quit smoking at age 42, after a quarter-of-a-century smoking four packs of unfiltered cigarettes daily from the time he was 18. A union rep, he quit one day when someone pointed out to him that smoking made him a slave to the capitalist system. That broke into his conscious value system in a way that motivated him to quit as nothing else could. Smoking—forget how addicted Ozzie was—stood no chance at that point, and he quit forever, living fifty more years cigarette-free.

Ozzie demonstrated for me the centrality of a person’s values in preventing, allowing, and overcoming addictive behaviors. Why do people quit smoking, as most (at least middle class people) eventually do? Because smokers are usually imbedded in a value system that won’t let them continue their addiction, involving values that they internalize, like being role models for their children. It is so obvious, standing right there in front of us. Indeed, for me, motivational interviewing is a values-surfacing technique, and that’s how I practice it.

One of my greatest achievements has been to write technical articles, and then to translate those into workable techniques. Thus one of my most comprehensive academic articles on addiction was titled, “[A Moral Vision of Addiction](#): How People’s Values Determine Whether

They Become and Remain Addicts.” That was a very daring title, even back in 1987! (Today I would title it: “Harness Your Values to Overcome Addiction,” although that’s hardly a title for an academic piece.) I then use that approach in my self-help books, like *7 Tools* and *Recover!*, all of which begin with a discussion of values and how to harness them as motivations.

Bill White: You are a long-time supporter of harm reduction strategies. Do you feel there is future potential in integrating ingredients from harm reduction and abstinence-based programs?

Stanton Peele: Of course, I need to say that people may abstain on their own, at any time, for as long as they wish. And some people seek help to do so. SMART Recovery, which is the key alternative to AA, is entirely abstinence-oriented. I ran a residential treatment program whose stated goal was abstinence. So it’s not that I don’t believe that some people benefit from abstinence, need to abstain, and want and need help in abstaining.

What I don’t believe is that America needs more emphasis on abstinence. I think this emphasis, this preoccupation, detracts from the practice of harm reduction. I have a friend who considers herself a harm reductionist, whose partner had been in AA and had abstained for years. He started drinking beer again and she freaked out. I said, “I thought you believed in harm reduction.” She answered, “It’s not reducing harm to drink after you’ve been abstaining.”

Yes it is. It’s harm reduction if it means this man felt he had a more stable relationship to his drinking, one he can sustain. And that’s true even if the man had occasional nights when he drank too much beer. And there is the matter of a human being’s right to choose what you want to do in life. Of course, there are failed moderation efforts, plenty of them. And there are people who drink themselves to death. Many of these people we wish would quit. But we have completely run out of room in America to emphasize any more that people join AA and swear off drinking. We have a boundless need to discover alternative paths to sobriety. And, by the way, sobriety doesn’t mean abstinence. It means not being intoxicated at a particular time. And AA’s and the Recovery Movement’s [appropriation of the term](#) is misleading and harmful.

I believe that a counselor who can’t consider the range of options from abstinence to moderation to reducing harmful use is not able to do the job of substance counseling. Meanwhile, there aren’t counselors who, if someone said to them, “I want to abstain” would argue them out of it. I would never do that! But the opposite happens constantly. In fact, it is standard treatment still in America. So we have a treatment system that ignores the need to assist millions of people who use drugs, some of whom have problems, and many millions who drink less than ideally. It is only by virtue of Americans’ abstinence fixation and a world where American views hold sway that this is accepted policy and treatment.

Bill White: Your latest book, *Recover!*, describes the “perfect” recovery program. Could you describe that program?

Stanton Peele: Well, PERFECT is an acronym, beginning with the concept of “pause,” or “P,” for introducing mindful choice into your decision-making. “E” is for “embrace,” or what is called in Buddhism “lovingkindness,” meaning self-acceptance and forgiveness. Beyond that, accepting your own and others’ perfectness as a living being is part of Buddhism’s fundamental philosophy. We are not our worst moments or traits or drug or alcohol use. Beneath that all, we are perfect beings, a part of the universal whole. This last is the concept of “radical acceptance,” one that Bill [Miller] and his colleagues emphasize in *Motivational Interviewing*.

The PERFECT Program seeks a bridge to a new way of thinking, often rooted in Buddhism, that incorporates what we know to be successful from CBT. Mindfulness is both a psychological and a spiritual concept. It is my co-author Ilse Thompson's and my belief that addicts need above all to change their way of thinking about themselves. In fact, they and we need to discard the label "addict," as though people are permanently imprinted with an addict gene, or brain chip. They're not. Both Buddhism and CBT tell us that we are imperfect, that we all have to accept emotional issues or addictions in ourselves and others. Yet both CBT and Buddhism say that, whether or not we carry some diagnosis, we can't underestimate our ability to change.

It's a totally different way of thinking of ourselves from our current medical diagnostic-treatment model. Neither PERFECT nor I use DSM terms to describe human beings. Good clinical practice and humanity instead require us to talk about specific things people do, how these actions harm them, and how they might change their actions. Yet, despite its inhumanity and ineffectiveness, the biomedical-disease model utterly dominates our thinking. And seemingly no one worries that we are not becoming happier or mentally healthier as a society. It's always the promise that our biomedical brain disease models will cure us of all our problems in some future nirvana. In fact, we're headed the opposite way.

Bill White: You were among the earliest people to apply the concept of addiction to behaviors other than addiction. How do you view the growing interest in what are called process addictions?

Stanton Peele: Among the terms I never use is "process addiction." Another term I don't use is "physiological addiction." As I write each time I discuss addiction, people become addicted to an entire experience, whatever the involvement is, whichever factors go into creating that gestalt. We could have a whole discussion here about terminology, about which you have written brilliantly and compassionately. Let's summarize by saying the terms "addict" and "alcoholic" are out because they imply that addiction is a lifelong, inbred condition, that to be addicted is a permanent trait of a person.

It's not.

But I stick with the term addiction because it conveys an image, for better and worse, that everyone understands. And that condition of addiction is something every human being knows. As I wrote with Ilse in *Recover!*, "Addiction is a normal part of human experience, as is recovery. Addiction occurs when a person seeks out an experience, ritual, or reward to the exclusion—and detriment—of all other goals and activities. The measure of addictiveness is how absorbing, compelling, and harmful to the person an involvement is."

As a normal part of human experience, addiction is not a side effect of drug use, and specifically narcotics. Archie and I wrote in the 1991 reissue of [*Love and Addiction*](#): "An addiction is a habit that gets out of hand. The key to understanding addiction is to realize the function the addiction serves in the individual's life. For example, addiction is not an unfortunate side effect of powerful painkillers like narcotics. Rather, powerful pain relievers *are* addictive to the extent that they remove pain quickly and effectively. It is pain relief, feelings of power or reassurance, and other essential human experiences that some people, and many people under some circumstances, seek in addictive drugs."

In those terms, you see, addiction occurs in connection with drugs because they are such efficient mood and consciousness modifiers. But drugs are not unique or necessary in the

addiction process. It is humorous to see how DSM-5 copes with this realization, which the text never makes explicit. DSM-5 applies the term “addiction” only to behaviors, not substances, in the section “Substance Related and Addictive Disorders.” Note that “substance related disorders” is separate from “addictive disorders.” In fact, DSM never applies “addiction” or “dependence” to any substance, but classifies behaviors as addictive. It never defines “addiction,” but finds only a single behavior meets its criteria: gambling.

If I can repeat myself here, addiction can only be defined in terms of lived experience, as Ilse and I said: “Addiction occurs when a person seeks out an experience, ritual, or reward to the exclusion—and detriment—of all other goals and activities. The measure of addictiveness is how absorbing, compelling, and harmful to the person an involvement is.” It is remarkable, and gratifying, how closely this and other passages in *Recover!* resemble the social-psychological definition of addiction that Archie and I formulated 40 years earlier in *Love and Addiction*.

Bill White: You took on strategies for prevention in your book, *Addiction-Proof Your Child*. What do you think would be the most effective strategies for breaking intergenerational cycles of addiction within families in which such problems are densely concentrated?

Stanton Peele: Although I love to hear stories of recovery, most especially without treatment, my very favorite stories are self-identified recovering people whose children are “normies.” They tend to slight their role in making this happen. I say to them, “Of all the modern miracles, you describe how you inherited addiction from your forebears, and yet you cut the family cycle of addiction cold with your kids. How did you do it?” They can’t answer. So I offer my own explanation of their success.

I say, “First, I think you didn’t bring your addiction into the home, or at some clear point early on you stopped doing so. That was part of your—meaning you and your spouse—creating a healthy, stable home for your kids. Second you nurtured your children, treating them with love and care and giving them opportunities to advance their lives. And, third, you didn’t belabor them with the idea that they were bound to be alcoholics or addicts, that this was their unavoidable inheritance. You didn’t want this to be true, and you made sure that it wasn’t.” Why don’t they recognize this for themselves? Because their recovery ideology makes it impossible for them to do so.

As for parents not burdened by substance addictions of their own, I emphasize most in *Addiction-Proof*, after love and respect, allowing children to live life directly, to encounter difficulties as these occur, and to overcome these on their own. Helicopter parenting poses the greatest danger, after a disrupted, dysfunctional household, of generating addiction.

State of the Addiction Treatment Field

Bill White: What have been the major changes in the field you have observed over the course of your career?

Stanton Peele: While the 12-step, AA model is still dominant, although in a sense it is being eclipsed by the brain disease model, with which it shares many similarities, there’s just no question that more divergent opinions are being expressed, and are being allowed to be expressed. Considering Andrew Tatarsky’s harm reduction practice in New York City and HR training program at the New School, along with Jeff Foote’s Center for Motivation and Change

in NYC, Patt Denning and Jeannie Little's HR program in San Francisco, and Ken Anderson's HAMS harm reduction support group, it seems as though a minirevolution has broken out. So it's clear there is more diversity of opinion permitted, expressed, and heard. And I live in that domain, which was once almost eradicated by the likes of John Wallace and Mary Pendery.

Bill White: What part of the current treatment system in the U.S. should be supported, expanded, downsized or eliminated?

Stanton Peele: It seems as though warring factions—which you've noted have always existed in the addiction field—are even more powerfully arrayed against one another today. You and others feel these can be reconciled. I don't. I think their underlying premises, their views of human motivation and behavior and how change comes about, are antithetical. My colleague Ilse Thompson's treatment of Buddhism, which is a growing feature of addiction treatment, makes this clear. Whereas the disease model presents view of addicts as inherently and permanently scarred, Buddhism views all human beings as sharing essential traits and value, including the possibility of perfection. The disease model leads naturally to marginalization and stigmatization, often with the person as the instrument of their own ghettoization. Buddhism leads towards integration, self-respect, and acceptance by oneself and the community. Likewise, as I discuss in an article I am preparing for a special issue of *The Behavior Therapist*, CBT's central reliance on self-efficacy, a la Albert Bandura, cannot be reconciled with the disease model.

What must replace it is an individual- and community-oriented harm reduction model, one that is individual, community, and culture strength-based. That is, our approach to addiction must promote skills and competence among kids and adults, strengthen communities wherever these occur, and present a cultural message of empowerment and self-efficacy. The disease model works against all of these initiatives in favor of locating a key lock to addiction in the brain. So, in my view, the disease model—both AA's and the chronic brain disease model—has to be defeated for us to progress as a society towards dealing with addiction. I'm not optimistic that that will occur.

Bill White: Is there a need for a specialized field of addiction treatment?

Stanton Peele: I don't feel that there is. On the contrary, I believe that psychology, along with other disciplines, such as social work and social psychiatry (see the case of George Vaillant), sociology and anthropology, were withdrawn from the field to the detriment of all, especially those with drug and alcohol problems. I have often felt like I was a one-person campaign to recognize or reinforce some of these disciplines, for instance through teaching social workers at NYU and buttressing Europeans like Allaman Allamani doing cultural analysis in alcohol epidemiology. I had as a whole sidelight in my professional life a period where I did battle with the leadership, and the rank and file, of the Kettil Bruun Society (KBS), which has become almost completely [temperance](#), limit-and-control-supply oriented. It was [contesting this in JSA](#) that won my Mark Keller Award.

In fact, I [single-handedly](#) got a Southern European, Franca Beccaria, elected president of KBS! I pointed out the feelings by the few KBS Southern European members that they were overlooked, their lack of representation, and the lack of acceptance of their far more culturally integrated view of drinking. And, although no one will admit it, I shamed them into promoting

Franca to KBS leadership. Nonetheless, KBS is no more likely to recognize and to accept a cultural viewpoint. For instance, they constantly push to raise the drinking age throughout Europe and to insist that lowering prices will increase alcohol consumption and problems. Yet, in fact, when prices were significantly lowered in Nordic countries due to EU mandates, consumption and problems [didn't increase](#).

But, let's face it, thinking that any one person can buoy whole disciplines or determine policy or cultural direction is deluded. And the world is headed, in terms of WHO European officialdom, in a temperance direction. In practice—that is, what people and cultures actually do—the trends are much more complicated, often conflicting, but tending in general toward a liberalization of substance use policy and more varied and greater substance use. In a place like New York, where I live in Park Slope, Brooklyn, there's a beer bar on nearly every corner, while high-end spirits are the new symbols of good taste and social status.

Bill White: What are your predictions for the future of addiction treatment in the U.S.?

Stanton Peele: The unquestionable continuity among so many areas of compulsive behavior has emboldened Volkow and her ilk to expand their approach to include gambling, and sex, and eating and affective disorders, and, well, everything that can be said to operate through the brain! Let's just say that's a rather inclusive package. And rather than discouraging Volkow et al.'s ambitions, or pointing to a reality that, since everything is mediated in the brain, that fact alone tells us nothing, this cultural awakening only fuels Volkow's energy. Or is it a cult? I view it like the advent of George Orwell's *1984*, only with more MRIs and neuroimaging.

Nothing, nothing, discourages Volkow's ambitions, including the utter failures of neurochemical approaches to reduce addictive problems. Indeed, neuroscience à la Volkow has failed to actually produce a single therapy claiming to address addiction. And what makes me most pessimistic is how readily we accept continued failure, along with the never-ending promises that we're just about to round the corner, just a few more years or decades down the line, which heretofore have kept everyone satisfied. In 2015, the NIDA can confidently present Nora Volkow's vision: "Volkow said to expect to hear much more about the use of stimulation devices that activate or inhibit certain areas of the brain to treat both pain and addiction. Such devices are currently FDA-approved to treat depression, but Volkow said they hold much promise for other conditions. She also flagged the use of vaccines to treat addiction as a promising area of research. These vaccines would contain antibodies that bind to heroin or other opioids, blocking them from entering the brain." Pretty soon a cure and a vaccination for addiction, glory be!

Someone has to knock this naked emperor—or empress, begging your pardon—off her pedestal. Meanwhile, I want to encapsulate one truth you haven't come to grips with, Bill. And this is the hateful, anti-intellectual, repressively odious spirit of the alcoholism-as-disease movement, one example of which was the Pendery et al. witch hunt against the Sobells' controlled drinking research. I have been the constant recipient of threats, slanders, and personal attacks throughout my career—by people who back your point of view, Bill. Milan Kundera described the AA mentality well in speaking about how the Soviet system poisoned individual thinking. He said that a sense of humor was a sign that someone wasn't absorbed in that system. Except there's a certain humor that reflects "angel-fanatics who are so certain of their worldview that they are ready to hang someone not sharing their joy." I should hope that a person as broad-minded as you've shown yourself to be would reject the vicious campaign of intimidation and

suppression waged by AA proponents—one that is currently exemplified by the hatred directed against Gabrielle Glaser after her anti-AA article in *The Atlantic*.

While I'm at it, I should review my "feud" with Gabor Maté. It's not a feud since Gabor is revered throughout North America, and he has to shoot down to deal with me. Which he has done, by responding to a series of questions I posed for him on the HAMSpro list, after which he summarily withdrew from that list, saying he wouldn't engage with me since I insulted him in my [Substance.com piece](#) about his trauma theory.

Maté, who claims that addiction is due to childhood trauma that results in permanent brain damage, is not a harm reductionist. He loves AA and the disease theory, and has extended the disease theory beyond where even Volkow dares to go. Gabor did work admirably with Vancouver's large population of addicted people. Kudos to him. But this exposure to drugs misled him about the nature of drug use. He identifies this addicted population as "hard core addicts," unlike his soft-core, classical music CD-addicted self. As a result, he doesn't accept drug use as something to be normalized. (To his credit, he is against punitive drug laws.)

Gabor doesn't recognize the social component that is key to addiction, that his and my problems didn't interfere with our getting higher degrees and raising intact families and sending our kids to college not because of specific traumas we did or didn't experience, but because we have lived in relatively privileged social milieus. In our and comparable environments, people rarely experience the kinds of abuse and deprivation that he encountered with his Portland Hotel Service patients. Worse, Gabor imagines this damage and resulting addiction to be permanently disabling—while, in fact, as you have shown in [your review](#), "Recovery is not an aberration achieved by a small and morally enlightened minority of addicted people. If there is a natural developmental momentum within the course of these problems, it is toward remission and recovery." Maté's addiction model is a direct inheritance, an extension, of traditional disease theory.

His "addicts-as-hungry-ghosts" model proposes no solutions for addiction, either for individual sufferers or for society. Gabor's bottom line is, what—fewer people should be traumatized? Who thinks otherwise? In place of anything useful, it misdirects us away from our social environments, which can conceivably be changed, to examine the nooks and crannies of our lives for various traumas and abuse we may have suffered. I don't want to trivialize people's addiction-related trauma. But Gabor's trauma psychology plays into a "woe-is-me" cultural mindset that, although it is growing, does nothing to reduce addiction. Is there anyone who can't respond when prompted—as Gabor did to me—"you have a deep personal trauma you aren't sharing?" It's really a circus soothsayer's act, as much as it is anything.

And, worst of all, it undersells the human capacity to endure and to overcome adverse circumstances. [In an article](#) about environmental psychiatrist (my term) Mindy Thompson Fullilove, the NY Times observed "Fullilove was inspired in particular by the work of Alexander Leighton, who, as a Navy psychiatrist during World War II, studied an Arizona internment camp for Japanese-Americans. Leighton expected to see a tremendous amount of illness and mental trauma — the conditions in the camp were terrible — but the internees, though they were suffering, proved to be startlingly resilient. 'He sees this heroic effort to reorganize life,' Fullilove says, and the ability to organize their own community appeared to be at the root of their success." And that should be our society's goal, not complaining about our individual hurts.

Public Policy

Bill White: Let's turn to public policy, if we may. In what ways do you feel drug-related public health policy has failed in the United States?

Stanton Peele: The most important thing to know about American drug and alcohol policy is that it has nothing to do with public health. It's about inculcating anti-substance-use and anti-intoxication values. This has been the case since the 1914 Harrison Act made illegal all of the non-alcohol intoxicants widely used in America in the nineteenth and beginning of the twentieth centuries. Harrison was soon followed by national alcohol prohibition from 1920 through 1933. Think of it; "let's ban alcohol and that will solve our social problems." That would go over well in Italy, Spain, and Greece, do you think?

Actually, the Kettil Bruun Society, operating through the WHO European section, is essentially trying to do that—impose temperance nations' f'd up alcohol policies on Southern Europe. KBS and alcohol epidemiology provide a long list of failed predictions and recommended policies. But they, like Volkow, are nothing daunted by failure because they are expressing cultural memes and not policies meant or known to have a positive effect. For decades, KBS and their Nordic and English-speaking ilk declared that, although Southern European countries appeared to drink better because you never see drunks lolling around the streets in Florence or Rome or Athens as you commonly observe in Oslo, Bergen (where they have a statue of a drunk man lying in the street), London, Dublin, and all of Finland, this wasn't actually true, since Southern Europeans drink more and that obviously must produce more problems.

Come the first standardized measurement of drinking and alcohol-related problems across Europe, the European Comparative Alcohol Study (ECAS), and everything KBS believes was blown to smithereens. There was an *inverse* relationship between consumption and problems, with Southern Europe consistently doing better than Northern Europe (central Europe was in between) on every measure of alcohol problems. But the worst difference was in alcohol-caused mortality. ECAS found alcohol-related mortality was monumentally higher in Northern than Southern Europe: 18 versus 3 such deaths per 100,000 for men, 3 versus 0.5 for women, even as the Northern countries consumed the least alcohol, albeit in binges, and Southern Europe the most.

KBS presents a litany of [failed analyses and predictions](#), to wit: Room and his colleagues studying the reduction of importation duties in Scandinavia: "Room et al. (2009a) uncovered the discouraging finding that, in the Nordic countries, lowering taxes and easing restrictions on personal importation did not increase consumption, as the authors anticipated: 'That a relatively large change in alcohol prices did not seem to produce a change in consumption is not something which the literature would have predicted.' Holder (2009), in a comment on the article, worried that such a finding indicated (in Room et al.'s words, 2009b) that 'calling a halt to implementing policies to reduce alcohol harm is a major unsupported assumption of our article' (p. 590). No worry there—KBS and WHO Europe have simply carried on.

The list goes on and on. Studying the cross-cultural applicability of DSM-alcohol symptoms and diagnoses, "Contrary to expectation, descriptions of physical dependence criteria appeared to vary across sites as much as the more subjective symptoms of psychological dependence" (Schmidt and Room 1999, p. 448). At a national level, Harvard produced the much-heralded alcohol norms—which is really an antidrinking rather than a moderation approach to reducing binge drinking—on college campuses. The results of an experimental study of campuses where the approach was implemented verses others where it wasn't? [More](#)

[abstinence alongside more extreme binge drinking on the experimental campuses](#). But our efforts to discourage/prohibit drinking [never cease](#).

In fact, policy reform—beginning with national alcohol prohibition and its demise—for the last century has been a matter of first promoting, then trying to reverse, a host of misbegotten beliefs about addiction, alcohol, and drugs. Here’s a small list of these fear-inspired beliefs [I’ve produced](#). Yet most of these same beliefs are driven home harder now than at any time in our history, even as countervailing forces work to oppose them. Recently, NESARC-III showed [a fifty percent increase](#) in past-year AUD from 2001-2002 to 2012-2013, following an unprecedented effort to indoctrinate school kids in the brain disease theory. The NIAAA’s conclusion? We need to accelerate the inculcation of such disease notions through education and treatment, where we already lead the world’s efforts.

I repeat: U.S. drug and alcohol policy is, to borrow Joseph Gusfield’s brilliant concept, a symbolic crusade, as the Christian Crusades were.

Bill White: What is your view on the potential role the alcohol, tobacco, and pharmaceutical industries have played in AOD-related problems in the U.S.?

Stanton Peele: There have been constitutional questions and battles about the rights of private industry to express their points of view. I am a liberal and a libertarian. The libertarian in me says to let people decide. The liberal decries false or misleading marketing that leads towards unhealthy behavior.

So I have made mini-peace pacts in the following ways with the various industries. I support alcohol manufacturers, because alcohol is a fine product with life-enhancing and life-prolonging properties. But I think their marketing efforts should be exclusively directed to showing how their products can be integrated into healthy lives and communities. That’s not how capitalism and marketing work in the U.S, however. I HATE antisocial marketing of alcohol products, of guys feeling super potent and women super sexy when they drink—exactly the same as I hate advertising that shows gas-guzzling cars tearing up backwoods terrain because the fucking people are too lazy to get off their asses and walk to a nice place to view nature.

As for cigarette companies, they can be sued until the cows come home for all of their misrepresentations and secret agendas and lying. They should be saddled with legal claims like those. But to decide that their products are inherently addictive, or that nicotine addiction stands alone as being more addictive and incapable of being stopped than any other, is following the addiction paradigm off a cliff. Moreover, this social marketing contributes to our growing sense of impotence and victimization, a kind of Gabor Matization of society, that I cannot stomach. I just can’t deal with people who describe their lives in terms of victimization, of addictive diseases, or of trauma. My personal heroes have been the people who rescue their lives and who help others to help themselves. Is this saying in the Bible: “God helps those who help themselves?” It should be.

Which leaves pharmaceuticals. Many people want to smoke and drink. Of course, especially with the former, we call that addiction. Fair enough. It’s a way in which our urges get us into trouble. But what about an industry that had to invent a need for itself, to sell itself nonstop? People always wonder about getting off their pharms. It’s a constant therapy topic. But we’re moving the whole process forward, to kids. It’s considered a lost era to imagine kids running around outside having fun. Was that image totally false? When we think of kids as a group now, we see bundles of problems like ADHD, bipolar, depression, anxiety. These, we are

convinced, need to be managed by amphetamines/stimulants, antipsychotics, antidepressants, tranquilizers. Have Americans, starting in childhood, really always been like this, only we missed it because we were so naïve?

And now the pharmaceutical industry moves into the business of addiction. Tens of millions of people have quit smoking with varying degrees of difficulty, sometimes excruciating difficulty. Now they are told it is impossible to do so without either nicotine replacement or a neurochemical. Then come narcotics. We already believe people must become addicted to narcotics. And now these are the most heavily marketed pharmaceuticals. As I write this, the cover of *Time* is devoted to the new opiate painkiller crisis – more powerful, more widespread than ever! The standard joke is that pharmaceuticals get you coming and going – first they sell you opioids, then buprenorphine, Suboxone, and naltrexone to counteract them. I told you that I selected addiction as my field of interest since it would always be with us. But who knew?

Despite our painkiller mania, alcohol is still the promised land, since more people encounter alcohol problems over their lives than all other psychoactive substances combined; that's multiplied many times. As I have [pointed out](#), we are now multiplying alcohol problems. Moreover, we are delaying the natural tendency for young people to outgrow these problems, NLAES and NESARC have shown.

Will we begin using naltrexone the way people pre-drink in Scandinavia before going out so that they won't have to pay such exorbitant amounts to drink more at bars? And this is better than people going to a bar and drinking a bunch of beer, or Scotch, or staying home and smoking some pot? Actually, this is the debate going on right now in the United States, as marijuana is legalized state by state. I know alcoholism and drug addiction are horrid. Even short of alcoholism, drinking causes problems. It's most of what I concern myself about even on social occasions. I never let up! But is our pharmaceuticalized life really an improvement? It seems that the most reasonable way to conceive of human existence is that we all rely on habits and life props, and to accept this as the normal state for humanity, with harm reduction the rule of thumb.

Bill White: If you had control of America's social expenditures, how would you divvy these up in a way you feel would optimize our approach to AOD- and addiction-related problems?

Stanton Peele: If we can't create a world worth living in, lives worth living, than all of our anti-addiction efforts, and not just those social programs, will fail. No work made more sense to me than Keith's analysis of how we have depleted programs designed to improve people's health, education, and housing in favor of creating more and more alcohol and drug treatment. We have spent millions rushing in the wrong direction. I hate to sound like a hippy-Luddite. But I think we were better off in our responses to addiction in the 1960s. True, a lot of people smoked pot. But didn't most of them grow up to become responsible citizens? I know I did. And it was because of the opportunities in life that I had.

Of course, I was a privileged (i.e., middle-class) college kid. The heroin-painkiller-meth epidemics are simply one more expression of the two Americas that have grown farther apart than they were in the 1960s, a split that continues to worsen. This is Carl Hart's fundamental, and accurate, point. In Baltimore and Appalachia or their New England equivalents, hopelessness causes addiction. Opportunity is the biggest antidote. In some ultimate cost-benefit analysis, people have to believe consciousness and living are superior alternatives to intoxication and oblivion. Getting there isn't easy. But it's the only answer. All else is Band-aids and balderdash.

Bill White: There is an entire debate going on now regarding the use of the terms “addiction” and “alcoholic/addict” with the latter being seen as too inflexible and stigmatizing. You might be seen as coming out on both sides of this issue, since most of your books have “addiction” in the title while you emphasize the ubiquity (it is not a unique trait) and impermanence of addiction. Which is it?

Stanton Peele: Bill, you have done major work on this, and early on. I come out where my colleague, Ilse Thompson, does. Ilse recently ran a kind of contest about this question on a listserv of harm reduction people that we’re both on. Her summary: “No two people consistently use the same language, and some vehemently challenged others’ word choices and their conceptions of addiction. In order to dispense with the disease-model connotations of the word, some members reject addiction outright, preferring to use terms such as Substance Use Disorder (SUD), problematic substance/drug use, habit, involvement, high-risk behavior, and dependency. I, and some others, prefer to use the term addiction because – while it may come with a lot of baggage – there simply is no other useful term available to describe the core affliction underlying both problematic behavior and substance abuse.

“While there was disagreement among the email list members about the appropriateness of the term addiction, there are some things that harm reduction proponents agree upon across the board. They reject many of the implicit assumptions of the disease-model language as unhelpful, inaccurate, degrading, demoralizing, and thus, anti-therapeutic to sufferers. In mainstream circles, it simply has not caught up with a more compassionate, human-centered shift in the terminology used in mental health fields. It’s becoming more and more unacceptable to identify someone with a mental illness pejoratively and according to their affliction.” And, so, Ilse and I use “addiction” as an important descriptive term, while “addict” is no longer acceptable since it is “degrading, demoralizing, and thus, anti-therapeutic.”

We moved this way with *Recover!* as a manual to help people learn how to reframe self-defeating thoughts about their addictions, not to think that this is the real them, the only them possible. And Ilse is taking this view forward while getting her Master of Divinity in Buddhism at Maitripa College. This is the critical direction that I feel we are both going in, and for the field as a whole. I am convinced that, however either of us, or both of us together, go forward, this is the critical direction for the field

Bill White: What are your views on the rapid changes in policies toward marijuana in the U.S.?

Stanton Peele: I find that the U.S. has a split personality in its attitudes toward psychoactive substances/intoxicants. That is, the chronic brain disease model, which includes marijuana as addictive, is utterly dominant. It seems to reflect a fear of these substances, including also painkillers. And, yet, Americans have made a cultural shift towards acceptance of marijuana use, like the shift towards accepting and approving of gay marriage. Americans seem more openly interested in pursuing marijuana, along perhaps with other drugs, and accepting them as normal parts of daily living, even as they regard them as addictive and uncontrollable. This striking inconsistency reflects a cultural ambivalence that is both confusing and worrisome.

Bill White: How could we best address the current surge in opioid addiction in the U.S.?

Stanton Peele: As reflected in David Musto's *The American Disease: Origins of Narcotic Control*, America has always had a special, unhappy relationship to narcotic painkillers. I often describe the pot of gold pharmacologists have pursued for a century: that is, the search for a non-addictive analgesic. But, as I have written in both *L&A* and *Meaning*, it is the elimination of pain, of painful feelings, of discomfort that is itself at the heart of addiction. This is the experience to which people become addicted, no matter where they find it. The specific chemical structure of the painkiller is of little consequence.

Americans are always surprised to learn that the newest painkiller, anxiety reducer, or sleep agent has become the latest addition to our addictive pharmacopeia. This includes morphine, heroin, barbiturates, benzodiazepines, and Ambien. And a list of painkillers just provides us with an a-ha recognition of the major addictive agents of our time: Codeine, Fentanyl, Vicodin, Dilaudid, Demerol, Oxycontin, Percocet, Percodan, Ultram. Can I modestly assert that, if people followed my lead in regarding analgesia itself as the source of addiction, then we would cease this mad pursuit of non-addictive painkillers and stop being surprised that, the more effective the painkillers we produce, the more effectively addictive they are as well?

As to how to remedy that existential conundrum, we need to become more pain tolerant as a culture, to teach people ways of addressing pain other than pharmaceutically, and to teach people from a young age a tolerance for discomfort and uncertainty. As I've said before, the best way to do that is to let them experience life in the raw, with its dangers, consequences, and pain. As I indicated in *L&A*, Americans have never stopped searching for ways to eliminate uncertainty and discomfort in our lives. That goal is impossible to achieve, and its pursuit is dangerous, pathologic in itself. And it is addictogenic.

Career-to-date Retrospective

Bill White: What people have exerted the greatest influence on your work?

Stanton Peele: I am indebted to pioneers like Isidor Chein, Norman Zinberg, Charles Winick, and Alfred Lindesmith—I received a career research award from the Drug Policy Alliance in Lindesmith's name. Those names are all associated with drugs. In the alcohol arena, I love the work of Harold Mulford and Craig MacAndrew. To pick one anthropologist, it would have to be my friend, Dwight Heath. Robin Room has made contributions, but not lately. Among contemporary psychologists, Alan Marlatt, Bill Miller, Jim Orford, and Nick Heather have been important influences. Alan's harm reduction psychotherapy (with Andrew Tatarsky) and Bill's motivational interviewing (with Stephen Rollnick et al.) represent alternative visions of addiction treatment, and thus of addiction, which could (and might yet) fuel an entirely different societal approach to addiction.

The largest group among these names consists of social psychologists, like myself. That includes Orford, Winick, Chein, MacAndrew, and Lindesmith. Mulford and Room were trained as sociologists. And while Zinberg, Marlatt, Miller, and Heather are all clinicians, they all could well have the word "social" inserted before that designation. All of these professionals appreciate the role of society and the social group in substance problems and solutions, to a greater or a lesser extent.

I think that Heath and MacAndrew grasp that social and cultural beliefs actually impact the manifestation of addiction, and Heather and Zinberg do as clinicians, with the others lagging behind somewhat in that area. Norman's "G.I.s and O.J.s in Vietnam," in the *New York Times*

Magazine in 1971, in which he described heroin withdrawal taking entirely different forms in different army units during the Vietnam War, up to and including overdosing, is the most radical thing to appear on drugs in a popular American periodical up to the present.

Bill White: What do you think have been your major contributions to the field?

Stanton Peele: I think that no analyst of the meaning of addiction, or clinician, has attempted to integrate the cultural and individual meaning and definition of addiction into our social and treatment discourse as I have done. To borrow the subtitle of *The Meaning of Addiction*, I have grasped the centrality of cultural and individual interpretation in compulsive experiences. This puts the proper weight in addiction on how individuals think about themselves and their addictions. Likewise, my thinking rejects reductionism and all of its stinking, misleading appeal. We can cure addiction only by real societal and individual life changes.

Underlying this, I have gone beyond any of my role models in that none attempted a unified theory of addiction that applies to drugs, alcohol, and non-substance activities. I was unique in bridging drugs and alcohol, including cigarettes, from the start. On top of combining substances into one overall model of addiction, I saw from the start that addictions to activities are essentially the same as drug addictions—ALL are process addictions. The process of immersion in an involvement and belief in loss of control IS addiction. Thinking that way is second nature to me, and always has been. Nothing can gain recognition for me as a seminal figure in addiction more than that recognition, which is only just now, begrudgingly, seeping into official addictionology.

Bill White: What are the greatest challenges you have faced in your career?

Stanton Peele: Isolation, alienation, being ignored, thought of as a sideshow, irrelevant—all of which have left me utterly devoid of financial or other institutional support. From my perspective, living a life, raising a family, not flagging in my efforts, keeping my spirits.

Bill White: Looking back on your career-to-date, do you have any regrets?

Stanton Peele: There are two views of me, held by others and myself. On the one hand, with hardly any potting soil, I have kept going, kept relevant, remained cutting edge for forty years. From the other perspective, I have cut myself off, burned bridges, and ruined any number of seemingly good things I was involved in or had a chance to be involved in. I don't know which one is truer, to what extent each implies the other, or whether I am capable of changing my style and life course at this point. But I haven't quit yet.

Bill White: What do you most hope to achieve in the time you have left to work in the field?

Stanton Peele: Here are five goals currently on my frig: (1) continue to blog and become more visible in the popular media as a commentator; (2) write another couple of books—one on how to use drugs constructively as drug use becomes normalized in the 21st century, and one a memoir—this interview is a start!; (3) to give Archie the opportunity to write his memoir; (4) work on harm reduction/addiction prevention for kids; (5) reduce or eliminate reductive views

and treatments of addiction, so that we will recognize and deal with addiction as the human, and not chemical or biochemical, problem that it is.

Bill White: What do you see as future career paths for people concerned about addiction at a policy level or in offering support to individuals and families affected by such problems?

Stanton Peele: I personally couldn't support someone's going into academia as a meaningful way to impact addiction, or someone's participating in any kind of standard treatment program. For me to get behind someone, they have to be trying something cutting-edge. I see Ilse doing that by studying Buddhism and integrating it with addiction policy and treatment; likewise, several people I am working with are trying to broaden the application of harm reduction to youths. I guess that sums up my life philosophy: why have as a goal something small or incremental? Things are fucked up enough that one should think big. And, oh, don't call me up if you believe in the disease theory or reductive models of addiction in any size, shape, or form.

Bill White: As a final question, are you mentoring younger people who will carry your work forward into the decades to come?

Stanton Peele: Most of the people I deal with are younger than I am, other than my long-term writing partner, Archie, and my long-time therapy partner (whom you interviewed around her involvement in MM) Ana Kosok. Beyond that I am actually more connected in the addiction field than I have ever been. Quite late in the game—it was published in 2014, when I was 68 years old—I collaborated with Ilse Thompson on *Recover! Stop Thinking Like an Addict*. And Ilse is going forth boldly to present a different way of thinking about addiction than our culture is used to by using Buddhism as a platform. Although Ilse is entirely her own creation, I believe I have given her a boost, and continue to do so, as she has done and does for me.

I am working with Barry Lessin, co-founder of Families for Sensible Drug Policy; Jerry Otero, who has created a group under the prevention umbrella at DPA; and Matthew Scott Kuelhorn, who founded the community prevention group Thrive in Colorado—all of whom are trying to establish a harm-reduction-based approach to drugs in the United States. With that aim, Kevin Gallagher and I have put together a brief version of my book, *Addiction-Proof Your Child*, into a pamphlet, *Addiction-Proofing Your Family*. I wouldn't say any of these people are protégées of mine. But all have found my work helpful for their thinking, and are carrying that work forward in organizational ways I'm not capable of doing.

Lately, I have been working with a well-known, yet up-and-coming CBT practitioner in the area of anxiety, Brett Deacon. Brett is decisively anti-reductionist in his brilliant work, and he gives me some credit for helping him to develop this way of thinking. I am contributing a piece on my anti-reductive approach to an upcoming issue of *The Behavior Therapist* Brett—who is now at University of Wollongong in Australia—is editing with Dean McKay, at Fordham.

All of my children are having good, creative career success. Dana is an e-commerce maven who creatively develops big-picture systems. Haley is applying for a Ph.D. in social research. She is engaged in a program to provide girls in the justice system with an advocate to strengthen their own “self-advocacy” skills. Anna is an editor for *Esquire*, where she uses keen analytic, writing, and interviewing skills. I enjoy that she works so well in a male environment. When a senior staff writer said to her, “Anna, you remind me of the daughter I never had,” Anna replied, “Sorry—you're like the high-maintenance dad I already have.”

And, then, there's Archie, who has always served as an amanuensis for others and me. I hope to see and support his final emergence as the genius he is.

Bill, as my last word, I'd like to thank you for your thoughtful, even provocative, questions. I feel you have given me a chance to express my views fully, even as we don't need to say, "The views expressed in this interview are not necessarily those of this website."

Bill White: Thank you, Stanton, for reviewing your life and work over these past decades and for giving us a hint of what you have planned for the future.

Acknowledgement: Support for this interview series is provided by the Great Lakes Addiction Technology Transfer Center (ATTC) through a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT). The opinions expressed herein are the view of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA, or CSAT.

Representative Publications of Dr. Stanton Peele

Books

(with Archie Brodsky) *Love and Addiction* (1975)

The Meaning of Addiction (1985)

Diseasing of America (1989)

(with Archie Brodsky and Mary Arnold) *The Truth About Addiction and Recovery* (1991)

Addiction-Proof Your Child (2007)

(with Ilse Thompson) *Recover! Stop Thinking Like an Addict* (2014)

Articles

1. Stanton Peele. [The Addiction Experience](#), Hazelden, July 1980, reprinted from *Addictions* (Ontario Addiction Research Foundation), Summer-Fall 1977, pp. 21-41 and 36-57.
2. Stanton Peele, [Reductionism in the Psychology of the Eighties](#): Can biochemistry eliminate addiction, mental, illness, and pain? *American Psychologist*, 36, 807-818, 1981.
3. Stanton Peele. [Through a Glass Darkly](#): Can some alcoholics learn to drink in moderation? The answer, at least in this country, may be more political than scientific. *Psychology Today*, April 1983, pp. 38-42.

4. Stanton Peele. [Out of the Habit Trap](#): People who quit drug abuse, smoking and other habits do best if they do it themselves. *American Health*, September/October 1983, pp. 42-47.
5. Stanton Peele. [The Cultural Context of Psychological Approaches to Alcoholism](#): Can we control the effects of alcohol? *American Psychologist*, 39:1337-1351, 1984.
6. Stanton Peele. [The Implications and Limitations of Genetic Models of Alcoholism and Other Addictions](#). *Journal of Studies on Alcohol*, 47:63-73, 1986.
7. Stanton Peele. [The Limitations of Control-of-Supply Models for Explaining and Preventing Alcoholism and Drug Addiction](#). *Journal of Studies on Alcohol*, 48:61–89, 1987. (Winner Rutgers Center of Alcohol Studies Mark Keller Award, best JSA article, 1988).
8. Stanton Peele. [Ten Radical Things NIAAA Research Shows About Alcoholism](#). *The Addictions Newsletter* (The American Psychological Association, Division 50), Spring 1998 (Vol 5, No. 2), pp. 6; 17-19.
9. Stanton Peele & Rich DeGrandpre. [Cocaine and the Concept of Addiction](#): Environmental factors in drug compulsions. *Addiction Research*, 6:235-263, 1998.
10. Stanton Peele & Archie Brodsky. [Exploring Psychological Benefits Associated with Moderate Alcohol Use](#). *Drug and Alcohol Dependence*, 60:221-247, 2000.
11. Stanton Peele. [Addiction as Disease: Policy, epidemiology, and treatment consequences of a bad idea](#). In J. Henningfield, W. Bickel, and P. Santora (Eds.), *Addiction Treatment in the 21st Century: Science and Policy Issues*. (Baltimore: Johns Hopkins, 2007) pp. 153-163.
12. Stanton Peele. [Alcohol as Evil –Temperance and Policy](#). *Addiction Research and Theory*, 18:374–382, 2010.
13. Stanton Peele. [Government Says You Can’t Overcome Addiction, Contrary to What Government Research Shows](#). *Reason.com*, February 1, 2014.
14. Stanton Peele. [Why We Need to Stop Nora Volkow From Taking Over the World](#). *Substance.com*, January 17, 2015.
15. Stanton Peele. [Studies Show that Drinking Problems Are Increasing – Here's Why](#): And are we simply barking up the wrong tree in response to our current failures? *The Fix*, June 8, 2015.
16. Stanton Peele. Reductionism in the 21st Century: How preconceived neurobiological notions are making us crazy and addicted. *The Behavior Therapist*, in press.