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**Resisting 12-Step Coercion: How to Fight Forced Participation in AA, NA, or 12-Step Treatment**, By Stanton Peele and Charles Bufe with Archie Brodsky (Tucson, AZ: Sharp Press, 2000), 204 pp., \$14.95 paper).

Reviewed by William L. White and Timothy Edwards

## **Background**

Between 1930 and 1970, a multi-factioned “modern alcoholism movement” sought and achieved a significant change in America’s perception of alcoholism and the alcoholic (Johnson, 1973; Roizen, 1991). At the apex of this destigmatization campaign (perhaps the moment First Lady Betty Ford spoke to the nation about her addiction and recovery), the movement was eclipsed and subsequently colonized by a larger addiction treatment movement. The burgeoning treatment industry shifted the focus of addiction recovery from indigenous support structures to more formal relationships that were institutional, professional and commercial. Once intertwined, these movements become something of a pop phenomenon in the 1980s, generating a legion of new recovery groups for every imaginable problem and a virtual explosion in addiction treatment programs. For a brief moment it looked like everyone was addicted to something and that anyone of prominence was going to “rehab.” It seemed like the whole culture had become enamored with recovery (White, 1998).

The excesses of this treatment/recovery movement generated an ideological backlash against Alcoholics Anonymous (AA) and its perceived influence on the philosophical underpinnings of modern addiction treatment, as well as a financial backlash against the treatment industry. The diverse individuals and organizations that led this reaction slowly coalesced into a counter-movement. Mirroring the movement it opposed, this anti-12-step movement generated its own organizations, its own stable of celebrity authors and public speakers, and its own cultural trappings (web sites, books, t-shirts, bumper stickers.) The authors of *Resisting 12-Step Coercion* are among the vanguard of this counter movement, and their latest book reflects much of its evolving character.

*Resisting 12-Step Coercion* is valuable in that it calls attention to the fact that addiction treatment in the United States is becoming increasingly coercive and intrusive. We agree that the growing emphasis on coercion raises serious ethical and legal questions and undermines the fundamental character of treatment and recovery. Despite our agreement with the authors on this basic point, we believe that they: 1) misidentify the source of coercion as Alcoholics Anonymous; 2) fail in their promise to offer solutions to those being coerced into mutual aid or treatment; and 3) present their work with a stridency that serves only to quicken polarization among those concerned with alcohol and other drug problems. In our view, *Resisting 12- Step Coercion* misses the opportunity to explain the limitations of coercion and the forces that have contributed to our growing confidence in the use of threats.

## **Premises and Assumptions**

*Resisting 12-Step Coercion* is a series of topical essays that collectively provide an overview of: the nature of the alcohol problem and the dominance and (according to the authors) ineffectiveness of 12-step groups and 12-step treatment as a response to that problem, and the ethical and legal issues involved in coerced participation in 12-step groups and 12-step treatment. The book is based on the following nine propositions.

1. The AA philosophy is based on a “demonstrably false” premise, namely, that alcoholism is a “disease” that completely overtakes the alcoholic’s power of choice and requires complete surrender to outside help.
2. The AA program resembles a cult because its members are indoctrinated with what is essentially a rigid, intrusive religious doctrine.
3. The AA philosophy reflects a “one-size fits all” approach that precludes viable alternatives.
4. AA and AA-oriented treatment are ineffective and potentially harmful.
5. As an institution, AA has actively solicited and encouraged “membership recruitment” by enlisting the courts, employers and correctional agencies as referral sources.
6. AA and “12-step treatment” programs collude with judges, probation/parole officers, correctional officers, employers, professional licensing boards, schools, and parents (of minors) into coercing more than one million people per year into AA-oriented treatment and into AA or other 12- step groups.

7. Coercing agents do not take the time to properly assess and diagnose their clients, resulting in referrals of non-addicts to programs which adhere to a rigid, one-dimensional view of addiction and which are designed primarily for those in the latest stages of addiction.
8. Participation in coercion into 12-step meetings by addiction counselors constitutes a violation of professional ethics, including informed consent and the right to refuse treatment.
9. Because of its ineffectiveness, ethical drawbacks and staggering costs, coerced involvement in 12-step treatment and 12-step groups represents a failed medical and social policy that should no longer be condoned.

These premises reflect the broader themes of the anti-12-step movement's strident attacks on AA (Bufe, 1991; Ragge, 1998), its hostility toward the mainstream addiction treatment industry (Peele, 1989; Peele, Brodsky, and Arnold, 1992), and its opposition to the disease concept of alcoholism (from Fingarette, 1989 to Schaler, 2000). New in this book is the focused portrayal of AA and addiction treatment institutions as coercive agents (propositions 5 and 6).

*Resisting 12-Step Coercion* is flawed in three fundamental ways. First, the book fails to place the issue of coercion to 12-step groups and treatment within its larger cultural context. The coercion that is the target of this book reflects the demedicalization of addiction problems (a trend that Peele, Bufe, and Brodsky have long supported) and the restigmatization and recriminalization of these problems. Medical, moral and criminal views of addiction often co-exist and all generate models that serve purposes of social control of deviant behavior, but there are periods where one view assumes cultural dominance. In its narrow focus on AA and 12-step treatment, the book fails to acknowledge this larger story of the displacement of authority for alcohol and other drug problems from culturally descending medical institutions to culturally ascending penal institutions and the effects of such a transfer on alcoholics and addicts. *Resisting 12-Step Coercion* is silent on these larger contextual issues.

The second flaw of this book is that it misses the broader discussion of what role, if any, coercion should play in addiction recovery, and whether coerced involvement in treatment or mutual aid groups "works." This larger debate and this larger body of literature are missing from *Resisting 12-Step Coercion* (See Szasz, 1974; Satel, 1999; Dupont, 1999; and Edwards, 2000 for diverse stances in this debate). The authors should have incorporated this larger discussion and clarified whether they object to coercion in general, to coercion to 12-step

frameworks in particular, or both. It is unclear, for example, whether, as an alternative to incarceration or other undesired consequences, the authors would support the coercion of alcoholics and addicts into mutual aid or treatments that include such choices as Moderation Management, Secular Organization for Sobriety, or cognitive behavioral treatment.

The third flaw of *Resisting 12-Step Coercion* is reflected in the book's title, which implies that the source of coercion flows inevitably from A.A.'s 12-step philosophy. One gets the sense from this book that the source of coercion can be found historically in the rise of 12-step groups. This is simply wrong. Legal coercion of addicts into mutual aid groups and treatment was well-established in the middle of the 19<sup>th</sup> century and continued into the early 20<sup>th</sup> century in the form of legal commitment laws and the establishment of inebriate colonies within state criminal justice programs (Baumohl and Room, 1987). To place the blame for coercion at the doorsteps of AA and NA is to miss broader historical trends in the criminalization and medicalization of deviant behavior, especially the role of coerced entry into treatment as an escape from far more invasive and restrictive interventions. Put simply, Peele, Bufe, and Brodsky mistake the location to which individuals are coerced (12-step meetings) for the sources of such coercion (the criminal justice system, employers, licensing boards). AA and NA are not the coercive agents in this story, and as a consequence of their governing traditions, have little way to defend themselves from this externally mandated invasion. Treatment institutions, on the other hand, do reap financial rewards from coercion, and it troubles us greatly that growth in the treatment industry today seems predicated on collaboration with the criminal justice system, employers and other agents of social control.

### **Conclusion: A Missed Opportunity**

There is much truth in the old adage, "We must choose our enemies carefully because we are destined to become like them." The stridency of the attacks on AA and "12-step treatment" that fill the pages of *Resisting 12-Step Coercion* smack of the rigidity which the authors impute to the targets of their book. Those who are hostile to AA and to addiction treatment will have their animosity affirmed by this book; those with affection for AA and treatment will not likely read this book. In the end, the polarization continues.

The growing coerciveness of treatment in the United States is of great concern to us, but we finished this book feeling that an opportunity had been

missed to move beyond the polarized rhetoric of these mutually antagonistic movements. *Resisting 12-Step Coercion* makes a valid point regarding the increased role of coercion in the treatment of addicts in America. However, by confusing AA with courts, employers, probation officers and treatment centers that employ elements of AA philosophy, the authors misrepresent AA as an active participant in and the underlying cause of the renewed emphasis on coercion. Equally important, the authors do not provide realistic techniques, short of full-blown litigation and endless ethical complaints, for “resisting 12- step coercion.” They spend only a few pages acknowledging the existence of alternatives to AA and “12-Step treatment.” They offer no account of why such alternatives do not exist in the overwhelming majority of communities. They provide us with no realistic strategy to promote change and diversity within the treatment community and its referral base. Needed is not a rhetoric of choice, but a technology of choice. How can local treatment agencies be encouraged to expand treatment philosophies and treatment methods? What formats can be used to train judges, prosecuting and defense attorneys, welfare workers and probation officers regarding recovery choices? How can routine probation orders be written to reflect this philosophy of choice? *Resisting 12-Step Coercion* would have done greater service had it been a “how to” manual rather than merely one more rhetorical attack on AA and treatment institutions that use or misuse its program.

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