

"Is Abstinence The Answer to Alcoholism?"

Debatesdebates Show #219

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NO

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YES

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Moderator: Welcome to this week's television debate "Is Abstinence the Answer to Alcoholism." I'm Mark Nix, I'm the referee, we're ready to start the introductions. Dr. Douglas Talbott.

Talbott: I'm Dr. Douglas Talbott. I'm the Director . . . President of the American Society of Addiction Medicine and Talbott Recovery Campus. We're addressing ourselves to debatedebate "Is Abstinence the Answer to Alcoholism." Alcoholism, the primary psychosocial biogenetic disease. And that's what we're discussing in terms of abstinence and not the problem drinker.

Moderator: Thank you. Dr. Jeffrey Schaler.

Schaler: I am Dr. Jeffrey Schaler. I am a psychologist and I teach at American University and John Hopkins University, in Maryland. I also was a consultant for the American Civil Liberties Union of Maryland in an important case in 1998 . . . 1988 . . . involving coerced treatment for alcoholism and First Amendment rights violations. In regards to our topic today -- "is abstinence the answer for alcoholism" -- well, yes, it is the answer if someone wants to be abstinence. However, it is not the answer if someone does not want to be abstinent. And the problem here is that people are being coerced into treatment programs and Alcoholics Anonymous by treatment professionals such as Dr. Talbott and their First Amendment rights are

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being violated. This is done in the name of calling alcoholism a disease, which it most certainly is not. U.S. courts have ruled that Alcoholics Anonymous is a religion and thus anyone who is coerced into a program utilizing Alcoholics Anonymous is in fact having their First Amendment rights violated. Thank you.

Moderator: Thank you. Douglas Talbott, you introduce your first teammate.

Talbott: I'd like to introduce Dr. Edward Noble who is Professor at the Department of Psychiatry at the University of California in Los Angeles and previous director of the National Institute of Alcohol and Alcohol Abuse.

Noble: Thank you, Dr. I am Dr. Edward P. Noble. I hold a Ph.D. degree in Biochemistry and an M.D. degree with specialty training in psychiatry. Currently besides being professor at . . . UCLA Psychiatry Department, I also have an endowed Chair in alcoholism at that university. I am also the Director of the Alcoholism Treatment Center and Research there. I have been previously Director of the National Institute of Alcohol Abuse and Alcoholism. I've been in at least three different other medical schools as a faculty member. My position on this is I'm a firm believer that abstinence must be the way to treat alcoholism. I will outline the reasons. There are very strong biological reasons why alcohol is a dangerous substance when taken by individuals in amounts that exceed a certain level. We believe that by asking alcoholics to have any other course than abstinence is compounding the problem. There are also biogenetic factors, . . . genetic factors that make some individuals highly susceptible to alcoholism. Therefore, we have to be extremely careful about the approach we use. My belief is that taking this problem . . . trying to deal with the problem for alcoholism . . . trying to put it out is like putting gasoline to put out a fire. Thank you.

Moderator: Thank you. Dr. Schaler, your first teammate.

Schaler: Yes, it's an honor to introduce Dr. Morris Chafetz, who is the Founding Director of the National Institute on Alcohol Abuse and Alcoholism and is currently President of Health Education Foundation in Washington, D.C. Dr. Chafetz has been a leader in alcohol policy for over 40 years and his last book is The Tyranny of Experts published by Madison books. Dr. Chafetz.

Chafetz: Thank you. . . . I . . . have been in this field for a long time and I think the thing that gets me about this field is that we are trying to homogenize human beings on the basis of a diagnosis. And this one-size-fits-all is an absurdity in trying to treat the pain of people who have resorted to alcohol to deal with whatever is hurting them. I . . . got into this field . . . -- and I'm going to reveal my character very quickly -- because when I finished my training in 1954, I wanted to stay on as a Jew in WASP Heaven at the Mass General. But there was no job for me except one. The state had given the hospital money to start an alcohol clinic and no self-respecting psychiatrist would take the job, but I did, and I quickly learned how our biases affect and hinder our patients. Seeking for a one solution for all human beings is the worst thing you can do.

Moderator: Thank you, doctor. Dr. Talbott your final teammate . . .

Talbott: . . . I'd like to introduce the third member of our team, Dr. Nicholas Pace. Dr. Pace is Assistant Professor of Clinical Medicine at the New York University School of Medicine and been a leader for many years in the field of employee assistance programs while at General Motors.

Pace: Thank you, Doug. I'm an Internist. I'm also a social drinker. Which means I have a glass of wine when I go out to dinner occasionally. . . . I got involved with the . . . substance of alcohol, alcoholism, the area of alcoholism some years ago when I was Medical Director of the New York executive offices of General Motors Corporation. Here is where we saw people who were getting into trouble with their job. Of course, as you know, the job is the last thing to go when people get into trouble with . . . drinking . . . We started a program by using the job to motivate people into treatment. As an internist in my private practice, we have treated many, many thousands of alcoholics over the years. I have no bias. I try to treat patients just like any other disease. There is no question about it's a disease. There is no question about the fact that people if they don't stop drinking when they have this disease, they die from it. And we all know the many medical complications of this disease. And if you get sick from alcohol, you shouldn't drink. And that's the simple fact . . . Alcoholism is a disease. The AMA has said it was a disease. The American College of Physicians says it's a disease. There's no question in my mind that it's a disease.

Moderator: Thank you. Dr. Schaler, your final teammate.

Schaler: Yes, again it's an honor to introduce Dr. Joseph Gerstein. He is Medical Director of the Tufts Health Plan and Assistant Clinical Professor of Medicine at Harvard Medical School. He is also a founding member of the Board of Director of SMART Recovery and has facilitated over 1000 Smart Recovery groups. Dr. Gerstein.

Gerstein: Thanks Jeff. I want to start off my minute by confessing for some sins. I have many to confess, but I only have time to confess to three at this time. The first is diagnosing too many people as having the disease of alcoholism. I spent 23 years as a physician, in my unenlightened state doing this. People who had problems, who got into difficulties with alcohol, I automatically labeled an alcoholic because that was what I was taught to do and told to do, and I slavishly went along in that mold. My second sin was . . . bludgeoning people and cajoling people into Alcoholics Anonymous. I had been told and taught that this was absolutely the only way to get over alcoholism and that's what I spent 23 years doing. I ignored those people who didn't do it and got better anyway as some kind of an anomaly . . . and went blithely along in that direction. My third sin was recognizing or believing that everyone who had an alcohol problem or even alcoholism had to abstain permanently in order to recover. What they have to do is become sober and retain sobriety. That's what we ought to be focusing on. Not absolute absence of any drinking at all.

Moderator: We don't have a priest but we're ready to move on. Jeff Schaler, stand up. First question, the other side.

Noble: . . . Now one of the issues here is . . . let's take this so-called moderate drinking or harm reduction. From every study I've seen, and this is also stated by those who believe in this approach, that goal advice or drinking skills training, did not matter. So what kind of treatment do we have? When no matter how hard you work with these individuals, what kind of advice you give them, what kind of people are trained to work with these individuals, it doesn't matter. What kind of a treatment do you have?

Schaler: Well, I think it's a treatment that some people prefer to abstinence-oriented treatment and from that point of view, I support it. But as I'm sure you're aware, controlled-drinking approaches are just as effective as abstinence-oriented approaches. This has all been established in scientific journals and of course treatment is as effective, generally, as no treatment whatsoever. So, the track record for treatment, generally, whether its abstinence-oriented or controlled-drinking oriented is extremely poor. But I think that if someone wants to learn how to control his or her drinking, by all means, if some private group, preferably a self-help group, wants to provide some support and a means for doing that, I'm all in support of that, just as if somebody wants to go to an abstinence-oriented program such as Alcoholics Anonymous. I believe in freedom of religion. But I do oppose, whether this program is controlled-drinking or abstinence oriented, that that person would be coerced into such a program.

Noble: A second question here. When individuals with alcohol problems come to you, how do you . . . do you take them all in and, and teach them how to drink moderately or do you have any kind of criteria where you might exclude certain people?

Schaler: Well, in fact, I don't treat people for addiction or alcoholism. I have a private practice as a psychotherapist, and occasionally people come in with a presenting problem of drinking. But frankly, in working with those individuals, I don't focus on the drinking at all or very little. I focus on the other life problems. And interestingly, when these people tackle the real issues going on in their life, perhaps three months, six months later, I ask them, "Well, how are the drinking problems going on?" and they say, "Well, there aren't any problems." So I think it's a real mistake right off the bat to focus on drinking as a problem. Drinking excessively is a symptom of some other life problem and I think it's a mistake to focus on the symptom alone.

Noble: A final question. You're a psychologist.

Schaler: Right.

Noble: Right, and a lawyer . . .

Schaler: No.

Noble: You're not a lawyer. Just a psychologist.

Schaler: Right.

Noble: Ok, have you read any of the reports to the U.S. Congress that Morrie has . . . has been editor, I have been editor, and ones that have come up just now the 7th report to the Congress that says that alcohol is a drug. It's not orange juice. It's a drug. It damages the body. Virtually every cell in the body is damaged. Do you take that into consideration . . .

Schaler: . . . Absolutely . . .

Noble: . . . when you...

Schaler: . . . but the fact of the matter is, of course, alcohol is a drug. The issue here, though, is not so much what alcohol does to the body, because that's a relatively uncontroversial issue. The issue that we're debating is how does alcohol get into the body, and that's a separate issue. Now, of course it's a behavior and the other thing that's important to remember here is not that alcohol is a drug. Of course, of course, people can harm themselves with water. I know a woman who flushed out all the electrolytes in her body by drinking too much water in a diet and ended up in the hospital hallucinating. So the issue isn't so much the substance, it's how you use the substance. That's the important issue to remember.

Noble: How does alcohol get into the body but through the mouth?

Schaler: It is a behavior. People choose to drink for reasons that are important to them.

Noble: You mean to say alcohol has no effect on your behavior?

Schaler: Let me put it this way, Sir. Is drinking alcohol the same as an epileptic seizure?

Noble: No it's different.

Schaler: Absolutely--because a person doesn't choose to have a seizure but a person chooses to drink.

Noble: Do you believe that?

Schaler: Absolutely.

Noble: Do you believe that there is no genetic study that shows that some people have a strong susceptibility to drink alcohol, to use drugs?

Schaler: As . . . Cloninger remarked, that . . . the evidence was not conclusive. There was perhaps evidence that suggested association, referring to some of the studies that you have done. But there was no evidence to support the idea of linkage. But for me, the idea of genetics is really a red herring. The issue, even if it was genetic, which I don't think it can be because you cannot define a variable called "being an alcoholic" in an objective way, the way you can define a particular genetic mutation. The issue is this is a behavior and it's based in values. Now, certainly if a person wants to go to a program that is abstinence oriented, by all means they should be allowed to do that. But they should never be forced to.

Noble: But some behaviors are inherited. You know that?

Schaler: I don't think that any behaviors are inherited in the sense that they are caused. Diseases are caused. Behaviors have reasons. There's a significant difference and I think that by arguing that people don't choose to engage in certain behaviors, you justify what has now become a legal fiction. It's a way to do things to people in the name of medicine and I think it's an absolutely horrible practice.

Moderator: Thank you. Time to move on. Dr. Talbott, your turn. First question this side.

Chafetz: That's me?

Moderator: You can go ahead.

Chafetz: Fine

Moderator: It's not a Court of Law, you can remain seated.

Chafetz: Oh, I can be seated. All right.

Talbott: . . . Only I have to stand . . .

Moderator: Do you have a question?

Chafetz: Oh, I have a question.

Moderator: Well, you looked like you did.

Chafetz: I have a question. I could talk all day. Doug, I want to ask you something. You treat a lot of alcohol people. And by the way, you'll notice I'll never call them "alcoholics." They're alcoholic people. And when I was head of NI triple A, we could never use it as a noun, it had to be an adjective. And as a doctor, you know how we have depersonalized people by calling them their diagnosis. I have a diabetic here, I have got a cardiac here . . . I'm saying this to you: Do you think anyone given a choice would choose to be alcoholic?

Talbott: No, I don't think because I believe that this fulfills all of the scientific criteria for a disease . . .

Chafetz: . . . such as . . .

Talbott: . . . such as diabetes.

Chafetz: You think, you think . . . you're saying to one doctor to another that the incidence of diabetes, the development of diabetes, is the same as the development of alcoholism?

Talbott: Yes. I am saying that . . .

Chafetz: . . . Wow! . . .

Talbott: . . . First of all, if you look at Stedman's Medical Dictionary, alcohol fulfills every criteria of a disease, it's an abnormal state of health, it's characterized by specific signs and symptoms, it has . . .

Chafetz: . . . To which all doctors would agree?

Talbott: What?

Chafetz: To which all doctors would agree?

Talbott: I would certainly say that I'm just treating my 4000th physician and I was mentioning last night I had 79 physicians in a room, all suffering from alcoholism or drug addiction, and they certainly would agree that this is a disease.

Chafetz: Oh, but they have been trained. I understand that if you've got people, I mean I guarantee you the moonlighters, er moonies or whatever they are, they'll repeat the same thing too. 79 doesn't impress me. What I'm saying is, I'm in my 40th year in this field, and I have never heard 2 physicians agree on the diagnosis.

Talbott: I think you'll find three physicians . . .
[Laughter.]

Chafetz: . . . Well, yes . . . That's a prejudiced sample, Doug, we'd agree with that . . . You understand? . . . And biases affect us all . . . I want to ask you something, Doug. Do you think any two people in the human, of human beings, including identical twins, are the same?

Talbott: No.

Chafetz: So everybody's different. Isn't one of the basics of scientific work that we have to compare the same thing?

Talbott: That's correct.

Chafetz: So we're starting off right away without, with having different entities to study, we don't know all the physiological, psychological, emotional anxieties going on, and because they have used one product to deal with whatever's going on in 'em, we've made them diseased. Now, I want you to know we live in an era of victimization in this country, and you know I'm always surprised, living as long as I have, I think we're all victims. We were born. Think of all the cells that could have made it that didn't. And we're gonna be here for such a short time. I think we are trying to homogenize human beings and make them lose their identity with a diagnosis . . .

Talbott: . . . The American Medical Association, what is it, fifty years ago . . .

Chafetz: . . . Watch out, I was chairman of their committee . . .

Talbott: . . . declared this a disease.

Schaler: But this disease is not present in standard textbooks on pathology.

Talbott: It's now in standard textbooks of medicine.

Schaler: But the standard textbooks of pathology . . .

Gerstein: . . . And the VA says it isn't a disease. Is that how we're going to resolve this issue? The AMA votes "yes," the VA votes "no?" And bring in Blue Cross maybe . . .

Talbott: I'd prefer to go with what organized medicine feels it is today. In the mainstream organized medicine reviews alcoholism as a primary psychosocial biological genetic disease . . .

Gerstein: . . . Absolutely, and it's the same profession that used to stick icepicks in people's brains to take care of schizophrenia. Consensus does not mean scientific proof.

Noble: If it's not a disease, then what is it? A bad habit? Do you want to . . .

Gerstein: . . . Let me ask you a question . . .

Noble: . . . morally deprive people of any alternative that is available?

Gerstein: Have any of you gentlemen ever met someone who clearly and unequivocally fulfilled your criteria for being an alcoholic person, who got better on their own?

Talbott: Well, of course, of course . . .

Gerstein: Ok, now what disease do you know where people get up one morning and say I no longer have this disease?

Talbott: I've seen it in cancer, I've seen it in heart disease . . .

Gerstein: Get up in the morning and say I no longer have this disease?

Talbott: . . . We've all seen it . . . And again, what you have got to distinguish and you're not distinguishing is the abuser, the problem drinker.

Gerstein: I'm talking about . . . what you and I would diagnose without question as a person who is an alcoholic drinker--Whose wife has to step over in the foyer every night when she comes home, who has blackouts, who's been in detox . . . Who is, undoubtedly, in that category . . .

Moderator: We've got to move on here. Morris Chafetz, it's your turn. Please stand

Chafetz: It's my turn.

Moderator: This time you get to . . .

Chafetz: I get a chance.

Moderator: . . . to answer the questions. First question.

Chafetz: Ernie . . .

Noble: Yes, Morrie?

Chafetz: Ernie, you've followed in my footsteps . . .

Moderator: Well, you're answering questions, not . . .

Chafetz: . . . Ernie, ask me a question.

Noble: What I want to ask you, I asked this to Jeff, but you seem to be in the area for longer than he has, you've been an Institute director like I have, you've seen all the reports, you've seen all the evidence. Is there not a genetic inherited basis for this disease we call alcoholism?

Chafetz: Not at all in my judgement, and for the reason that I must tell you. I repeat, and I think Jeff referred to it, to measure genetic outcomes, you have to have a fixed, agreeable input. We don't have that in alcoholism. As a matter of fact, one of the things about this gene therapy stuff and gene finding is that it's another attempt to make human beings look like they're mechanical. And at my 50th wedding

anniversary, you hear this, I got up and I said, "Why aren't they studying the gene that has affected my life--the good luck gene?" Because we have to remember that human beings are complex entities. They don't have little transistors that we change and they live happily ever after. You know, the interesting thing to me is, they found out that 96 percent of the families in this country are dysfunctional. Ergo, if you've got a functional family, that's abnormal.

Noble: Morrie, you're not answering the question. You're very humorous and funny and all that, but let's get down to the real facts that we know through science.

Chafetz: The real facts?

Noble: The real facts. The evidence first: From twin studies, from adoption studies. Adoption studies show that if your father or mother is an alcoholic, you're adopted as a baby, out in whether it's an alcoholic or nonalcoholic home, the chances of you to be an alcoholic is 4 times greater. When you look at identical studies and fraternal studies, there is a greater deal of concordance of alcoholism in identical twins because they have identical DNA than those that are not. There are electrophysiological findings, brain findings, in children of alcoholics that show deficiencies. There are visual, spatial problems, before they even take one drink of alcohol. There are PET studies, imaging studies that show differences. Hey, what is this, if it's not a disease? Something that's inherited, that's passed down, that makes you susceptible to drink a lot of alcohol, forget the word alcoholism, that eventually results in complications, that eventually is a downward road for you.

Chafetz: Ernie, I'm glad you're so pleased with numbers, because numbers are used . . . You're talking about the fact that there have been twin studies, you know I know all these studies. I've seen the situations. But you know you like to use numbers because you like to give certainty where uncertainty has to predominate. Human beings, Ernie, don't make up this situation. You know the guy who ran the study in Framingham, where it's the best study - right? -- and he said one third of this public will, used, do everything right, in a health sense, and die young, one third of the public will do everything wrong and live to a ripe old healthy age, and the rest of us fall in between. Predicting the behavior of human beings is one of the worst things anyone can do. It makes us feel good, but it doesn't make our patients feel any better.

Noble: But science will eventually make us become able to predict the diseases that we're going to inherit . . .

Chafetz: . . . Oh Ernie . . .

Noble: . . . the diseases we're going to die from . . .

Chafetz: . . . Oh Ernie . . .

Noble: . . . You're talking down science, but the advances that have been made in this field . . .

Chafetz: . . . Ernie . . .

Noble: . . . is because of science. You have given us no evidence of scientific . . .

Chafetz: Ernie, you're using the public health model, and you're right to try to use it, it's the only time we physicians ever succeeded in wiping out infectious diseases, absolutely, but remember in that triad, agent, host, environment . . .

Noble: . . . Yes . . .

Chafetz: . . . in the triad about alcoholism, all those agents were living organisms. I don't think even you think alcohol is a living organism.

Noble: No. . . The human being . . .

Chafetz: . . . I didn't leave out . . .
. . .

Noble: . . . The agent is alcohol . . .

Chafetz: . . . But it isn't a living organism . . .

Noble: . . . It could be a toxin in the environment.

Chafetz: . . . Really? . . .

Noble: . . . That's the agent that is causing the problem

Chafetz: . . . It isn't alcohol . . .

Noble: . . . Then what is it?

Chafetz: . . . It is whatever we do to adapt. We are struggling to get through life. And people like you sometimes push us to drink . . .

Noble: . . . I'm for abstinence. You're the one pushing people to drink.

Chafetz: Ernie, I want you to know that in my judgment and in my experience, the best marketers for underage smoking and drinking are the anti-smoking and anti-alcohol group. That's my judgment from my experience. I can't prove it to you, but I can't prove very much to you about human beings except they are a little bit cuckoo.

Noble: Morrie, we're talking about the public health model. . . Let's get back to it . . . all this discursive stuff . . . Agent: Alcohol. Host: The individual. The environment. All these three things are important.

Moderator: We need to move on. You get to use your answering gene now. So you can stand up. Dr. Noble, it's your turn if you could stand up.

Schaler: Can I ask one question? One thing you're leaving out, Dr. Noble is the person . . .

Noble: . . . I am not . . .

Schaler: . . . the person . . .

Noble: . . . I'm not . . .

Schaler: . . . a person as a moral agent, a person who chooses. Now, as a physician, do you believe that someone should be coerced for treatment for cancer against his or her will?

Noble: Nobody should be coerced for anything. An individual is free in our country . . .

Schaler: . . . OK . . . Good . . .

Noble: . . . We don't live in a communist nation . . .

Schaler: . . . I'm glad you feel that way . . .

Noble: . . . Of course . . .

Schaler: . . . The fact of the matter is though that many people are coerced into treatment. Do you know that?

Noble: Who is coerced? Who is doing the coercion?

Schaler: Physicians are coerced into Dr. Talbott's program and if they do not go to it they will lose their medical license . . .

Talbott: . . . That's not true. That is absolutely false . . .

Schaler: . . . People who are arrested for DWIs are forced into Alcoholics Anonymous. They object because they say it is a religious community. The American Jewish Congress has submitted amicus curiae briefs objecting because Alcoholics Anonymous is basically a form of Christianity. Now there are many people throughout the United States who are coerced into treatment programs. Do

you believe, one that they should be coerced? . . . Do you think these individuals should ever be coerced into treatment for this mythical disease?

Noble: Let me ask you a question. No, they should not be coerced. But, on the other hand, the physician is using the best judgment that he has not only . . .

Schaler: . . . You mean based on this physician's judgment, the person should be coerced?

Noble: . . . They're not coerced. They're suggesting that this is the way . . .

Schaler: . . . So, you oppose, I'd like this on record, you oppose coercion in any capacity for treatment of alcohol?

Noble: . . . Of course I do! There's a difference between coercion and seduction. What you are doing is presenting, like the devil did to Jesus, here is all the country for you. It's all yours if you only take a drink. Of course, the person is going to take a drink. I'm going to take a drink. That'll cure my problems. This doctor is telling me, "Hey, drink man. Drink in moderation and your problems will disappear" . . .

Schaler: . . . I have no problem with your assigning me the role of the devil. It's interesting that you assign yourself the role of Jesus . . .

Noble: . . . You're seducing people to continue . . . no alcoholic has said if you offer him the chance to drink, I'll drink because you're telling me it's going to cure you.

Schaler: . . . Do you deny coercion exists? . . .

Noble: . . . I don't, I have never . . .

Schaler: . . . Do you deny that coercion exists?

Noble: . . . I have never experienced it . . .

Schaler: . . . Are you aware of this as an alcohol researcher and a director of NI triple A that coercion . . .

Noble: . . . I have been there 30 years . . .

Schaler: . . . and you don't know that coercion . . .

Noble: . . . I do not know any physician who has forced people to go to abstinence . . .

Schaler: . . . You don't think that any physicians have had their licenses removed because they didn't comply with . . .

Noble: . . . Why don't you ask Dr. Talbott? . . .

Schaler: . . . Well, I'm asking you, Dr. Noble. Are you aware . . .

Noble: . . . I'm not aware of any . . .

Schaler: . . . No physicians have had their licenses removed? . . .

Noble: . . . I'm not aware of any . . .

Schaler: . . . Are you aware of any litigation . . .

Noble: . . . How many times do I have to say it? No . . .

Schaler: . . . against Dr. Talbott on this basis in Georgia? . . .

Noble: . . . I'm not aware of it . . .

Schaler: . . . You're not aware of it . . .

Noble: . . . Yeah . . .

Schaler: . . . That's interesting to me that you're not aware of it . . .

Noble: . . . I'm not aware of it . . . Who's aware of it?

Schaler: Well, it's prevalent in this country . . .

Gerstein: . . . it's epidemic . . .

Pace: . . . Can you name people? . . .

Gerstein: . . . it's epidemic . . .

. . .

Moderator: New question?

Gerstein: If I give a talk about alcoholism to a group of physicians and I ask these physicians, say 100 in a room, is anyone here aware, has had personal experience, family member, friend, patient, who in their judgment without any question would satisfy the description of an alcoholic person who stopped drinking on their own without any treatment, any specific treatment, and has remained sober ever since, raise your hand. Somewhere between 90 and 100 percent always raise their hand. Now, what is the disconnect? Are we going to accept the fact that anyone who stops without the Armageddon of the treatment community upon their backs or are we going to automatically say these people were not alcoholics. They were just

problems. Is that gonna be how we're going to deal with the issue of people who decide to stop drinking permanently.

Noble: There are always, nature is such that there are always exceptions to the rules. Let's get back to the first study of controlled drinking . . .

Gerstein: . . . So, you agree that there are exceptions to your rules? . . .

Noble: . . . Of course there are exceptions . . .

Gerstein: Your rules . . .

Noble: . . . There is a person who had one blue eye and one black eye . . .

Gerstein: Who made the rules?

Noble: . . . But not everybody has got one blue eye and one black eye . .

Gerstein: . . . Who made the rules? . . .

Noble: God made the rules. Nature made the rules. This is the way science is. There is a spectrum of behaviors. This is what it's all about. If you deal only with one end of the spectrum, then you are really dealing with exceptions. Let's get back to the data . . .

Gerstein: . . . What percentages? . . .

Moderator: A few more seconds, just a quick answer here.

Noble: No.

Moderator: Then you're done?

Noble: I'm done.

Moderator: OK, Dr. Joe Gerstein, it's your turn. First question.

Noble: Okay, the question I have for you. Are you aware that the Davies study, which started in 1962 on controlled drinking, there were 93 alcoholics. 7-11 years later, there was only 7 who could do controlled, so-called controlled drinking. Griff Edwards, one of the world's experts, he's a Britisher, on alcoholism, did a study in 1985 on the 7. Of the 7, 6 had severe alcohol problems. Only 1 maintained that he occasionally went to Europe and drank a glass a wine, but the rest of the time, he remained abstinent. Now, what kind of studies -- I want the beef on this. Not what you experienced when you talked to this one or that one. What is the basis of the science on which you can go on with confidence that this mode of treatment is a mainstream kind of an approach.

Gerstein: Well, are you aware of Vaillant's studies . . .

Noble: . . . Yes, very much so, what does that . . .

Gerstein: . . . over 200 men treated intensively with the best of American medicine had for 20-plus years, and 7 out of 200 remained permanently abstinent. So, what kind of record is that? You can always find evidence that treatment is good or treatment is bad. The critical thing is controlled studies with carefully selected cross-demographic groups. That's what we have to do. Dr. Talbott brags around about how many percent of the physicians who have been to his place have been permanently cured. The problem is there is no control group.

Pace: Is alcoholism a disease?

Gerstein: Is it a disease?

Pace: Is there such a thing as alcoholism?

Gerstein: I believe that there is a predisposition for people, . . .

Noble: . . . Good . . .

Pace: . . . Oh, good . . .

Gerstein: . . . a genetic predisposition for some people. They are more likely to get into trouble than other people. Just like there's a predisposition for sunburn. Is sunburn a disease?

Noble: When you burn it is a disease.

Pace: Sunburn is a skin-condition.

Gerstein: No, but I'm talking about people who tend to get sunburn. So, there are people who are very fair, they're redheads, and they best not go out in the sun because they tend to burn. But, I wouldn't label it as a disease. They get burned a few times, they stop going if they're smart. Some people never learn. They keep doing it. But I wouldn't label the tendency to get repeated sunburn a disease.

Pace: So, you tell people when they're getting into trouble from drinking, whether they have an enlarged liver. Do you tell them to stop drinking?

Gerstein: . . . I'm talking about . . . Absolutely! . . .

Pace: . . . Or if they're beating up their wife every time they get drunk . . .

Gerstein: . . . If they have a large liver, absolutely! I tell all people who are showing serious problems from alcohol to stop drinking permanently. I think that's the best and the soundest advice. However, I also tell them the truth, and here's the truth . . .

Pace: . . . The truth . . .

Gerstein: . . . Many people can stop and then go back to moderate or minimal drinking, and that's the truth. And population studies are the only way to identify this--Not by taking a group of people and following them along . . . The best idea is to not drink at all permanently, and it's not the greatest deprivation in the world, but I don't lie to people and tell them, "If you ever touch liquor to your lips again, you are a dead dodo," because that is a lie.

Talbott: Well, do you know the difference between an abuser and an addict?

Gerstein: I hope I do. I'm not sure you do, though. Because to you, anyone, to you anyone who has relapsed, anyone who has stopped drinking on their own was never a real alcoholic. And I say this is totally fallacious.

Talbott: That's not true at all. There are many alcoholics who can stop for six months or a year.

Gerstein: I'm talking about permanently. Let me ask you this. How many physicians that come to your hospital for an evaluation, what percentage did you and your staff decide are not alcoholics?

Talbott: . . . 41 percent that come for assessments.

Gerstein: . . . And then you send them away and they don't need any kind of . . . I'm talking about alcohol.

Talbott: I mean, if they're alcohol abusers, we suggest . . .

Gerstein: No, no, that's what I want to know. How many do you decide are abusers who don't need any treatment in your hospital?

Talbott: 41 percent.

Gerstein: 41 percent. And how do they do?

Talbott: They do fine . . .

Gerstein: . . . OK . . .

Talbott: . . . Once they get back home.

Gerstein: Uh, and was there a deposition in which 1500 consecutive physicians were deemed to be biogenetic alcoholics, or do I have that wrong?

Talbott: I don't know what that figure . . .

Noble: I just want to, I want to commend you on your honest statement that there is a genetic predisposition to alcoholism. In contrast to your 2 other colleagues who are denying that. OK?

Gerstein: Susceptibility

Noble: That's what I'm saying, susceptibility. Exactly.

Pace: And do you feel that alcoholism is a disease?

Gerstein: No.

Pace: No. Could you tell us . . .

Gerstein: . . . We are talking about . . . I would much prefer to talk about alcoholisms. I see a tremendous diversity. A woman who drinks socially her entire life and at age 60 her husband dies of a heart attack, and she becomes a severe alcohol dependent person, to me is not the same kind of a problem as somebody who starts at 12 and drinks heavily their entire life . . .

Moderator: . . . We need to move on. Dr. Pace, it's your turn. First question.

Chafetz: You want me to go ahead? Uh, Nick . . . you've been around a long time, and I wonder, have you ever seen two alcoholics who are identical? Alcoholic people who are identical?

Pace: No, everybody's different.

Chafetz: Everybody's different.

Pace: They're all the same though.

Chafetz: What?

Pace: They're all the same, but everybody's different. The disease comes . . .

Chafetz: You gotta tell me . . .

Pace: . . the disease . . .

Chafetz: . . . Oh boy, you repeat "that disease" almost like it was religious mantra. I'm asking you something. Forget what we label it. I'm asking you, have you ever seen two people with alcoholism who are identical?

Pace: There are no two people in the world that are identical.

Chafetz: That is right. And what I'm saying is when your colleagues bring in the mantra of science, remember that where we've made the greatest achievements in science is when we have pretty much the same thing. Physical science is different than human science. And we tend to want to get credibility by wrapping ourselves in the mantra of science. I assure you that just as Joe said, when I've had patients come to me, "Should I drink?" I say, "Why should you drink? You've gotten into trouble with alcohol. Alcohol is not a necessity of life." But that does not mean that there aren't alcoholic people, severe alcoholic people, who have started drinking and gone back to what I consider, which Ernie doesn't like, responsible drinking. Please remember, there are other societies that don't have the alcoholism we do.

Pace: See, I go back to Dr. Lieber's work, Charlie Lieber . . .

Chafetz: . . . Oh, I remember . . .

Pace: . . . Who I think should get the Nobel Prize, because he showed, look, if you take 100 people, put them on a desert island, force them all to drink a fifth of booze a day, I feel that everyone would develop the disease after a while. We're talking about what happens, what happens to the alcohol after years of social drinking, most people, and we know there are different kinds of alcoholism, most people have a problem with metabolizing. We know what Charles Lieber showed, that basically they use a mitochondrial enzyme to break down alcohol. Once you break down with that mitochondrial enzyme system, you cannot turn it off and say, "now I'm going to use the old-fashioned system that I had when I, when I was in trouble for a while."

Chafetz: Nick, I want to ask you a question. Would you say that one of the symptoms of alcoholism is morning drinking? Is that a pretty good symptom?

Pace: Oh, that's a pretty good symptom . . .

Chafetz: . . . Yeah, but I once at a lecture . . . I gave this point in a lecture. A woman raised her hand. She said, "Is that so, Dr. Chafetz?" She said, "My father, when I was a little girl going off to school, would be mixing his first scotch and water, and he drank scotch and water all day long, and by the way Dr. Chafetz, he's 91, and he's still running his own business." And I was just talking, and I was just talking to a man, who said, and told him this story who said, "Oh yeah, my uncle was former Senator Talmedge, and he has a shot of bourbon at 4 AM every morning and he's 94."

Pace: And he continues to drink all day?

Chafetz: Well, I guess so.

Pace: Well, we know also that if you drink more than 6 ounces of booze, you're going to have . . . A normal person can drink, one or two drinks, providing they don't have a predisposition to alcohol, they can drink and get along quite fine. In fact, it might be something . . . Unless they're female . . . Unless they're female . . . If they're women, they can't have 2 drinks . . .

Chafetz: . . . Oh, we're putting women down now!

Pace: . . . Oh, no, because women are smaller, they don't have an enzyme in the lining of their stomach to metabolize the alcohol correctly . . .

Chafetz: . . . Oh, boy! . . .

Pace: . . . That's where it's at. If you are allergic to alcohol, you shouldn't drink. The fact is, Lieber showed that people who develop this disease use a different system to break down alcohol. It's just like when someone takes a cucumber and makes it into a pickle, you can't take that pickle and go back into a cucumber. The fact is that something changes . . .

Chafetz: . . . I want you to know that's a pickled theory . . .

Pace: The metachondral enzyme oxidizing system. You haven't heard about that.

Chafetz: Oh, I've heard of all of this.

Pace: . . . Let's talk about coercion . . . You believe that everybody is coerced . . .

Schaler: . . . No, I don't believe everybody is coerced . . .

Pace: . . . I don't force people, people come to me . . .

Schaler: . . . I'm glad, and I support that . . . Now, if someone disagrees with your ideas about alcoholism, do you think that they should be free to believe whatever they want about alcoholism and seek the kind of treatment that they want?

Pace: Well, if a patient comes to see me, I try to help them. I give them the best knowledge I can. I tell them they should stop drinking, I tell them they should get . . .

Schaler: Do you think since . . . no two alcoholics are the same, that it constitutes a heterogeneous population, that diverse treatment approaches should be available for people?

Pace: . . . I had, I had . . .

Schaler: . . . Would you answer my question? . . . Do you think diverse treatment programs should be available? . . . Do you believe that that's true?

Pace: . . . Of course they should be available.

Schaler: Okay, good, I'm glad you . . . and you don't think anyone should be coerced into treatment?

Moderator: That's a quick question, we've run out of quick answers. Time for one on one. Douglas Talbott, Jeff Schaler, please stand.

Schaler: Who asks . . .

Moderator: Doug is going to ask the questions first

Schaler: OK.

Talbott: Dr. Schaler, you're a scientist, I know, could you define or tell me why alcoholism is defined as a disease in the sense, what is a disease as it's in Heyman or Stedman or any of the standard textbooks or dictionaries?

Schaler: Well, I abide by the Virchowian nosological criteria for disease classification. There has to be some lesion present, physiological lesion, or neurotransmitter, or some chemical imbalance present. That those are the primary signs for inclusion in the standard text on pathology. You see, imagine for a moment, asymptomatic alcoholism. What is asymptomatic alcoholism? There is no such thing as asymptomatic alcoholism.

Talbott: . . . Of course there is.

Schaler: There is asymptomatic . . . you define alcoholism through drinking behavior. You mean you will identify people who don't drink as being alcoholics based on physiological signs?

Noble: They've got different behaviors . . .

Talbott: . . . If you read the latest literature which includes Dr. Noble on the gene that rewards alcoholism and the addicted brain, this fulfills all the criteria that the scientific world looks at today, that this is a disease.

Schaler: If you differentiate . . . you're calling a behavior a disease process, is that correct?

Talbott: . . . I'm calling . . .

Schaler: . . . You're saying that behavior is a disease process? . . . Because you talked about the "addicted brain." . . . The brain could be sick, of course. Now, are you calling the behavior a disease?

Talbott: I'm saying that the behavior is caused by abnormal changes in the brain.

Schaler: And in that sense, does the person no longer choose to engage in that behavior?

Talbott: . . . When they reach the stage of alcoholism the compulsivity is not a choice . . .

Schaler: . . . This is absolutely remarkable. Thus, these individuals are identical . . . you did mention in terms of diabetes . . . that drinking, then, is identical to an epileptic seizure? It is a neurological reflex in that sense?

Talbott: That's correct.

Schaler: OK. . . , then, on that basis, it seems that you would support coerced treatment, because these individuals are no longer capable . . .

Talbott: . . . What is this? . . .

Schaler: . . . of making decisions. There is no longer any intention. . . .

Talbott: . . . It is my prerogative to ask the questions. What is the criteria for joining Alcoholics Anonymous?

Schaler: The criteria, as far as AA is available . . . wants it . . . and I think that many people in Alcoholics Anonymous object to coerced . . .

Talbott: . . . Now, wait a minute . . .

Pace: . . . Why does AA say a person goes to AA?

Schaler: A person goes to AA to help stop drinking.

Moderator: Quick answer, and then you're in your question period. Now you're in your question period.

Schaler: To what extent do you coerce individuals to participate with the state in coercing them into your treatment program?

Talbott: We do not coerce anybody.

Schaler: Are . . . If people are sent to your program and they do not comply, could they lose their medical licenses?

Talbott: That's up to the state licensing board.

Schaler: Do you participate in the state . . . and do you support the state, in removing their licenses if they do not come to your treatment program?

Talbott: No. We do not.

Schaler: Does your staff listen in on telephone calls when patients call home?

Talbott: No.

Schaler: To the best of your knowledge, none of your staff have listened or eavesdropped on patients when they call home?

Talbott: We do not have any capacity or desire or . . .

Schaler: If a person in your treatment program says that alcoholism is not a disease, are they considered to not be progressing through treatment?

Talbott: Yes, if they've been there for a sufficient length of time.

Schaler: So, they have to change the way they think about themselves, is that correct?

Talbott: They have to recognize science in 1997, yes.

Schaler: Science is a religion, science, your version . . .

Talbott: No, it's not my version, it's organized medicine's . . .

Schaler: Do you have many Jewish people in your treatment program?

Talbott: Yes, we have quite a few.

Schaler: What would you say the percentage is in terms of Christians as compared to Jews?

Talbott: I would say 15 percent.

Schaler: 15 percent Jews? Do you think your treatment program and Alcoholics Anonymous are the most effective forms of treatment for achieving abstinence?

Talbott: Yes.

Schaler: Uh, I beg to differ Sir, there is one that is much more effective in maintaining abstinence. Do you know what that is? . . . It's called Islam.

Talbott: Yes, and we've got some Mohammedans . . .

Schaler: . . . That's right, now don't you think that if Islam is the most effective way of achieving and maintaining abstinence, you should be implementing the principles of Islam, the Muslim religion, in your treatment program?

Talbott: Not in this culture . . .

Schaler: . . . Oh, not in this culture! Why? What, because many people are Jewish and Christians in this culture?

Talbott: No, we have Mohammedans . . .

Schaler: . . . Are you trying to tell me that this is a religious issue?

Talbott: No. I think it should be for every individual, it should be tailored to that individual.

Schaler: Well, treatment for real diseases doesn't vary in terms of a person's religious beliefs.

Noble: It's not coercion and it's not . . .

Schaler: No, there's no coercion, but what if a person objects and says "I don't want to regard myself in this way. I don't want to think of myself as powerless. I don't want to turn my life over to a higher power. I don't want to say that I can't manage . . ." . . . victims of this disease, which is just fiction . . .

Moderator: Well, we'll move that fiction up to the next two, here. Ernest Noble, Morrie Chafetz, please stand.

Chafetz: Okay.

Moderator: Ernest, are you going to stand?

Noble: No, I'll sit down.

Chafetz: Why do you want to sit down? You're going to make me look taller and bigger than you are.

Moderator: First question, Ernest.

Noble: Okay, Morrie. If an individual has been drinking,

Chafetz: . . . Yeah . . .

Noble: . . . has been causing harm . . .

Chafetz: Has been what?

Noble: Has been causing harm to himself and his family, let's say his own body, all right? And you admit that alcohol is not an innocuous substance.

Chafetz: Everything is not an innocuous substance . . . water, alcohol is not an innocuous . . .

Noble: . . . Is a glass of water the same as a glass of vodka.

Chafetz: Wait a minute, do you think cyanide is an innocuous substance?

Noble: . . . Cyanide . . .

Chafetz: Cyanide.

Noble: . . . is a poisonous substance.

Chafetz: Is it?

Noble: Yeah.

Chafetz: Did you have any fruit today?

Noble: Of course, I have fruit every morning.

Chafetz: Then you have taken cyanide . . . but then it isn't the poison, it's dose related, not substance related.

Noble: But what do people drink? How much alcohol do they drink compared to the cyanide . . . ?

Chafetz: . . . The point is that if you take too much of anything, you get into trouble.

Noble: Now here we're getting into the argument. The people, alcohol has been known in amounts that are drunk even socially to have toxic effects on the body. That is clear. That is science.

Chafetz: Why don't you admit that you think alcohol should be banned?

Noble: I am not saying . . .

Chafetz: Oh, I think you are.

Noble: I drink myself.

Chafetz: Oh, I know, but it's like somebody saying I can't be anti-semitic, some of my best friends are Jews. Come on. I'm asking you something else.

Noble: I'm not saying . . . to answer your question, I'm not saying alcohol should be banned. Let's get to science. You have a way of diverting the whole arguments by cute little statements, you know, that make people laugh. But let's get to the science. Alcohol has a damaging effect on almost every organ and physiological system in the body.

Chafetz: . . . If it's used properly . . .

Noble: . . . In physiological doses . . .

Chafetz: . . . If it's used properly, alcohol damages everything . . .

Noble: . . . What does physiological doses mean? . . .

Chafetz: . . . Let's say that if you take a drink every day, are you damaging your body?

Noble: How much am I drinking?

Chafetz: You're taking a glass of wine every day . . . red wine.

Noble: There's a difference between one glass of red wine and three bottles of red wine.

Chafetz: Of course. And there's a difference between three bottles of red wine and thirty bottles of red wine.

Noble: But if you drink three glasses of wine a day or more, you have a significant degree of making yourself hypertensive.

Chafetz: Oh my God! I've got such low hyper . . . and I have three glasses of wine . . .

Noble: . . . You bring the exception. You say you know people who are ninety years old who drank. I know people who smoke cigarettes till they are 95 and are still alive.

Moderator: Morris, you can start questioning now.

Chafetz: . . . Can I ask him a question?

Moderator: . . . It's your turn.

Chafetz: It's my turn. I don't know. Tell me something: Is there a genetic form, a background for a gambling addiction or a sex addiction?

Noble: I think they have a basis, a neurological basis, for compulsive behaviors like the addictions, overeating, substance abuse, alcoholism, and that's through the dopaminergic system. Science is showing that.

Chafetz: You know, Ernie, you just made my day. Because I've been married for over 50 years, and I'm addicted to my wife. When I'm away from her for a long time, I get withdrawal symptoms, I get anxious, and all of that, and now you're telling me it's my dopamine system! Wow! I feel better. Maybe we ought to make that part of the marriage ceremony, to test your dopamine system.

Noble: Maybe that's why you're anxious today. Because you're away from your wife.

Chafetz: I'm anxious? Wow, your diagnosis of anxiety sucks! . . . I couldn't be more relaxed, and you know it. Do I ask . . . ?

Moderator: You're still on here.

Chafetz: I'm still on

Moderator: You're on.

Chafetz: Ok. I'm on. Ernie, when you were in government, as I was, do you think they were really interested in science, or were they interested in power? And let me just preface this . . .

Noble: Who's "they"?

Chafetz: The people that you dealt with in government. The people that made the decisions about where the money went for science and so forth. The reason I ask you this is because I make the statement that Washington is the nation's largest mental hospital . . . and I just, honestly . . .

Moderator: . . . That'll have to be a rhetorical question. We have to move on here. Nicholas Pace. . . Gerstein. Nicholas, first question.

Pace: Tell me about the SMART Program.

Gerstein: The SMART Program is, has right in its name what we're talking about. Self management. Self-empowerment. Getting people to understand that if it is a disease, you better stop drinking, and if it's not a disease, you better stop drinking. In other words, there's a power to convert yourself from an addictive type of behavior, an abusive type of behavior, a self-destructive type of behavior, is within yourself and its fully within the competence of most human beings to achieve this goal.

Pace: What modalities do you use with your patients?

Gerstein: We use cognitive-behavioral psychology approaches, and we use motivational-enhancement approaches in a group setting.

Pace: Do you try to explain this, the pathology to the patient when you see them to explain to them what happens, why they are getting into trouble with their bodies because of alcohol?

Gerstein: Well, I mean, clearly they are there for a reason, because we never accept anyone under coercive circumstances. Not from a legal point of view. Not from a medical point of view. People have to voluntarily be there.

Pace: Would you send a patient that you're trying as an alcohol abuser or alcoholic to a psychotherapist, a psychiatrist, who would not question them about their alcohol or be concerned about how much they're drinking, or anything about their alcohol history?

Gerstein: Of course not . . . But, who shows up at a self-help recovery group who doesn't realize . . . Are people just wandering in there to pass the time of day? No. They're there because they recognize they have a problem. There are different levels of recognition. In the beginning, I thought everyone was there because they wanted to stop drinking, and that was naive. When I take a poll, it depends. In prison, only about 30 percent want to stop. Out in society, about 70 percent say they want to stop. The others are there for a reason. They're in the preparation stage.

Pace: And once they stop, do you say to them that they can try it again, to drink again?

Gerstein: We advise them, that the best policy, because it's unequivocally the safest policy, is never to drink again. And we're very compulsive about trying to get them to understand that this is not the end of their lives, that there are plenty of people who walk around who live wonderful lives, happy family lives, happy occupational lives, and simply don't drink. It's a perfectly legitimate option for a great number of people. On the other hand, we tell them that clearly, the scientific evidence is clear, some people can go back to social drinking. And we don't want to, we say you're taking a chance if you do that. But it's a chance that . . .

Moderator: Ok, Joe, it's your chance now. So, you can start questioning.

Gerstein: OK. I'm looking for your experience with the diversity of alcohol problems. The diversity. The people who seem to suddenly start into it because of some kind of social or psychological issue, and then when that dies down, when that's treated, they pull out of it. As opposed to people who do abusive drinking, starting at a young age and going perpetually on. Do you see any difference in those two groups, and do you see any point in modifying your treatment approach with those two groups?

Pace: First of all, I never throw anybody out of my practice. They come to me voluntarily.

Gerstein: We're talking about treatment approach . . .

Pace: And we're talking about treatment . . .

Gerstein: . . . Treatment you'd recommend . . .

Pace: . . . As if they had diabetes, we'd check about where they stand and how they're doing. Their diet, vitamins.

Gerstein: Treatment approach.

Pace: Treatment approach is to try to get them to understand that alcohol is playing a role in their dysfunction, in their problems. Whether it be in their organic dysfunction . . .

Gerstein: . . . What do you do with that?

Pace: . . . What I do with them? I get them involved, I give them counseling, I send them to a counselor, I use a psychiatrist that understand alcoholism, and certainly not a psychiatrist that wouldn't question them about their drinking. I think for example, perhaps Dr. Schaler would be playing, to . . . giving . . . psychiatry . . . treatment to, psychiatric treatment to, Mrs. Hyde, or Dr. Jekyll and Mrs. Hyde. Mr. Hyde. Giving treatment to Mr. Hyde, not Dr. Jekyll. Many times I've seen patients who have been going to a psychiatrist for years and have never been discussing their drinking. When you get them to stop drinking and you send them to treatment and they start to understand, they're entirely different people. They psychologically are different people.

Gerstein: There are people who have psychological problems because they drink, and there are people who drink because they have psychological problems. I would argue that there should be a personalized approach. You as a physician should not be a blank prescription pad and you write the same prescription for every patient.

Pace: I agree, and everyone in my practice gets a personalized approach. But I also tell them they can't go back to drinking. I have seen this over and over of the patients have tried going back . . .

Gerstein: . . . Many have, many have . . .

Pace: . . . You know and I know. They have tried this experiment and they get into trouble again. Whether it's with their liver, or get into trouble with their psychological . . .

Gerstein: . . . Many don't get into trouble, but . . .

Moderator: We need to move on to our concluding statements. Jeff Schaler, your concluding statement.

Schaler: Well, despite our differences--and we most certainly are a heterogeneous population, right here--one thing I think we all have in common, is that we are all heretics. Just like people of any number of diverse religions are heretics in relation to different religions, and one of the fantastic things about this county is that it was founded on the principles of freedom from and freedom of religion. Now, I would like that we could experience different approaches and ideas about alcoholism without the threat of being coerced into something else. But unfortunately, that is not the case and many people are being deprived of their constitutional rights, and I urge our audience to file charges and civil litigation against any group of professionals . . .

Moderator: Okay, we need to move on, Dr. Talbott.

Talbott: Saturday, I talked to 100 of the medical students from across the country in Moorhouse, and there wasn't a single medical student who felt alcoholism was not a disease. I don't think these medical students have been brainwashed. I think the problem in today's discussion is that we haven't differentiated between the problem drinker versus the alcoholic or the true diseased person. Abstinence is appropriate for the problem drinker, it's not, abstinence is not appropriate for those that have crossed the line and have the disease. No diabetics are exactly the same, no alcoholics are the same.

Moderator: Thank you, that is this week's televised debate. Next week a new debate, but this debate continues on our website. You can join this debate by joining the website at <http://www.debatesdebates.com>, that's <http://www.debatesdebates.com>. On the website, you will be able to download free transcripts, and live audio of all our programs. You'll also be able to leave your comments on this and past shows, as well as see topics of future debates. I look forward to reading your comments and suggestions. I would also like to thank the audience and Ruth for helping us out today, and all our guests. And once again, I hope to read your comments on our website, and please visit <http://www.debatesdebates.com>, <http://www.debatesdebates.com> and good night.

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