

DAN SHREVE

Triple Modular Recovery

*Defeating Addiction Using the First Comprehensive
Recovery Framework*

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Contents

<i>Hidden Greatness</i>	vi
<i>Prologue: 5 PM</i>	vii
<i>How to Use this Book</i>	x
 I Part One: Strategies	
 Chapter 1: The 3% Solution	3
Flashpoint	6
A Historic Failure of Basic Logic	12
Player Two Has Entered The Game	14
Let's Just Be Friends	20
Hazy Insight	22
A Tale of Two Treatments	25
Warpath	26
September	29
Chapter 2: The Actual Fuck	32
Genesis	34
Rabbit Holes	38
The Trees	42
The Forest	48
August	54
Chapter 3: Seven and Seven	57
Seven Sobrieties	58
The Prestige	86
Seven Lessons	89
July	103

Chapter 4: The Nearsighted Gods	106
Immortality	107
Miracles	109
Omniscience	112
Creation	114
Powerlessness	117
 II Part Two: Tactics	
 Chapter 5: Triple Modular Recovery	123
Heroes On Heroin	127
What Addiction Is	130
Triple Modular Redundancy	134
Recovery Module 1: Observation	147
June	156
Chapter 6: Siege of Sobrieties	160
Recovery Meetings	163
Meeting Overviews	166
Recovery Programs I'm Ignoring	175
Additional Recovery Program Information	177
Use With Caution: Twelve-Step Programs	177
Recovery Roulette	180
Recovery Module 2: Connection	184
May	190
Chapter 7: Sis Vis Pacem, Para Bellum	192
The Ass-Backwards Secret to Breaking Bad Habits	194
Counter Strikes	198
Becoming Great at Being Good	210
Recovery Module 3: Efficacy	219
April	229
Chapter 8: The Contenders	233
You Don't Have to be 100% Perfect to be 100% Successful	236
SoberThrive Activities	246

Winfinity	253
<i>Epilogue: Don't Wake the DRB</i>	256
<i>The People Who Shouldn't Happen</i>	257
<i>The Expected Value of Moderation</i>	258
<i>The DRB</i>	265
<i>One For The Road</i>	268
Notes	270

Hidden Greatness

“It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows the great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly.”

– Theodore Roosevelt

“You believed in Santa for eight years. You can believe in yourself for ten seconds.”

– Lex’s dad (@aexley27 on X/Twitter)

Just like that, a regular-ass dad managed to communicate in 15 words what it took one of history’s greatest orators 122 words to express.

I wonder, what greatness lies in you?

Prologue: 5 PM

“What did you do to stay sober today?”

My alarm jolts me upright in bed and the words immediately stumble through my mind. The haze of my afternoon nap gradually clears and I remember that this isn't home: I am in rehab. My bedroom is on the second story of a nondescript house in the sprawling suburbs of Huntington Beach, California. A swirling ceiling fan whistles quietly overhead. Rays from a low sun stray through closed blinds swaying gently in a soft breeze. Through the open window I can hear lumbering engines from idling trucks in the commercial parking lot behind the house. Farther away I can make out the higher pitch of motorcycles racing down the highway to the beach just few miles away. *At least someone is out there living life the right way*, I think to myself.

I, on the other hand, have been doing an awful lot wrong. That's how I ended up lying in this bed, staring at the ceiling, waxing poetic about nothing special to no one at all. I share this room with a guy almost thirty years my junior, and my next roommate will be nearly twenty years my senior. Addiction casts a wide net.

This particular rehabilitation program has three suburban houses for men, two houses for women, and a small apartment building for anyone whose health insurance will no longer fund full-time inpatient care. I've been in southern California four weeks. To my surprise the weather has mostly been cool and gray, but the sun usually sees fit to make a brief appearance in the late afternoon. The locals call this weather pattern “the June gloom.” It's fucking May. I'm from the Seattle area so I had envisioned idyllic, sandy warmth when I packed my bags for rehab in Orange county. My ignorant ass hadn't even brought a sweatshirt. It's been a strange, cold month.

Every day I call my Alcoholics Anonymous sponsor at 5 PM. I'm desperate for sobriety so I'm doing anything and everything I'm told by those charged with my rehabilitation, whether it makes sense to me or not. Frankly, a lot of what I've been told since I arrived doesn't make much sense to me.

Case in point: the first thing my AA sponsor told me to do was call him every day at 5 PM, and the moment he picks up I'm asked the same question: "What did you do to stay sober today?" I don't have to think about the answer because he's been very specific about what I'm expected to do, so my answer is as predictable as his question: "I woke up, I read pages 60 to 63 and 84 to 88 in The Big Book, said the third and seventh step prayers, and went about my day with the thought of 'Thy will be done.' Tonight I'm attending an AA meeting, where I'll carry a message and do my best to help another addict." I didn't see much value in any of this. I still wanted to drink every day, so this routine felt like useless busywork. In time I would learn that I was both right and wrong.

I would also learn in time that addiction is tough to beat, but it is beatable. Some people actually do get sober and go on to live happy and prosperous lives. For some of those people Alcoholics Anonymous, or one of its many Anonymous offshoot programs, plays a pivotal role in their success. But AA certainly doesn't work for everyone, which begs the question: what is the most *effective* strategy for addiction recovery? How do you maximize your chances of long-term success and minimize the potential for relapse? Which tools genuinely help and which are a waste of time? How can one actually escape the trap of addiction once and for all? This book exists to answer those questions.

In the meeting rooms of Alcoholics Anonymous it's often said that "Recovery isn't for those who want it or those who need it, it's for those who do it." Truer words have never been spoken. At first, the repetitive daily ritual assigned by my AA sponsor made me feel like I was just going through the motions. What I didn't realize until later was that my sponsor didn't start me on a pointless chore. Rather, he started with the only lesson I really needed to learn: recovery is work we must choose to do every day.

Addiction recovery is neither mythical nor magical, and it's available to

you if you're ready to reach out and grab it with both hands. *Addiction can be beaten*. Alcoholics Anonymous can and does help many people, but recovery support programs are just one piece of the larger recovery puzzle, and there are many other paths forward for those who need them. However, no matter which path you choose, you must understand that *every* path to successful sobriety starts with having genuine willingness and personal desire to relentlessly work the problem.

Recovery isn't a gift you can be given. It isn't a miracle bestowed upon you. It's not a treasure you seek and find. An effective recovery is designed from the ground up, with a solid foundation that will withstand the brutal winds of addictive cravings. The architecture of recovery is built brick by brick, day after day. In this critical enterprise you are both architect and stonemason.

It doesn't matter if this is your first attempt at sobriety or attempt fifty. It doesn't matter if Alcoholics Anonymous or other recovery programs didn't work for you in the past. It doesn't matter what your specific addiction is; it could be booze, drugs, sex, food, gambling, or anything else. It doesn't even matter if you believe in your own ability to beat addiction or not. Feelings don't create reality — your actions do. All that matters is that *you're willing to do the work*.

If you're ready to start building a better life, this book can be your blueprint for success. It's a guide to the tools and processes that scientific studies have shown to be most effective in overcoming addiction. It's a flexible and comprehensive framework for applying multiple recovery strategies simultaneously, identifying the ones that work best for you personally, and throwing out the rest to arrive at a recovery program that best suits your unique needs, both now and in the future.

If you're struggling with addiction you're *not* crazy, you're *not* hopeless, and you're certainly *not* powerless.

How to Use this Book

It is my sincere hope that those struggling with an addictive substance or behavior — especially those who have tried and failed twelve-step programs in the past — as well as the friends and loved ones who support and encourage them, and even the professionals who treat and guide addicts will find valuable information, insights, and tools for building truly effective and lasting recovery in the pages ahead.

That being said, as an author you have to decide who your target audience is and what exactly you have to say to them. Otherwise you risk writing something so broad that it fails to truly speak to anyone. With that in mind, I wrote this book as one addict speaking to another, trying to provide the information and guidance I desperately needed myself in the early days of my own recovery. As such, you'll find this book contains some raw commentary, blue language, and taboo subjects. This is the language of unfiltered honesty you'll hear in the rooms of any recovery program as addicts share about their experiences and struggles, so you'll hear it here as well. It may make you uncomfortable. Let it.

I wrote *Triple Module Recovery* because I couldn't find a book like this when I needed it. It takes you through the same journey of discovery that I went on from start to finish, but I want to give you the option of taking the path that best suits your needs. To that end I've divided the book into two parts: Strategies and Tactics. If you need to understand the science and reasoning behind the strategies and tools I advocate for before you stake your recovery on them, then begin in the Strategies section. On the other hand, if you want to jump right in and begin building your unique recovery framework then I encourage you to skip ahead to the Tactics section. If you need a practical and effective sobriety tool you can apply immediately, go straight to chapter

eight and begin using the SoberThrive app today.

This is an important point so let me restate it: ***Triple Modular Recovery does not begin by discussing the Triple Modular Recovery framework.*** That discussion begins in chapter five. The first four chapters are an exploration of the history and science of addiction and recovery. Here we identify the bedrock foundation of evidence-based strategies that Triple Modular Recovery is built on. If you don't know that going in, you'll probably wonder why the first four chapters establish dates and data points without ever mentioning the comprehensive recovery framework that is ultimately the subject of this book. Again, start reading this book at whatever point best suits your needs. Read it all, but read it in the order that makes sense to you.

In the end you should read the book in its entirety because when new challenges arise you'll better understand the purpose and function of the recovery tools presented here, and thus you'll be better prepared to apply the right strategy for the challenge at hand. However, you should begin in the place that best suits your needs. Yes, this book recounts a number of steps in my own recovery journey, but it's not an autobiography. Never forget that the purpose of the book is to empower *your* recovery journey. This book is about you, not me, so use it as you see fit.

Note that between each chapter I've included personal letters presented in *reverse* chronological order. They begin when I reached a place of physical, mental, and emotional health, and then work their way backwards one month at a time to the very beginning of my recovery. The purpose of the letters is to demonstrate how far it's possible to come no matter how dark and deep a place you're beginning from. Within the letters I've hidden an Easter egg of sorts — one particularly unique and powerful tool not found anywhere else in the book.

As for the reverse order, I did that to give you good reason to hope right from the beginning. At the start of my recovery journey, I was overwhelmed by the challenges of building a life free from addiction. The early chapters of the book, which delve into the long and complicated history of addiction treatment as well as the inky and complex world of addiction studies, might feel overwhelming if you don't know that the answers are coming. I promise

you they are, and I hope they help you as much as they helped me.

A final note regarding AI: this book was written by me in its entirety. The only AI generated text it contains are the verbatim responses I credit to ChatGPT directly. I also used ChatGPT to help research some of the topics in the book, but when it came time to write it was me and me alone. After all, where's the fun in being an author if you're not actually writing books?

Now good luck, godspeed, and never fucking give up.

Dan Shreve

I

Part One: Strategies

Chapter 1: The 3% Solution

“If no problem is recognized, there is no recognition of the need for improvement.”

– Masaaki Imai

People say that addiction is the result of low moral character, wanton indulgence left unchecked, or a physical disease driving a mental obsession. Those definitions are all correct to one degree or another, but *addiction recovery* is a design problem. Every person is unique and the solution to their addictive behaviors need also be unique. The idea that one-size-fits-all recovery is the only universally legitimate path simply isn't supported by the facts.

Triple Modular Recovery is not just another recovery memoir. I'm attempting a much greater challenge: reevaluating the organizing philosophy that has dominated addiction recovery for generations. The goal, however, isn't to swap out one orthodoxy with a newer, shinier one. The goal is to build a recovery framework that gives you the highest probability of success by leveraging *the best, most effective parts* of the recovery programs and modalities already available. Before we get there, we must begin by understanding addiction recovery's current organizing philosophy. We need to know where addiction recovery is today and how it got there.

It's impossible to talk about addiction recovery without talking about Alcoholics Anonymous, because their twelve-step methodology has become the defacto addiction treatment of the land. Even people who have never

struggled with addiction know that addiction is a disease and if you can't control your drinking you need to get to an AA meeting. They've been told these things for decades by news articles, popular culture, and addiction experts alike. Today just about every addiction you can imagine, from drugs to sex to gambling to eating, has it's own Anonymous twelve-step program. There are thousands of online meetings available to those in recovery and thousands more in-person meetings taking place every day. You'd be hard pressed to find a town in the United States without an AA presence. Even cruise ships offer a "Friends of Bill" meeting to aid those trying to stay sober in the face of the prodigious drinking common on vacation liners. But despite its ubiquitous acceptance, Alcoholics Anonymous' twelve-step recovery model is troubling in a variety of ways.

For example, Alcoholics Anonymous evangelizes their solution to people who are in a state of desperation, which AA calls "hitting rock bottom", when the consequences of the addict's behavior are crashing down on their head. In a moment when the person struggling with addiction is consumed by terror — seemingly without control of their own behavior and fearing the loss of their loved ones, their career, and all the good things in the life they've built — Alcoholics Anonymous steps in to offer salvation. Is that a good thing? Maybe, but maybe not.

I think most people would agree that high quality decisions are made with a calm mind that has considered the facts surrounding an issue thoroughly. Conversely, decisions made when one is caught up in frantic, intense emotion are almost always poor decisions. Let me illustrate this dichotomy with a story from my own life.

I was once walking through the woods and stumbled upon a bear, who reared up on his hind legs and let out a terrifying roar just a few feet away from me. Fearing for my life and suddenly flushed with adrenaline, I raced back to the cabin I was staying in, running faster and further than I ever had before. Do you know what I *didn't* do once I slammed the cabin door shut behind me? Purchase real estate, decide on my college major, or propose marriage. I didn't do any of those things because it would have been *batshit insane* to make a life-altering decision while swept up in such an intense

emotional state.

Ask yourself how many good decisions you've made — has *anyone* made — when consumed by panic and desperation? Intense emotion is a terrible decision making tool because it leaves no room for rational analysis. How many excitement-driven impulse purchases have you regretted? How many words have you spoken in anger that you wish you could take back? How much junk food have you mindlessly consumed while swept up in stress or sadness? Why then is a mindset of intense desperation a prerequisite for successful adoption of the AA program? That's troubling to me, and the complete history of Alcoholics Anonymous and their solution for alcoholism raises more concerns.

So, let's start at the beginning and build a thorough understanding of AA and the twelve-step addiction recovery model. Where did Alcoholics Anonymous come from? How does the program work? How did it come to dominate the modern recovery landscape? Most importantly, how often does its treatment succeed? In reality, how effective is AA?

We all know that addiction is a major problem. What most people don't know is that our track record for successfully addressing addiction isn't nearly as good as you probably think. This is the hidden problem within the problem: addiction treatment desperately needs to be improved. This problem isn't currently being addressed on the scale that it should be because few people recognize that this problem even exists.

Nearly a century of statistical evidence shows that the majority of people who attempt to find sobriety using twelve-step methodology aren't able to do so. This isn't hyperbole meant to antagonize. These are simply the facts, as I will demonstrate in this chapter. It's not about who's right and who's wrong. We're here to embrace what actually *is*, whatever that may be. Rugged authenticity often leads to discomfort, but we only grow when we're outside our comfort zone.

I'm not here to convince you that any recovery support program is either good or bad, and this book is certainly not an attack on the millions of people who have achieved sobriety through Alcoholics Anonymous. If AA saved your life, I celebrate that. I'm simply starting at the beginning so that we can

understand how we got where we are. That, in turn, will point us towards where to go next.

Author's Note: This chapter can feel academically dense because it contains many references. I did that because I anticipate readers will likely have a response along the lines of "that can't be true" to some of what I've written here. So, I provide a path to all the evidence should you feel the need to verify anything for yourself. I do use references throughout the book, but I promise that subsequent chapters won't have anywhere near as many as this first chapter does.

Flashpoint

The year 1939 was a pivotal turning point for one of the most challenging health care issues of the time: alcoholism. During the 1930s, the medical community was generally resistant to treating alcoholics as they had no effective means of addressing their issues. The success rate for a seriously addicted alcoholic's recovery was essentially zero. Alcoholics were hopeless degenerates, as contemptible as they were incurable, or so the prevalent thinking of the time went. The wildly unpopular Prohibition Era had recently ended and its spectacular failure was fresh in the minds of the US population, so the will to advance treatments for alcoholics was nonexistent. Thus, severe addicts were typically locked up in the psych wards of hospitals and written off as lost causes.¹

There were a few exceptions among medical professionals who took pity on the suffering of addicts, yet they had no clear path forward to advance the treatment of addiction; doctors could do little more than console the loved ones of the sick and dying. Into this hopeless void stepped Alcoholics Anonymous, confidently offering salvation from the seemingly certain doom of alcohol addiction.

In 1939 *Alcoholics Anonymous*, a.k.a. "The Big Book", was published. It was written by Bill Wilson, one of the co-founders of Alcoholics Anonymous, and it serves as the foundational text for the AA program. Bill founded the Alcoholics Anonymous organization in 1935 along with Dr. Robert Smith,

commonly referred to as Dr. Bob. Early success and steady growth inspired Wilson to codify the program in *Alcoholics Anonymous*. The book details the twelve steps of recovery and shares personal stories from early AA members of their recovery from alcohol addiction.

After suffering with alcoholism for years, Bill had eventually found sobriety in the Oxford Group, a religious organization that held absolute surrender to God was the only cure to the selfishness and moral depravity that caused addiction.² He was recruited into the group after a surprise visit from a friend and former drinker who “got religion” and recovered within the Oxford Group. Wilson was an atheist at the time and balked at the notion of organized religion, so his friend advised him to “choose his own conception of God” instead. Wilson was desperate to escape alcoholism and the notion of a non-religious God gave him enough latitude to move forward.

The Oxford Group was...*interesting*. Their stated aim was to achieve world peace. That sounds like a fine goal on its face, but things get weird fast when you hear what they actually had to say. Below are the words of Oxford Group founder Frank Buchman:

“The secret is God-control. The only sane people in an insane world are those controlled by God. God-controlled personalities make God-controlled nationalities. This is the aim of the Oxford Group. The true patriot gives his life to bring his nation under God’s control. Those who oppose that control are public enemies.”

To convert anyone “too insane” to join the Oxford Group of their own free will, members employed the “Five Cs” method as documented in their founder’s manuscript, *Soul Surgery*. The methodology was textbook psychological manipulation. The Five Cs involved befriending the subject to win their **confidence**, leveraging trust to elicit a **confession** of their weakness and unworthiness, building the subject’s **conviction** by encouraging feelings of intense guilt, **converting** them to “obedience” within the Oxford Group as a means to ease their guilt over their own unworthiness, and finally tasking the newly minted recruit with employing the same creepy tactics to convert

others, or **continuance** as the Oxford Group called it.³

While a regular attendee of Oxford Group meetings, Wilson continued to consume alcohol in excess and often arrived at meetings drunk. He soon found himself hospitalized for alcoholism under the care of Dr. William Silkworth. Despairing over his alcoholism, Bill fell to his knees in his hospital room and begged God for salvation. In this moment of desperation, Wilson underwent what he called an “authentic spiritual experience” that ended his atheism.⁴ He described a flash of light that consumed him and the feeling of God’s presence enveloping his body. Wilson was filled with a “cleansing wind”, after which his desire to drink was miraculously gone. Bill Wilson was cured!

If only life were so black-and-white. It’s true that Bill Wilson never drank again, but he struggled throughout his life with addiction to caffeine, nicotine, and sex even after he abandoned drinking (more on that in chapter five). The simple fact of the matter is that Bill Wilson stopped drinking but he never stopped being an addict. He suffered from cross addiction, which is when the cessation of one addictive behavior gives rise to a different addiction. While Wilson’s experience of spiritual transformation was no doubt genuine, it’s clear that it wasn’t a comprehensive antidote for his addictive tendencies, and there are several reasons to question its underlying nature.

First, it may well have been a hallucination, given that in the hospital Wilson received hourly doses of the hallucinogen Atropa belladonna — commonly known as deadly nightshade.⁵ Second, the details of Wilson’s spiritual experience exactly match the details of a sobriety-inducing spiritual transformation described to Bill in his youth by the grandfather who raised him.⁶ Yes, Wilson’s experience might have been a spiritual encounter with the Divine as he wholeheartedly believed it was, but it’s also entirely plausible that his vision was a drug-fueled hallucination based on his own memories. Regardless, the idea that an authentic spiritual experience could eliminate addictive cravings became a central tenet of Alcoholics Anonymous.

In time, Wilson felt compelled to start Alcoholics Anonymous because he believed an organization was needed to focus solely on alcoholism as opposed

to the Oxford Group's wider mission. This was both a practical and strategic decision. The Catholic Church had become critical of the Oxford Group and Wilson didn't want to risk alienating current or future Catholic AA members. I could be wrong, but it seems likely Bill was also motivated to distance himself and his organization from founder Frank Buchman, whose proclamation of "I thank heaven for a man like Adolf Hitler" in a 1936 newspaper article was met with widespread rebuke.⁷

Despite the troubling tactics of the Oxford Group and even more troubling beliefs of its founder, AA and the twelve steps were deeply influenced by Oxford Group philosophy and methodology. Their fingerprints can be seen throughout AA's twelve steps and the text of *Alcoholics Anonymous*. I'm not damning AA because of its origins, I just think it's important to understand the lineage of the Alcoholics Anonymous philosophy. While the existence of the twelve steps is widely known today, outside of sobriety meetings relatively few are actually familiar with the details of the solution to addiction they lay out. Here, then, is AA's treatment for alcoholism verbatim⁸:

1. *We admitted we were powerless over alcohol — that our lives had become unmanageable.*
2. *Came to believe that a Power greater than ourselves could restore us to sanity.*
3. *Made a decision to turn our will and our lives over to the care of God as we understood Him.*
4. *Made a searching and fearless moral inventory of ourselves.*
5. *Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.*
6. *Were entirely ready to have God remove all these defects of character.*
7. *Humbly asked Him to remove our shortcomings.*
8. *Made a list of all persons we had harmed, and became willing to make amends to them all.*
9. *Made direct amends to such people wherever possible, except when to do so would injure them or others.*
10. *Continued to take personal inventory and when we were wrong promptly*

admitted it.

11. *Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.*
12. *Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.*

The twelve steps form the core of the Alcoholics Anonymous methodology, but there are some other important tools and principles at work. First and foremost among them is the disease theory of addiction. A central concept of Alcoholics Anonymous is that addiction is a disease. The Big Book describes it as a “physical allergy” and a “mental obsession,” arguing that these elements put the management of alcoholism beyond reach for the addict. In the first chapter of *Alcoholics Anonymous*, Dr. Silkworth is quoted:

“The phenomenon of craving is limited to this class [alcoholics] and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any form at all.”

In addition to the physical allergy, The Big Book discusses a mental aspect that it calls “the obsession of the mind.” This is described as a compulsive thought process that drives the alcoholic to drink even when they know that drinking will lead to negative consequences. Their obsession leads to the first drink, which then triggers the physical craving. Trapped by both a mental defect and a physical ailment, the addict has no hope of overcoming addiction without divine intervention.

Another central concept in AA is sponsorship, although neither the twelve steps nor the text of The Big Book ever mentions it.⁹ A sponsor is another member of Alcoholics Anonymous with at least one year of sobriety who takes new members under their wing and works the twelve steps with them. While the relationship between sponsor and sponsee may grow close over time, it is very much founded in tough love. An AA sponsor is more coach or

drill sergeant than friend — their role is to provide guidance and instruction, not comfort. You got yourself into this mess, so now your job is to listen, do as you're told, and put in the work necessary for sobriety, all day every day. As *Alcoholics Anonymous* puts it: "Every day is a day when we must carry the vision of God's will into all of our activities."

Many people are surprised to learn that faith in God is a requirement in Alcoholics Anonymous. While AA does not endorse any particular religion, the solution to alcoholism offered by the twelve steps is firmly rooted in theism; in the belief that a God exists who is capable of removing alcohol cravings from the addict. Alcoholics Anonymous staunchly insists it is a "spiritual" organization since it adheres to no specific organized religion. However, the use of the term "spiritual" is a semantic error given that faith in God is undeniably required in AA.

God is referenced in seven of the twelve steps. God with a capital G is specifically called "God" 277 times in *Alcoholics Anonymous*. The Big Book also contains 107 specific pronouns — He, Him, His, Himself — which are similarly capitalized and therefore unquestionably refer to God. Counting the additional places where *Alcoholics Anonymous* contains references to a Creator — calling Him "Creator," "Maker," "Father," "Father of Light," and "Spirit" — God is specifically mentioned in The Big Book more than 400 times.¹⁰

To say all that and then label yourself spiritual instead of theistic is high level equivocation. I believe it's a veil meant to make the program more appealing to addicts who do not embrace a religious faith — as was the case with Wilson himself — and to avoid excluding potential members already devoted to a specific religion. Get them through AA's front door, the thinking seems to go, and eventually they'll come around. One needs only read the "To Agnostics" chapter in The Big Book to see this clumsy ruse plainly laid out in Bill Wilson's own words.

All of that being said, AA's spiritual gamesmanship is not their biggest problem. While the Alcoholics Anonymous treatment of God is certainly odd, their disease theory of addiction is truly problematic because the evidence for it was sought out after the conclusion was reached. That's a recipe for

touting the faintest evidence for ironclad proof, along with other logical fallacies.

A Historic Failure of Basic Logic

Upon its publication, the scientific community dismissed *Alcoholics Anonymous*. The *Journal of the American Medical Association* wrote that AA's Big Book was of "no scientific merit or interest," describing it as "a curious combination of organizing propaganda and religious exhortation."¹¹ However, the founders of Alcoholics Anonymous were undeterred. Bill Wilson and Dr. Bob were fervent in their belief that they had discovered the key to combating alcoholism: addicts helping addicts by working the twelve steps together, beating the "physical allergy" of addiction with the "spiritual toolset" described in *Alcoholics Anonymous*.

While laudably driven to help other addicts, Wilson's enthusiasm blinded him to a basic logical fallacy in his thinking: confirmation bias. A confirmation bias is when a person favors information that supports their existing beliefs, seeking out and interpreting data favorable to the conclusions they've already reached. This is an unconscious bias that we all exhibit to some extent. Having triumphantly escaped from alcohol addiction himself, Wilson *knew he must be right* about its cause and solution.

This critical early misstep would ultimately lead to Alcoholics Anonymous seeking out evidence to confirm a conclusion that its proponents had already accepted as fact: addiction is a physical disease and only God can cure it. As is always the case with confirmation bias, any evidence that did not support the program's tenets would be ignored, rejected, or attacked as heresy. Instead of an honest search for the most effective alcoholism treatment, the history of addiction treatment in America would become a story of the opportunity cost incurred when logic and the scientific method are disregarded.

Some in the medical community were more than happy to be relieved of the burden of treating addiction and thus encouraged patients to embrace the Alcoholics Anonymous program. To Wilson's thinking, the success of the fledgling AA organization depended on the model of addicts helping

addicts. As time would tell, Wilson's vision of recovery programs based on the twelve steps and staffed by Alcoholics Anonymous members would ultimately become the dominant model for addiction recovery in the United States. But to reach a wider audience, AA would need funding.

John D. Rockefeller Jr. was a strong proponent of the recently failed policy of alcohol prohibition, and he was still convinced that alcohol posed a grave threat to the nation. The AA program's combination of spirituality and science was appealing to Rockefeller, so he provided \$5,000 of early funding. It wasn't enough to spread the program nationwide, but it was sufficient to enable Bill Wilson and Bob Smith to dedicate their full attention to rehabilitating alcoholics.¹²

Around the same time, the American Association for the Advancement of Science also met with Rockefeller to address the problem of alcoholism. The AAAS was a large, highly respected society of the top scientists in the US, and they had just formed the Research Council on Problems of Alcohol. The goal of the RCPA was to identify and fund the best scientific research on alcoholism, then recommend the most promising treatments and policies. In the words of the executive director of the AAAS:

"If we are to find a way out, it can only be through the development of a complete factual basis on which can be built some effective plan of action."

Sound logic, wise judgment, and steadfast patience are indeed the foundation of true and lasting progress. They are also wildly unpopular, much like the subject of alcoholism itself. The executive director's words fell on deaf ears: Rockefeller gave the Research Council on Problems of Alcohol absolutely nothing.¹³

The US government similarly declined to fund the AAAS, as did the vast majority of philanthropic funding organizations. While the problem of alcoholism was great, the public will to face it was weak. The Carnegie Foundation eventually gave the RCPA a \$25,000 grant, far short of the millions they had hoped to secure. It was enough to get started, but little

more. By their third year of existence, the Research Council on Problems of Alcohol was on life support and desperately needed an infusion of funding to continue. In their hour of need, an unlikely source of salvation emerged: the alcohol industry itself.

Unsurprisingly, the offer from alcohol producers and distributors to fund the RCPA came with conditions. All proposed studies of alcohol itself were to be shelved in favor of studies on “the disease of alcoholism”, despite there being no scientific evidence that any such physical disease existed. The concept of alcoholism as both a physical malady and a defect of character on the part of the individual who was drinking, while clearly contradictory, fit perfectly with the Alcoholics Anonymous model. For alcohol producers the benefit of this mindset was clear: it neatly shifted the blame for alcoholism from the suppliers and promoters of alcohol to the consumers of it. The table was now set for decades to come in terms of how alcoholism would be thought of and addressed.¹⁴

Player Two Has Entered The Game

Marty Mann is a largely unknown figure within Alcoholics Anonymous. The names of founders Bill Wilson and Dr. Bob crop up often in AA meetings, but Mann is never mentioned. Yet she deserves perhaps more credit for making the organization into the juggernaut it is today than the founders themselves.

Mann grew up a privileged young woman among Chicago’s elite, attending prestigious schools and moving with effortless charm through high society. An aspiring novelist, Mann was a gifted speaker skilled in presenting herself and her ideas in an appealing manner. However, Marty Mann struggled with alcoholism for years as a young woman.

Appearances were very important in her family, and her diagnosis with the “lower-class” disease of tuberculosis as she was about to enter high school was a potential embarrassment. She was unceremoniously shipped off to a sanitarium in California to recover from TB. Mann felt persecuted for a health condition she could not control and the feeling of injustice was burned in her mind. Hiding her true self to spare her family shame

became a central feature of Mann's teenage years and early adulthood, and the resulting mental trauma very likely fueled a drinking habit that quickly grew out of control.¹⁵

By her early thirties Mann was drinking nonstop. A drunken fall from a balcony landed her in traction for six months, but even that could not slow her addiction. She had friends sneak whiskey into the hospital and drank it through a straw because her jaw was wired shut. Later, following two failed suicide attempts Mann was hospitalized for a year and received every available alcoholism treatment, but it was of no use. Marty's drinking continued unabated until her doctor brought her a copy of the as-yet-unpublished *Alcoholics Anonymous*.¹⁶

Early in the book, Bill Wilson recounts the flash of light and profound spiritual transformation that freed him from alcoholism. Reading the book, Mann had a profound spiritual experience of her own. Angered by The Big Book's ceaseless references to God and language she felt was clearly meant for men, she flung the *Alcoholics Anonymous* manuscript across her hospital room. While retrieving the book she became fixated on five words from the page it lay open to: "We cannot live with anger." Mann would later recount immediately falling to her knees to pray upon seeing the words, and then being filled with light and serenity. While she would have several relapses in the coming years, this moment was a major turning point in Mann's recovery from alcohol abuse.¹⁷

Now a fervent believer in the Alcoholics Anonymous program, Marty Mann traveled to New York and connected with Bill Wilson, who became her AA sponsor. Some members of Alcoholics Anonymous were skeptical of Mann due to her age and gender, but the fiery woman would not be deterred. Informed by her experience with TB in her teenage years, Mann was determined to fight both the disease of addiction and the social stigma that came with it.

When Mann shared her vision of a nationwide education program on alcoholism and AA's twelve-step cure, Wilson wholeheartedly encouraged her to pursue it. Alcoholics Anonymous' own twelve traditions state that the organization grows "by attraction rather than promotion", yet Mann

would turn out to be nothing less than a one-woman PR war machine. All she needed was a little ammunition in the form of scientific support for AA's disease theory and its treatment for alcoholism. No such support existed at the time, so she sought to partner with a respected scientific organization that would lend veracity to her message. She found exactly what she needed at Yale University.¹⁸

Howard Haggard, one of most well-known scientists at that time, had founded a program for the study of alcohol at Yale along with his young scientific protégé, Elvin "Bunky" Jellinek. Haggard was a former member of the Research Council on Problems of Alcohol and a vocal opponent of Prohibition, advocating instead for moderation in drinking. He quit the RCPA after they accepted the liquor industry's money and the restrictions on future alcohol-related research that came with it.

Neither Haggard nor Jellinek embraced the idea that alcoholism was a disease; that was another major reason why they had departed the RCPA. Yet when Mann pitched Jellinek on her plan to shift public opinion on alcoholism, he saw a valuable ally who could support the Yale program's efforts to change the country's dialog around alcohol. Jellinek sold Haggard on not just supporting Mann's campaign but fully funding it and incorporating her strategy into the Yale program.¹⁹

With the heft of Yale's legitimacy behind her, Mann created the National Committee for Education on Alcoholism in 1944, proudly touting the inclusion of Alcoholics Anonymous founders Bill Wilson and Dr. Robert Smith on the organization's advisory board. Media-savvy from the beginning, Marty Mann announced the launch of the NCEA organization to much fanfare from newspapers, dramatically revealing that she was herself an alcoholic. Mann flew in the face of common stereotypes of addicts — she wasn't dirty, sickly, or degenerate. She wasn't worn and weary from years surviving on the fringes of society. Rather, Marty was young, stylish, attractive, healthy, and intelligent. She presented a compelling contrast to the preconceived idea that most people held of alcoholics as being hopeless wretches who deserved disdain. She wasn't bad, she was just ill! Mann emerged from obscurity to share the good news that alcoholism was a disease and that Alcoholics

Anonymous was the cure.²⁰

It was like a bucket of cold water being dumped onto the head of a tired old idea. The press woke up, wide-eyed and alert, and drank in this fresh view of addiction. Major articles began to appear in a wide array of publications. Marty Mann's message was out in the world, spreading like wildfire, and she fanned the flames tirelessly. She crisscrossed the country giving hundreds of speeches and interviews, delivering her message to over 25 million people. From the inception of Alcoholics Anonymous in 1935 to the launch of Mann's NCEA in 1944, fewer than 10 articles per year were published on the subject of alcoholism as a disease. After one year of operation, Mann raised that number to 15 in 1945. It rose again to 22 in 1946. For the next twenty years, the annual number of articles about alcoholism as a disease would remain in the double digits. The disease theory of addiction was now firmly rooted in the public consciousness, yet it still lacked compelling scientific evidence.²¹

In 1948 the addiction treatment industry as we know it today began to take shape. The first treatment center based on AA's principles of addicts treating addicts — the aptly named Pioneer House — opened in Minnesota. While Minnesota's Civil Service commission required professional counselors to have a master's degree, the Pioneer House lobbied for the creation of a new alcoholic counselor position that would require only two years of sobriety and a high school diploma.

Many scoffed at the idea of non-professional treatment counselors, but the concept nevertheless took root out of sheer practicality. "A workforce had to be created – and created quickly," psychologist William White wrote in *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. The rest of the US soon followed suit, allowing non-professional counselors to be employed by addiction treatment centers and thereby enabling them to proliferate rapidly across the nation. "The growth of the overall field was staggering," wrote White. "Alcoholics and addicts became less people in need of treatment and more a crop to be harvested for their financial value."²²

In the meantime, Mann pressed forward in her campaign to find scientific support for the claim that alcoholism was a disease. In time, she grew exasperated with Haggard's Yale program for failing to produce the desired

proof, which stubbornly continued to not exist. Patience waned and nerves frayed on both sides, ultimately leading to Mann and Yale parting company.²³

Mann's organization began operating under a new name, the National Council on Alcoholism (NCA). By the early 1950s, Mann had a new financial backer in Brinkley Smithers, the wealthy son of IBM's founder and a recovering alcoholic himself. Now well-funded, Marty Mann set her sights on the American Medical Association, knowing that if she could get the AMA to acknowledge alcoholism as a disease, her organization would finally have the scientific cachet she had long sought.²⁴

In 1952 the AMA created the Council on Mental Health, and in 1954 the CMH created the Committee on Alcoholism. The committee was headed by Dr. Marvin Block, who was a Mann ally and proponent of the disease theory of alcoholism. While the CMH couldn't persuade the AMA to fully endorse the disease theory of addiction, in 1956 they managed to sway the AMA into issuing a declaration that alcoholism was a "serious health problem" and that the alcoholic was "a sick individual." Though hardly an unequivocal endorsement of the disease theory of alcoholism, Bunko Jellinek nevertheless declared it as such. Now parted from Yale, Jellinek insisted that the declaration "constitutes, of course, the formal acceptance of the disease conception of alcoholism by the American medical profession as a whole."²⁵

Mann's National Council on Alcoholism saw their opportunity so Brinkley Smithers commissioned Jellinek to write a book that would formalize the assertion that alcoholism was a disease. In 1960, that labor bore fruit when *The Disease Concept of Alcoholism* was published. It became an instant classic in the alcoholism world, and to this day it's frequently cited by a large number of treatment programs. Critically, however, the book lacked the support of verifiable scientific data for the assertion that addiction was a disease. Undeterred by an objective reality that did not adhere to AA's worldview, Jellinek turned to equivocation instead of facts and focused on making a semantic argument. Most of the *The Disease Concept of Alcoholism* is spent splitting hairs about the meaning of the words "illness" and "disease," concluding with Jellinek declaring that "a disease is what the medical community recognizes as such."²⁶

This is yet another classic logical fallacy: appealing to authority. While appealing to credible experts can sometimes be reasonable, it becomes a logical fallacy when no supporting evidence or compelling reasoning accompanies the claim. In other words, a statement from a recognized authority can lend credence to a position supported by verifiable evidence, but that authority's words are not in and of themselves compelling evidence for that position. Even if you have a PhD, "Trust me, bro!" is not a solid foundation for effective medical policy.

The NCA and Alcoholics Anonymous ignored the flimsy substance of Jellinek's book and instead began proudly touting the existence of *The Disease Concept of Alcoholism*. The powers that be in the circles of US addiction recovery swallowed it hook, line, and sinker. The book's existence was proof enough for those people and organizations that had already been evangelizing for decades that alcoholism was a disease. *The Disease Concept of Alcoholism* legitimized the disease theory of addiction and set the stage for AA's twelve-step methodology to become the dominant addiction treatment in the United States.²⁷

To recap: Marty Mann's National Council on Alcoholism got the American Medical Association to state that alcoholism was a health problem via a committee created and headed by doctors associated with the NCA. Bunky Jellinek squinted hard and interpreted that statement as an endorsement of the disease theory of addiction, so the NCA's sugar daddy paid him to write a book saying as much even though Jellinek's argument rested almost entirely on a basic logical fallacy.

Cluster-fuckery, thy name is the disease theory of addiction.

I don't doubt that the motivations of those involved in this debacle were pure. I believe they were genuinely trying to help, but as the saying goes the road to hell is paved with good intentions. These good-hearted but misguided actions accelerated the world down the wrong road in pursuit of a physical disease that there's still very little hard evidence for. In doing so, they blunted competing theories of addiction, unwittingly creating a quiet catastrophe that nettles addiction recovery to this day.

Let's Just Be Friends

Everybody knows what the “friend zone” is. Many guys have been there and many gals have put someone there. For men, it’s the ultimate purgatory; a low self-esteem limbo where your true longing is eternally dangled just beyond your reach. For women who put men there, the friend zone acts as a solar panel for their ego, absorbing an endless supply of male validation while requiring nothing in return. As long as the man remains entranced by the faint whiff of pussy artfully wafted his way, the woman can suck him dry of time, attention, emotional support, and sometimes even money. It is a fundamentally parasitic relationship, with one party demanding complete subservience while the other desperately hopes that their loyalty will eventually be rewarded. Spoiler alert: it won’t be.

In effect, Alcoholics Anonymous has put addicts and addiction recovery itself in the friend zone by trapping us in a fruitless loop pursuing a flawed cure for a misdiagnosed disease. Bewitched by a whiff of sobriety, countless addicts have been denied the warm, velveteen depths of actual recovery. Instead, millions are forced to repeatedly listen to AA’s shaky disease theory and endless moral proselytizing while silently enduring the painful ache of their addictive cravings.

With the disease theory of addiction now solidly — if dubiously — established in the US, the adoption of the AA recovery model swiftly spread nationwide. By the mid-1960s, fresh funding had arrived to drive the rapid expansion of addiction treatment centers in the form of medical insurance. In 1970, the US government itself poured fuel on the fire of the growing addiction treatment industry when Congress passed the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act. It led to the creation of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), which would spend \$1 billion over the next 10 years to develop AA-inspired twelve-step alcoholism treatment services across the country. This national network of treatment facilities cemented twelve-step recovery as America’s dominant organizing philosophy of addiction treatment, and Alcoholics Anonymous as the gold standard of recovery

programs.²⁸

As a result, US courts began referring those arrested on alcohol-related charges to addiction treatment centers and AA itself as an alternative to incarceration. This practice became commonplace during the 1980s as an increasing number of movies and television programs popularized Alcoholics Anonymous and its twelve-step recovery program to a wider audience. Eventually, everyone “knew” that alcoholism was a disease and AA was the cure. Now firmly rooted in the zeitgeist of American culture, Alcoholics Anonymous would remain largely unchallenged and the state of alcoholism treatment would continue largely unchanged to the present day.

By 2020, there were over 16,000 substance abuse treatment facilities in the US alone, serving roughly 1.5 million patients per day.²⁹ Addiction treatment centers are evenly split between non-profit and for-profit organizations, both charging \$20,000 to \$80,000 per month for inpatient treatment depending on the amenities offered by the program. It should come as no surprise that people desperate to save their own lives or the lives of people they love are willing to pay anything for salvation.

Rehabilitation centers are highly profitable not only because people are willing to pay a premium to escape addiction, but also because treatment facilities are not staffed by expensive licensed professionals. Rather, rehab centers are largely staffed by non-professional addicts in recovery whose expertise is derived almost exclusively from their own personal experience in the Alcoholics Anonymous program. Addiction treatment centers do not require expensive medical equipment, and few if any actual doctors are employed by them. It is troubling that resolution of a problem as complex and difficult as addiction rests in the hands of the most affordable personnel instead of the most qualified.

More troubling still is that addiction rehabilitation centers are not required to measure or demonstrate the effectiveness of the treatments they offer. How often do the patients at these expensive, non-professional treatment programs achieve lasting sobriety? The answer to that question will determine whether they’re saving addicts or just running them in circles.

Even more troubling is that addiction treatment centers have no financial

incentive to measure or improve their success rate because the more often addicts return to treatment, the more profitable the rehab programs become. I'm not assigning malice to this dynamic; it's just an uncomfortable economic truth. Most people I personally met in rehab had been in treatment multiple times. I went to rehab twice myself, and one person I met was attending rehab for the *seventeenth* time! At some point we have to start asking how well the current approach is working.

Hazy Insight

For a program that's been active for nearly a century and grown into the United States' primary alcohol addiction treatment, its surprisingly difficult to determine a success rate for Alcoholics Anonymous. First we have to answer the question of what constitutes successful recovery from addiction. Thankfully AA makes that answer perfectly clear: the singular goal of their program is *complete and total abstinence*, which is achieved by actively working the twelve-step program *every day*. Abstinence through attendance is the only measure of success used by Alcoholics Anonymous, which famously gives chips to their members as they achieve one month sober, three months sober, six months sober, etc. With even one drink, the counter resets to zero.

You are quickly taught in AA meetings that if you stop coming to meetings, alcoholism will soon find its way back into your life. There's even a term for no longer coming to meetings: "going back out." Going back out is considered foolish and reckless, and those to choose to do so are viewed with disdain by meeting attendees. Discouraging such behavior is why every AA meeting ends with the group saying in unison "Keep coming back. It works if you work it."

If you're still not convinced that meeting attendance is required by the program, one need only read the text of *Alcoholics Anonymous*. The big book explicitly rebukes those who decide to cease attendance:³⁰

"They cannot or will not completely give themselves to this simple

program, usually men and women who are constitutionally incapable of being honest with themselves. There are such unfortunates. They are not at fault; they seem to have been born that way. They are naturally incapable of grasping and developing a manner of living which demands rigorous honesty.”

So, how often do Alcoholics Anonymous participants achieve the stated goals of remaining in the program while staying completely abstinent? A reasonable measure of program success is the proportion of newcomers who are both still participating and continuously sober after one year.

Beginning in 1968, Alcoholics Anonymous’ general service board began conducting surveys of its membership every three to four years. In 1989 AA analyzed the results of all five surveys completed to that point and calculated that fully 95% of meeting attendees drop out of the program in less than one year.³¹ Right off the bat, that’s a striking number. If success in the program requires lifelong participation, working the twelve steps over and over as The Big Book says you should, then a 95% dropout rate equates to a 95% failure rate.

But that’s not all. Of those 5% who remain in the program, just 64% of respondents were sober a year after joining.³² Let’s put those numbers together: If continued AA participation and complete abstinence are treated as the program’s combined one-year success rate — and one would be hard pressed to argue they are aren’t — multiply the 64% sobriety rate by the 5% retention rate yields a one year abstinence rate of 3.2%. In other words for every 100 people that begin AA, just 3 are still in the program and sober one year later.

This figure should not be mistaken for the result of a randomized controlled study (more on those in chapter 2) but rather viewed as a calculated estimate based on the information available. AA simply solicited voluntary responses from members, so it’s almost certain that the result are tainted by survivor and selection bias. It was not established that AA alone caused the sobriety respondents reported, and people who left AA may also have remained sober through other means. Even allowing for people who may have remained

sober after leaving, the gap between AA's cultural dominance and its one year success rate is astonishing.

Despite AA's membership survey lacking academic rigor, these findings are so extreme that they should have set off alarm bells within the organization. They did not. Completely disregarding the massive dropout rate, the survey report proudly states that "60% reported that they had not had a drink for one year or more. This is one indication that A.A. works." It would have been more accurate for them to state that "for 5% of AA attendees, AA works 64% of the time." If an accurate description of your success rate sounds eerily similar to the defense of Sex Panther cologne mounted in the movie *Anchorman*, things aren't going great.

Alcoholics Anonymous had been operating for decades by 1989. One would think they'd be pretty good at guiding alcoholics out of addictive drinking by then, so how could their one-year success rate be around 3%? Why is AA's treatment failing the vast majority of drinkers who try it?

According to Alcoholics Anonymous the treatment isn't failing the patients, but rather the patients are failing the treatment. As evidenced by AA's characterization of their 64% abstinence rate, when someone achieves sobriety in their program AA gets all the credit. When someone does not, however, the drinker gets all the blame, as shown in the "such unfortunates" excerpt from *Alcoholics Anonymous* above.

While the fame and esteem of the Alcoholics Anonymous organization has greatly advanced in the ninety-plus years since its foundation, the text, tools, and processes of AA have remained wholly unchanged. This is a point of great pride within the Alcoholics Anonymous organization; they see it as evidence of resolve and steadfastness. It's not. When you keep doing something that doesn't work over and over that's not resolve; it's stubbornness. Nobody inside of AA is asking what they can do to improve. I love and respect the people in Alcoholics Anonymous, but I am deeply disappointed in the program itself.

A Tale of Two Treatments

Over the last century, consider the lives that would have been saved, the marriages that would have been preserved, and the children who would have gone untraumatized by absentee parents and broken homes had the success of alcohol abuse and addiction treatment been steadily improved upon. What if Alcoholics Anonymous had put their efforts into being the most *effective* alcoholism treatment possible?

At the beginning of this chapter I noted that Alcoholics Anonymous was published in 1939, and as we've seen that the tools and strategies of their program have remained fixed. 1939 was also the year when modern open-heart surgery began to develop. At the time, the survival rate for open-heart procedures was just 5% because surgeons had no way to circulate blood throughout the patient's body while the heart was being repaired. Dr. John Gibbon began developing the heart-lung machine to solve this problem. Years of development, testing, and improvements led to Dr. Gibbon performing the first successful open-heart surgery in 1953, during which the heart was stopped completely while his machine continue to circulate the patient's blood.

This breakthrough was followed by many others over subsequent decades. Gibbon's heart-lung machine made cardiac bypass surgery possible, allowing doctors to route the flow of blood around hopelessly clogged arteries. It allowed for the development of pacemaker devices that could be implanted in patients to eliminate dangerously irregular heartbeats. Minimally invasive surgeries were pioneered, laser surgery was introduced, and stent implants were developed.

Today, the success rate for open-heart surgery is over 95%. Since 1939, millions of people have had the opportunity to live rich, rewarding lives because humanity saw a problem, developed a solution, and never stopped improving upon it. This is how the science of healthcare is supposed to work.

Thomas Sowell is an economist, social theorist, and author who's widely regarded as one of the most influential intellectuals of the 20th and 21st centuries. He is a frequent critic of counterproductive government policies

founded on good intentions that nevertheless produce negative impacts. His worldview, neatly encapsulated in the following quote, rings remarkably true for Alcoholics Anonymous and addiction recovery: “A bad solution is worse than none at all.”

This is what I mean when I say that twelve-step programs “friend zone” the recovery world. Instead of continuously improving addiction treatment we’re stuck in limbo, fixated on repeating solutions that don’t work well instead of looking for new solutions that do. Enough is fucking *enough*! It’s high time that the Alcoholics Anonymous organization and the addiction rehabilitation industry either put out or get out, so to speak. The powers that be must start improving addiction treatment or get out of the way so that someone else can.

A common refrain within the world of addiction treatment is that successful addiction recovery requires embracing three core principles: practicing rigorous authenticity, doing uncomfortable work, and surrendering the outcome. Rigorous authenticity means being honest with others and with ourselves, *especially* when it’s uncomfortable to speak the truth. The uncomfortable truth is that we have been working under a false premise. There’s no scientific evidence that addiction is a physical disease, and treating it as such endangers those who most need help. *Human lives are on the line*. We must be certain we’re doing everything possible to help, a mark we’re falling well short of today. It’s only when we choose to embrace *verifiable facts*, design treatment strategies around *hard data*, and commit to *continuous improvement* that we are doing our best to address a problem. Only when we’ve done everything possible to solve a problem can we surrender the outcome.

Warpath

We are losing the war on addiction because our forces have been misled by bad intelligence. We’re attacking where the enemy isn’t; fighting a physical disease assumed to be the root problem. That desperately needs to change. Lives are being lost every day, and we’ve wasted too much time already. I’m

hardly the first person to see things this way.

The founder of Alcoholics Anonymous, Bill Wilson himself, was removed as the leader of the organization in the 1950s for trying to evolve it into something more than the “spiritual kindergarten” he’d created in his early sobriety (his words, not mine). He attempted to revise both the text of *Alcoholics Anonymous* as well as the twelve steps themselves, only to learn that the organization he created had grown completely out of his control:³³

“As to changing the steps themselves, or even the text of the AA book, I am assured by many that I could certainly be excommunicated if a word were touched. It is a strange fact of human nature that when a spiritually centered movement starts and finally adopts certain principles, these finally freeze absolutely solid.”

Excommunicated feels like an odd turn of phrase for non-religious organization, but I digress.

“It would be a product of false pride to believe that Alcoholics Anonymous is a cure-all, even for alcoholism. Here we must remember our debt to the men of medicine. Here we must be friendly and, above all, open minded toward every new development in the medical or psychological art that promises to be helpful to sick people. We should always be friendly to those in the fields of alcoholic research, rehabilitation, and education.”

Wilson concluded:

“Let us constantly remind ourselves that the experts in religion are the clergymen; that the practice of medicine is for physicians, and that we, the recovered alcoholics, are their assistants.”

AA says there’s no need to change strategies because they insist that their current strategy is perfect — any failure is the fault of the addicts themselves.

The government's own agency, the NIAAA, has deeply invested in the disease theory of addiction, which has very shaky scientific foundations to say the least and has produced no significant improvements with respect to the effective treatment of alcohol abuse disorder. Pharmaceutical companies are making millions on medications that moderate the symptoms of alcohol addiction, so seriously pursuing a cure would go against their best interests. The same thing can be said of addiction treatment centers: repeat customers are great for business. In other words, no one in a position to help has any incentive to improve. Again, I'm not making a moral judgment here or accusing anyone of conspiring to soak addicts for every dime they have. I'm just highlighting reasons that there's little will to evolve addiction treatments.

The truth of the matter is that the war on addiction isn't really being fought at all; there's no widespread desire to press forward in the fight against addiction. Real lives are at stake, and right now society is disturbingly content to let addicts get mowed down in droves. The very organizations charged with combating this grave threat are ignoring their own shortcomings and doing little if anything to improve the situation.

We've been holding position for far too long in our fight against addiction. It is time to advance! The powers that be in the world of addiction recovery are asleep at the wheel. If addicts want salvation we're going to have to save ourselves. If you're struggling with an addictive substance or behavior, this is your call to war. There are millions of addicts today, and there are millions more coming in the future. I cannot accept saving so few of them. I'm not having it, and neither should you! You're better than that, you're worth more than that, and you deserve a practical and effective method of combating addiction, so let's build it together.

September

Dear Cecil,

Something significant has changed in me. It's important. I can feel it my bones. A critical tipping point has been reached. For the first time in my life I feel genuine love and respect for myself.

I knew I was supposed to love and respect myself before and I did my best to do so, but it felt like I was going through the motions. Now it's real. It's not something I'm forcing or striving for. It's here. It's who I am. I can forgive myself for mistakes, even terrible ones. Lord knows I'm not perfect. Hell, there's an argument to be made that I'm the living incarnation of fucking up run amok. However, it's also true that I've been doing my best in very difficult circumstances. Sometimes all your options suck; you're only choices are bad or less-bad. I did what I had to do, but more importantly I never stopped trying. I'm proud of myself for that.

I don't owe myself or anyone else any apologies. I feel clean and clear, focused and healthy. There is a lightness to my mind and spirit that wasn't there before. I feel real peace. I've wanted peace for so long, but secretly I feared I'd be underwhelmed if I ever actually found it. I'm happy to say that in this case, reality has far outstripped my fantasy. This is where I've always wanted to be but had never truly believed I'd reach. My life's trajectory has genuinely shifted. I'm on a path now that I've never walked before, yet it's instantly familiar. It's like returning at long last to a home I've never actually set foot in. It's where I'm supposed to be, but it is not my final destination. While I still have miles to go, I know beyond a shadow of a doubt that I'm exactly where I'm supposed to be,

doing exactly what I'm supposed to be doing, and being exactly who I was always meant to be.

I've spent the vast majority of my life believing that I was broken and needed fixing, but no matter how hard or how long I worked to repair my flaws it seemed that the problem always remained. The darkness and weakness I saw in myself was never expelled. The fatal flaws always remained. It is only now that I can see the truth: there was never an actual problem to solve. The lie was that I was broken and needed fixing, and it's impossible to fix a problem that isn't really there. I've spent my life like a cat swatting fruitlessly at a laser pointer. I haven't been limited by my flaws; I've been limited by my **belief** in those flaws. No more.

You see, I've finally spotted your greatest trick, Cecil. It's as simple as it is diabolical: you told me to say "**I**" instead of saying "**you**".

"I am a failure."

"I am weak."

"I am stupid."

"I am a bad person."

"I don't deserve love."

I should have been saying "you" instead of "I" because those were your words Cecil, not mine. All those times I did exactly as you told me and things got worse instead of better, yet somehow all the responsibility fell on me alone. I've been listening to you since I was eight. Back then, I didn't know any better. I thought everything you said was true; that you were trying to protect me. I listened to you for so long it became second nature, so much so that I ceased to distinguish between your voice and mine. But we aren't the same, Cecil, and you offer me nothing but a perfectly wrong solution to every problem. I'm done listening. You. Are. Wrong. I'm living my life on my terms now, not yours. From the bottom of my heart: I hate you, fuck off, die alone.

My favorite quote of all times comes from William Shakespeare: "This is nothing bad or good, but thinking makes it so." I see now a lot of good in the things I previously labeled bad. All of my many failures were really untapped sources of grit. My bottomless well of self-doubt and contempt was really unharvested self-compassion. Every hole I dug for myself also created an opportunity for me to rise from the grave. I spent my life feeling like I was just a few missteps away from

SEPTEMBER

catastrophe; I see now that by the same logic I was always a few good decisions away from triumph. The life I want isn't some distant fantasy anymore. I'm already living it.

There is a new and dangerous peace in me. We're playing by my rules now, Cecil, not yours. I no longer care what it costs to live as my authentic self. Whatever the price is, I'll pay it gladly.

Dan

Chapter 2: The Actual Fuck

“Not everything than can be counted counts, and not everything that counts can be counted.”

– Albert Einstein

Life — like the people who live it — can be complex and simple, beautiful and ugly, wondrous and maddening, all at the same time. Reality is both absolute and absolutely confounding. For example, it’s natural to think that falsehoods hide the truth while facts reveal it, but sometimes the inverse is true: falsehoods can reveal the truth while facts can create a falsehood.

Everyone has heard this notorious untruth: “You don’t have to get me anything for Valentine’s Day.” Translation: “Technically you don’t have to do anything, but if you truly care about me you’ll want to make my Valentine’s Day special.” That’s a falsehood revealing the truth. One person is being false in order to determine how the other person truly feels. In other words, what is *literally* being said is different from what is *actually* being said. Is that fair? Debatable. Is that wise? Highly debatable. Is that reality? Great friggityfuck yes. Here, then, is an example of facts creating a falsehood:

Leading causes of death in the US in 2021³⁴

- Heart disease: 695,547
- Cancer: 605,213
- COVID-19: 416,893

- Accidents (unintentional injuries): 224,935
- Stroke (cerebrovascular diseases): 162,890
- Chronic lower respiratory diseases: 142,342
- Alzheimer's disease: 119,399
- Diabetes: 103,294
- Chronic liver disease and cirrhosis: 56,585
- Nephritis, nephrotic syndrome, and nephrosis: 54,358

The data above came from the Centers for Disease Control and Prevention (CDC) and it is a simple statement of fact. No reasonable person would debate it, yet it's a perfect example of life's duality. It is literally correct, but it completely obscures the actual truth. Here's another simple statement of fact from the CDC:

Deaths due to excessive alcohol use in the US in 2021³⁵

- As of 2021, excessive alcohol use was responsible for 178,000 deaths per year in the US.
- Two thirds of the deaths (about 117,000) are due to chronic conditions that develop from long-term alcohol use, including various types of cancer, heart disease, liver disease, and alcohol use disorder (AUD).
- One third of these deaths (about 61,000) happen from drinking too much on one occasion, such as from motor vehicle crashes, poisonings involving substances in addition to alcohol, and suicides.

Something is wrong with this picture. If the CDC says that in the US excessive drinking was responsible for 178,000 deaths in 2021, why doesn't excessive drinking appear on the CDC's 2021 list of leading causes of death in the US? How can two sets of seemingly contradictory data from the same source both be true?

This is another example of the literal truth and the actual truth being different. Drinking was the *root cause* of 178,000 deaths in 2021, not the *direct cause*. Liver disease killed your uncle, but he got liver disease from

years of excessive drinking. A car accident killed your coworker, but the accident was caused by a drunk driver. When the alcohol-related deaths due to heart disease, cancer, and accidents are removed from those categories in the CDC's leading cause of death chart and properly attributed to addiction, a shocking reality becomes clear: in 2021 excessive drinking was the *fourth leading cause of death* in the US, and the true scale of the addiction problem is even greater. Alcohol abuse is just one form of substance addiction. According to the CDC, 2021 also saw 106,699 deaths from drug overdoses, primarily fentanyl and methamphetamine.³⁶ Drug overdose deaths have *quadrupled* in the last 20 years and this trend is accelerating rapidly.³⁷

Like I said, life can be both wondrous and maddening. Truth can be obscured by facts. Addiction and addiction treatment are both complex and simple. What is addiction, how do we treat it, and how successful are our treatments? More to the point, how the hell can I save my own life or the life of my loved one from addiction? These are basic questions with surprisingly complex answers. The good news is that sobriety — like truth — can be found if you're willing to wade through the misconceptions and falsehoods that flood the world of recovery; if you can separate the hypothetical from the actual.

Genesis

“What the actual fuck?” This question came up for me a lot in rehab. Like most people I had known of the existence of the twelve steps for years, and like most people that's all I knew. Now that I was being shown the substance of the twelve steps, I was genuinely shocked to learn exactly how Alcoholics Anonymous worked. AA's core principles come down to this: Alcoholism is a *physical* disease that can only be cured by a *supernatural* god who will provide salvation only to those addicts who *morally* repent for their affliction on a *daily* basis.

Really? Begging God for a miracle is modern society's best solution for addiction? Why do I need to repent for having a physical disease? If it's not immoral to have the disease of cancer, why is it immoral to have the

disease of addiction? If God cures me of addiction, why do I also have to work on my sobriety every day to maintain it? Faced with the reality of the Alcoholics Anonymous program, my mind was flooded with questions. None of it seemed to add up; my bullshit alarm was blaring.

In the rehab I attended — as in almost every US addiction rehabilitation facility — AA was taught exclusively as the path to recovery. We learned Alcoholics Anonymous principles and tools during group sessions each day, then attended an AA meeting each night. However, despite my best intentions and earnest efforts I just couldn't get on board with the program. I was desperate to fix my problem, but the only solution being presented to me required belief in God. That's not a tall ask for a lot of people, but it was for me.

I was raised Christian but walked away from the faith in early adulthood. My separation from religion was neither quick nor painless. Building a new identity never is, especially when those you loved and trusted to guide you cast you out for having the insolence to ask honest questions. I doomed my faith by trying to deepen it: I read the bible from cover to cover.

There are parts of the bible you hear about over and over, trumpeted from pulpits around the world throughout the ages:

- “Love your neighbor as yourself.”
- “Do unto others as you would have them do unto you.”
- “Forgive others as God forgives you.”

These are timeless and widely accepted moral principles. Then there are the parts of the bible you rarely hear about. There are commands to kill the children of your enemies unless they're virgin females (Numbers 31), as well as songs celebrating smashing your enemy's infants on rocks (Psalm 137:9). The bible clearly and repeatedly condones slavery (Leviticus 25:44-46 is just one example) and gives instructions on the appropriate amount to beat your slaves (Exodus 21:20-21). It even lays out rules for having sex with your slaves (Exodus 22:7-11). Of course a slave doesn't have the sexual agency to refuse their master's advances, so it would be more accurate to say that the

bible condones the rape of slaves.

The bible's view on the rape of women is simply grotesque. The Israelites are instructed to kidnap women from the town of Shiloh and force them to become their "wives" (Judges 21:10-24), men are to pay a fine for raping unengaged women (Deuteronomy 22:28-29), and rape victims are to be stoned to death if they don't scream and protest enough during the act (Deuteronomy 22:23-24). Lest you think morally troubling passages are confined to the old testament, even the new testament commands slaves to obey their masters (Ephesians 6:5). The passages I've highlighted here are hardly an exhaustive list of disturbing verses in the bible, but they're enough to raise serious concerns about the moral values the Christian holy book endorses.

When I first read the complete bible as a young man, I had no idea how to process all of this new information. It is never morally permissible to kill children, own humans, or rape. That is self-evident. It doesn't matter who is telling you to do something evil; doing evil is always wrong. Yet I was taught from birth that the bible is *the* source of morality. How then could it condone, even command immoral behavior? Did that mean any behavior was moral so long as God directed you to do it? That notion distinctly clashed with my internal moral instincts. This conflict in turn made it suddenly clear that I had moral instincts separate from God and religion. Where the hell did those come from? Should I listen to them when they were in conflict with God's word? Needless to say, my reading of the bible left me with some important questions I badly needed answers for.

I was sure my pastors and teachers could explain the more challenging and morally ambiguous passages of the bible. They didn't seem to be troubled by these questions, so they must have the answers, right? In my naivety, I walked myself and my faith right into a buzz saw. Instead of my questions being earnestly heard in the spirit they were intended, they were met with either complete silence or — as was more often the case — violent rebuke. I was told in no uncertain terms that my questions evidenced a dangerous lack of faith. I was "too proud," "rebellious," "stepping out of line," or "being led astray by the devil". I quickly ceased to be a person to my religious elders.

Now I was an *other*; a threat to the identity that defined their existence. I was walled off for the safety of the flock, left alone with a conclusion I didn't want to accept: they didn't have answers for my questions because there weren't any.

In contrast to their words, their silence was the most truthful thing I'd ever heard, once I was calm enough to hear what it had to say. Silence, it turns out, is a language all its own. It's a language with no words; only meaning. Words can only describe the truth. Silence is the truth, presented unedited and without comment.

Listening to that silence, I learned that truth isn't buried or hidden or cloaked in mystery. Truth isn't locked within a riddle at the end of a hidden and winding path. More often than not the truth sits right out in the open, plain as day. The truth isn't something hidden *from* us; it is hidden *by* us. We obscure it with our expectations, our beliefs, our hopes, our fears, and the conclusions we've already reached or already believed in the first place. We see what we want to see. You can't see the truth until you truly want it more than you want to be right about what you already think. The truth isn't shrouded; your mind is. Once you stop looking for what you expect to find, the actual truth comes into sharp focus.

I badly wanted my faith; I *needed* it. It was who I was raised to be and I didn't know who I was without it. My beliefs *had* to be right. Yet in time my desire to be right was gradually outgrown by my desire to be correct. Once I crossed that threshold the truth quickly became clear, even obvious, and there was no going back again. Mark Twain famously said that "The best cure for Christianity is reading the bible" and that certainly turned out to be true for me.

If that's not true for you, then my personal rejection of faith may feel like an attack. It isn't; I have no quarrel with you. In fact I'm truly glad that you have a deep and comforting faith in your life. However, I haven't lived your life and you haven't lived mine. I've made the best decisions I could based on the information I had and the experiences I lived. I'm betting you have too. If you're making an honest effort to live an honest life, then we're on the same side even if our perspectives are very different. We're climbing the

same mountain; we're just on different paths.

I share all this personal history so that you'll understand that my lack of faith is not trivial. I could not simply brush aside my experiences and beliefs to re-embrace God, not even to save my own life. Alcoholics Anonymous requiring faith in God to overcome addiction was the equivalent of me being told "Great news! We can cure your fatal disease. All you have to do is fall in love with your abusive ex again!" I could no more choose to have faith in God than I could choose to be in love. I needed a different way out of addiction, as do many others. Twelve-step programs are unpalatable to 95% of the people who try them. For whatever reason, a god-based sobriety program just doesn't cut it for most people. An alternative approach is desperately needed.

Rabbit Holes

During rehab I openly shared about my challenges with a faith-based solution to addiction, both to the staff at my rehabilitation facility as well as during many of the AA meetings we attended. The responses I received ranged from condescending "You'll come around eventually" dismissals to impatient "Get over yourself!" rebukes. The experience was immediately familiar; it was very reminiscent of sharing my concerns about the bible with my pastors and Christian peers in years past.

However, my case manager in the rehab program, a perceptive and deeply caring woman, could see that I genuinely needed a path to sobriety other than AA. To her great credit she prioritized my well-being above all else. She didn't care how I got sober as long as I got sober. So she went looking for information on alternative addiction recovery programs, an idea basically unheard of in rehab. She found two possibilities for me to look into: SMART Recovery and Refuge Recovery.

The former is a science-based program rooted in cognitive behavioral therapy, I would eventually learn, while the latter used the philosophy – but not the religious aspects – of Buddhism to guide addicts through recovery. In that moment, however, I knew nothing about either program other than

they existed. I knew about the process of AA because that's what I had been taught in rehab, but I knew none of the history of the organization that I shared in chapter one. That knowledge would come later. In that moment, I had just one basic question:

What is the success rate of each of these three recovery programs?

I was doing my best to work the AA program, and I intended to do my best with SMART Recovery and Refuge Recovery as well. Three bites at the apple were better than one, after all. But where should I put my focus? When these programs conflicted with one another, which should I listen to? That seemed simple enough: to whichever program succeeded the most often. My life literally hung in the balance, so I turned to our society's most trusted and powerful source of information to answer my question.

Hey ChatGPT, what are the success rates of Alcoholics Anonymous, Refuge Recovery, and SMART Recovery?

The success rates of Alcoholics Anonymous (AA), Refuge Recovery, and SMART Recovery can be challenging to quantify definitively due to various factors such as the definition of "success," the diversity of participants, and the self-reported nature of data in many cases. However, I can provide some general information based on available research and statistics:

Alcoholics Anonymous (AA):

Success Rate: Estimates of AA's success rate vary widely. Some studies suggest that about 30% of participants remain abstinent after one year, while others indicate higher rates of long-term abstinence. Factors such as regular attendance, active participation, sponsorship, and adherence to the twelve-step program are associated with greater success in AA.

Refuge Recovery:

TRIPLE MODULAR RECOVERY

Success Rate: Refuge Recovery is a relatively newer program, and specific success rate data may be limited. As of my last update, there may not be comprehensive studies or statistics available to determine its success rate compared to more established programs like AA.

SMART Recovery:

Success Rate: SMART Recovery's success rate has been reported to be around 30% for individuals who attend at least three meetings. This rate is based on self-reported data and may vary depending on factors such as attendance, adherence to the program, and individual circumstances.

This was going to be more complicated than I thought. It hadn't even occurred to me that the definition of success in sobriety was an open question. It certainly wasn't within my rehab program or Alcoholics Anonymous: lifelong abstinence was the one and only measure of success. Anything less was failure.

Also, it surprised me that the estimated success rate of AA and SMART Recovery, two programs with completely different theoretical orientations, was essentially the same. Was that just some crazy coincidence or was that telling data?

Also also, ChatGPT's answer indicated that there were granular factors within both the AA and SMART Recovery programs that predicted success, such as regular attendance and active participation. Did that mean that other granular factors within those programs had *little if any* impact on success? And if we knew that, why were those factors part of those programs at all? Wouldn't they just be a waste of time?

Also also also, I'm no scientist but "self-reported" data sounds shaky as hell. Aren't scientific studies usually conducted by scientists who gather data scientifically? There's a reason eyewitness testimony is considered the weakest admissible evidence in a court of law: people's observations are notoriously inaccurate, even when their intentions are genuine. Conversely,

people are often intentionally inaccurate when describing unflattering aspects of themselves or their past. That's just human nature; no one likes to admit that they've fallen short. Sometimes we even blatantly lie to protect ourselves, and addicts are notorious liars when it comes to our addiction. We'll say anything to hide our shame and continue our behavior. How, then, can we take self-reported addiction data seriously?

It would seem that statistics about sobriety and recovery programs are not readily available because measurement is both difficult and ambiguous. What do you measure? How do you measure it? Let's think about some of the variables:

- What constitutes effectiveness? Length of total sobriety? Is reduced consumption also a success? Is quality of life a metric?
- Does the sobriety counter restart every time there's a relapse? What's the difference between a lapse and a relapse? Does the difference matter?
- How does self-determination affect sobriety? Was the addict forced into a recovery program by family or the court system, or did they join of their own accord?
- Did the addict go to rehab? What type of treatments did that rehab offer?
- Is the addict attending recovery meetings? How often? Do they participate in meetings? What constitutes participation?
- Does the addict have a sponsor or mentor? Is the addict sponsoring or mentoring others?
- Does the addict have a mental health counselor? Are they licensed?
- Has the addict built a social network supportive of sobriety? Do they still associate with people they drank or used with?
- Do they have underlying mental health issues? Are they being treated?
- Is the addict taking any medications? When was the last time their medications were evaluated by a doctor? Is that doctor aware that their patient is an addict?
- Does age, race, or sex play a role in success?
- Does severity of addiction or length of addiction play a role in success?
- How are these factors measured? Are they self-reported? Are they

documented by a doctor or clinician? Are they confirmed by breathalyzer, urinalysis, or blood tests?

- What if a person is addicted to more than just alcohol?
- What is the drop-out rate for each recovery program? Are those numbers factored into the success rate?

That's an overwhelming amount of variables to consider. Where do we even begin? How do we decide which factors to study? Which factors have a significant impact on sobriety success and which do not? While numerous studies on alcoholism and addiction have been conducted, precious few of those studies we have looked at the same factors.

What the actual fuck indeed.

The Trees

Academic studies produce scientific evidence, but not all studies are created equal. Far from it, in fact. There are two types of studies, and the quality of studies varies wildly. Some studies exist to generate educated guesses, called hypotheses, based on observed patterns. These are called, appropriately, **observational studies**. Other studies exist to test the validity of those hypotheses. These are called **randomized controlled studies** (RCTs). The first type of study suggests what might be worth testing, and the other type of study actually performs scientific testing to confirm if the initial observation was correct. Observational studies are passive — researchers examine a set of data or group of people to find recognizable patterns. However, to know if something is true or not you have to isolate and test that single factor.

For example, imagine that on January 1st you resolve to lose weight and begin running, lifting weights, cutting out sugary sodas, skipping breakfast, and taking nutritional supplements. After one week you've lost three pounds. Great job! The result is good, but you have no way of knowing what worked.

To determine which factors actually impacted the outcome, you'd have to change one thing at a time. Begin running but do not change anything else, then weigh yourself at the end of the week. Now you know whether or not

running impacted your weight loss. This is how randomized controlled trials work — a randomized selection of participants are split in two, forming an intervention group and a control group. Researchers then administer one treatment to the intervention group and none to the control group. If the treatment is effective, there will be measurable differences in the outcomes of the two groups.

While observational studies can provide valuable insights, it's essential to recognize one of the core tenets of logical reasoning: *correlation does not imply causation*. For example, let's say you wear your lucky socks to the big game and your team wins. Do you really think your attire influenced the outcome of an athletic competition that you didn't participate in? Of course not. Wearing your lucky socks correlated with the game but it played no role in causing the outcome.

The important difference between observational and controlled studies is often obscured, ignored, or misunderstood. There are many examples of exciting “conclusions” drawn from observational studies being breathlessly reported to the public, only to have the results later challenged and ultimately contradicted by subsequent randomized controlled trials. The headlines from those later studies are not nearly as popular, so many of the initial false conclusions are still believed to be true by many people.

For example, most people believe that red wine is good for your heart. It isn't. A handful of observational studies suggested that there was a correlation between moderate red wine consumption and a reduced risk of heart disease.³⁸ However, *seven* subsequent controlled studies found no cardiovascular benefit from red wine or any other type of antioxidant supplementation.³⁹ While drinking red wine is *correlated* with better heart health, it is not the *cause* of better heart health. Rather, people who tend to drink red wine in moderation seem to do so as part of an overall healthy lifestyle that includes a balanced diet and regular exercise. Moderate red wine drinkers are also, by definition, not excessive drinkers and therefore do not inherit the many health risk factors that come along with over-imbibing. This is an example of the compliance effect or compliance bias — those who comply with health advice do so in numerous ways, not just one, which leads

to overall better health.

As I said before, correlation does not imply causation. Observational studies are by design looking for data correlations. They are intended to identify potentially valuable causal relationships to be confirmed or denied by subsequent controlled studies. Observational studies are never, ever conclusive. Unfortunately, scientific illiteracy or bad journalism leads to observational findings being treated as fact, muddying the waters in our search for the truth.

There are two studies in particular that are often cited in support of Alcoholics Anonymous' effectiveness. Both studies show significant positive impacts from participation in twelve-step recovery programs, but predictably both studies are observational.⁴⁰ The first was conducted by Fiore Fiorentine in 1999.⁴¹ This study is widely referenced for its exploration of the role that twelve-step programs like Alcoholics Anonymous and Narcotics Anonymous play in addiction recovery. Fiorentine identified individuals enrolled in formal inpatient or outpatient treatment and tracked them post-treatment for the next 24 months. The study compared those who engaged with twelve-step programs to those who did not, evaluating metrics such as meeting attendance, sponsorship, and engagement in twelve-step activities.

Fiorentine found that participation in a twelve-step program once or more per week was associated with significantly greater drug and alcohol abstinence. Simply attending twelve-step meetings was beneficial, but deeper engagement—like working the steps, obtaining a sponsor, or serving in the group—resulted in significantly better recovery outcomes. The study's results showed that at the two-year mark just 4% of regular twelve-step attendees tested positive for alcohol compared to 13% of non-attendees.

Casual observers have interpreted this as proof that twelve-step programs increase sobriety by over 300%. However, we have to ask ourselves if engagement in a twelve-step program motivated greater abstinence in attendees or if those motivated to stay abstinent were complying with the recommendation to engage in a twelve-step program. Twelve-step program participation certainly *correlated* with higher abstinence rates, but did it *cause* them? Without a control group, there's no way to know whether this was just

the compliance effect at play. Given that Fiorentine's subjects were people who chose to participate in formal addiction treatment in the first place, the compliance effect is a distinct possibility. Ultimately this study's findings are intriguing, but they must be taken with a grain of salt until a randomized controlled trial confirms them.

The second widely cited observational study in support of AA's effectiveness comes from Stanford University professors Rudolph and Bernice Moos, who published papers on their results in 2005⁴² and 2006⁴³. Their study examined 362 previously untreated alcoholics who chose to participate in Alcoholics Anonymous, professional treatment, or both. Oddly, the study gives no details or context as to what constituted "professional treatment," so it's unclear what if any informative value their inclusion in the study provides. As such, it comes across as something of a straw man argument; an easy foil for AA to best. Even so, Alcoholics Anonymous failed to outduel its opponent. The study found that participants who engaged regularly in either treatment did significantly better than those who chose no treatment at all. Under the circumstances, such faint praise is damning.

Several additional factors compound the underwhelming nature of AA's performance in the Moos study. The results of the study were gathered using self-reporting surveys that participants completed independent of any researcher oversight. In other words we're taking addicts at their word. If there's one thing addicts are practiced at lying about — both to themselves and others — it's the true extent of their addiction.

Furthermore, the Moos study findings in favor of AA were notably vague and ignored critical data, suggesting a serious confirmation bias in the work. They did not provide the actual percentage of study participants who remained sober, stating only that Alcoholics Anonymous participants "had better outcomes," whatever the hell that means.

Finally, and perhaps most damnably, study dropouts were ignored entirely. By the time the study's final surveys were gathered, just 17% of the study's original participants remained. Instead of addressing the 83% dropout rate, the research team ignored this glaring issue and instead based their final calculations only on the remaining participants.

When it comes to the Moos study, it's as if confirmation bias and compliance bias had angry, full-eye-contact sex and nine months later this miscarriage of science popped out. Yet those who favor twelve-step addiction programs still consider it the crown jewel of studies that support the effectiveness of Alcoholics Anonymous.

Dr. Lance Dodes is a psychiatrist renowned for his work in the field of addiction treatment and psychology. He served as the director of the substance abuse treatment unit of Harvard's McLean Hospital and as a clinical associate professor of psychiatry at Harvard Medical School. Dr. Dodes is also a former senior editor of the *Journal of Substance Abuse Treatment* and has written several books on addiction and recovery. In *The Sober Truth*, Dr. Dodes sums up the wobbly nature of many addiction studies.⁴⁴

“The majority of addiction studies covering twelve-step treatment fail to pass basic threshold standards of experimental control and causal inference. Yet these flawed methodologies are not always apparent to the lay reviewer, and the press hardly helps matters with its ongoing confusion between controlled science and meaningless correlations.”

Dodes asks us to consider some of the problems in widely cited articles on addiction:

- Compliance bias
- Lack of controls
- Inadequate length of study
- Ignoring data that would interfere with the study's conclusions (i.e. dropout data)
- Statistically dubious extrapolations
- Logically unfounded leaps from rats to people

One major issue with addiction studies left off of Dodes' list is confirmation bias. The disease theory of addiction that still dominates the landscape of

the addiction treatment world is a sad example of the damage confirmation bias can do when it runs wild. Just because evidence exists that supports your conclusion, it does *not* mean your conclusion is correct. This is a hard pill for many to swallow, even academic researchers. Evidence always points to the truth, right? If a conclusion is false, the thinking goes, how can hard evidence for it possibly exist? Quite easily, as it turns out, and it's a scenario we all encounter every day.

Let me give you an example from my own life. When I was in my twenties I had an exceptionally close friend. We shared an apartment. We shared a car. We shared a similar view on life. We shared a sense of humor. We shared political views. We shared a lot, and that made us really click. I met him through work and we worked exceptionally well together. It's like we were sharing the same mind. We typically didn't even need to finish sentences because we already knew what the other one was thinking before they finished saying it. It was a rare and special friendship, to be sure.

At that time of my life, we were basically inseparable. He was a *de facto* member of my family. We were so close that some people began to suspect we were more than just friends. It wasn't an unreasonable suspicion; neither of us had girlfriends, we hugged each other frequently, and both of us told the other that we loved them. It wasn't a crazy leap to conclude that we were gay. It was, however, an incorrect conclusion. The truth is we were and still are hetero as fuck. At the time we just sucked at dating. We were both in our twenties, poor, overweight, and working long hours. Pussy magnets, we were not.

This, then, is the problem with already having a conclusion in mind before you search for evidence. If you think you know something is true and then you find solid evidence that supports your conclusion, most people cease investigating. Their conclusion has seemingly been proven correct. Except nothing has been proven. Their conclusion has been *supported* by evidence but that's not the same thing as being *proven*. Unfortunately the two are often conflated.

To reach rational conclusions, you have to weigh *all* verifiable evidence and then draw logical conclusions based on the collective facts. Looking for facts

to support a conclusion you've already accepted is an ass-backwards (and sometimes disingenuous) attempt at thinking clearly. The technical name for this logical fallacy is making an *a priori* argument. It's essentially a gravity well for reality. The history of the Alcoholics Anonymous organization's search for evidence to support their disease theory of addiction demonstrates this dangerous mistake perfectly.

So, in the face of all this how can we possibly find real answers? Which studies can we trust and which ones are flimsy nonsense parading as hard science? How the hell are we to see the forest through the trees?

As I mentioned previously, while scientists split hairs over the definition of what successful sobriety is, the organization they're all studying does not. Alcoholics Anonymous unequivocally states that lifelong sobriety is the goal of their program. If we're going to judge the success of their program, then total sobriety is the only logical measure of success to investigate. That, then, is our starting place.

Our next step is to identify the most robust and trustworthy randomized controlled trials on twelve-step treatment methodology that examine complete abstinence. For a study to be trustworthy, it must avoid most or all of the potential evidential flaws and logical fallacies that could corrupt its conclusions. Thankfully, the heavy lifting in that regard has already been done for us. Separating the wheat from the chaff when it comes to medical studies is the sole purpose of The Cochrane Collaboration.

The Forest

The Cochrane Collaboration (now known simply as Cochrane) is an international network of researchers, healthcare professionals, patients, and policymakers dedicated to producing and disseminating high-quality, evidence-based research related to healthcare interventions.⁴⁵ They are known for their systematic reviews and meta-analyses that gather and analyze data from multiple studies to provide comprehensive and reliable evidence on the effectiveness of various medical treatments, interventions, and healthcare practices. The collaboration aims to inform healthcare

decisions, improve patient outcomes, and promote evidence-based medicine globally.

Archie Cochrane was a prominent British epidemiologist and a staunch advocate for evidence-based medicine long before the term became widely used. During World War II, Cochrane served as a medical officer in the Royal Army Medical Corps. His experiences treating wounded soldiers and witnessing the variability in medical practices and outcomes fueled his commitment to improving the quality and effectiveness of healthcare through rigorous research. Cochrane believed that medical decisions should be based on the best available evidence from scientific research rather than on traditions, anecdotes, or decrees from authority figures. It's not known if Archie Cochrane ever read *The Disease Concept of Alcoholism*, but there's little doubt we would have hated it if he did.

In 1972, Cochrane published a landmark book titled *Effectiveness and Efficiency: Random Reflections on Health Services*. In it, he emphasized the importance of conducting randomized controlled trials to assess the effectiveness of healthcare interventions, and he advocated for systematic reviews to synthesize evidence across studies. The book was a call to action for researchers and healthcare professionals to conduct systematic reviews of clinical trials and other studies to provide reliable evidence for medical decision-making. He also highlighted the need for collaboration and standardized methods in evidence synthesis.⁴⁶

In 1993 the Cochrane Collaboration was founded in response to Archie Cochrane's call for systematic, up-to-date reviews of healthcare interventions. It started with a small group of individuals who were committed to improving healthcare through rigorous research synthesis. Their early work focused on creating systematic reviews of randomized controlled trials, setting a standard for evidence-based practice.

Over the years, the Cochrane Collaboration grew into an international network of researchers, healthcare professionals, patients, and advocates. Cochrane has significantly contributed to the development of systematic review methods, including *The Cochrane Handbook for Systematic Reviews of Interventions*, which provides guidance on conducting reviews to ensure

transparency, rigor, and reliability. The organization's reviews have had a substantial impact on healthcare policy, clinical practice guidelines, and patient care worldwide. Their evidence-based recommendations influence healthcare decision-making and contribute to improving patient outcomes and safety.⁴⁷

During their storied history, Cochran has issued two reports on the effectiveness of Alcoholics Anonymous' twelve-step program in treating alcohol abuse disorder (AUD). *Alcoholics Anonymous and other twelve-step programmes for alcohol dependence* was published in 2006.⁴⁸ It was followed up by the similarly titled *Alcoholics Anonymous and other twelve-step programs for alcohol use disorder* in 2020.⁴⁹ For brevity's sake I'll refer to these two reports as Cochrane 2006 and Cochrane 2020 going forward.

In the 2006 report, Cochrane identified eight random controlled trials of high methodological quality that involved a total of 3,417 study participants. Think about that for a minute. By 2006, the 70 year history of alcoholism treatment and clinical investigation had yielded just *eight* studies that merited serious consideration. It seems shocking that a life threatening problem that has affected so many people for such a long period of time has attracted so little serious analysis, but that's the reality of the situation.

The eight studies in the Cochrane 2006 report assessed the effectiveness of AA's twelve-step methodology compared to other psychosocial interventions in achieving a variety of impacts on alcohol abuse disorder, including reducing alcohol intake, achieving abstinence, maintaining abstinence, improving the quality of life for affected people and their families, and reducing alcohol associated accidents and health problems. The studies assessed the effectiveness of Alcoholics Anonymous and similar twelve-step facilitation (TSF) interventions in comparison to interventions using different methodologies, including Motivational Enhancement Therapy (MET), Cognitive Behavioral Therapy (CBT, the approach favored by SMART Recovery), Relapse Prevention Therapy (RPT), and no treatment. Study participants were both male and female, and their participation was either voluntary or coerced (i.e. court ordered).

Knowing what we know now about the history of AA and the foundations

of the disease theory of alcoholism, the ultimate conclusion reached by the authors of the 2006 Cochrane report after having thoroughly evaluated all of the available rigorous studies is unsurprising: “No experimental studies unequivocally demonstrated the effectiveness of AA or TSF approaches for reducing alcohol dependence or problems.” In other words, there’s no proof that current addiction treatments accomplish anything.

Cochrane’s 2020 report cast an even wider net in terms of evaluated treatment methodologies and effects. The fourteen-year span between the publication of their 2006 report and their 2020 report yielded a deeper pool of quality studies to assess. The 2020 Cochrane report included 27 studies with a total of 10,565 participants. In addition to finding more studies in 2020 that met the criteria of their 2006 report, Cochrane deviated from their 2006 report parameters in a couple of notable ways.

First, they included only studies using participants who *elected* treatment. Gone were any studies examining participants coerced into treatment by the courts, employers, or loved ones. This is an important caveat as the success rate of any endeavor is greater among those who choose the activity for themselves versus those forced to participate (due to the compliance bias noted previously). Humans hate being forced to do anything and instinctively resist coercion. The 2020 Cochrane report turned a blind eye to the coercion effect, leaving an opening for compliance bias to taint the report’s data. Presumably the success rate seen in the 2020 report is the result of both the participant’s willingness and dedication to overcome addiction as well as the effectiveness of the recovery program they participated in, but all of the credit is attributed to the recovery treatment alone.

Second, while the 2006 report hewed to Cochrane’s core principle of examining only randomized controlled trials, the organization decided to include some non-randomized studies in the 2020 report alongside randomized controlled trials. While the non-RCT studies that were included were selected for their methodological rigor, we have to keep in mind that not all studies in the 2020 report were created equal. Even among the randomized controlled trials included there are some notable differences in the quality of data produced.

Based on the expanded set of studies, the 2020 Cochrane report authors reached the conclusion that “There is high quality evidence that manualized AA/TSF interventions are more effective than other established treatments, such as CBT, for increasing abstinence. Non-manualized AA/TSF may perform as well as these other established treatments.”

The headlines soon followed. “Alcoholics Anonymous vs. Other Approaches: The Evidence is Now In” proclaimed *The New York Times*, followed with the byline “An updated review shows it performs better”.⁵⁰ *Stanford Medicine Magazine*’s headline proclaimed “Alcoholics Anonymous validated by meta-analysis: ‘It absolutely does work’.”⁵¹ It seemed clear that the newest reliable evidence indicated that not only did Alcoholics Anonymous work, but it worked better than alternative addiction treatment programs such as SMART Recovery and psychological therapy. Case closed, right?

Of course not. We’re talking about addiction studies, after all. Nothing is ever simple.

On closer reading, the 2020 Cochrane report highlights “manualized” treatments, and it’s clear that the term “manualized” is significant. The Cochrane report states that manualized AA works better than other treatments, yet non-manualized AA “may perform as well” as other treatments. So, maybe non-manualized AA works as well as SMART recovery, but then again maybe it doesn’t. It certainly doesn’t seem to be the case that it works better. Equality, not superiority, appears to be the high-water mark of non-manualized AA. All of this begs the question: what does “manualized” mean?

Hey ChatGPT, what the dick is a manualized study?

A manualized study refers to a research study or clinical intervention where a standardized manual or protocol is used to guide the procedures, methods, and interventions. This manual typically includes detailed instructions on how to conduct the study, how to administer treatments or interventions, how to measure outcomes, and how to handle various scenarios that may arise during the study. Manualized studies are common in fields such as psychology, medicine, and education, where consistency

and replicability of interventions are important for research validity and practical application.

That explanation makes sense, yet as we'll see the devil is in the details. Manualized AA is not the AA you or I experience when we go to a meeting. It's AA plus a whole lot more structure and accountability. To compare manualized Alcoholics Anonymous against a non-manualized alternative treatment is very much comparing apples to oranges. However, that doesn't mean studies looking at manualized AA have nothing to tell us. In fact we can learn a lot from the impact of the differences between manualized AA and real-world AA.

I like to keep things as simple as possible, but sometimes there's no choice but to wade into the tall grass. We're going to have to investigate the details of the underlying studies themselves to fully understand what they can determine about successful addiction recovery. Thankfully, to do that we don't need to deep dive into all 27 studies that were included in Cochrane's 2020 report. We're trying to determine how successful the Alcoholics Anonymous program is, and AA's one and only measure of success is *total abstinence*. So, how many of the 27 studies included in Cochrane's 2020 report were randomized controlled trials measuring total abstinence?

Just seven, so those are the only studies we're going to examine more deeply. Now we know where to search for real answers.

August

Dear Cecil,

What the fruity fuck is going on? I'm doing everything right, so why am I still acting like an addict? I went to rehab, twice. Check. I went to more recovery meetings than I can count. Check. I went to therapy. Check. I dealt with my trauma. Check. I quit drinking. I quit drugs. I quit bingeing on streaming shows and social media and video games. Check, check, and checkity-fuck-check. So why in the name of Bill Wilson's pickled ghost am I now behaving like a sex addict? **This is my life and I get to decide how to live it, goddammit!**

This is total bullshit. How can I have no sex drive AND a sex drive I can't control? Being impotent and a sex addict makes no sense whatsoever. Yet every time my emotions spin out of control, there I am jerking it to porn or driving to a strip club, and you're right there with me. "You've worked hard, so you deserve and escape. Go hog wild!" As per usual your advice sucks, Cecil. Fuck off you chode-gargling bastard!

It would seem it's not enough to just deal with trauma to eliminate addictive cravings. A habit is a habit, and once those neural pathways are burned into your brain they're dug in deep. Even if you don't have trauma-driven emotional breakdowns anymore, you've still got emotions and some are powerful. If an emotion is unpleasant enough, you'll fall back on old habits for dealing with them. I guess what I'm saying is that I need to get better at sitting with negative feelings instead of running from them. I used to numb them into oblivion with booze and drugs. Now I distract myself with tits and ass. Christ, I am such a shit person.

I'm completely out of balance emotionally right now, but I have no idea why.

I'm boiling inside. I want to start a fight with someone. Not just someone if I'm being honest. I want you to bleed, Cecil. I want to wrap my hands around your scrawny throat until your beady eyes hemorrhage. I feel like there's an inner animal fighting to get out and just let loose. Since I can't pinpoint the origins of my feelings to short-circuit them, I'm just going to have to let them run wild until they dissipate on their own I guess.

I've been learning more about Buddhist philosophy in Refuge Recovery. Buddha talks about being visited by Mara — the personification of doubt, temptation, and fear — and instead of fleeing or fighting Buddha simply acknowledges Mara's presence and calmly invites him in for tea. Buddha is sitting with his powerful and uncomfortable emotions instead of fighting them. Buddha also talks about humans having a "monkey mind" constantly swinging from thought to thought and feeling to feeling.

*For whatever reason, my mind mashed those two concepts together and created Buku, the personification of my raging emotions. Instead of a monkey, Buku is a wild-eyed 500-pound gorilla, and she is **raging** right now. Yeah, Buku is a she for some reason, complete with a pretty bow in her hair. I have no idea why; that's just what popped into my head. I swear I'm becoming crazier in sobriety than I was when I was drinking, but at least I'm not drinking. I'm not going to a titty club, either. The hell with that weak-ass shit and the hell with you Cecil. Instead, I'm just going to sit here and sip some tea while Buku pounds the walls inside my head. Fuck everything. Let 'er rip, girl.*



Anyway, burn in hell Cecil. I hope you choke on a dick and die, you turd-munching knob lord.

Dan