

Significant Events in the History of Addiction Treatment and Recovery in America

1750 to Early 1800s

Alcoholic mutual aid societies (sobriety "Circles") are formed within various Native American tribes. Some are part of, or evolve into, abstinence-based Native American cultural revitalization movements and temperance organizations.

1774

Anthony Benezet's *Mighty Destroyer Displayed* is published. It is the earliest American essay on alcoholism.

1784

Dr. Benjamin Rush's *Inquiry into the Effects of Ardent Spirits on the Human Mind and Body* catalogues the consequence of chronic drunkenness and argues that this condition is a disease that physicians should be treating. Rush's writing marks beginning of American temperance movement.

1810

Dr. Benjamin Rush calls for creation of a "Sober House" for the care of the confirmed drunkard.

1825

Rev. Lyman Beecher's *Six Sermons on Intemperance* describes those "addicted to sin" of intemperance, notes presence of "insatiable desire to drink," and describes warning signs of addiction to distilled spirits.

1830

Dr. Samuel Woodward calls for creation of inebriate asylums.

1840

The Washingtonian Society, organized by and for "hard cases," will grow to more than 600,000 members before its precipitous decline in the mid 1840s. Many local Washingtonian groups are replaced by a new social institution -- the Fraternal Temperance Society, some of which are organized exclusively for "reforming" men.

1844 - 1845

Lodging Homes and later (1857) a Home for the Fallen are opened in Boston -- marking the roots of the 19th century inebriate home. As inebriate homes spread, they will spawn several alcoholic mutual aid societies such as the Godwin Association.

1845

Frederick Douglass (having earlier acknowledged a period of intemperance in his life) signs a pledge of abstinence and becomes involved in promoting temperance among African American people. His call for abstinence as a foundation of the drive to abolish slavery and prepare Black people for full citizenship anticipated modern Afrocentric models of addiction recovery.

1849

The Swedish physician Magnus Huss describes a disease resulting from chronic alcohol consumption and christens it *Alcoholismus chronicus*. This marks the introduction of the term *alcoholism*.

1864

The New York State Inebriate Asylum, the first in the country, is opened in Binghamton, NY. A growing network of inebriate asylums will treat alcoholism and addiction to a growing list of other drugs: opium, morphine, cocaine, chloral, ether, and chloroform.

1867

The opening of the Martha Washington Home in Chicago marks the first institution in America that specialized in the treatment of inebriate women.

1870

The American Association for the Cure of Inebriety founded under the principle "Inebriety is a disease." The Association's *Journal of Inebriety* is published from 1876-1914.

1870s

New alcoholic mutual aid societies - the Ribbon Reform Clubs -- begin in the Northeast and spread throughout the U.S. over the next two decades. They are named for their members' practice of wearing a colored ribbon on their clothing so that they could recognize one another and convey a message of hope about recovery to the larger community.

1872

Jerry McAuley opens the Water Street Mission in New York City, marking the beginning of the urban mission movement. This movement, spread across America by the Salvation Army, caters its message and services to the "Skid Row." The urban missions will birth such alcoholics mutual aid societies as the United Order of Ex-Boozers. The missions are linked to religiously-oriented, rural inebriate colonies.

1879

Dr. Leslie Keeley announces that "Drunkenness is a disease and I can cure it." He opens more than 120 Keeley Institutes across the U.S., marking the beginning of franchised, private, for-profit addiction treatment institutes/sanatoria in America

1880s

Cocaine is recommended by Sigmund Freud and a number of American physicians in the treatment of alcoholism and morphine addiction.

Bottled home cures for the alcohol and drug habits abound; most will be later exposed to contain alcohol, opium, morphine, cocaine and cannabis.

1891 - 1892

Keeley League (a Keeley Institute patient mutual aid society) founded. Keeley League members meet under the banner, "The Law Must Recognize a Leading Fact: Medical Not Penal Treatment Reforms the Drunkard."

As inebriate homes and asylums close, alcoholics are relegated to city "drunk tanks," "cells" in "foul wards" of public hospitals, and the back wards of aging "insane asylums." Wealthy alcoholics/addicts will continue to seek discrete detoxification in private sanatoria know as "jitter joints," "jag farms" or "dip shops."

1901

The Charles B. Towns Hospital for Drug and Alcoholic Addictions in New York City marks the beginning of a new type of private "drying out" hospital for affluent alcoholics and addicts.

1906

The Emmanuel Clinic in Boston begins the practice of lay therapy in the treatment of alcoholism. The Clinic will generate a number of noted lay therapists (Baylor, Chambers, Peabody) who will exert enormous influence on alcoholism treatment for several decades. The Jacoby Club serves as the Clinic's mutual aid society.

1907-1913

First of two waves of state laws is passed calling for the mandatory sterilization of "defectives": the mentally ill, the developmentally disabled, and alcoholics and addicts.

1914

The Harrison Tax Act brings opiates and cocaine under federal control and places physicians as the gatekeepers for access to these drugs.

1919

A Supreme Court decision (*Webb v. the United States*) declares that for a physician to maintain an addict on his or her customary dose is not in "good faith" medical practice under the Harrison Act and thus an indictable offense. Some 25,000 physicians are indicted for violations of this act between 1919 and 1935.

1919 - 1924

Forty-four communities establish morphine maintenance clinics (run by public health departments or police departments) to care for incurable and medically infirm addicts. All eventually close under threat of federal indictment. Treatment for narcotic addiction virtually disappears for all but the most affluent Americans.

1920s

Most inebriate homes, inebriate asylums and private addiction cure institutes collapse between 1910 and 1925. The *Journal of Inebriety* ceases publication in 1914 and its parent association collapses in the early 1920s.

1935

The opening of Shadel Sanatorium marks the introduction of aversive conditioning in an institutional alcoholism treatment setting.

The first federal "narcotics farm" (U.S. Public Health Prison Hospital) opens in Lexington, Kentucky. The second facility opens in Fort Worth, Texas in 1938. This marks the beginning of federal involvement in addiction research and addiction treatment.

The meeting of Bill W. and Dr. Bob S. (and Dr. Bob's last drink) mark the beginning of [Alcoholics Anonymous](#) (AA).

1937

The Research Council on Problems of Alcohol brings prominent scientists into the study of alcohol-related problems.

1939

The book, *Alcoholics Anonymous*, is published.

1940

(June) The first issue of the *Quarterly Journal of Studies on Alcohol* is published.

1940 - 1945

Recovered alcoholics in AA are recruited at Remington Arms, DuPont, Kaiser

Shipyards, and North American Aviation to work in the first modern industrial alcoholism programs -- forerunners of today's employee assistance programs (EAPS).

1941

A *Saturday Evening Post* article on AA sparks a period of dramatic growth and geographical dispersion of AA.

1942

Dwight Anderson of the Research Council on Problems of Alcohol calls for sustained campaign of public education to alter American's view of alcoholism and the alcoholic.

1943

Yale Center of Alcohol studies initiates a significant research program, the Summer School of Alcohol Studies, the Yale Plan Outpatient Clinics, and the Yale Plan for Business and Industry. The Center will move to Rutgers in 1962.

1944

Marty Mann founds the National Committee for Education on Alcoholism (today the National Council on Alcoholism and Drug Dependence) around the following propositions:

1. *Alcoholism is a disease.*
2. *The alcoholic, therefore, is a sick person.*
3. *The alcoholic can be helped.*
4. *The alcoholic is worth helping.*
5. *Alcoholism is our No. 4 public health problem, and our public responsibility.*

Mann calls for a five-prong approach to be achieved by local NCEA affiliates:

1. *Launching local public education campaigns on alcoholism.*
 2. *Encouraging hospitals to admit alcoholics for acute detoxification.*
 3. *Establishing local alcohol information centers.*
 4. *Establishing local clinics for the diagnosis and treatment of alcoholism.*
 5. *Establishing "rest centers" for the long-term care of alcoholics.*
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The first state alcoholism commissions are founded. They support fledgling efforts at local community education and treatment.

1944 - 1947

A new body of alcoholism-themed literature is published: *The Lost Weekend* (1944), *September Remembers* (1945), *Breakdown* (1946), *Devil by the Tail* (1947), *If a Man be Mad* (1947), and *Under the Volcano* (1947).

1947

An Addicts Anonymous group begins meeting at U.S. Public Health Hospital in Lexington, Kentucky. Meetings begin outside the institution in New York City under the name Narcotics Anonymous (NA) in 1949 but dissipate over time. The roots of today's NA can be traced to groups that began in California in 1953.

International Doctors in AA founded.

1948

Alcoholics Victorious is founded within the Chicago Christian Industrial League and spreads as a Christian, recovery support group within many of the nation's urban missions.

1948 - 1950

The "Minnesota Model" of chemical dependency treatment emerges in the synergy between three institutions: Pioneer House, [Hazelden](#), and Willmar State Hospital.

Disulfiram (Antabuse) introduced as an adjunct in the treatment of alcoholism in the U.S. Other drugs used in the treatment of alcoholism during this period include barbiturates, amphetamines (Benzedrine), and LSD.

1950

The Twelve Traditions are formally adopted to govern the group life of AA.

The [National Institute of Mental Health](#) establishes a special division on alcoholism.

Marty Mann's *Primer on Alcoholism* is published.

[American Medical Association](#) (AMA) resolves to create a special committee to develop a program for "medicine's aggressive participation in the work of solving the problems of alcoholism."

Early 1950s

AA membership surpasses 90,000 as America (and Hollywood) becomes interested in the subject of alcoholism. Cinema portrayal of alcoholism includes such noted films as *Lost Weekend*, *Days of Wine and Roses*, and *Come Back, Little Sheba*.

1950s

The halfway house movement culminates in the founding (1958) of the Association of Halfway House Alcoholism Programs of North America.

1951

Lois W. and Anne B. start a Clearing House for the growing number of Family Groups that have grown in tandem with AA through the 1940s. The opening of the Clearing House marks the formal organization of these groups into Al-Anon Family Groups.

1952

[American Medical Association](#) first defines alcoholism.

R. Brinkley Smithers establishes the [Christopher D. Smithers Foundation](#), a charitable organization that focuses its primary mission on the support of alcoholism education and treatment efforts. This focus followed Smithers' own recovery from alcoholism and his participation in the Yale Summer School of Alcohol Studies. By the mid-1990s, the Foundation and the Smithers family had donated more than \$37 million to support alcoholism-related projects.

1954

Ruth Fox, MD establishes the New York City Medical Society on Alcoholism, today known as the [American Society of Addiction Medicine](#) (ASAM). The Minnesota State Civil Service Commission becomes the first such body in the United States to approve a state job classification position for "Counselor on Alcoholism."

1956

[The American Medical Association](#) stops short of declaring alcoholism a disease but does recognize alcoholics as legitimate patients: "Hospitals should be urged to consider admission of such patients with a diagnosis of alcoholism based upon the condition of the individual patient, rather than a general objection to all such patients."

1957

The [Veteran's Health Administration](#) begins developing alcoholism treatment units within its national network of VA hospitals.

[American Hospital Association](#) passes resolution to help prevent discrimination against alcoholics. [Fordham University](#) School of Social Services offers first full university course on alcoholism for credit.

1958

The first ex-addict-directed therapeutic community - Synanon -- is founded by Charles Dederich. It will be widely replicated in the 1960s and 1970s.

1960

E.M. Jellinek publishes *The Disease Concept of Alcoholism*.

Early 1960s

Several states initiate civil commitment programs for narcotic addicts.

1961

[American Bar Association/American Medical Association](#) (ABA/AMA) Report, *Drug Addiction: Crime or Disease?*, calls for community-based treatment programs.

1963

[American Public Health Association](#) adopts an official statement on alcoholism, identifying it as a treatable illness.

1963 - 1966

Provision for local alcoholism and addiction counseling are included in federal legislation funding the development of local comprehensive community mental health centers, anti-poverty programs, and criminal justice diversion programs. Such federal funding increases throughout the 1960s.

As alcoholism programs spread, there is a heated debate over the question of who is qualified to treat the alcoholic. Tensions abound between "paraprofessional" recovering alcoholics and psychiatrists, psychologists and social workers within newly-emerging alcoholism treatment programs.

1964

Dr. Vincent Dole, an endocrinologist, and Dr. Marie Nyswander, a psychiatrist specializing in addiction, introduce methadone blockade therapy in the treatment of narcotic addiction.

1964 - 1975

The insurance industry begins to reimburse the treatment of alcoholism on par with the treatment of other illnesses. This leads to a dramatic expansion in private and hospital-based inpatient treatment programs.

1965

[American Psychiatric Association](#) urges its members to learn about alcoholism and urges that health insurance plans cover alcoholism treatment.

1966

Two federal Appeals Court decisions support the disease concept of alcoholism. President Johnson appoints first National Advisory Committee on Alcoholism and becomes the first President to address the country about alcoholism. He proclaims: "The alcoholic suffers from a disease which will yield eventually to scientific research and adequate treatment."

The National Center for the Prevention and Control of Alcoholism is created within

the [National Institute on Mental Health](#).

The Narcotic Addict Rehabilitation Act (NARA) marks a milestone of increased federal involvement in supporting development of local addiction treatment services.

1967

The Cooperative Commission on the Study of Alcoholism releases its report, *Alcohol Problems: A Report to the Nation*. The Report calls for a national action plan, including the establishment of a national center on alcoholism to lead a national effort in alcoholism research, education, and treatment.

The [American Medical Association](#) passes resolution identifying alcoholism as a "complex" disease and a "disease that merits the serious concern of all members of the health professions."

The New York Medical Society alters its mission to become the American Society on Addiction Medicine.

1967 - 1971

Special alcoholism counseling/treatment initiatives begin within all major branches of the U.S. Armed Forces.

1968

Federal Advisory Committee on Traffic Safety acknowledges substantial role alcohol plays in car crashes. Federal agencies in the early 1970s, through the Alcohol Safety Action Program, will promote new impaired driving laws and the rise of remedial education and assessment/referral/treatment services for those arrested for alcohol-impaired driving.

1970

Congress passes the "Comprehensive Alcohol Abuse and Alcoholism Prevention Treatment and Rehabilitation Act," known as the Hughes Act for its sponsor in the Senate, Harold E. Hughes. The legislation establishes the [National Institute on Alcohol Abuse and Alcoholism](#) (NIAAA). Those testifying in support of the legislation include Marty Mann of NCA and Bill Wilson, Co-founder of AA.

1971

The *American Journal of Psychiatry* and the *Annals of Internal Medicine* publish the "Criteria for the Diagnosis of Alcoholism."

The National States Conference of Commissioners on Uniform States Laws adopts the Uniform Alcoholism and Intoxication Act. This leads to the progressive decriminalization of public intoxication and the emergence of social setting detoxification centers across the United States.

The Association of Labor-Management Administrators and Consultants on Alcoholism, now known as the [Employee Assistance Professionals Association](#), meets for the first time.

The American College of Internal Medicine includes alcoholism questions on the board examinations.

1972

The Joint Commission on Accreditation of Hospitals develops accreditation standards for alcoholism treatment programs.

The Alcoholism Report, the first newsletter devoted exclusively to the field of alcoholism, begins publication.

The National Association of Alcoholism Counselors and Trainers is founded at a meeting of Organization for Economic Opportunity regional alcoholism programs. It will evolve into the [National Association of Alcoholism and Drug Abuse Counselors](#) (NAADAC).

The [Food and Drug Administration](#) approves use of methadone for treating heroin addiction.

The Drug Abuse Treatment Act of 1972 creates the Special Action Office for Drug Abuse Prevention that will lay the groundwork for the creation of the [National Institute on Drug Abuse](#) in 1974.

TASC (Treatment Alternatives to Street Crime) is created by the Drug Abuse and Treatment Act to screen addicts in the criminal justice system and then to link and manage their involvement in treatment services.

1973

U.S. investigators first describe fetal alcohol syndrome (FAS), a pattern of birth defects observed in children born to alcoholic mothers.

Vernon Johnson's book, *I'll Quit Tomorrow*, introduces intervention technologies that will be widely used to reach alcoholics and addicts before they "hit bottom."

1974

The first of a series of studies on credentialing of counselors working in alcohol and drug treatment programs marks the beginning of a sustained process of certification and licensure of addiction counselors.

Mid 1970s

Arguments rage over whether alcoholism and "drug abuse" treatment (which have been separate fields for most of the 20th century) should be administratively and clinically merged. Such integration will become widespread at the state and local (but not the national) levels during the 1980s.

1975

The *Federal White Paper on Drug Abuse* recommends expanded federal support for addiction treatment.

Women for Sobriety is founded by Dr. Jean Kirkpatrick.

1976

NCA conducts Operation Understanding, a news conference in Washington, DC where 52 prominent individuals publicly acknowledge their recovery from alcoholism.

1978

First Lady Betty Ford speaks to the nation about entering recovery from addiction to alcohol and other drugs

1980

President Carter appoints the National Commission on Alcoholism and Other Alcohol Related Problems chaired by Senator Harold Hughes. It only meets once.

[Mothers Against Drunk Driving](#), a powerful grassroots advocacy group, is formed.

1981

The [U.S. Postal Service](#) issues a first-class stamp imprinted with "Alcoholism. You can beat it!"

Nancy Reagan's "Just Say No" anti-drug campaign is launched within a broader "zero tolerance" campaign that will reduce federal support for treatment and mark the beginning of the dramatic rise in the number of drug users incarcerated. The growth of addicted offenders in the 1980s will lead to the demand for drug courts and in-prison treatment in the 1990s.

1982

The federal Block Grant Program transfers responsibility for the delivery of treatment and prevention services to the states.

Former First Lady Betty Ford lends her name to a treatment center for alcoholism and other drug addictions.

[Cocaine Anonymous](#) is founded.

1982 - 1992

The number of women-only treatment units triple as [NIAAA](#) and [NIDA](#) focus attention on the special needs of addicted women.

1983

First certification exam for addiction medicine specialty is offered in California.

[National Association for Children of Alcoholics](#) is founded.

1984

The National Minimum Drinking Age Act requires all states to make purchase or public possession of alcoholic beverages illegal for anyone under the age of 21 or lose federal funding for highways. This reflects a growing concern about the lowered age of alcohol use.

1985

[Time](#) magazine heralds the "new temperance" movement.

First appearance of crack cocaine focuses enormous public attention on the illegal drug problem. Concerns about cocaine-exposed infants lead to expansion of treatment resources for women and specialized programs to treat women involved in the child protection system.

American Academy of Psychiatrists in Alcoholism and Addictions is founded.

1985 - 1986

The founding of Secular Organization for Sobriety and Rational Recovery mark the growing pluralism within the American culture of recovery.

1985 - 1990

Addiction treatment becomes increasingly concerned about "special populations" and launches specialized treatment tracks for women, adolescents, the elderly, gays and lesbians, and the "dually diagnosed." As the challenges of treating new patterns of cocaine addiction grow, relapse tracks also become a common treatment innovation.

1986

Anti-Drug Abuse Act authorizes \$4 billion to fight drugs, primarily through law enforcement.

President Reagan issues executive order mandating federal Drug-Free Workplace program. This will mark a shift in focus from the linkage of drug-impaired workers to treatment/recovery resources to the referral of drug-using employees to such resources.

1987

President Reagan formally announces a renewed "War on Drugs"; the shift away from treatment toward punishment and incarceration intensifies.

[American Medical Association](#) calls all drug dependencies diseases whose treatment is a legitimate part of medical practice.

1988

The [U.S. Supreme Court](#) declines to overturn Veteran's Administration regulation -- later changed by an act of Congress -- that classifies alcoholism as "willful misconduct."

[American Society of Addiction Medicine](#) awarded seat in the [American Medical Association](#)'s house of delegates.

1989

The publication of Stanton Peele's *Diseasing of America: Addiction Treatment Out of Control* marks the full emergence of a movement whose primary mission is opposition to Twelve Step programs and Twelve Step-oriented addiction treatment.

The first specialized "drug court" is started by Miami Judge Stanley Goldstein. It will spur a national movement to link addicted, non-violent offenders to treatment as an alternative to incarceration.

1989 - 1994

Following an erosion of alcoholism treatment reimbursement benefits by insurance carriers, an aggressive system of managed care all but eliminates the 28-day inpatient treatment program in hospitals and private, free-standing centers. The downsizing and closure of hospital-based treatment units sparks a trend toward the integration of many psychiatric and addiction treatment units and a renewed community trend of incorporating addiction treatment services under the umbrella of mental health or "behavioral health" services. Most inpatient treatment programs shift their emphasis toward outpatient and intensive outpatient services. The loss of residential services adds fuel to a growing recovery home movement.

1990s

The explosive growth of the internet leads to a proliferation of on-line recovery support groups and services, creating a virtual recovering community without geographical boundaries.

1990

Senator Harold Hughes founds the Society of Americans for Recovery (SOAR).

NCA changes its name to National Council on Alcoholism and Drug Dependence -- marking a significant milestone in the integration of the alcoholism and drug abuse fields.

1991

The [American Society of Addiction Medicine](#) publishes its *ASAM Patient Placement Criteria for the Treatment of Psychoactive Substance Use Disorders*. The ASAM criteria shift treatment toward a "levels of care" system rather than a single modality indiscriminately applied to all those entering treatment.

1992 - 1997

A resurgence in youthful polydrug experimentation spurs interest in the development of effective adolescent treatment approaches.

1992

The [Center for Substance Abuse Treatment](#) created to expand the availability and quality of addiction treatment.

The Americans With Disabilities Acts extends job protection (except in safety-sensitive positions) to alcoholics and recovering drug addicts in the private sector.

1993

President Clinton includes a treatment benefit for alcoholism and other drug addictions in his national health care reform proposal.

1995

[U.S. Supreme Court](#) upholds right of public schools to test student athletes for drug use.

[U.S. Food and Drug Administration](#) approves prescription use of naltrexone in treatment for alcoholism. Naltrexone marks the emergence of a new generation of pharmacological adjuncts in the treatment of alcoholism and other addictions.

1998

The Center for Substance Abuse Treatment begins funding local/regional Recovery Community Support Projects whose primary purposes are recovery advocacy.

2000

New and renewed grassroots recovery advocacy organizations are christened the "New Recovery Advocacy Movement." (See <http://www.defeataddiction.org/> and <http://www.recoveryadvocacy.org/>).

In a milestone article in the *Journal of the American Medical Association*, Drs. McLellan, Lewis, O'Brien, and Kleber call for the re-conceptualization and treatment of addiction as a chronic medical illness.

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White, W. (1998). *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. Bloomington, IL: Chestnut Health Systems.