

**The Combined Addiction Disease Chronologies of
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1966 - 1972**

Between 1966 and 1972, the debate over the disease concept of addiction intensified even as the public came to increasingly embrace this view and as the President, Congress and the Supreme Court all became significantly involved in support of the expansion of addiction treatment.

These six years mark the ignition of major federal involvement in addiction treatment, through NARA legislation of 1966, the Community Mental Health Center Act of 1968, OEO legislation of 1968, and the passage of legislation in 1970, 1971 and 1972 that will lead to the creation of national alcohol and drug institutes. Another trend was the movement of addiction treatment from remote penal institutions (the closing of the federal prison narcotics hospitals) to local community-based agencies.

The development of criteria for the diagnosis of alcoholism and the development of accreditation standards for alcoholism treatment programs set the stage for expanding insurance coverage of alcoholism on par with other diseases. While these advances proceeded, there were both research challenges to the disease concept (Merry, 1966; Drew, 1968) and rhetorical challenges to the concept (Szasz, 1967; Reinert, 1968; Schmidhofer, 1969; MacAndrew, 1969; Fingarette, 1970 and Robinson, 1972). Perhaps most pointed were continued claims that the disease concept could even do harm (Roman and Trice, 1968; Schaefer, 1971; Dewes, 1972). This criticisms buried within academic journals did little to stop the growing embrace of the disease concept of addiction and the development of new treatment institutions based on that belief.

- 1966 Attorney General Nicholas Katzenbach testifies to Senate Judiciary Committee in favor of a federal civil commitment program as part of federal court reform. He urges a less punitive and more therapeutic response to addiction. (Besteman) (Acker)
- 1966 Wilkerson, A. (1966). *A History of the Concept of Alcoholism as a Disease*, DSW dissertation, University of Pennsylvania.
 Well-researched history of the concept of alcoholism and its conceptualization as a disease.
 Quoting Dr. Benjamin Rush: "I am aware that the efforts of science and humanity, in applying their resources to the cure of a disease induced by an act of vice, will meet with a cold reception from many people." p. 1
 "From the beginning, the concept has been both a statement of a point of view and a request for implementation of resources." p. 289
 "Perhaps it is most useful to see the long use of the term 'disease' in defining alcoholism as a kind of social metaphor providing a flexible yet seemingly 'scientific framework within which the alcoholic can be approached." p. 291
 "Alcoholism meets the basic, descriptive criteria of disease." p. 293
 "At the present time, the assertion that alcoholism is a disease is more candidly

a public policy declaration.” p. 294

- 1966 Chafez, M. (1966). Alcohol Excess, *Annals of the New York Academy of Sciences* 133:808-813.
“we...must conclude that alcoholic excess, alcoholic problems, alcoholism, or any label you care to affix, is produced by complex, multidimensional factors, and that, in fact, there is no such thing as an alcoholic.” Chafez, 1966 p. 810
- 1966 In his Health Message to Congress, President Johnson, becomes the first President to speak out about alcoholism by declaring “The alcoholic suffers from a disease which will yield eventually to scientific research and adequate treatment.” He goes on to call for the inclusion of responses to alcoholism within comprehensive health programs. (Johnson, 1973, p. 107)
- 1966 Driver (January) and Easter (March) federal court rulings: in both cases, court reverses conviction on charge of being drunk in a public place on grounds that they were victims of a disease and thus cannot be held responsible for drinking behavior. The court ruling noted that “This addiction--chronic alcoholism--is now almost universally accepted medically as a disease.” (Johnson, 1973, p. 115)
- 1966 Merry, J. (1966). The “Loss of Control” myth. *Lancet*, 1:1257-1258.
Merry challenges the scientific validity of the concept of loss of control by providing hospitalized alcoholics 1-2 oz of vodka or similar mixture with water without their knowledge while measuring their self-reported cravings for alcohol. Those who received this quantity of alcohol did not report increased craving.
“The oft-repeated assertion that “loss of control” in the alcoholic is brought about by a single drink of alcohol was not confirmed.” p. 1258
- 1966 Prince, J.M., Glatt, M., and Pullar-Strecker, H. (1966). The “Loss of Control” Myth. Letters to the Editor. *Lancet* (June 25) 1423-1424.
“...being able for short periods and with great expense of effort and energy to stop after a few drinks, as a few of our alcoholics have done, can hardly be termed ‘normal drinking.’ ” p. 1424
- 1966 An editorial in the *American Journal of Psychiatry* states that the image of the alcoholic as a skid row derelict has been successfully transformed to that of a worthwhile person suffering from an illness which can be brought into stable remission.
- 1966 The Narcotic Addiction Rehabilitation Act (NARA) is passed. This is the first major federal expression of the resurgence of medical perspectives on addiction. It is based on the California and New York civil commitment measures. It calls for grants to community programs and includes a provision for community-based supervision of addicts after release from prison. (Gerstein & Harwood) NARA

lays the groundwork for a federally funded system of treatment, though this is not implemented until the 1970s in the Nixon administration (see below). Under NARA, defendants with no prior convictions and no violent crime can elect treatment instead of trial; successful completion, including a 2-1/2 year follow-up, results in dropped charges. Also federal courts can send convicted defendants to treatment instead of prison. The National Institute on Mental Health is charged with implementation. (Besteman) The PHS Narcotic Hospitals at Lexington and Ft. Worth stop receiving voluntary patients; inmates now include only prisoners serving out sentences and prisoners sentenced directly to the hospitals for six-month terms. (White, 1998, 260) (Acker)

- 1967 Stanley Yolles, director of NIMH, outlines a NARA implementation plan which calls for creation of 11 PHS treatment centers in major cities. This plan is never carried out, as an unexpected surge of demand for treatment overwhelms the allocated manpower. Instead, NIMH arranges for treatment in a community setting, and most treatment is on an outpatient basis because of budget constraints. These decisions, based on exigency, form background for the later proliferation of community-based outpatient treatment, which becomes an important modality. Implementation of NARA also includes training programs, staffed mainly by professionals who had worked at Lexington or Fort Worth as well as ex-addicts, which help train a cadre of treatment professionals. Federal contract provisions (for contracts with community-based treatment programs) spell out requirements and authorize 3 modalities: drug-free outpatient, TC, and methadone maintenance. (Besteman) These foundations for the expansion of federally funded treatment in the 1970s are based entirely on the treatment of heroin addiction. (Acker)
- 1967 William Martin, Chief of the Addiction Research Center at the PHS Narcotic Hospital/Clinical Research Center, hypothesizes the existence of three distinct opiate receptor types, based on observation of the complex constellations of effects produced by different agonist and antagonist drugs. His hypothesis is borne out by receptor mapping studies in the 1970s and 1980s. (Acker)
- 1967 Dole, V.P. and Nyswander, M.E. (1967). Heroin Addiction: A Metabolic Disease. *Archives of Internal Medicine*, 120:19-24.
“...the critics who are most contemptuous of addicts are those who were not exposed to narcotic drugs in adolescence.” p. 21
Paper outlines the history of methadone maintenance, attacks psychogenic theories of addiction, and offers an alternative view of addiction based on the concept of metabolic vulnerability and metabolic adaptation.
“The social deterioration of addicts may be profound...but it should not be too quickly assumed that these are weak individuals who would fail in society if relieved of the compulsion to obtain drugs. The potential strengths of addicts, like their faults, cannot be judged while addicts are trapped in the orbit of drug abuse.” p. 23

“The new evidence provided by the results of maintenance treatment strongly suggests that the ‘addict traits’ are a consequence, not a cause, of addiction and demonstrates that a substantial number of addicts can be rehabilitated on a medical program.” p. 24

- 1967 AMA passes resolution that “alcoholism is a disease that merits the serious concern of all members of the health professions.”
- 1967 April: Moss-Javits “Alcoholism Care and Control Act” amending 1963 Community Mental Health Act.
- 1967 Cooperative Commission report published; calls for use of term “person with a drinking problem” rather than “alcoholic” to avoid oversimplification (all alcohol problems result from alcoholism) and stereotyping.
- 1967 Beuabrun, M.H. (1967). Treatment of Alcoholism in Trinidad and Tobago, 1956-65. *British Journal of Psychiatry*, 113:643-658
“The therapist knows that the semantic distinction between ‘addiction’ and ‘disease’ can make all the difference to his patient’s sobriety. It is the distinction between a criminal and a sick person.” p. 656
- 1967 Szasz, T.S. (1967). Alcoholism; a Socio-ethical Perspective. *Washburn Law Journal*, (Topeka), 6:255-268.
“If alcoholism is a disease, why do we need propagandists and politicians to tell us so?”
“Acute alcoholism is a state of poisoning, As such, it is a disease. The difficulty with this view is that the poisoning is self-induced...the alcoholic both resembles and differs from the diabetic--just as the soldier who shoots himself in the foot (to be evacuated from the front lines) both resembles and differs from his buddy wounded by the enemy.” p. 259
“The disease concept of alcoholism...is confused and confusing because it fails to distinguish between the individual’s helplessness and hence lack of responsibility for falling ill--and his power and hence responsibility for trying to recover from illness.” p. 261
“...it is quite clear that the fundamental purpose of defining alcoholism as a disease is to bring it under the umbrella of mental illness and so justify the involuntary hospitalization and treatment of the so-called patient.” p. 262
“the upshot (of the disease concept) is a weakening of individual choice, freedom, and responsibility--and a strengthening of the power of experts and of the state.” p. 264
“Drinking to excess may cause illness but in itself is not a disease.” p. 267
“If we regard alcoholism as a disease, we ought to let the alcoholic accept or reject treatment for it. The involuntary hospitalization and treatment of the alcoholic should be morally abhorrent to all who believe that individual freedom

under the Rule of Law is more important than the dubious benefits that might be derived from the coercive medical control of the problem drinker.” p. 268

- 1968 Amendment of the Community Mental Health Centers Act mandates and supports treatment of drug and alcohol treatment in Community Mental Health Centers. (Gerstein & Harwood) (Acker)
- 1968 The Illinois Drug Abuse Program is founded and headed by Jerome Jaffe. It exemplifies early implementation of multi-modality treatment in a community setting. Treatment principles include: central intake and triage to the appropriate modality; tailoring treatment to specific needs, including such issues as pregnancy or mental illness; assuming that different treatment methods may be appropriate for the same individual at different times. Ex-addict counselors occupy most counselor positions. Demand for treatment soon results in long waiting lists. (White, 1998, 257-9) (Acker)
- 1968-1969 Dr. Sidney Cohen, director NIH’s Division of Narcotic Addiction and Drug Abuse (DNADA, precursor to NIDA), submits an investigative new drug application for use of methadone in maintenance treatment of opiate addiction. This move is opposed by NIMH and FDA leadership. DNADA instructs local treatment programs to offer methadone maintenance. This widespread use leads to a proliferation of data about effectiveness of methadone maintenance. (Besteman) (Acker)
- ca. 1968 The Office of Economic Opportunity starts supporting multi-modality community-based drug and alcohol treatment programs. (Gerstein & Harwood) (Acker)
- 1968 Supreme Court upholds Powell conviction 5-4; Marshall, Warren, Black, and Harlan reject “disease” argument. The alcoholism field virtually ignores the decision.
- 1968 Drew, L.R.H. (1968). Alcoholism as a self-limiting disease. *Quarterly Journal of Studies on Alcohol*, 29:956-967.
“A process of ‘spontaneous recovery’ probably accounts for a large proportion of the disappearance of alcoholics who cease to appear in alcoholism statistics as their age increases.” p. 963
“Increasing maturity and responsibility, decreasing drive, increasing social withdrawal, changing social pressures, reduced financial resources, and onset of psychiatric disturbances, are factors which that accompany aging and which may contribute to this reduction of alcohol problems with increasing age.” p. 965
- 1968 Reinert, R.E. (1968). The concept of alcoholism as a disease. *Bulletin of the Menninger Clinic*, 32:21-25.

Challenges the concepts of progression and irreversibility

“This ‘all or none’ concept of alcoholism, ‘once an alcoholic, always an alcoholic,’ frightens early alcoholics away from recognizing their problem and from seeking treatment.” p. 23

1968 Reinert, R.E. and Bown, W.T. (1968). Social Drinking Following Treatment for Alcoholism. *Bulletin of the Menninger Clinic*, 32: 280-290.

Good lit review of early controlled drinking reports.

B 1952, DeMosier and Feldman, 76 of 500 patients

B 1953, Lemere, 50 of 500 patients

B 1954, Shea, single case study

B 1957, Pfeffer and Berger, 7 of 60 patients

B 1957, Selzer and Holloway, 12 of 83 patients

B 1962, Davies, 7 of 93 patients

B 1965, Kendell, 4 of 62 patients

B 1967, Pattison, 11 of 32 patients

B 1964, Cain, report of 7 “cured” alcoholics, 4 of whom drank socially without difficulties

B 1966, Reinert and Bowen, 4 of 156

The controlled drinkers were characterized by: (1) a short period between onset of heavy drinking and entry into treatment, (2) pre-treatment vocational adjustment, (3) intact families, (4) most had extended period of abstinence prior to onset of controlled drinking..

Describes great care exerted by those who can drink following treatment--they must “choose carefully and even compulsively the time, the place and the circumstances of drinking; and he must rigidly limit the amount he drinks.”

Conclusion: “The normal use of alcoholic beverages by those who had once been identified as alcoholics is a rare occurrence.” p. 289

1968 Reinert, R.E. (1968). The Concept of Alcoholism as a Bad Habit. *Bulletin of the Menninger Clinic*, 32:35-46.

“We propose that we seriously reconsider the old but common-sense notion that alcoholism is fundamentally a bad habit.” p. 37

“Not until the addict has repeatedly lived through without alcohol or tobacco the anxiety, grief, joy, rebellion, intimacy and the myriad other situations which had once been associated with the addicting agent can he dare to take a smoke or a drink with safety.” p. 42

1968 Second edition of APA DSM (DSM-II) follows precedent of WHO ICD-8 and includes three subcategories of alcohol-related disorders: alcohol addiction, episodic excessive drinking, and habitual excessive drinking. Alcoholism and drug addiction continues to be classified as types of sociopathic personality disturbances. (See Kosten and Kosten, 1991; Miller & Gold, 1991)

1968

Roman, P.M and Trice, H.M. (1968). The Sick Role, Labeling Theory and the Deviant Drinker. *International Journal of Social Psychiatry*, 14:245-51.

“...the medic-disease concept of alcoholism and deviant drinking has led to the...placement of alcoholics and deviant drinkers in ‘sick roles’ that...further develop, legitimize, and in some cases perpetuate the abnormal use of alcohol.” p. 245

“The mere process of labeling and sick role assignment may serve to aggravate and perpetuate a condition which is initially under the control of the individual. *In other words, the disease label has disease consequences.*” pp. 247-248.

“...the labeling and sick role assignment create actual pressure toward alcohol addiction rather than halting the progression.” p. 248

“The purpose of this paper is to offer a supplemental paradigm for the disease model such that the disease label is not applied before the disease has developed.” p. 250.

1968

Siegler, M, Osmond, H, and Newell, S. (1968). “Models of Alcoholism” *Quarterly Journal of Studies on Alcohol*, 29:571-91.

Describes following models: the impaired model, the “Dry” Moral model, the “Wet” Moral model, the Alcoholics Anonymous Model, the psychoanalytic model, the family-interaction model, the “Old” medical model, and the “New” Medical model.

AA Model defines alcoholism as “an incurable, progressive and often fatal disease...Alcoholics are emotionally impaired people who drink to compensate for their inadequacies, and then, because of their body chemistry, become addicted to alcohol, creating a circular process of further inadequacy and further drinking.” p. 577

Old medical model defines alcoholism as “a serious, progressive and eventually fatal disease, which is incurred by the immoral behavior (i.e., excessive drinking) of the patient...The etiology of alcoholism is the excessive drinking of alcohol.” p. 580

New Medical Model defines alcoholism as “a progressive, often fatal, disease, possibly hereditary.” Etiology defined in terms of defects of metabolism complicated by additional psychological and social factors. P. 582-3

“...the new medical model treats alcoholism as a bona fide disease, without reservations. It is a hopeful model, and one that encourages new scientific research. It enables those using it to draw strength from the successful campaigns against other major illnesses.” p. 584

“...the energy needed for fighting the disease ought not to be wasted on self-blame.”

In the AA Model: “Although he is not held responsible for having been ill, he must make good the debts, both monetary and moral, which he incurred while ill.” p. 587

“To a large extent, AA is responsible for the existence of the newer (disease) model.” p. 588

- 1968 Moore, R.A. (1968). The Conception of Alcoholism as a Mental Illness. *Quarterly Journal of Studies on Alcohol*, 29:172-175.
- “For any infinite variety of combinations of biological, sociological and psychological reasons, certain people misuse alcohol in trying to solve the problems of their life. Alcoholism is used as an adaptive technique, a form of ‘self-treatment,’ to find a compromise in life.” p. 173
- “A psychosociobiological approach to alcoholism is compatible with the mental-illness concept and allows free play of research without the pre-conception that one area must be the more important.” p. 173
- “Among those who still think of ‘disease’ in the narrow terms of a bygone era, as a bodily disorder manifested by physical symptoms, the ‘disease concept’ has led to a biological orientation and the pursuit by many researchers of some unitary cause and much hobbyhorse riding.” p. 174
- “The psychobiological frame of reference leads away from research for ‘the’ original ‘cause’ and encourages a fuller understanding of the interrelationship of many “causes.” p 174
- Re the disease concept: “Some shibboleths that may have once proven valuable propaganda weapons may have to be challenged.” p. 174
- 1969 Christie, N. and Brunn, K. (1969). Alcohol Problems: The Conceptual Framework. In: Keller, M, and Coffey, T. Eds. *Proceedings of the 28th International Congress on Alcohol and Alcoholism*, Vol 2. Highland Park, NJ: Hillhouse Press, pp 65-73.
- 1969 Schmidhofer, E. (1969). Alcoholism is NOT a Disease. *Maryland State Medical Journal*, 18:59-64.
- “What is the cause of this “disease”? How does it originate? When does it become a disease? If we don’t know what causes it or how it originates or when it becomes a disease, how can we call it a disease?” p. 59
- Distinguishes between a disease characterized by organic nature, abnormalities of physical structure and anatomic changes and a disorder that is functional in nature but evidences physiological changes. p. 60
- “If alcoholism is a disease, where is the pathology? If alcoholism is a disease, what is the pathology?” p. 61
- “Would it be proper to call alcoholism a problem rather than a disease? The answer may be posited in the affirmative because it is a problem from the standpoint of definition, diagnosis, epidemiology, etiology, family, management, recovery, society and treatment.” p. 63
- “Those who might find unsatisfactory the word ‘problem’ would perhaps prefer to substitute affliction, condition, disorder, malady or state.” p. 63
- “...alcoholism may be considered more appropriately as a condition whose primary state is not a disease and which does not begin as a disease but may lead, in time, to disease processes in the heart, the kidneys, the liver, and elsewhere.” p.

“...this ‘disease’ is present not as an entity in the bodies of those who are alcoholic, but rather, as a concept in the brains of those who have labeled them so.” p. 64

- 1969 MacAndrew, C. (1969). On the Notion that Certain Persons Who are Given to Drunkenness Suffer from a Disease Called Alcoholism. In: Plog, S. and Edgerton, R. Eds. *Changing Perspectives in Mental Illness*. New York: Holt, Rinehart, and Winston, pp. 483-500.
- “While the local medical consensus concerning the propriety of the notion that ‘Alcoholism is a disease’ continues to grow, there is precious little agreement among the parties to this consensus as to the nature of the disease.” p. 495
- “...in officially proclaiming that ‘alcoholism is a disease,’ whatever else the proclaimers may be doing, they are not announcing a discovery of fact...the success of this latest venture in medical designation is a social-historical attainment and not a scientific achievement.” p. 495-6
- “If we are unable to set forth a series of criteria, the differential presence of which constitute the necessary and sufficient conditions for the existence of the disease, alcoholism, it is apparent that the designation lacks what might be called ‘fixed meaning.’ Ought we conclude, then, that we are using a word whose meaning we do not know and that we are thus talking nonsense?” p. 498
- 1969 Horn, J.L. and Wanberg, K.W. (1969). Symptom patterns Related to Excessive Use of Alcohol. *Quarterly Journal of Studies on Alcohol*, 30:35-58.
- Horn and Wanberg argue that symptom diversity in alcoholism is so variable that no single unitary disorder labeled alcoholism exists. They advocate abandonment of the terms: “alcoholism” and “alcoholic.” p. 18
- 1969 Tharp, R. and Wetzel, R. (1969). *Behavior Modification in the Natural Environment*. New York: Academic Press.
- “The illness model applied to behavior results in a concept of behavioral origins within the individual.” p. 10
- “In many ways, it is more degrading to be removed from responsibility for one’s behavior than to be punished for it.” p. 13
- “... ‘sick’ role behaviors which treatment requires are often antagonistic to the ‘well’ behaviors treatment seeks.” p. 13
- “The very words themselves, illness health, disease, therapy, treatment, and detection, suggest that anything but professional action is inappropriate.” p. 14
- 1969 Verden, P., Jackson, D.N., and King, G.A. (1969). Popular Conceptions of the Etiology of Alcoholism. *Quarterly Journal of Studies on Alcohol*, 30:78-92.
- “Conduct once universally viewed within our culture as evil is now interpreted among large segments of the American population as illness.” p. 79

- 1969 Haberman, P.W. and Sheinberg, J. (1969). Public Attitudes Toward Alcoholism as an Illness. *American Journal of Public Health*, 59:1209-1216.
 Review of surveys of public acceptance of disease concept
 B 1946 Riley, about 20%
 B Maxwell, 1950 about 20%
 B 1955 Gallup, 63% agreed that alcoholism was an illness
 B 1958, Roper, 58%
 B 1961 Mulford and Miller, 51%
 B 1969 Haberman and Sheinberg, 66%
 “Although alcoholism has been widely defined as an illness since the mid-fifties, a considerable portion of this public acceptance of the disease concept seems to be little more than lip service.” p. 1215
- 1969-1973 Addiction career/addiction culture theories set forth as alternatives to disease etiology of opiate addiction. (Finestone, Prebble & Casey, Waldorf, Agar)
- 1960s-early 1970s Room (1984) observes that much of the initial criticism of the disease concept by sociologists came from outside the United States, e.g, Seeley, Christie and Brunn, Robinson.
- 1970 Glatt graphically depicts Jellinek’s phaseology of alcoholism and Glatt’s own view of recovery into a U-shaped chart of the stages of alcoholism and alcoholism recovery. It will become what Room refers to as the most widely distributed artifact of the modern alcoholism movement.
- 1970 The Comprehensive Drug Abuse and Control Act creates drug schedules 1 through 5, based on therapeutic usefulness and abuse liability. This legislation replaces the Harrison Act and other federal drug control legislation. (Acker)
- 1970 Methadone patients in New York number 4,376; a dropout rate of 20% has been stable since beginning of program. Nationwide, there are 10,000 methadone patients in 50 programs. (Acker)
- 1970 Linsky, A.S. (1970). The Changing Public Views of Alcoholism. *Quarterly Journal of Studies on Alcohol*, 31:692-704.
 Survey data of residents of Vancouver, WA reveal a “broad preference for a modern therapeutic orientation (toward alcohol problems) with opinion divided almost equally between medical and psychological approaches to treatment.” Sympathetic attitudes toward the alcoholic and alcoholism treatment were related to increased education and more exposure to the media. p. 696
 “The trend toward acceptance of professional therapeutic help for alcoholism has come at the expense of public faith in the efficacy of will power, religious help and legal controls for getting alcoholics to stop drinking.” p. 697

“There appears to be a trend away from explanations of alcoholism based on the moral character of the alcoholic.” p. 698

1970 Fingarette, H. (1970). The Perils of Powell: In Search of a Factual Foundation for the Disease Concept of Alcoholism. *Harvard Law Review*, 83:793-812.

“I do not believe that anything I have said precludes in any way the many legislative options for establishing rational procedures and institutions, whether penal or civil systems, for “detoxifying” the acutely intoxicated, for counseling, for treating, and for otherwise helping the alcoholic...The burden of my remark is, however, that one tempting road to reform--the building of new constitutional doctrine on the basis of purported medical knowledge of alcoholism--is also a very dangerous one.” p. 812

1970 Public Law 91-616, Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 [“Hughes Act”]: Anderson (1981): “a new era of humane treatment rather than criminal punishment began for thousands of alcoholics throughout the U.S.” (see Paredes 1976; Hart 1977). Baumohl & Jaffe: Hughes Act accomplished three goals of the alcoholism treatment movement: effectively redefined alcoholism as primary disorder, not a symptom of mental illness; created federal agency (NIAAA) that would not be dominated by the mental health establishment competing for the same resources; established grant programs in support of treatment.

1970 Cahalan, D. (1970). *Problem Drinkers: A National Survey*. San Francisco: Jossey-Bass.

Cahalan’s study concludes that alcoholics are not a distinct group but exist on a continuum of drinking behavior and drinking consequences.

When followed over time, half of problem drinkers are drinking normally four years later.

1970 Edwards, G. (1970). The status of alcoholism as a disease. In Phillipson, R. Ed. *Modern Trends in Drug Dependence and Alcoholism*. Toronto: University of Toronto Press. Pp.140-161.

“Much of the necessary evidence on which to make a decision as to whether alcoholism is a disease is not yet available, and when all the relevant information on the causes of abnormal drinking has been gathered in, the decision as to alcoholism being a disease will still rest very much on the definition of ‘alcoholism’ on the one and of ‘disease’ on the other...From the point of view of public policy...to declare alcoholism a disease is...to define a programme rather than to say anything scientifically meaningful. To have persuaded society to shift a particular type of deviancy from the bad role to the sick role could, however, whatever the logic, whatever the science, prove to be an event of importance.” p. 161

- 1971 The PHS Narcotic Hospital at Ft. Worth closes. (Acker)
- 1971 In a message to Congress, President Richard Nixon proposes initiatives that include addiction treatment centers in Vietnam, expanded Veterans Administration addiction treatment, and expanded federal assistance for community-based treatment centers. He is concerned both about the specter of returning Vietnam veterans addicted to heroin and about the specter of crimes committed by heroin addicts. Subsequent actions by Nixon and Congress to create the National Institute on Drug Abuse, and to fund and monitor community-based treatment and research on drug use, drug effects, and treatment methods, bring the federal government into a new role regarding illicit drug use. (Acker)
- 1971 At Wilson's death in 1971, over 50% Americans still thought of alcoholics as "weak, unhappy, neurotic" (Kurtz, 1979, p. 9)
- 1971 Steiner, Claude (1971) *Games Alcoholics Play*. New York: Grove.
Steiner, within the framework of transactional analysis, portrays alcoholism not as a disease but as a learned role that can, with the proper treatment, be unlearned, allowing the alcoholic to return to a normal relationship with alcohol.
- 1971 Blizard, P.J. (1971). Beliefs about disease and alcoholism. *Mental Hygiene*, 55:184-189.
"Parsons requires that the person who is defined as 'sick'...wants to get well, that he cannot do so by a mere act of will...and that while the illness lasts, he is not responsible for it. The alcoholic often fails to meet any or all of these requirements in the eyes of the public." p. 187
Blizard suggests that for a larger percentage of the public to fully embrace alcoholism as a disease, they will first have to broaden their definition of illness itself. p. 188
"...the alcoholic...is a case which is 'in transition' --a type of behavior which has yet to be accommodated into the community-held conception about the nature of illness." p. 189
- 1971 Schaefer, E.M. (1971). A Cultural Delusion of Alcoholics. *Psychological Reports*, 29:587-589.
"It is also true that with alcoholism, as probably with most phenomena which man does not readily understand, there are many plausible explanations which are not necessarily facts. Acceptance of such myths stands in the way of progressing to a point where inroads can be made into the problem of alcoholism." p. 588
"An alcoholic who accepts the dictum that the first drink inevitably leads to drunkenness may well use his belief in the validity of this dictum as an excuse or even stimulus to become inebriated when by chance, social occasion, or for some other reason, he has taken a single drink. If that is true, then doubtless a goodly number of alcoholics are alcoholics because of a dictum which may well not be

true.” p. 589

- 1971 In response to Nixon’s message of 6/17/71, Congress passes legislation creating the Special Action Office on Drug Abuse Policy (SAODAP) in the White House. (Gerstein & Harwood) The legislation also funds treatment slots and provides training and technical assistance to local treatment programs. This is the first law to make grants to states rather than community programs. One reason for creation of an office in the White House is that NIMH is opposed to methadone maintenance (the leadership there believes it needs more study), and Nixon wants to implement methadone maintenance as a cost effective means of reducing heroin addiction and related crime. SAODAP creates an alternate funding mechanism that bypasses NIMH. At this time, there are 135 federally funded drug treatment programs; within 18 months, this number increases to 394. SAODAP actions result in reducing inpatient beds and increasing outpatient treatment slots. (Gerstein & Harwood; Besteman) (Acker)
- 1971 The federal budget includes \$212.5 million for anti-drug efforts. For the first time, treatment and prevention allocations exceed enforcement allocations. The Veterans Administration is given money to create treatment centers for heroin addiction. The Department of Defense begins urinalysis of returning Vietnam soldiers. Funds are provided to create treatment slots for those on waiting lists. Clients in federally funded treatment programs increase from 20,000 to 60,000 between October 1971 and December 1972. (Acker)
- 1971 Norman Zinberg tours Vietnam, surveys the heroin situation, and concludes that the personality defect explanation of addiction is invalid. (Acker)
- 1971 The Drug Abuse Office and Treatment Act calls for creation of National Institute on Drug Abuse (NIDA). (Acker)
- late 1971 The FDA has received applications to provide methadone from 380 treatment programs. (Acker)
- 1972 The authorization of the Supplemental Security Income includes provisions for a “drug addiction and alcoholism” program that recognizes these conditions as potentially disabling impairments that could qualify one for SSI benefits. The program continues until 1996.
- 1972 Creation of Treatment Alternatives to Street Crime (TASC) marks the beginning of extensive cooperation between criminal justice and treatment systems to intervene with treatment in careers of substance-abusing criminals. (Acker)
- 1972 The Food and Drug Administration changes methadone’s status from Investigational New Drug to that of a drug warranting long term study. There are

60,000 methadone patients. (Acker)

- 1972 Szasz, T. (1972). Bad Habits are not Diseases: A Refutation of the Claim that Alcoholism is a Disease. *The Lancet*, (July 8) 2;83- 84.
“...the view that alcoholism is a disease is false; and the programmes sponsored by the State and supported by tax moneys to ‘cure’ it are immoral and inconsistent with our political commitment to individual freedom and responsibility.” p. 83
“Excessive drinking is a habit...if we choose to call bad habits ‘diseases’, there is no limit to what we may define as ‘disease’--and ‘treat’ involuntarily.” p. 84
“It is one thing to maintain that a person is not responsible for being an alcoholic; it is quite another to maintain that he is not responsible for the interpersonal, occupational, economic, and legal consequences of his actions.” p. 84
- 1972 Robinson, David (1972). The Alchologist’s Addiction: Some Implications of Having Lost Control Over the Disease Concept of Alcoholism. *Quarterly Journal of Studies on Alcohol*, 33:1028-1042. Jellinek’s original (1952) definition of the disease concept restricted to loss-of-control and inability-to-abstain; later (1960) adopted more wide-ranging definition of alcoholism, abandoned his earlier wariness of extending the concept. “An ever-increasing range of conditions and behaviors may be conceptualized as related to stages in a disease process.” Medical profession considered to have competence in an ever-widening sphere of life. Term “alcoholism” has become so vague that it has lost its meaning.
- 1972 Dewes, P. (1972). Comment on “The alchologist’s addiction” *Quarterly Journal of Studies on Alcohol*, 33:1045-47.
“...the punitive treatment of alcoholics is now widely rejected; the medical disease concept which largely displaced punishment is having serious unfortunate consequences for both alcoholics and society, as well as being ineffective; the two models by no means exhaust the possibilities, so it is time to move to new attacks.” p. 1047
- 1972 Room, R. (1972). Comment on “The alchologist’s addiction” *Quarterly Journal of Studies on Alcohol*, 33:1049-1059.
“As a ‘health education’ campaign in the United States, the disease conception must be judged an astonishing success...” based on changed perception of the alcoholism and the alcoholic, the establishment of alcoholism as a legitimate medical diagnosis and the rise in federal funds to support treatment from nothing to more than \$85 million. p. 1049
“The greatest irony is that the disease concept has triumphed just as its conceptual underpinnings are coming under siege...New questioning of the disease model are no longer rare in the alcoholism literature, and stronger and more thoroughgoing criticisms must be expected in the future.” p. 1050
Notes the disease model is being attacked for offering only a vague

understanding of the problem, for justifying invasive interventions into the lives of individuals that are as coercive as punishment, and that the model individualizes a problem whose source is more likely found in social relationships and social conditions. p. 1051

“...the promulgation of disease concept of alcoholism has been brought about essentially as a means of getting a better deal for the ‘alcoholic,’ rather than as a logical consequence of scholarly and scientific discoveries.” p. 1056

“...a viable reform of the disease concept would involve a re-examination by clinicians of some of their most strongly held notions of what is meant and implied by the concept of disease. It might involve a renunciation of the clinician’s exclusive jurisdiction over disease.” p. 1056-1057

1972 Knupfer, G. (1972). Ex-Problem Drinkers. In: Roff, M, Robbins, L., and Pollack, H. *Life History Research in Psychopathology*, Vol 2. Minneapolis: University of Minnesota.

“The life history of problem drinking has been very little studied...It (Jellinek’s phases of alcohol addiction) has contributed to freezing our thinking on the subject into a model of unalterable progression toward an increasingly malignant state.” p. 257

“...the picture of disease we get from population samples, as compared with samples derived from people who apply to treatment, tends to give a wider range of severity of disease, sometimes revealing the existence of hitherto unknown mild and arrested forms of disease.” p. 257

“...there seem to be two routes to controlled drink: some problem drinkers abstain for a few years and then find they can drink a little without losing control; others just cut down gradually as they get older or as their circumstances change.” p. 272

1972 National Council on Alcoholism (1972) Criteria for the Diagnosis of Alcoholism. *Annals of Internal Medicine*, 77:249-258.

1972 Joint Commission on Accreditation of Hospitals develops voluntary standards for alcoholism treatment programs. Critical stage in medicalization and reimbursement for alcoholism treatment.

1972 Keller, J. (1972). On the Loss of Control Phenomenon in Alcoholism. *British Journal of Addiction*, 67: 153-166

Refers to “loss of control” as the “pathognomic sign of alcoholis, that is, alcohol addiction.” p. 153

“At first glance it may seem surprising that much of the contemporary understanding of a disease...should derive from a fellowship of laymen.” p. 153

“...there is no room for alcoholism without loss of control.” p. 1544

Keller expands loss of control from its limited use as inability to predict quantity of alcohol consumed once drinking commences to also include inability

to stop drinking and inability to abstain from drinking.

“..if I believed that an alcoholic can always choose whether or not to take the first drink, I could not believe in the existence of a disease, alcohol addiction.” p. 160

“He has become disabled from choosing invariably whether he will drink. That is the essential loss of control of drinking.” p. 161

“...the characteristic symptom of alcoholism is that an alcoholic cannot consistently choose whether he shall drink, and if he drinks, he cannot consistently choose whether he shall stop.” p. 163

Keller notes that loss of control does not accompany every act of drinking but describes the alcoholics' inability to consistently control whether to drink and how much to drink.