

**The Combined Addiction Disease Chronologies of
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1956 - 1965**

Between 1956 and 1965, there was an increased acceptance of the disease concept of alcoholism by major medical and public health groups, at the same time there were emerging criticisms of the disease concept in both the popular and scientific literature. The number of Americans agreeing with the statement that alcoholism was an illness rose from 20% in 1946 (Riley, 1946) to 93% in 1964 (Mulford and Miller, 1964) while the American Medical Association, American Hospital Association and the American Psychiatric Association passed formal resolutions advocating more medicalized approaches to the problem of alcoholism. At the same time, there were research studies that began to challenge some of the tenets of the disease concept (Selzer and Holloway, 1957; Davis, 1962; Kendell, 1965), and there were the first allegations that the disease concept could actually do harm to alcoholics (McNamara, 1960; Cain, 1964).

Within the addictions field itself, there were concerns expressed by Jellinek (1960) and Keller (1962) about the ambiguous definition of alcoholism. A much more sophisticated disease model was set forth by Jellinek--a model that called for the delineation of multiple "species" of alcoholism and a delineation of which species warranted the designation of "disease." This marked a beginning preoccupation with distinguishing alcohol-related problems from alcoholism.

The call for a more humane and effective approach to the problem of narcotic addiction by the American Medical Association and the American Bar Association added fuel to the growing medicalization of alcohol and other drug problems. The involvement of the federal government increased throughout this 10-year period. These experiments in federal support for treatment paved the way for a dramatic infusion of federal funds to support alcoholism and addiction treatment in the 1970s. What will be needed are models of addiction treatment that could be widely replicated in communities throughout the United States. Such models emerged in the 1960s: a clinic model of outpatient alcoholism counseling, the early diffusion of therapeutic communities, the development of methadone blockade therapy and the development of outpatient drug free counseling approaches. These modalities varied widely in terms of their underlying philosophies with only a portion of them resting on a disease concept foundation.

1956 Kruse, H.D., Ed., (1956). *Alcoholism as a Medical Problem*. New York: Hoeber-Harper.

From Preface by Kruse

"...it (alcoholism) carried more a label of sin than disease...alcoholism has been the concern mainly of the church, social welfare, the law and the courts, not of medicine." p. 9

"...alcoholism was finally recognized as a disease, with spiritual, sociologic, psychological, and economic implications, to be sure; but nevertheless a disease." p. 9

"Few would argue that alcoholism is a disease of simple etiology." p. 9

From "The Epidemiology of Alcoholism" by John Gordon

“...social influences are heavily weighted in alcoholism, as in many other diseases, notably tuberculosis.” p. 16

“The elements involved in the ecology of a mass disease are the agent of the disease, the particular thing responsible for the process; a host who is attacked; and the environment in which the host and agent operate.” p. 22 (Detailed discussion of public health model)

From Discussion: Dr. Franz Alexander: “The comparison of alcoholism with such diseases as tuberculosis requires one very important qualification...Alcoholism is a part of the person’s behavior. The host actively brings about the disease.” --Dr. Gordon’s Response: “My emphasis on the host is because of increasing conviction that in degenerative disease, the mental disorder, in most diseases of a chronic nature, the kind of person--the human organism--affected determines in large measure the pathology that results. That would seem especially true of alcoholism: the kind of people in a community, more than anything else, determines the frequency of alcoholic excess.” p. 30

From “The Natural History of Alcoholism” by Arnold Z. Pfeffer

“The disease of alcoholism may be discussed in classical medical terms under the headings of: Definition; Signs, Symptoms, and Course; Diagnosis; Treatment; and Prognosis.” p. 68

“Alcoholism is a chronic disease based on a complicated etiology involving psychologic, social and physical factors. If not arrested, it progresses to further serious involvement of the organism at all levels of integration, with the development of a multitude of characteristic complicationsBmedical, neuropsychiatric, psychologic and social....Despite this, the concept of alcoholism as a disease is often not accepted.” p. 68

From “Evaluation of Alcoholism” by Hugo Muench

“...we are dealing with a chronic disease and in chronic disease the word “cure” probably has very little meaning. We are interested in abatement of symptoms, freedom from acute difficulties over varying periods of time--the control of the disease...--and that, I think, is probably what we should be thinking of in evaluating treatment because it seems to me that there is still a good deal of clarification necessary to decide what constitutes good results.” p. 89

From Discussion, Dr. M. Ralph Kaufman: “I wonder whether alcoholism is a disease...or a disease syndrome. It seems to me that alcoholism is a phase of a total continuing series of adaptive processes which may be called a disease...” p. 93

Kaufman continuing: “It seems to me that what we consider disease...are attempts on the part of the organism to get well.” Kaufman compares excessive drinking to fever--not so much a symptom of a disease but the body’s effort to re-establish lost harmony. He suggests that to prematurely label alcoholism a disease entity may prematurely close research that could discover the true function that excessive drinking is serving. pp. 93-94

AMA resolution on admitting alcoholics to general hospitals does not explicitly state that alcoholism is a disease but does refer to the alcoholic as a “sick individual”: the acknowledgment (resolution) of alcoholism as a disease was not passed until 1967

The 1956 resolution stated: “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.”

- 1956 Block, M.A. (1956). Alcoholism is a Disease. *Today=s Health*, 34:36-39 (November).
“It was not until the >thirties, when its own victims recognized alcoholism as an illness, that something was done to educate the public about a disease that affected millions of people...” p. 36
“Today the physician is equipped to care for these sick people. A number of general hospitals now admit them with other patients.” p. 39
- 1957 The American Hospital Association adopts a resolution urging local hospitals to develop programs for the treatment of alcoholism. (Johnson, 1973, p. 95)
- 1957 Bonner, Harold C. (1957). A Medical Approach to Sobriety. In *Alcoholism: A Source Book for the Priest* (1960). Indianapolis: National Clergy Conference on Alcoholism.
“Alcoholism is...a chronic disease process which, in its early stages, has the emotional factor, or the factor of the disturbance in the psyche, as the original part of the disease process.” p. 261
- 1957 Selzer, M. L. & W. H. Holloway. “A Follow-up Study of Alcoholics Committed to a State Hospital.” *Quarterly Journal of Studies on Alcohol*: follow-up after five years; efforts to rehabilitate the unwilling do work; claims overall 40% success rate, including 16% (13 of 83) who returned to social or nonpathological drinking. They suggested this latter finding “seems to warrant a second look at the long-cherished theory that no alcoholic can ever become a moderate drinker.”
- 1957 Diethelm, O. (1957). Some Fundamental Considerations in the Treatment of Chronic Alcoholism. In: Himwich, Harold, Ed. *Alcoholism: Basic Aspects and Treatment*. Washington, DC: American Association for the Advancement of Science. pp 191-198.
“Alcoholism is a biosocial problem which must be investigated and evaluated by students from the biological, medical, psychologic, and social sciences.” p. 191
Notes the need to distinguish between those with alcohol problems who can stop excessive drinking once aware of these problems from those who cannot control their consumption even in the face of unrelenting problems. p. 191
- 1958 Glatt, M. (1958). Group Therapy in Alcoholism. *British Journal of Addiction*.

54(2):133.

Max Glatt charts Jellinek's stages of alcoholism and adds the stages of recovery in what Room will later christen as the "most widely diffused artifact of the alcoholism movement."

- 1958 58% of persons in a household survey reported that they would view a person who drank so much as to affect their job and their relationships with people as sick; 35% see such person as morally weak. (Roper survey; Johnson, 1973, p. 146)
- 1958 Mann, M. (1958). *Marty Mann=s New Primer on Alcoholism*. New York: Holt, Rinehart and Winston.
"Alcoholism is a disease which manifests itself chiefly by the uncontrollable drinking of the victim, who is known as an alcoholic. It is progressive, which, if left untreated, grows more virulent year by year, driving its victims further and further from the normal world, deeper and deeper into an abyss which has only two outlets: insanity or death. Alcoholism, therefore, is a progressive, and often fatal, disease...if it is not treated and arrested. But it can be arrested." p. 3
"It (disease concept) has come as a revelation to thousands of alcoholics seeking desperately to find a reason for their, to them, inexplicable drinking behavior' and for many of them it has been the greatest single factor leading to eventual recovery from the disease. It has come as a healing balm to the tortured hearts of wives, mothers and hundreds of alcoholics, who had hopelessly clung to a lonely belief that *their* alcoholic wasn't the 'bad character' of general opinion, but had 'something' wrong with him that drove him to destructive excess in drinking. Finally, it has come as a constructive tool to the hands of baffled and frustrated would-be helpers..." p. 4
"The concept of alcoholism as a disease has been on the scientific record for a very long time, and has been rediscovered over and over again by observant medical men and laymen alike." p. 4
- 1958 The *Interim Report* of the ABA/AMA joint committee is published; it argues for treating addiction as a disease. (Acker)
- 1958 Charles Dederich founds Synanon, based on idea of therapeutic community developed by Maxwell Jones and on use of confrontational tactics to break down denial and negative behavior patterns. It begins with a focus on alcoholics, but shifts to focus on addiction. (White 240) (Acker) (See 1960s)
- 1958 Tiebout, H. (1958). Direct Treatment of a Symptom. In: Hoch, P. and Zubin, J. *Problems of Addiction and Habituation*. NY: Grune & Stratton, pp. 17-26.
Therapists with alcoholics have a twofold task. They must treat the disease alcoholism and they must treat the person afflicted with it. p. 2
Notes how few alcoholics were helped by treating alcoholism as a symptom.
"...the treatment of the alcoholic must include direct treatment of the symptom."

- 1958 A.A. *Grapevine* article entitled “Alcoholism is a Disease: The Essence of AA” opens with lines: “Alcoholism is a disease. AA was the first to give me this bit of information.” p. 13 Notes it is a disease with physical, mental and spiritual dimensions. Refers to alcoholism as a “serious, insidious, progressive disease” and notes that it becomes a “disease of despair and fear.” p. 15 October 1970. Reaffirms threefold character of alcoholism. This may mark the movement of the disease concept from the periphery of AA thought to its center.
- 1959 Marconi, J. (1959). The Concept of Alcoholism. . *Quarterly Journal of Studies on Alcohol*, 20(2):216-235.
 Excellent historical review of the history of alcoholism.
 “We understand, by *alcoholism*, a chronic disease, characterized by a fundamental disturbance of the central nervous system, which manifests itself in a group of bodily symptoms and signs that give an imperious character to the concomitant desire to drink alcohol. On the behavioral level the disease manifests itself by a primary or secondary state of physical dependence on the drug. The symptomatology disappears temporarily after consumption of a certain quantity of alcohol.” p. 221
 “The appellative ‘chronic,’ however, constitutes a redundancy, as pointed out by Dittmer (1932); the suffix ‘ism’ in itself indicates a persistent state.” p. 230
- 1959 Seeley, John (1959). The W.H.O. Definition of Alcoholism. *Quarterly Journal of Studies on Alcohol*, 20: 326-392.
- 1960s New demographics of drug use create the context for a transformation of drug treatment in the U.S. White middle class youth, in large numbers, use marijuana, psychedelics and, in the late 1960s, amphetamines, cocaine and heroin. This new pattern in drug use adds to a cultural divide in America at the time of the Civil Rights movement (in the early 1960s) and the Vietnam War (in the late 1960s). For conservatives, drug use joins sexual liberation and left-wing politics as symbols of a collapse of traditional American values; for liberals, the broad sectors of youth using illicit drugs and the less harmful nature of marijuana as compared to heroin fuel the view that America’s drug laws are either too harsh or completely misguided. (Acker)
- 1960s Therapeutic communities are widely replicated. They contain two basic ideas about the nature of addiction; one, the behavioral change is the main focus of treatment and behavioral change can bring about changes in maturity and emotional adjustment; two, the root cause of addiction lies in character flaws (as psychiatric theories of addiction have held since at least the 1920s when Kolb developed his psychopathic view of the addict). As a residential treatment venue, the therapeutic community creates a milieu in which constant monitoring of behavior and imposition of rewards and punishments encourage the desired

changes in behavior. The use of ex-addicts as staff is groundbreaking because it acknowledges the value of addicts' own understanding of the experience of addiction; it also creates new avenues for recovering addicts to move toward conventional occupational roles. (White, 1998, p. 245-49; Besteman) Therapeutic communities founded in the 1960s include Daytop Lodge, Gateway House, Odyssey House, and Phoenix House. (Besteman) (Acker)

- 1960 Jellinek, E.M. (1960). Alcoholism, a genus and some of its species. *Canadian Medical Association Journal*, 83:1341-1345.
“In a recent article, the author came to the conclusion that ‘alcoholism’ was not a specific, but a generic term.” p. 1341
“When one scans these various ‘alcoholisms’, it appears that they have only two elements in common: one is drinking and the other is damage (individual or social) incumbent upon drinking. The two elements form the basis for the definition of alcoholism.” p. 1341
“If we define the genus of alcoholism as any drinking which brings about damage, it would seem that we cannot even ask whether alcoholism is a disease or not, but we would have to name or describe one or more species of the genus in order to give a reasonable answer to the question.” p. 1341
“It is suggested that only two species of alcoholism [gamma and delta], which represent addiction in the strict pharmacological sense, may be seen as diseases.” p. 1345
- 1960 Straus, “Research in the Problems of Alcohol -- a 20-Year Perspective.” *Multidisciplinary Programming in Alcoholism Investigation: Proceedings of a Conference*. Berkeley, CA, 1960; California Department of Public Health, Division of Alcohol Rehabilitation.
Room (Dissertation) sees as first clear use of term, “the alcoholism movement,” replacing “the new scientific approach.”
Describes the years 1940-1955 as “the first modern generation of research on alcoholism.”
- 1960 McNamara, J. (1960). The Disease Conception of Alcoholism: Its Therapeutic Value for the Alcoholic and His Wife. *Social Casework*, 41:460-465.
“...the therapeutic value of the disease concept may bear no relationship to its scientific validity.” p. 461
“...under certain given conditions, the disease conception of alcoholism may contribute to excessive use of alcohol as, under other conditions, it may contribute to the control of alcoholism.” p. 461
Notes how the disease concept shifts the alcoholic spouse's self-blame to the impersonal state called “disease” and provides her or him with a cognitive map of the disease and the recovery process. p. 462
the disease concept may lead to “over-protectiveness” of the alcoholic. p. 463
Notes paradox of how AA holds the alcoholic responsible for his first drink but

not those that follow. p. 464

“...the disease conception offers no easy solution to the problem of alcoholism for either the alcoholic or his wife.” p. 464

“The utility of the disease conception would seem to be of minimal value in many cases.” p. 465

1960 Wilson, B. (1960). “Clergy Conference” talk to the National Clergy Conference on Alcoholism, New York, April 21: “We have never called alcoholism a disease, because technically speaking, it is not a disease entity. For example, there is no such thing as heart disease. Instead there are many separate heart ailments, or combinations of them. It is something like that with alcoholism. Therefore we did not wish to get in wrong with the medical profession by pronouncing alcoholism a disease entity. Therefore we always called it an illness, or a maladyBa far safer term for us to use.” (quoted in Kurtz, 1979)

1960 Jellinek, E.M. (1960). *The Disease Concept of Alcoholism*. New Haven, CT: College and University Press.

“...as far as the broad lay public is concerned some emotional appeal is necessary, but the ‘alcoholic’ would become a more acceptable human being without a halo hovering over his head.” p. 5

“...there is not one alcoholism but a whole variety.” p. 10

“...alcoholism has too many definitions and disease has practically none.” p. 11

“It comes to this, that *a disease is what the medical profession recognizes as such.*” p. 12

“In connection with alcoholism the term illness is more acceptable to the public than disease, of which they think rather in terms of the infectious diseases.”

By adhering strictly to our American ideas about ‘alcoholism’ and ‘alcoholics’ (created by Alcoholics Anonymous in their own image) and restricting the term to these ideas, we have been continuing to overlook many other problems of alcohol which need urgent attention.” p. 35

“...we have termed as alcoholism any use of alcoholic beverages that causes any damage to the individual or society or both.” p. 35

“...there is every reason why the student of alcoholism should emancipate himself from accepting the exclusiveness of the picture of alcoholism as propounded by Alcoholics Anonymous.” p. 38

“Recovered alcoholics in Alcoholics Anonymous speak of “loss of control” to denote that stage in the development of their drinking history when the ingestion of one alcoholic drink sets up a chain reaction so that they are unable to adhere to their intention to “have one or two drinks only” but continue to ingest more and more--often with quite some difficulty and disgust--contrary to their volition.” p. 41

Quoting Lake (1957) “There is no such thing as “alcoholism.” p. 59

Citing his own understanding of alcoholism in the years 1945-1953: “Heavy drinking is initiated by psychological or social factors; later a physiological X

factor accounts for a disease condition outwardly manifested through loss of control.” p. 84

Jellinek recognizing clinical usefulness of metaphors: “The figurative use of the term “alcoholism is an allergy” is as good as or better than anything else for their (AA’s) purposes, as long as they do not wish to foist it upon students of alcoholism.” p. 87

Notes that how alcoholism is labeled (e.g., disease) has important implications for whether the culture will respond to the alcoholic with therapeutic, social welfare or penal measures. p. 157

“The question of what formulation of the illness conception is accepted ... cannot be determined on the basis of existing information. The indications for the great majority are that the accepted version is merely that “alcoholism is a disease.” For the time being this may suffice, but not indefinitely.” p. 159

“...if the medical profession were not to accept the idea of alcoholism as an illness, the movement for its propagation could not maintain itself in the long run, and would sooner or later collapse.” p. 160

“The concept of alcoholism as a single disease, a unitary clinical entity based on a medical model, believed to progress along a known or predictable continuum, and measurable in terms of a single common symptoms may be an oversimplified representation...”

Jellinek notes the apparent shift in public acceptance of alcoholism as an illness between 1948 and 1958 public opinion surveys but suggests that “the belief is not deeply rooted as yet,” lacked any “particular depth,” and may have been little more than “lip service.” Pp. 183-4

“...the idea of alcoholism as a disease has been propagated by this subcommission (WHO) perhaps with too much zeal and too little recognition of alcohol problems arising from other sources than true alcohol addiction...” Pp. 203-204

early 1960s California’s Civil Addict Program mandates treatment and post-treatment monitoring for addicts through court commitment and special parole authority; New York state’s Narcotic Addiction Control Commission provides treatment to individuals committed through civil and criminal courts. (Besteman) (Acker)

1961 The *Final Report* of the ABA/AMA joint committee is published. The report challenges the effectiveness of harsh sentences for drug possession and calls for treating addiction as a medical condition with community-based facilities. It discusses maintenance clinics as an approach deserving consideration. (Musto 232-3; White, 1998, p. 252) (Acker)

1961 Mulford, H. and Miller, D. (1961). Public Definition of the Alcoholic. *Quarterly Journal of Studies on Alcohol*, 22:312-320.

A 1958 Iowa survey finds that 51% of those surveyed agree that the alcoholic is best described as a “sick person.” There were significant differences in agreement

by occupation: physicians (51%), high school principals (29%), and police chiefs (13%). 60% of police chiefs viewed the alcoholic as “morally weak.”

- 1961 Ausubel, David P. (1961). Causes and Types of Narcotic Addiction: A Psychosocial View. *Psychiatric Quarterly*, 35:523-531.
“...there are many different kinds of drug addicts, and the causes of drug addiction are multiple and additive in their impact rather than mutually exclusive. As in most other diseases the causes of drug addiction include both *internal* factors originating within the affected individual (e.g., hereditary susceptibility) and *external* factors originating within the environment. Each type of factor may be further categorized with respect to whether its impact occurs immediately prior to, and is essential for, the appearance of the disease (*precipitating*), or is operative over a long period of time and merely contributory (*predisposing*).”
- 1961 Cohen, H. (1961). The Evolution of the Concept of Disease. In: Lush, B. Eds. *Concepts of Medicine*. New York: Pergamon.
Excellent review of the history of the concept of disease.
“The dangers which the “entity” concept (of disease) carries are: (1) that it promotes a “penny-in-the-slot machine” approach to diagnosis by seeking for pathognomic signs especially the short cuts of the laboratory or instrument, (2) that it suggests that diagnosis is arrived at by comparing an unknown with a catalogue of knowns: the method of recognizing an elephant by having seen one before, (3) that it reduces thought to a minimum, (4) that it is of little help and may be positively misleading where the disease varies significantly from the usual, and (5) that it leads to all those dangers associated with...those “who to the fascination of a name, surrender judgement, hoodwinked.” p. 168
- 1962 The Presidential Commission on Narcotics and Drug Abuse is convened. The resulting report (the Prettyman report, named after commission head Judge E. Barrett Prettyman) makes 25 recommendations. Only one, which calls for civil commitment programs similar to those in California and New York, is implemented (see NARA, below). (Besteman) (Acker)
- 1962 Jellinek, E.M. (1962). Cultural Differences in the Meaning of Alcoholism. In: Pittman, D. and Snyder, C. *Society, Culture and Drinking Patterns*. New York: John Wiley and Sons, Pp. 382-394
“Instead of the extension of the term ‘alcoholism’ to all forms of excessive drinking and the creation of new terminology to serve the necessary distinctions, it seems preferable to talk about the problems of alcohol and to regard alcoholism as one of the problems.” p. 384
Discussing use of the term alcoholism “...any label or definition is only a matter of convenience and convention, and the essential factor is the consistency in connotation.” p. 383
“All of the ideas about alcoholism in a given country have a good deal of truth

in them, but they become modified in the light of experience from other countries.” p. 387

- 1962 Keller, M. (1962). The Definition of Alcoholism and the Estimation of its Prevalence. In: Pittman, D. and Snyder, C. *Society, Culture and Drinking Patterns*. New York: John Wiley and Sons, pp.310-329.
“The definition of alcoholism has long been marked by uncertainty, conflict, and ambiguity.” p. 310
Notes designation of alcoholism as a disease in medical dictionaries.
“Alcoholism is a disease with a history older than the resolutions of medical societies granting it diplomatic recognition as such.”
“These conceptions allow the conclusion that alcoholism is a chronic disease and that it is etiologically associated with personality deviation or with the pharmacological properties of alcohol, and perhaps with both either simultaneously or successively.” p. 312
“Alcoholism is a psychogenic dependence on or a physiological addiction to ethanol manifested by the inability of the alcoholic to consistently control either the start of drinking or its termination once started...” p. 312
“...many alcoholics may be dependent on intoxication rather than addicted to a particular substance.” p. 312n
“... ‘loss of control’ means that whenever an alcoholic starts to drink it is not certain he will be able to stop at will.” p. 313
- 1962 “The \$1.1 million NIMH grant for the work of the Cooperative Commissions represented the first significant involvement on the part of the federal government with the issue of alcoholism.” (Johnson, 1973, p. 349)
- 1962 Supreme Court declares addiction a disease in *Robinson v. California*
Justice William O. Douglas: “The addict is under compulsion not capable of management without help...[He or she] has a disease and ... must be treated as a sick person.”
- 1962 Davies, D.L. (1962). Normal Drinking in Recovered Alcohol Addicts. *Quarterly Journal of Studies on Alcohol*, 23:94-104. Davies follow-up study of alcoholics treated at Maudsley Hospital in London reports of seven patients who successfully returned to controlled drinking following treatment.
- 1962 Winick, C. (1962). Maturing Out of Narcotic Addiction. *Bulletin on Narcotics*, 14:1-7 (January-March).
- 1962 Seeley, J. (1962). Alcoholism as a Disease: Implications for Social Policy In: Pittman, D. and Snyder, C. (Eds). *Society, Culture and Drinking Patterns*. NY: John Wiley & Sons.
“The statement, ‘alcoholism is a disease,’ is now so widely heard in scientific

and lay circles that one can hardly safely begin any undertaking in reference to alcoholism without first repeating it as, presumably, a sign of piety and a promise of right performance.” p. 586

“Disease falls into a naturalistic matrix; sin, into a moral one; crime, into a legal one.” p. 588

Persons can contract a disease and still be held responsible when effective preventative and corrective measures are known and available. p. 588

Can praise be laid on the drinker who has escaped alcoholism and blame laid on the drinker who suffers from alcoholism and has become an alcoholic? Is alcoholism a natural or volitional event or something in between? Does the process of acquiring alcoholism involve free or determined behavior? p. 588

Following his conclusion that alcoholism fits most biological/medical definitions of “disease”: Seeley says, “If we may without impropriety define it as a disease, we may next ask *should* we -- a question of wisdom...” p. 593

“I think the bare statement that ‘alcoholism is a disease’ is most misleading, since a) it links up with a much -- too-narrow concept of ‘disease’ in the public mind, and b) it conceals what is essential -- that is, that a step in public policy is being recommended, not a scientific discovery announced. It would seem to me infinitely preferable to say, ‘It is best to look on alcoholism as a disease because...,’ and to enumerate reasons.” p. 593

Room (1984) notes that Seeley was one of the first people who began to talk about the disease concept as “a matter of social definition rather than as a statement of fact.”

- 1963 The Community Mental Health Centers Act is passed; it calls for establishment of community-based treatment programs, which will become sites for drug and alcohol dependence treatment. (Acker)
- 1963 Howard Becker’s *Outsiders: Studies in the Sociology of Deviance* reprints his articles on marijuana use and on jazz musicians. Becker’s key ideas -- that deviant behavior can be understood as a “career” and that deviant groups are as much created by the labeling of the society around them as by the behavior of their members -- will influence the generation of drug ethnographers who begin publishing in the 1970s. (Acker)
- 1963 Clark, D.W. (1963). A vocabulary for preventive medicine. In: *Preventive Medicine*. Clark, D.W. and McMahon, B., eds., Boston: Little, Brown and Company.
 on defining ‘disease’: “This term [disease], which literally means “without ease,” may be defined as the adaptive mechanisms of an organism to counteract adequately the stimuli and stresses to which it is subject, resulting in a disturbance in function or structure of some part of the body.” p. 4
- 1963 Haberman and Sheinberg survey: 64% report alcoholism “mainly due to an

illness” (Johnson, 1973, p. 147)

- 1964 Sydney Archer, N. F. Albertson, Louis Harris, and colleagues propose a new approach to testing new compounds as potential opioid analgesics lacking addictiveness. Noting that all tested compounds which demonstrated analgesia via the tail-flick test turned out to be addictive, they turn the standard testing sequence upside down and study only compounds which prove negative in the tail-flick assay. They develop pentazocine, the first clinically useful drug that combines agonist and antagonist properties. Continuing work by this group and others yields a vast library of compounds with different constellations of agonist and antagonist effects; use of such drugs as probes of brain function forms part of the background for the discovery in the mid-1970s of opiate receptors and endogenous opioids. This discovery, in turn, provides a new physiological basis for understanding drug effects and drug dependence. Despite early hopes that pentazocine’s low addictiveness will preclude nonmedical use, addicts discover that combining pentazocine with the antihistamine tripeleennamine (Pyribenzamine) creates a heroin-like rush. (Acker)
- 1964 Winick, C. (1964). The Life Cycle of the Narcotic Addict and of Addiction. *U.N. Bulletin on Narcotics*, 16:1-11.
“...addiction might be a self limiting process for perhaps two-thirds of addicts.” p. 1
Notes that maturing out may be related to changes in the very factors that contributed to the initiation and early maintenance of addiction. p. 3
Winick uses 5 years as his criteria for stable maturing out: the time period free of symptoms that is the traditional medical criteria for recovery from a chronic disease.
- 1964 Mulford, H.A. and D.E. Miller. “Measuring Public Acceptance of the Alcoholic as A Sick Person,” *Quarterly Journal of Studies on Alcohol*, 25:314-323.
Note 1959 McCarthy and Fain Connecticut Survey in which 93% of those surveyed agreed that “alcoholism is an illness.”
“...the younger a person starts narcotics, the longer is his period of drug use likely to last.” p. 3
65% of an adult Iowa population defined the alcoholic as “sick” while 35% defined him as “morally weak”
24 percent of a public sample gave unqualified endorsement to a disease concept of alcoholism, while 41 percent endorsed a rather ambivalent combination of medical and moralistic points of view.
76% of those surveyed believed that the alcoholic needed help in order to stop drinking
- 1964 WHO replaces “addiction” and “habituation” with “dependance” for both alcohol and other drugs (see 1977)

- 1965 *A.A. Grapevine*, April article by Griffith Edwards entitled “The Puzzle of AA”
 “With what at first appears to be boring reiteration, the meetings drive at the fact that alcoholism is a disease, an allergy, a disorder of metabolism akin to diabetes.” (Kurtz)
- 1965 Simmons, J.L. (1965-1966). Public stereotypes of deviants. *Social Problems*, 13:223-232.
 In response to a survey question of “What is deviant?” respondents listed the following top five groups: homosexuals (49%), drug addicts (47%), alcoholics (46%), prostitutes (27%) and murderers (22%). p. 224
 “Rather than try to eliminate stereotypes about deviants and other social objects, it would seem then, that social scientists should aim at gathering and communicating valid knowledge, in the hope that this knowledge will form the basis of future public attitudes.” p. 232
- 1965 Cain, A.H. (1964). *The Cured Alcoholic*. New York: John Day.
 After explaining that alcoholics in their current condition cannot and should not attempt to achieve normal drinking, he adds: “Yet, I believe just as strongly that there is not a single alcoholic in the world today who could not learn to live normally without worrying in any way about alcohol and even learn to drink normally if he so desired.” p. 18
 “Once an alcoholic, always an alcoholic. With this adamant attitude, he’ll always be one, too...as long as he’s convinced that his “alcoholism” is a disease with which he must live, he’ll always be an “alcoholic.” p. 18
 Cain says that abnormal drinking is “something people do,” not something they have. p. 19
 “...when a person who has lost control of his drinking speaks of his “disease” as if it were cancer or tuberculosis, an entity-in-itself, he is only confusing himself and others.” p. 19
 “We will never get to this next step if we continue to assume implicitly that alcoholism is an incurable disease and that the best thing the alcoholic can do is to learn to live with it.” p. 21
 Reference to AA members maturing out of AA Breaching a point where they “are no longer dependent upon A.A. for their sobriety.” p. 23
 “There is no such person as an ‘alcoholic.’ There are only people who do not control their drinking.” p. 29
 “The professional researchers into alcoholism are almost entirely circumscribed in their efforts to uncover truth about alcoholism by the *physical disease conception* of alcoholism: alcoholism *must* turn out to be a physical disease...” p. 129
 “...the compulsive quality (of heavy drinking) is not fixed entity but can, at times, lose its steam or force, thereby making it possible for the individual to drink normally.” p. 142

“I define the recovered alcoholic as a previously uncontrolled drinker who has recovered control of his total behavior to the point where alcohol is no longer a problem.” p. 227

“I must here repeat that such a cure [of alcoholism] comes about only through a creative, disciplined, multi-faceted program of therapy and re-education -- not by mere abstention from alcohol, no matter how long. I therefore again warn the alcoholic reader that unless he has undergone such a rigorous course of training, there is no chance he would be able to drink normally.” p. 229 (Reports 4 of 7 of his treated cases are now drinking normally.)

It is important to “...distinguish between the ‘arrested alcoholic’ and the ‘recovered’ or ‘cured alcoholic’: the arrested alcoholic *never really loses his desire to become intoxicated with alcohol*. He learns to *control* his desire (he learns to ‘live with his disease’) *but he never learns to transcend this desire*.” p. 234

“The ‘disease concept’ had retarded the fight against alcoholism, simply because people find it quite impossible to accept...it is becoming increasingly clear that the ‘alcoholism is a Disease’ slogan is not working.” Evidence? NCA’s insolvency and struggles for money. He recommends that they just focus on 3 points: (1) the alcoholic is a sick person, (2) the alcoholic can be helped, (3) the alcoholic is worth helping, and drop the disease slogan completely. p. 246

The disease concept of alcoholism is a “stultifying hindrance to both research and treatment.” p. 246

1965 Kendell, R.E. (1965). Normal Drinking by Former Alcohol Addicts. *Journal of Studies on Alcohol*, 26:247-257.

“In a follow-up of 62 untreated alcohol addicts, 3 men and 1 woman were found who had resumed normal social drinking between 3 and 8 years...The report provides confirmation of the possibility of alcohol addicts regaining the ability to drink normally but, at least at this stage, it is believed that this fact should not be allowed to influence therapeutic programs in any way.” p. 256-257

1965 Dole, V.P. and Nyswander, M.E. (1965). A medical treatment for diacetylmorphine (heroin) addiction. A clinical trial with methadone hydrochloride. *Journal of the American Medical Association*, 193:8-84.

Dole and Nyswander set forth “metabolic disease theory” of narcotic addiction and introduce methadone maintenance. Studies by Mary Jeanne Kreek in the late 1960s establish the benefit of methadone maintenance treatment. Introduction of methadone maintenance marks the end of Courtwright’s classic era of narcotic control. In the 1970s, methadone maintenance will become a cornerstone of Richard Nixon’s policy of supporting community-based addiction treatment. The advent of methadone maintenance marks a major milestone in opening up treatment possibilities after the decades of diminished treatment possibilities since the 1919 Supreme Court decisions prohibiting addiction maintenance. (Acker)

- 1965 Wikler, Abraham (1965). Conditioning Factors in Opiate Addiction and Relapse. In: Wilner, D.I. and Kassebaum, G.C. *Narcotics*. New York: McGraw-Hill.
Widely recognized as the first paper to explore the roles of classical and instrumental conditioning in addiction.
- 1965 American Psychiatric Association publishes a statement that includes approval of the disease concept of alcoholism
- 1965 Gerald, D.L., Saenger, G., & Wile, R. (1962). The Abstinent Alcoholic. *Archives of General Psychiatry*, Vol. 6 (Jan).
“Two central purposes of the treatment of alcoholism – indeed of any chronic disease process – are to maintain life and to sustain functioning in the community.” p. 101