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The American Psychiatric Association Creates a Subspecialty: The Birth of Addiction Psychiatry, Early Years of the American Academy of Addiction Psychiatry

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INTRODUCTION

The American Academy of Addiction Psychiatry (AAAP) was founded in 1985 and was originally named the American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA). AAAP has played an important leadership role in improving education, treatment, research, and public policy in addiction psychiatry. Its early accomplishments include its prominent role in the founding of a Council on Addiction Psychiatry (CAP) in the American Psychiatric Association and an American Board of Psychiatry and Neurology Added Qualifications in Addiction Psychiatry. Other important contributions have been AAAP's national meetings for continuing education in addiction psychiatry, AAAP's role in furthering medical student, resident and fellowship development and training in addiction psychiatry, and AAAP's influential role in public policy. AAAP had interesting beginnings.

In 1984, the nation was in the throes of a cocaine and opioid epidemic that had ravaged inner cities and a burgeoning worldwide human immunodeficiency virus (HIV) epidemic spread fear, especially in the gay and intravenous (IV) drug-addicted communities. In addition, there was a growing awareness of alcoholism and IV drug use as risk factors for an expanding HIV, hepatitis C, and hepatitis B epidemics without

adequate prevention or treatment methods at hand. The National Institute on Alcohol Abuse and Alcoholism and National Institute on Drug Abuse supported research that had increased the knowledge of basic science related to addiction, and there were improvements in cognitive and behavioral treatments that were being combined with 12-step approaches for a more effective treatment. Psychiatrists often played a leading role in cutting-edge addiction research and treatment programs, where the awareness of the importance of psychiatric and medical comorbidity and risk factors were being addressed with evidence-based approaches. In the mid-1980s, the American Psychiatric Association (APA) did not adequately address the enormous problems faced by the country concerning addictions and psychiatric comorbidity, and there was relatively little in medical student and psychiatric resident curriculums and in the scientific program of the annual APA meetings related to alcohol and substance use disorders. However, the early 1980s was a period of increasing interest of psychiatrists and other disciplines in alcoholism and substance-related disorders and with dual diagnosis conditions that were commonly faced in clinical practice. The year 1984 was the right time for the establishment of the AAPAA.

THE BIRTH OF AMERICAN ACADEMY OF ADDICTION PSYCHIATRY

The real “Father of Addiction Psychiatry” was Benjamin Rush MD, a signer of the Declaration of Independence, who in 1784 called chronic drunkenness a disease characterized

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by a loss of control of drinking that could only be cured by permanent abstinence.¹

Addiction Psychiatry as an organized entity began with the creation of the AAPAA in 1985, which was later renamed as the AAAP. The origin of AAAP is an interesting story. AAAP was first conceived at the APA 1984 fall Alcohol and Drug committee meetings. John Talbott MD, then the President of the APA, charged Richard Frances MD, Chairman of the APA Alcohol Committee, and Edward Kaufman MD, Chairman of the APA Drug Committee, to do something to further alcohol and drug treatment.

These two committees whose membership also included Sheldon Miller MD, Edward Khantzian MD, Edgar Nace MD, and Jack Durell MD worked well together and agreed on the following goals. A subspecialty organization in Addiction Psychiatry needed to be created, similar to that of Child and Adolescent Psychiatry, Geriatric Psychiatry, and Forensic Psychiatry. In addition, the Committees felt that the APA needed to create what Richard Frances MD later named “the Council on Addiction Psychiatry” (CAP) to support the new subspecialty. The goals of both AAAP and CAP were to increase the number and quality of educational offerings related to addictions at AAAP and APA national meetings and to educate healthcare professionals and the public about the importance of research, prevention, and treatment of addiction and co-occurring mental and physical illnesses. Another goal was to increase medical student, resident, and fellowship curriculum time and education concerning Addiction Psychiatry and to train expert addiction psychiatrists to lead these programs.²

The founders of AAAP strongly felt that since addiction is a mental illness, psychiatry should take a leading role in its prevention and treatment, and in efforts to improve public education and reduce stigma. An additional goal was to develop a formal subspecialty with Added Qualifications in Addiction Psychiatry under the American Board of Medical Specialties and to develop fellowships in Addiction Psychiatry. The leadership of the APA was supportive of the founders of AAAP in pursuing these goals. The early leadership of AAAP tended to be academic psychiatrists with strong clinical and teaching interests who closely followed and contributed to the burgeoning research literature and the developments in cognitive behavioral and motivational approaches, and medication-assisted treatments.

Richard Frances MD came up with a name for this group, which was adopted originally as “The American Academy of Psychiatrists in Alcoholism and Addictions” (AAPAA), and a logo that had a caduceus encircling the P surrounded by two AAs. This acronym signified uniting the craft 12 step (“AA”) and the scientific-evidence-based (“P”) wings of the field, and it underlined the central role of psychiatrists in leading this medical discipline. In 1984, adopting the term Addiction in naming the AAPAA was a daring act and to some degree prophetic. A number of Surgeon General’s reports had used the term addiction, which some felt had negative connotations, in connection with making the public alert regarding the dangers of tobacco. AAPAA and AAAP (the

organization changed its name to AAAP in the late 1990s) are acronyms that have served the organization well, have been recognizable, and the commonly used term addiction is gradually becoming destigmatized.

Subsequently, other organizations followed AAAP’s lead and used “addiction” in their titles. The American Society on Alcoholism and Other Drug Dependence (AMSAODD) changed its name to the American Society on Addiction Medicine. Getting APA approval for founding CAP (also using the term “addiction”) was a major early successful goal of AAAP, and it enhanced the footprint of addiction psychiatry in all the roles of APA. The American Board of Medical Specialties also used the term Addiction Psychiatry as the subspecialty of psychiatry. The use of the term addiction with its connotation of compulsive use is also becoming more medically acceptable and is beginning to creep into the DSM-5. Many text books have since been written using the term Addiction Psychiatry in their titles.^{3,4}

Shortly after the APA fall Committee meetings in 1984, the principal cofounders of AAAP, Richard Frances MD, Edward Kaufman MD, and Sheldon Miller, penned a letter to “Psychiatric News” asking if there were psychiatrists who wanted to sign up and join AAPAA. In total, 150 psychiatrists sent back letters in the affirmative, and within 2 years, the founding membership grew to approximately 800. The newly minted AAPAA (AAAP) needed a structure to be officially started as a not-for-profit corporation.

Richard Frances MD wrote and modeled AAAP bylaws after those of the APA, The American Association of Hospital and Community Psychiatrists, and The Association for Geriatric Psychiatry. The bylaws aimed to best fit the goals of furthering education, research, public policy, and public service in Addiction Psychiatry. Following the model of the APA, the membership was divided into area groups, which have turned out to be useful to the organization. The bylaws set a course establishing committees, a nomination process for officers, and gave the title “Founding Members” to members who joined in the first 2 years. However, over the years, some modifications have been made to the original AAPAA bylaws, and for over 30 years, these bylaws have served AAAP well.

AAAP was formally started in 1985 with planning meetings and Committee formation during a May APA meeting at the Loews Anatole Hotel in Dallas. Richard Frances MD was elected founding president, Sheldon Miller MD, President Elect, and Edward Kaufman, vice president. Edward Kaufman was also the editor of the *American Journal of Drug and Alcohol Abuse*, which was designated our official journal. Jack Durell MD was treasurer and Ed Khantzian MD was secretary.

AAAP fully came to fruition at its first meeting in conjunction with the APA in May 1986 in Washington, DC. The meeting had an attendance of over 300 members, and Jack Mendelson MD and Jerry Jaffe MD received awards and were speakers. Over the next few years, AAAP gave awards to the first lady, Nancy Reagan, Richard Frances MD, Herbert Kleber MD, and John Ewing MD, and many others since then. Soon after its founding, addiction psychiatry had

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many more educational offerings on the program of the APA, and in 1989, an independent meeting was held.

AAAP's founding bylaws included honoring members who joined in the first 2 years with the title founding members. Many of these members were among the first to be grandfathered in eligibility and passed the first subspecialty board in Addiction Psychiatry in 1993, and many played key roles in starting fellowships. It would be hard to cite all the founding members who made important contributions early on. The late Jack Durell MD served as our first treasurer, John Franklyn MD headed the public information committee, and John Tamerin MD headed up the Area groups, Fred Guggenheim MD, then a member of the APA program committee, was the first chair of AAAP's program committee planning the 1986 meeting, who was later succeeded by Roger Weiss MD. The list of founding members included many who made very valuable contributions to the organization, and it includes distinguished addiction psychiatrists such as John Renner MD, Roger Meyer MD, Robert Dupont MD, Steven Mirin MD, John Chappel MD, Herbert Kleber MD, Jerry Jaffe MD, and Marc Schuckit MD, Edgar Nace MD, to name a few.

At Roger Meyer MD's suggestion, Alice Condé was recruited in 1985 to be AAAP's first Executive Secretary. At the time Alice Condé had been serving in a similar role for the American College of Psychiatry (ACP) and for the Group for the Advancement of Psychiatry. She was a great help in expanding and supporting AAAP's membership, finding hotels, planning meetings, and establishing a national headquarters in the beltway area of Washington, DC. In 1995, AAAP recruited Jean Trumbull as Executive Director, who had significant knowledge and experience in the addiction field and was able to represent AAAP to further the goals of the organization. AAAP's current Executive Director Kathryn Cates-Wessel with her significant experience in the addiction field has greatly improved the educational scope of AAAP. Together with the AAAP's leadership and members, Kathryn Cates-Wessel and her staff have led AAAP to be awarded significant grants, which helped fund important educational activities of the organization.

In the mid 1980s and early 1990s, epidemiological studies indicated the need for greater attention to be given to the complex and important interactions between mental illness and addiction, further justifying a need for leadership and credentialing in addiction psychiatry. Sheldon Miller and Richard Frances (1986) found that 4657 out of 28 000 psychiatrists indicated a strong interest in addiction psychiatry. Whereas most psychiatrists developed an interest in addiction from observing a need for treatment in their patients or from a training or mentorship experience, 20.6% of respondents were drawn to the field by a personal or family experience. In total, 40% of psychiatrists devoted 11% to 30% of their clinical time to substance abuse, whereas 16% dedicated 31% to 70% of their medical practice to addiction. Most psychiatrists strongly agreed that alcoholism and substance abuse are psychiatric disorders that are treatable primary diseases and most encouraged their patients to go to 12-step meetings.⁵

Academic centers, including military and VA medical centers, were developing dual diagnosis treatment and research programs, and centers and fellowships were beginning to sprout up in addiction psychiatry (by 1987, there were 27 addiction fellowships and 34 by 1989 in the United States)⁶. In 1987, AAAP co-founded The Center for Medical Fellowships and formed a 23-member National Advisory Committee, mostly comprising of leading academic psychiatrists, including Marc Galanter MD, Sheldon Miller MD, Richard Frances MD, Edward Kaufman MD, and John N. Chappel MD, who developed the training standards for AAAP.⁶⁻⁸

EARLY DEVELOPMENTS IN ADDICTION PSYCHIATRY

Soon after the founding of AAAP, The Group for Advancement of Psychiatry (GAP) asked Edward Khantzian MD to chair and form a committee on Alcoholism and Addictions that included Richard Frances MD, Marc Galanter MD, Sheldon Miller MD, Edgar Nace MD, Margaret Bean-Bayog MD, Robert Millman MD, and John Menninger MD. In a number of publications, the GAP committee alerted the field to the complex relationship of addiction to other psychiatric disorders and called for more training in the biopsychosocial treatment of addictions. The American College of Psychiatrists, ACP also began to include addiction psychiatry more actively in its programs. The ACP PRITE examinations that were used by psychiatric residents to test resident knowledge increased the numbers of questions related to addiction psychiatry as did the American Board of Psychiatry and Neurology Examinations. Medical student education programs, psychiatric residency training, and fellowship directors also began to pay more attention to addiction psychiatry in medical school and resident curriculums.

In the early years leading up to the first Addiction Psychiatry Added Qualification Board Examination, there was a blossoming of educational material related to addiction psychiatry that was also helpful to training programs and also addiction psychiatrists preparing for their board examinations, which included *The Clinical Textbook of Addictive Disorders*, Guilford Press, Edited by Richard Frances MD and Sheldon Miller MD, whose first edition was published in 1991 with 45 contributors, most of whom were members of the organization.³ In 1992, Sheldon Miller MD, Richard Frances MD, Marc Galanter MD, and Edward Khantzian MD founded *The American Journal on Addictions*, first published by APPI Press, which became the new official journal of the AAPAA.⁹

In 1990, after several unsuccessful attempts to convince the American Board of Medical Specialties, the first being in 1986, of the need for a board examination in Addiction Psychiatry, Sheldon Miller MD, Marc Galanter MD, and Richard Frances MD, representing AAAP, were able to get approval for the formation of a subspecialty examination with Added Qualifications in Addiction Psychiatry under The American Board of Psychiatry and Neurology. With the support of Steven

Scheiber MD, then the executive vice president of the American Board of Psychiatry and Neurology, the first addiction psychiatry examination was administered on March 30, 1993, and 465 of our diplomates who passed this examination received a 10-year time-limited certificate in Addiction Psychiatry. Within 5 years, the number increased to 1776 board-certified psychiatrists, and thereafter, a 1-year Accreditation Council for Graduate Medical Education (ACGME)-approved fellowship was required to sit for the board (Fig. 1).

Sheldon Miller MD chaired the committee developing the examination and together with Marc Galanter had a key role in fostering ACGME, which approved Addiction Psychiatry Fellowships in medical schools throughout the United States.

Sheldon Miller's outstanding commitment, contributions, and leadership in Addiction Psychiatry in the AAAP, the APA, the American Board of Psychiatry and Neurology, the *American Journal on Addiction Psychiatry* and in public policy have had an enormous impact on our field. His mentorship, love of teaching, commitment to evidence-based quality of care, cost-effectiveness, and administrative skills provide AAAP with a rich legacy of which membership can be proud of.

AAAP's goals early on were to have the APA pay more attention to addictions at first by establishing a CAP, similar to the Councils for Geriatrics and Child Psychiatry. AAAP established an American Board of Psychiatry and Neurology

Subspecialty with Added Qualifications in Addiction Psychiatry, which got approved in 1991. AAAP's goals were to educate psychiatrists, other physicians and healthcare practitioners, and the general public regarding the growing body of science, knowledge, skills, and attitudes that could best serve the public. Over the years, AAAP'S meetings have always been well attended and given high ratings by those who attended. AAAP furthered public policies that would enhance research and education and increase the availability of quality affordable treatment and health insurance parity. AAAP also hoped to develop growing numbers of approved Residency Review Committee Fellowships in Addiction Psychiatry that would train researchers, program leaders, educators, and clinicians, preparing them for official Addiction Psychiatry Board Added Qualifications Certification. AAAP succeeded in this goal, and valuable fellowships were developed as a result of these efforts.

THE EARLY RELATIONSHIP OF AAAP TO AMSAODD, TODAY S AMERICAN SOCIETY OF ADDICTION MEDICINE AND THE INTERNATIONAL SOCIETY OF ADDICTION MEDICINE

The medical association of physicians primarily interested in substance abuse before AAAP was called The AMSAODD,

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FIGURE 1. Committee members who wrote the first Addiction Psychiatry Board Examination, which led to a Certificate of Added Qualifications (CAQ) under the American Board of Medical Specialties and which established the subspecialty of Addiction Psychiatry, under the American Board of Psychiatry and Neurology. Sitting left to right are Marc Galanter MD, Richard Frances MD, Edward Kaufman MD, Sheldon Miller MD (Chairman), and Edward Khantzian MD. Standing left to right are Thomas Kosten MD, Collins Lewis MD, George Woody MD, Steven Scheiber MD, and Edgar Nace MD.

which was renamed later as The American Society of Addiction Medicine (ASAM). It was originally started by Ruth Fox MD in 1954, what was later known as ASAM, and had a membership that was composed of physicians from all specialties, a large number of whom were in recovery, and a strong emphasis on AA, 12-step programs, and the Minnesota model of rehabilitation programs. It had developed its own certification examination outside of the American Board of Medical Specialties.

AAAP was from early on complementary to AMSAODD (which changed its name to ASAM in 1990) and yet in competition with it from the start. Approximately one-third of the AMSAODD membership had been comprised of psychiatrists, many of whom were among the first to join AAAP. Approximately one-third were doctors in recovery, and often these were physicians from other than primary care specialties, trying to rebuild their lives after shattering experiences related to addiction. Both organizations from their own perspectives have evolved and played an important role in serving the public good and have been addressing important aspects of treating patients with addictions and furthering research and training.¹⁰

Addiction Psychiatry (AAAP) was born out of recognition of the importance of the need for evidence-based knowledge, skills, and attitudes, and the importance of co-occurring psychiatric disorders in treatment, research, and teaching about addictive disorders. There were efforts also to integrate treatments based on the academic and the craft sides of the field with less emphasis on being a recovering doctor as an important claim to expertise. AAAP aimed to further the skills, attitudes, and knowledge of psychiatrists, and the development of a subspecialty within psychiatry in part so that psychiatrists would not have to get fellowship training in addictions outside of their specialty and to allow psychiatrist to bring their special expertise to leading and developing treatment, research and training programs. ASAM's certifying examination developed outside the board of medical specialties. In contrast, AAAP's goal was to develop a recognized formal subspecialty with fellowships and an Added Qualification Examination in Addiction Psychiatry through the American Board of Medical Specialties. Qualifications for this board examination included having completed a residency in an ACGME approved program and after a grandfathering period, a fellowship in addiction psychiatry to sit for the board examination.

In 1999, the International Society of Addiction Medicine was founded and modeled after AAAP and ASAM, consisting of medical practitioners and physicians from 93 countries. Nady El Guebaly MD, a Canadian psychiatrist and member of AAAP, was its first president and founder, and many leading American psychiatrists have been active in that organization, including Greg Bunt MD, Kathleen Brady, and Marc Galanter MD. This forum for international cooperation is helping to develop better research, treatment, and education in addiction psychiatry.

SUMMARY

The founding members and many other collaborators who helped build AAAP into the vibrant organization helped establish Addiction Psychiatry as an important subspecialty organization. AAAP has met many of its original goals of fostering public good, training, research, excellent clinical care, and public policy. AAAP and field of Addiction Psychiatry are both still young, and there are many opportunities to build on the vision of the founders. Every past president was faced with challenges and opportunities that led to building of the fine subspecialty organization that exists today. It is noteworthy that although AAAP's early presidents and leaders were mostly male, in recent years the leadership of AAAP has included four women presidents: Kathleen Brady MD, Eleanor McCance-Katz MD, Frances Levin MD, and Shelley Greenfield MD. All three of our executive leaders have also been women. Our membership (currently 1500) is regularly attend our national meetings, productive in research, training and leading treatment programs and are increasingly up to the challenge of improving the care of addicted patients. In summary, within 6 years of starting AAPAA that was to become AAAP, its influence established a CAP at the APA and a subspecialty of Addiction Psychiatry within the American Board of Medical Specialties, and the creation of approximately 25 fellowships in Addiction Psychiatry in the United States. AAAP has become among the most important medical organization interested in the addiction field, and it is increasing its collaboration with other medical organizations and disciplines to face the challenges of addiction in America.

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