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Reflections: NIAAA’s Directors Look Back on 25 Years

MORRIS E. CHAFETZ, M.D. DIRECTOR, 1971–1975

AH&RW: Dr. Chafetz, how did you get involved in the alcohol field? It was not really a popular field in the 1960’s and 1970’s.

Chafetz: No, it certainly was not. What got me into the field on July 1, 1954, was pure opportunism. I had finished my training at Harvard Medical School and Massachusetts General Hospital and there was no job available except one. The State had given Massachusetts General Hospital money to start an alcoholism clinic, and no other psychiatrist would take the job. I did not think much of alcoholic people. I did not like them; I just was not the least bit interested in them. But I loved the hospital and I wanted to stay there. And it only took me a few months of listening to these patients to recognize my prejudices and the prejudices of others. I realized that this issue reflected every social health policy problem being faced by the country. This

¹Senator Harold Hughes was chairman of the Subcommittee on Alcoholism and Drug Abuse in 1969/1970, which drafted Public Law 91-616. This law, among other things, established NIAAA. The Senate approved the bill on August 10, 1970, and the House of Representatives followed on December 18, 1970. President Richard Nixon signed the bill into law on December 31, 1970.

realization is why I have enjoyed working in the field for 41 years and still enjoy it.

AH&RW: Before you became the first director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), were you also involved in the lobbying process for the legislation that established the new Institute?

Chafetz: Well, I testified before Senator Harold Hughes’ committee when it was preparing the legislation in 1970.¹ I represented the American Psychiatric Association. As you can imagine, there were very few people who were interested in the legislation. The only people who were really interested in the issue were people who had had alcohol problems themselves or in their family. I didn’t qualify for that. But people who have suffered an illness tend to be subjective and judge the problem only from their experiences. Because I was not personally affected by alcoholism, I could take what I felt was a more objective perspective. For example, I remember that when Marty Mann² first heard me speak in 1959, she said, “I disagree with everything that you’ve just said, but for the sake of the field, please keep saying it.” Also, when I testified, Senator Hughes—who himself had recovered from alcoholism—asked me some critical questions and he was startled by my candor in responding to them. We became fast friends after the hearings.

In September 1970 I took a position in what was then the Division on Alcoholism at the National Institute of Mental Health (NIMH), so officially I could not lobby for the alcohol legislation. But that

didn’t mean I did not quietly work very hard to have it passed. On December 18, 1970, I was in the gallery with my wife when the bill was passed in the House of Representatives, and I went down and hugged Congressman Paul Rogers who had steered it through. I later learned that I should not have been present when my bill was being considered. But I was just too ignorant of all the rules and regulations to have known that.



MORRIS E. CHAFETZ, M.D., was NIAAA’s first director. After leaving the Institute, Dr. Chafetz founded the Health Education Foundation, an organization that focuses on the relationships between lifestyles and health. He still serves as the president of the foundation. In addition, Dr. Chafetz served on President Reagan’s Presidential Commission on Drunk Driving.

Everybody then said that President Richard Nixon would never sign the bill because he was very much opposed to it. I was going out of the country but I reassured all my friends that “Chafetz luck” would operate, and President Nixon finally did sign the bill on December 31. I later was told that he signed it without a word.

AH&RW: What was it like to be in charge of establishing the new Institute?

Chafetz: Well, as Harold Hughes said to me, I had a one-in-a-million opportunity. I had spent 16 years studying alcoholism in an academic setting; I had been all over the world studying the problem. I really was quite immersed in it. When I was invited to become the director, I couldn't pass it up, it was just an unbelievable opportunity. Who gets the chance to start a Federal agency in their area of expertise, the field they have studied for years? It really was the greatest 5 years of my life.

AH&RW: What was NIAAA's most important mission in that initial period?

Chafetz: At that time, it was to get rid of the stigma that was associated with alcoholism. I remember that Harold Hughes could not recruit a public figure to testify about his or her alcohol situation. Finally, we convinced [actress] Mercedes McCambridge to speak. She put her career in jeopardy by testifying. Now it has become almost the other extreme. It is almost fashionable to have an alcohol problem and to say you are recovering from it. But at that time, alcoholism was so stigmatized, was so looked down on.

Having experienced the extent of my own prejudices and my own ignorance of the issue, I was bound and determined to turn the country around and to treat alcoholics as ill human beings who needed treatment, not as bad people who should be ignored and neglected. I remember saying in one of my first speeches that alcoholism was America's most treatable, untreated illness, and I still feel that way. But the Institute also became involved in a lot of other areas. We got into prevention, we got into international programs.

When I started at NIAAA, the budget was \$6.5 million. By fiscal year 1974, my last year at the Institute, we had a staff of only 90 employees, including secretaries, but a budget of \$214 million. At that time,

we funded everything: grants for the State programs, education, prevention, treatment, international work—you name it, we did it.

AH&RW: How do you think NIAAA's mission has changed over the years?

Chafetz: I have studied the history of alcoholism and alcohol research, and I have repeatedly seen a shift in focus away from the people and onto the drug alcohol. I think that this is an unfortunate situation. I consider alcoholism and alcohol problems a people issue, a societal issue.

This shift of focus from the disease alcoholism to the drug alcohol is what bothers me the most because alcohol itself really does not count: The issue is people. I am a people person in all my activities. That is why at NIAAA we started a prevention program that focused on responsible drinking. That is why the foundation I head now has developed a program with the acronym TIPS [Training for Intervention Procedures by Servers of Alcohol], which teaches people around the drinker to make sure that the drinker does not get into trouble. I believe in local education; I believe in responding to human beings. But I have a feeling that some of the missions of the Institute got distracted away from the people.

AH&RW: Do you think that the individual alcoholic or health care professional benefits from all the scientific advances of alcohol research?

Chafetz: My view of alcoholism is that it is a multidimensional illness that involves many facets—genetics, physiology, societal aspects, and so on. Although research has refined some of these specific aspects of alcoholism, I don't believe that we have made the progress necessary to help us understand or successfully treat alcoholism. It is such a multidimensional problem. We still do not have clear definitions of alcoholism and alcohol problems. How can we measure the outcome of a genetic predisposition if we do not have a clear definition of the disease? Alcoholism is not the kind of condition that lends itself to easy conclusions.

AH&RW: What do you think has been NIAAA's most outstanding achievement over these 25 years?

Chafetz: The most important achievement, in my opinion, is that NIAAA has made the country recognize that alcoholic people are not bad but are ill and in need

of treatment. The social stigma has been removed and people now will seek help. There are still many things missing in the system of providing help, but it is nonetheless an enormous success. Imagine breaking down such a prejudice in only 25 years! That is a remarkable achievement.

AH&RW: What has your tenure at NIAAA meant to you personally, and how has it affected your career?

Chafetz: For one thing, it brought me to Washington, DC, and I have stayed ever since. And the time at NIAAA certainly was the greatest professional experience of my life. I could not have been luckier than to have had that experience of founding a Government agency.

The experience as Institute director also gave me a new perspective—that no matter how wonderful treatment was, it could only contain the flood of alcohol problems, not stop it. I realized that we had to move to a prevention modality. That realization motivated the prevention program for responsible drinking at the Institute, and it was the reason why I later developed the TIPS program. I think that to teach people in bars, in universities, in grocery stores, and in the workplace, to give them the tools to intervene and prevent alcohol problems, is the way to go. Prevention is the key and will always be the focus of my activities. And when I talk about prevention, I don't mean lecturing or putting out slogans and signs. I am talking about people having an impact on other people. That is how true changes in behavior are made. My work in prevention gives me almost as much satisfaction as I experienced starting the Institute.

After I left NIAAA, I also was appointed by President Ronald Reagan as the chairman of the Education and Prevention Committee of the Presidential Commission on Drunk Driving. That was a great experience as well.

AH&RW: What direction should the alcohol field take over the next 25 years in your opinion?

Chafetz: I would hope that we would acquire a better understanding of how we can prevent alcohol problems. And rather than focus on the drug alcohol, I would like to see a focus on people. The research should be on people, not on a substance that has been around since the beginning of time. ■

³Marty Mann was the first female member of Alcoholics Anonymous. She also founded the National Committee for Education on Alcoholism, which later became the National Council on Alcoholism.