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The National Association of Addiction Treatment Providers: Thirty Years of Leadership and Service

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Fourteen physicians and lay people met in New York City in November 1870 to found the American Association for the Study and Cure of Inebriety (AASCI)—the first professional association of addiction treatment providers. AASCI nobly represented the new field until the association's collapse in the second decade of the twentieth century amidst the larger closure of inebriate asylums, inebriate homes and private addiction cure institutes. It took the dedication of many recovery advocates and more than five decades of effort to rebirth the modern field of addiction treatment. The resurrected field rapidly became a patchwork of advocacy groups, publicly funded and private treatment organizations, governmental and regulatory bodies, and a wide mix of professional roles—all represented by different state, regional and national associations.

At a time that the emerging field was dominated by the flow of new government funding, a number of private programs began discussing the need for a professional association that represented the particular needs and interests of their organizations and their clients. Those discussions, which began in September of 1976, led to the founding of the National Association for Alcoholism Treatment Programs (NAATP) in January 1978. The founding NAATP leaders included Bob Scott, Len Baltzer, Joan McCrea, Hank Clark, Jim Fulton, Lou Carrier, Jerry Creeden and Burt Knight. From discussions between a dozen programs in California, NAATP membership grew to more than 650 treatment programs in 45 states by 1988. Michael Q. Ford, NAATP's first full time Executive Director, orchestrated this first decade of development, but trouble was on the horizon for NAATP and the whole treatment industry.

The 1990s threatened the character and existence of NAATP and private addiction treatment programs. An aggressive system of managed behavioral health care created a precipitous drop in patient census and sparked the closing of many programs. NAATP membership plummeted,

and many remaining members were unwilling or unable to pay their dues. In the midst of this crisis, NAATP moved its office to Washington and recruited Ron Hunsicker to serve as NAATP's new director. Ron and a small cadre of board members began NAATP's resurrection, growth and return to vibrancy. NAATP survived its near-death experience and now stands again as one of the premier organizations in the field of addiction treatment.

Over the past year, I have had the honor of interviewing NAATP leaders from across the country about NAATP's history and contributions. From these interviews I have drawn several conclusions about NAATP's distinctive niche in the modern history of addiction treatment. First, NAATP, by retaining fidelity to its primary mission of serving its membership, has played a role in enhancing the quality of addiction treatment in the United States. It has done this through the vehicles of information dissemination, professional networking, training, technical assistance, standards development, membership surveys, and through programs that honor professional and organizational excellence. Second, NAATP has represented private programs to the larger field and the larger society through its policy advocacy efforts and through its public service initiatives. The former include legislative advocacy and filing briefs before the Supreme Court on addiction-related cases; the latter include making beds of its members available to persons displaced from treatment in the aftermath of Hurricane Katrina. Contributions to the larger field also include development of new technologies for the field such as the uniform patient placement criteria developed by NAATP and turned over to the American Society of Addiction Medicine.

In the final analysis, professional associations are only as good as their core leadership. NAATP has been blessed by two leaders—Michael Q. Ford and Ron Hunsicker—whose long tenures have provided continuity of representation in the field for 30 years and whose dedication and competence have bestowed gifts to the field that far transcend their contributions to NAATP. And of course, there are the board members who represent some of the finest treatment programs in the world and whose contributions to NAATP's effectiveness and the larger field are immeasurable. I finished my interviews with the NAATP staff and past and present board members with a sense of awe at what their dedication and skill had done for the survival, resilience and renewal of NAATP and the larger field. I also experienced a sense of privilege at having met some of the pioneers of modern treatment who will soon be passing the torch of leadership to a new generation.

The field of addiction treatment is a more capable field because of NAATP's role in it, and the field's future is more secure because of NAATP's commitment to that future.

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