During the historical invasion of Turtle Island (North America), Indian leaders asserted that Native peoples’ status as sovereign nations granted their right to banish exploitive whiskey traffickers from tribal lands.

In the 1860s, leaders of the Chicago Washingtonian Home set forth the proposition that every industry ought to be responsible for individuals harmed by its products and actions. This proposition led to the allocation of a portion of liquor license and liquor tax revenues in Cook County for the treatment of alcoholism.

In the 1890s, members of the Keeley Leagues (the alumni support group of the Keeley Institutes) marched on the Pennsylvania State Capital to support passage of a Keeley Law that allocated state funds to subsidize alcoholism treatment for those who could not afford it. They argued that access to alcoholism treatment should not be the exclusive privilege of the affluent.

In 1906, patients of the Massachusetts Hospital for Dipsomaniacs and Inebriates organized a protest that exposed abusive conditions within the hospital (medical incompetence, patient neglect and abuse, misallocation of patient fees). Their protest led to the indictment of key staff and the reform of the institution.

In the mid-twentieth century, recovery advocates challenged “morality clauses” in the by-laws of community hospitals that barred admission of alcoholics. Such exclusions were based on the belief that alcoholics were not morally qualified for medical care. Recovery advocates argued that alcoholism was a disease and that those suffering from it should have equal access to health care institutions. During this same era, advocates argued before the courts that public intoxication by the chronic alcoholic was an involuntary act and should be addressed via medical care rather than
incarceration. Their sustained advocacy led to the decriminalization of public intoxication.

These milestones in recovery history constitute early efforts to elevate civil rights issues within addiction-related public education and health reform movements. The stigma and shame attached to addiction have worked against transforming recovery advocacy movements into a more fully formed civil rights movement, but that transformation could occur in the opening decades of the twenty-first century.

Recovering people, long-silenced, are now declaring their presence within and contributions to this culture. We are speaking out against objectifying stereotypes and discriminatory policies that narrow the doorway of entry into recovery.

We are confronting discrimination in health and life insurance, housing, education, employment, and social services and are demanding the privileges and benefits available to other American citizens. We are moving beyond our own personal recoveries to become catalysts of social change.

The time to define the American recovery advocacy movement as a civil rights movement has arrived.