

# Alcoholism

## ...the problem brought up to date

One of the most difficult problems that any family may be called upon to face is alcoholism. The nature of this illness is such that the alcoholic is unable to overcome his problem alone, yet he often finds it difficult to accept the help he needs from his physician, or Alcoholics Anonymous, or other private or community facilities.

That his family, too, may be slow to seek the necessary outside help is not particularly surprising. Only in recent decades has alcoholism come to be recognized as an illness instead of a moral problem, and it still has not fully ceased being either a source of ridicule or socially unmentionable. Moreover, the members of an alcoholics family are very likely to be fighting pangs of guilt, either conscious or unconscious, arising from a nagging worry over, "what did I do to drive him to drink?"

Today it seems plain that an alcoholic is a sick person whose illness has its basis in psychological or emotional factors, the precise nature of which are as yet undefined. The alcoholic turns to alcohol to ease psychic pain or distress. We know that present methods of treatment for alcoholism do not "cure" the condition, in the sense that the alcoholic can continue "controlled" drinking. The patient must shut off the use of alcohol completely and permanently. All the evidence points to that course of action as the only basis on which the disease can be arrested and the alcoholic returned to a constructive, useful life.

**Where to draw the line?**

An estimated 75,000,000 persons in the United States consume alcoholic beverages in one form or another. Over 5,000,000 of them can be designated as "problem drinkers" - that is, as alcoholics.

Even defining the clinical features of alcoholism as a disease is not simple. The physical signs of alcoholism, such as cirrhosis of the liver, occur only very late in the disease - after years or decades of uncontrolled drinking. Before this stage is reached, there may be few or no signs of physical deterioration. The World Health Organization in attempting a description simply says that alcoholics are "those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a notable mental disturbance or an interference with their bodily and mental health, their interpersonal relations and their smooth social and economic functioning; or show the prodromal [premonitory] signs of such development." While attempts have been made to arrive at a more exact, measurable definition, this seems to describe the condition adequately.

Medical authorities are well aware of what an alcoholic does, even if they don't know the fundamental cause of his disease. His conduct and actions are almost predictable. The individual whose life is becoming unmanageable because of alcohol will need a morning drink, or drinks, to get going; he may sneak drinks, using all sort of subterfuges and devices to cover up his secret. He may fail to return to work after lunch. He will begin to come in late for work, and then will build up a

record of absences with flimsy excuses. He will slip out on one pretext or another for a quick one, carry a bottle on his person, or keep one in his desk or locker. He will be very sensitive to criticism, both of his drinking and of his work. He is very likely to have blackouts (complete loss of memory); and such blackouts may cover extensive periods. An alcoholic may even wake up in a strange city and be unable to account for his presence there. His relations with his family, friends, and fellow workers will show signs of disruption. His eating habits probably will change, and late in the disease he may go for long periods without eating anything at all.

Such signs are a clear indication that it is time to discontinue the use of alcohol completely and forever. It is a fact that a few incipient alcoholics are able to do just that of their own accord. But, more typically, such a person will insist that he has no problem and reject all offers of help. For him the need for liquor eventually will become compulsive. One drink of *anything* containing alcohol and a chain reaction follows over which the alcoholic has absolutely no control. He finds it impossible to stop drinking.

At that point, his moral standards just about disappear. His promises mean nothing. He becomes extremely artful and develops the most plausible excuses and explanations to avoid coming to grips with the reality of his situation.

This pattern stays with the drinking alcoholic all his drinking life. Furthermore, long periods of abstinence seem to have no effect whatsoever on his inability to regain control of his drinking. A week, a month, a year, even 10

years after he has "gone on the wagon," the first drink will activate the devastating compulsion, and he returns to his old pattern, usually in an aggravated form.

### Why outside help

A person who has reached the stage of alcoholic sickness must not be judged by the usual conventions. His actions should be regarded as symptomatic, and accepted as part of a disease process. And that's not easy. It is very difficult for the non-alcoholic to grasp the depth and complexity of the emotional factors involved in compulsive drinking; to appreciate that the socio-economic, intellectual, or professional background of the victim does not help him to resist the progression, once the compulsive phase of the malady has asserted itself. Help in such cases requires patience, skill, and a depth of understanding that can be developed only by long experience with the problem. That is why an alcoholic's family - or the alcoholic, himself, if he can bring himself to do so - must look to assistance from the outside.

In most communities, the possible sources of help for a family facing alcoholism are varied, and it is impossible to predict which of them will prove most useful in any one instance. But it is worth noting that some forty states now have tax-supported programs covering help for alcoholics, and in such a state reference to the state or local health department usually can make this resource available.

Also, the National Council on Alcoholism, Inc. (2E. 103rd Street, New York 29, New York) has local affiliated councils in 64 cities in the United States, most of which provide Alcoholism Information Centers where those who are

interested can get personal consultation and literature, and referral to other community resources, such as hospital clinics specializing in the ambulatory or in-patient treatment of alcoholism.

### **The physician's role in treatment**

Often the first attempt of an alcoholic at self-help is to arrange a visit to the family doctor for a check-up and a discussion of the problem. So much the better if the physical examination can be given by a physician who is experienced in treating alcoholics or is familiar with community resources for managing alcoholism.

What about treatment? It has become increasingly clear that alcoholics are prone to addictiveness. Barbiturates and tranquilizers, which are still prescribed for some alcoholics because researchers once hoped they would ease the emotional distress underlying alcoholism, hold implicit dangers of addiction and toxic reactions and are best used in a controlled situation. *Antabuse*, however, is a successful drug adjunct. This drug makes the body react with acute distress if alcohol is taken in any form. But *Antabuse* tablets have serious drawbacks. They should be used only under the continued supervision of a physician who is thoroughly familiar with the drug's properties. They must be taken daily; but, if responsibility for taking *Antabuse* is left to the patient, he often will skip it. More serious is the very real possibility that the alcoholic may be tempted to rely solely on the drug and avoid dealing realistically with whatever emotional and social problems are associated with his trouble.

In any event, it is only when

the patient has obtained medical and psychological management that the real recovery process truly begins. And achieving this first goal is a long-term process.

### **Alcoholics Anonymous**

As a method of dealing with emotional and personality problems of the alcoholic, group therapy appears to be more promising than private therapy. On this score, many patients, as well as their physicians, lean heavily on Alcoholics Anonymous (A.A.) to help out. Indeed, this organization is almost universally recognized as the one type of group therapy which has been most successful in helping alcoholics.

As most readers are undoubtedly aware, A.A. is an informal fellowship of alcoholics who are joined together to help themselves and others to maintain sobriety. The only requirement for joining the organization is the serious desire to quit drinking.

At the same time, the family of the alcoholic who has not yet accepted the fact that he must stop drinking altogether (or even of one who has accepted that fact and is acting upon it) can get comparable help for themselves from another organization, called Al-Anon, which is separate from, but closely identified with, A.A. (For information, write to Al-Anon Family Groups Council, 40 East 40 Street, New York 17, N.Y.)

The membership of one or more of his immediate family in an Al-Anon group has been an important factor in many an alcoholic's recovery. These groups emphasize the fact that they do not discuss the case histories of the alcoholics in whom they are interested, but confine themselves to the tensions and anxieties that are inherent in their own

situations. Those who are within the family circle of an alcoholic suffer extreme anxiety, anguish, and frustration, since their attempts to help come to nothing; they feel beaten, hopeless, and angry - with overtones of guilt. It is only when they clearly realize that alcoholism is a disease, and that they are not responsible for its development, and when they understand and master their own feelings of guilt and hostility through group discussion, that they can cope effectively with the vagaries of the alcoholic's conduct and eventually help him get back on his feet.

### **A look to the future**

So far, this report has devoted itself to a program which, in effect, locks the barn door after the horse is stolen - that is, to treatment of the alcoholic after he is in trouble and is seeking help. Another sort of program - aimed at detecting alcoholism early in the disease - is being pioneered by a few industrial concerns. The companies recognize that valuable personnel who might otherwise be lost to alcoholism can be kept productive if help is provided soon enough. Their program begins with a general

educational program, aimed at both employees and management. Supervisors, in particular, are trained to sense the existence of problems in the lives of the employees under them. A channel is set up through which workers who may be succumbing to alcoholism can be referred, with a minimum of embarrassment, to a qualified group of therapists. In most instances, this group is composed of a physician, a psychiatrist, and counselors who are members of Alcoholics Anonymous.

There is growing acceptance of such an approach within the medical profession, and even by alcoholics themselves. The success of such programs depends, of course, on the wisdom and patience of the counselors in dealing with highly personal situations. They must neither exhort nor lecture; and they must gain the confidence of the alcoholics with whom they deal.

Today, alcoholism ranks among society's major health threats. It is widely felt that the prevention and control of this disease will come in the course of time, but only through the same methods and efforts which have proved successful in combating other public-health problems: a vast program of public education, and of intensive research and study.