

Experts debate disease theory of alcoholism

'There is more evidence pointing to alcoholism as being a psychological or mental condition of alcohol dependency or addiction.'

— Dr. J. Michael Polich
Rand Corporation scientist

By Bill Casper
staff writer

The American public has been sold the concept that alcoholism is a disease and abstinence from drinking is the only effective treatment.

But today there are some alcoholism authorities who no longer buy that idea originally put forth by the Temperance movement of the 1930s.

In fact, some alcoholics can and have successfully returned to moderate drinking, according to a controversial study by the Rand Corp. The four-year report studied 922 male alcoholics who received treatment in public-funded clinics.

"The traditional mode of alcoholism as packaged in a 1940s sales job by proponents of the disease concept classifies alcoholism as a chronic, progressive and irrevocable disease with the only cure being abstinence," according to Dr. J. Michael Polich, a Rand Corp. social scientist with a doctorate degree in sociology.

"OUR STUDY and others discredit that notion," he said. "That traditional mode states that if recovering alcoholics take a drink, they run the risk of returning to dependency, which constitutes a self-fulfilling prophecy. Our study indicates otherwise, that alcoholism is not necessarily permanent, progressive or irrevocable."

"However, we did find that the condition of dependency is an important factor in determining the probability of success or failure in treatment," Polich said. "Our study indicated that the degree of dependency on alcoholism to accomplish daily tasks represents a good indicator of the seriousness and number of future problems the alcoholic is likely to encounter."

"Our study indicated the majority of those alcoholics who sought treatment were older men with a high dependency on alcohol and were less likely to respond to treatment and less likely to be able to return to moderate drinking, although some did reduce their dependency on alcohol. However, the study also indicated that they died prematurely within the four-year period after first seeking treatment."

The mortality rate of that group was 50 percent higher than among the younger alcoholics with a lesser dependency on alcohol, Polich said.

"Probably the best advice for recovering alcoholics who have a high dependency on alcohol is to abstain from drinking."

"BUT THE study also indicated that younger men who underwent treatment with a lesser dependency on alcohol generally responded better to treatment and were more likely to go back to moderate drinking without experiencing any serious problems."

Polich said the evidence pointing to alcoholism as a disease is inconclusive.

"There are some studies which cite certain physiological characteristics alcoholics have in common, but other studies show the opposite. There is more evidence pointing to alcoholism as being a psychological or mental condition of alcohol dependency or addiction," he said.

"I don't view alcoholism as a single disorder because it can be the cause of a wide range of problems ranging from the physiological to public safety and thus treatment will vary according to the individual and the problems he or she faces from alcoholic dependency," said Polich. "The same treatment would not necessarily work for all alcoholics. But we did find from our study that the more treatment of any kind an alcoholic receives, the better the chance for reduction of dependency and I would advise an alcoholic to seek some kind of treatment."

Polich said the disease proponents of the 1930s and '40s were able to persuade the public that alcoholism is a disease because such a concept lent respectability to alcoholism.

HOWEVER, the disease concept allowing the alcoholic to rationalize "it's not my fault" also works as a disadvantage because it removes the responsibility from the alcoholic of facing the problem and dealing with it, he said.

The disease concept encourages the alcoholic to say "the problem is not in my hands, but in the hands of my doctor," Polich said. An alcoholic must be motivated to recognize the problem and to do something about it.

Another leading authority on alcoholism, Robin Room, scientific director of a federally funded National Alcoholism Research Center in Berkeley, Calif., agrees with Polich that there are numerous kinds of alcoholism and that treatment should be addressed according to the specific character of the problem.

"I don't concern myself with what alcoholism is called, be it a disease or not," said Room, who also is a lecturer for the school of public health at the University of California, Berkeley.

"I believe we have to respond to the character of the alcoholic problem whether it be job absenteeism, drunk driving or liver cirrhosis, and broaden our range of strategies to prevent alcoholism-related problems during the treatment process," he said.

"IN THE CASE of drunk drivers, the installation of air bags in cars could prevent deaths, although I don't suspect that idea is well received in Detroit. In the case of alcoholism causing job problems, I think we have to look at how the job can be structured to prevent drinking problems," Room said.

"Railroad workers, for example, are often on-call when not working and if called to work, the alcoholic may report drunk. Changing the on-call policy may reduce that occurrence. It is easier to change the environment of an alcoholic than the alcoholic's behavior."

"Consequently, alcoholic treatment programs are only effective if the alcoholic is self-motivated to seek treatment and not pressured into it," said Room.

Madonna confab targets alcoholism

The "do's" and "don'ts" of dealing with alcoholism will be the focus of a four-day workshop and a one-day conference planned at Madonna College in May.

"Understanding Alcoholism: Basic Strategies for Prevention" will be held from 7-9 p.m. Mondays and Thursdays May 11, 14, 18 and 21 in Room 306 of the Academic Building.

The workshop will offer information on the types of addictive chemicals and focus on the psychological approaches used in breaking down an alcohol abuser's denial system. The fee is \$20 and participants will receive eight-tenths of Continuing Education Units.

The typical alcoholic American



There's no such thing as a typical alcoholic; there are all kinds, according to this poster produced by the National Institute on Alcohol Abuse and Alcoholism.

Drinking: It's a \$61 billion hangover

The facts are staggering. One drinker in 10 is an alcoholic. Half of all traffic fatalities involve alcohol. Four out of five fire deaths involve alcohol.

Nearly two-thirds of all murders involve alcohol. On top of that, statistics prepared by the National Council on Alcoholism (NCA) note that between 6-10 percent of all employees are alcoholics. That costs consumers and employers nearly \$61 billion annually in absenteeism, health and welfare services, property damage and medical expenses.

In Michigan, alcohol abuse and alcoholism combined are ranked as the fourth highest cause of death. The biggest cause of alcohol-related death is cirrhosis of the liver, or extensive scarring of the liver. The disease is irreversible.

In Wayne County the incidence of death from cirrhosis of the liver is 27.6 per 100,000, or nearly twice the national average of 14.3. In Oakland County the figure on cirrhosis deaths is 9.5 per 100,000.

Alcoholism itself is estimated to shorten life expectancy by 10-12 years.

THE PROBLEMS of alcohol affect everyone. There is no "typical alcoholic" and the stereotype of the Skid Row bum is not valid. The NCA says that less than 3 percent of the people with alcoholism are found on Skid Row.

And there is no "typical drinker." NCA surveys estimate 95 percent of those over 15 have had a drink at some time in their life. Proportionately, drinkers between 18 and 21 drink more than other age groups, despite the fact that the legal drinking age is 21.

What is being done about alcoholism? Not enough, according to people involved in the treatment of alcoholics.

Nationally, the money available in the 1981 federal budget for alcohol rehabilitation programs is \$11 million, or 6.8 percent less than in 1980. And the prospect for funds in 1982 is less promising.

According to Ken Corbett of the Michigan Department of Health's Office of Substance Abuse, federal funding for alcohol and other social services programs face up to a 25 percent cut in 1982.

Proponents of alcohol abuse programs also complain of the disproportionate amount of public money spent on drug abuse when compared with alcohol abuse programs.

In the 1979-80 fiscal year, it cost \$15 million to treat 21,000 drug abuse "clients" in the state. State and federally supported alcohol treatment programs saw 62,000 "clients" at a cost of \$12.6 million. The funding for each drug "client" was about \$700 while the funding for each alcohol "client" was close to \$200.

And the funding for government-supported alcohol treatment programs is not likely to improve, according to OSA's Dick Calkins. The OSA, which funds both drug and alcohol rehabilitation programs, will have about \$33 million to give out this year, nearly 11 percent less than last year's \$37 million. Meanwhile the number of people seeking help for alcohol and drug abuse problems has increased by 12 percent this year.

The increased case load and the reduction in funds have put people on waiting lists for treatment, says Calkins.

"We don't like the fact that they're out there, but what are we going to do?"

IF YOU ARE A PROBLEM DRINKER, the first thing you must do is FACE THE FACT SQUARELY AND ADMIT IT AT LEAST TO YOURSELF!

You can do this by answering these questions by the late Dr. Robert V. Selinger of the Neuropsychiatric Institute of Baltimore, a leading authority on alcoholism.

	YES	NO
1. Do you need a drink at a definite time every day?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you prefer to drink alone?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you in the morning crave a "hair of the dog"?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is your drinking harming your family in any way?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you get the inner shakes unless you continue drinking?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your drinking hurting your reputation?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you lose time from work due to drinking?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has it made you careless of your family's welfare?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you become jealous of your husband or wife?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has your initiative, ambition, or perseverance decreased?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you drink to relieve feelings of inadequacy?	<input type="checkbox"/>	<input type="checkbox"/>
12. Has your drinking made you more sensitive?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is it endangering your health?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you turn to an inferior environment while drinking?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you show marked moodiness as a result of drinking?	<input type="checkbox"/>	<input type="checkbox"/>
16. Has drinking made you harder to get along with?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is it making your life miserable?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is it jeopardizing your job, business, or career?	<input type="checkbox"/>	<input type="checkbox"/>
19. Has it made you irritable?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is it affecting your peace of mind?	<input type="checkbox"/>	<input type="checkbox"/>

Note: Any three "Yes" answers definitely indicate alcoholism!

If you don't know what's responsible, study the following list. These are the most common REAL REASONS for excessive drinking.

DO YOU DRINK

1. As an escape from situations, problems, or responsibilities which are unable or unwilling to face?
2. Because it keeps you from brooding over past mistakes and failures?
3. To overcome shyness, awkwardness, or a general sense of inferiority?
4. Because it makes you less critical of yourself and your behavior and enables you to do things you feel are wrong and wouldn't do sober?
5. Because of some maladjustment in your sex life?
6. To allay your feelings of fear or anxiety?
7. Because there is serious conflict between what you want out of life and what you have to accept and drinking gives temporary relief from disappointment and frustration?
8. As a means of punishing yourself or to draw attention to yourself?

(From "What You Should Know About Drinking" by Ralph A. Habas. Approved by Director, Bureau of Health Education, American Medical Association.)

'It isn't the amount you drink but what the alcohol does to the system. If you have an allergy to the drug alcohol, you're going to be an alcoholic.'

— Sally Sackett
National Council on Alcoholism

By Richard Leach
staff writer

Two twins, the sons of alcoholic parents, were raised separately by non-alcoholic foster parents. Yet both twins grew up to be alcoholics.

Sally Sackett of the National Council on Alcoholism-Greater Detroit Area said such cases indicate that alcoholism could be considered a genetically transferable disease.

Some research-ers say there are indications of certain physical differences between the bodily make-up of an alcoholic and that of a non-alcoholic, differences that are transmitted from parent to child. But what those differences are exactly, and whether they in fact exist, has not yet been proved.

"Most scientists refer to it as the X factor," said Ms. Sackett, who works in the Detroit council's education department. "It's the difference between heavy drinkers and social drinkers. They had a similar X factor in diabetes, before they discovered that insulin in the pancreas converts food to usable sugar."

Proof that this X factor exists could give added backing to those who consider alcoholism a disease. That group includes such organizations as the NCA, the American Medical Association and the World Health Organization.

THE QUESTION of whether alcoholism is a disease has some important implications. If it is a disease, then the alcoholic can be considered a sick person who needs treatment, not an immoral weakling or a criminal.

And, if alcoholism is a genetically transmitted disease, then the question of whether anyone can become an alcoholic can be answered with a definite "no."

"I would venture to say that no, you couldn't make a blanket statement that everyone is a potential alcoholic," said Jo Neal, clinical services supervisor for the Hegira Alcohol Treatment Center in Westland. "A person can drink large quantities of alcohol for a number of years without ever becoming an alcoholic. That's why I'm prone to accept the predetermined theory."

One theory, she said, holds that an alcoholic is allergic to alcohol. An allergy is defined as a hypersensitivity to a specific substance which in similar amounts are harmless to most people.

"A person who is an alcoholic, a person who is a bona fide alcoholic, cannot think about controlling their drinking," Neal said. "There is some allergic reaction to the drug, in the way some persons who are allergic to strawberries break out every time they eat them. Every time an alcoholic takes a drink, it sets off a loss of control where they can't stop drinking."

Mike Brock, one of Hegira's residential counselors, said this allergy, or X factor, could be related to the manner in which the alcoholic's body assimilates alcohol.

"There are different theories about that," Brock said. "Dr. Russell Smith (of Brighton Hospital in Brighton) says that the alcoholic metabolizes alcohol faster than the non-alcoholic. That would mean the alcoholic can drink greater quantities without immediate effect than the average person, and thereby build up a dependence on the drug, speculated Brock.

RESEARCHERS are currently conducting various studies on such physical aspects of alcoholism as a disease, Sackett said. One major study is Project Cork of the Dartmouth Medical Society. That project is designed to come up with an alcohol/alcoholism curriculum model so that the concept can be introduced into medical schools.

"A lot can be settled when in a few years the hereditary factor can be established," Sackett said. "It's so obvious from observation. There are very few alcoholics that you meet where there isn't some evidence of alcoholism in their background."

Alcoholism as a disease has definite symptoms, Neal said. In Dr. E.M. Jellinek's widely used disease concept of alcoholism, the symptoms are broken up into those that are physical, psychological or social/cultural.

The physical symptoms are increased tolerance, withdrawal and loss of control/blackouts.

Psychological symptoms include lack of trust, anger, fear, self-pity, resentment, guilt and procrastination.

And the social/cultural problems include divorce, loss of job, legal problems and loss of friends.

But some critics of the disease concept say that rather than being a disease with definite symptoms, alcoholism is a personal failing, that the alcoholic's problem is a lack of will power. As one critic, Scottish psychiatrist R.E. Kendal, put it, "... what determines whether a person becomes dependent on alcohol is how much he drinks and for how long, rather than his personality, psychodynamics or biochemistry."

Disease-concept adherents say these criticisms are not supported by direct observation of alcoholics.

"There is a belief that if you drink enough long enough, you're going to be an alcoholic," Sackett said. "My observation is that isn't true. It isn't the amount you drink but what the alcohol does to the system. If you have an allergy to the drug alcohol, you're going to be an alcoholic."

OTTING SUCH famous alcoholics as Ernest Hemingway, Eugene O'Neill, Betty Ford and Dick Van Dyke, Brock questioned whether a lack of will power could be considered the sole cause of alcoholism.

"We are looking at the malfunction of a human being in one area of his life, and in the other areas of his life he's doing very well," Brock said. "A good many people have will power, the ability to sustain effort in other areas, but when it comes to alcohol, they just can't leave it alone."

At the very least, Sackett said, the disease concept removes the "stigma" of alcoholism. As one pamphlet by the National Institute on Alcohol Abuse and Alcoholism put it, alcoholics can be treated as sick persons, rather than being ignored by hospitals as troublemakers or incarcerated by police as public nuisances.