

PHYSICIAN'S ALCOHOL NEWSLETTER

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Alcohol Safety Programs Urged at Traffic Forum

An intensive campaign aimed at reducing the mounting number of high-way fatalities and injuries attributable to drinking was launched at the Forum on Traffic Safety Alcohol Countermeasures for Women's National Organizations held January 11-13 in Washington. Over 500 women attended the forum, which was sponsored by the National Highway Traffic Safety Administration of the U.S. Department of Transportation, assisted by the National Association of Women Highway Safety Leaders.

A workshop series explained the aims of nine Demonstration Projects in Alcohol Safety Action Programs (ASAP), which were announced by Transportation Secretary John Volpe in June 1970. The projects are being funded through

NIXON SIGNS COMPREHENSIVE ALCOHOLISM ACT; LEGISLATION AUTHORIZES \$300 MILLION PROGRAM

The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 was signed into law by President Richard Nixon on December 31, 1970. This landmark legislation authorizes a three-year, \$300 million program, creates a National Institute on Alcohol Abuse within the National Institute of Mental Health, and also authorizes grants to the states for their alcoholism programs and permits project grants to public and private nonprofit organizations.

\$18 million in grants to communities, states, and educational institutions. Here are specific countermeasures which are being included in various ASAP projects:

Multi-Governmental Coordination and Cooperation

The Denver ASAP is an unusually complex project. Denver has received several major grants in the last year, notably large Model Cities and NIMH grants for alcohol and drug treatment.

(Continued on page 4)

The bill also requires that the U.S. Civil Service Commission establish alcoholism prevention, treatment, and rehabilitation for civilian federal employees and guarantee employees with alcoholism the same employment conditions and benefits as persons who are ill from other causes. The Secretary of Health, Education and Welfare is required to submit a report to the Congress, similar to the earlier report on cigarette smoking, which will set out the health consequences of using alcoholic beverages. An independent National Advisory Council on Alcohol Abuse and Alcoholism will be established to ensure outside evaluation of the federal efforts in this area.

Senator Harold Hughes (D-Iowa), chief sponsor of the Senate bill, said, "The main thrust of the legislation approved by both Houses, if creatively administered and adequately funded, can provide the realistic framework for giant steps toward the prevention and treatment of alcoholism in our country."

Adequate funding is the next hurdle. Although both the Senate and House versions of the bill clearly expressed the desire to appropriate funds for the new legislation, this was not carried out because of legislative technicalities. It is expected that President Nixon's second supplemental appropriations request, due to be submitted to Congress in February, will include at least \$30 million for the legislation. However, if no funds are requested or if the level is too low, the House and Senate Appropriations Committees may add whatever funds are needed, after holding hearings on the subject.

(See Editorial, page 2)

Alcoholism Portrayed as Interlocking of "Internal" and "External" Life Styles

Rather than being "only a symptom," or an "illness in itself," alcoholism presents the picture of specific interlocking life styles, according to William Warren Garitano, M.D., and Ruth E. Ronall, M.S., in a paper delivered at the Alfred Adler Centennial Conference held in July 1970 in New York City.

Gamma alcoholism, the authors say, is an "external" life style, with observable common characteristics. To evaluate "internal" life style, which in Adler's terms refers to the individual's inner consistency, unity, and goal-directedness, they asked patients to describe their most outstanding personality characteristics and their earliest memories. Three essential character traits emerged: (1) a deeply felt sense of inadequacy, (2) hypersensitivity, and (3) immaturity.

Typically the internal life style is one in which the person sees himself as abandoned or damaged—helpless in a hostile world. He protects himself against the failure of grandiose goals by passivity. It is a life style of flight.

This pre-existing internal life style produces an affinity to the use of alcohol as an external life style. Alcohol is made available and is sanctioned by the environment.

Alcoholism gathers a momentum of its own and must be seen as the patient's primary problem. The failure to give alcoholism its proper weight has been one of the most frequent pitfalls of therapy. When the patient gives up alcohol, the therapist must be prepared to offer some substitute for the pain-relieving quality of alcohol (which is what AA provides).

However, the patient must be prevented from taking refuge in his identity with the problem; and he must go on to a third stage, where he confronts the contradictions and self-defeating aspects of his internal life style.

Because of the intertwined external and internal life styles, both patient and therapist need the courage to begin again, seemingly from the beginning, as often as needed.

EDITORIAL

Effective Governmental Action Against Alcoholism

The passage and the signing of the Alcoholism Control Act with its authorization of substantial funds is a historic milestone in the fight against alcoholism. It holds great promise for effective implementation of the knowledge we already have and advances toward new knowledge. The fact that this act could be passed at a time when economy is the watchword, and when other health legislation has had particularly low priority, is a testimony to the growing awareness of the previous gap between the need and funding comparable to other health programs. Not that this amount is sufficient to finally conquer the problem, but it is a magnificent start.

However, the authorization of funds serves only as a floor for the capability to deal with the problem. There remains the appropriation of the funds, and then their proper and efficient use to make the effort in treatment and research pay off. The proven probity, vigor, and devotion of the acting chief of the new National Institute ensures that a real effort will be made.

At the same time, the public is beginning to see the effort of the Department of Transportation in containing the outrageous slaughter on our highways associated with alcohol. It is gratifying to note that many of the pilot projects set up will identify and refer for treatment those victims of the disease of alcoholism who are caught in this net. The importance of this is twofold—for the addicted driver, treatment is essential. For the public—punishment of the same driver would be meaningless.

Not the least advantage of the approach of the Department of Transportation is that they have joined hands with the Institute of Alcohol Abuse and Alcoholism, which will provide medical expertise for treatment.

The varied nature of the pilot programs set up by the Department of Transportation provide a mechanism whereby well-planned evaluation could give us lasting information of value in modalities of treatment of alcoholism.

The massive interest of the federal government is now turning to a better resolution of the alcohol problem. FAS

Publications Catalog Available

The 1971 NCA catalog of publications on alcoholism of special interest to practitioners and students in medical and social services is now available from the Publications Division of the National Council on Alcoholism, 2 Park Avenue, New York City 10016.



Bill W., AA Co-Founder, Dies

William Griffith Wilson, who as Bill W. was one of the co-founders of Alcoholics Anonymous, died January 24 in Miami Beach at the age of 75. He last spoke publicly at the closing session of AA's 35th anniversary convention held in Miami last July.

A native of New England, Mr. Wilson first began drinking in the army in World War I. As his career on Wall Street first prospered and later declined with the crash of 1929, his drinking increased. In 1935, after what he called a dramatic spiritual experience, he sobered up and stayed sober. With Dr. Robert Holbrook Smith of Akron ("Dr. Bob"), he founded Alcoholics Anonymous to help fellow alcoholics. The movement spread, and in 1938 a General Service Board of nonalcoholics and recovered alcoholics was established in New York. At its 35th anniversary, AA had more than 15,000 groups throughout the United States and 88 other countries, and 475,000 recovered alcoholics. Members of AA throughout the world paid tribute to Mr. Wilson with group memorial services held February 14.

COURSES

APRIL 18-23 — Western Pennsylvania Institute of Alcohol Studies, University of Pittsburgh. Information from Miss Margaret Sutton, Chief, Community Organization Section, State Department of Health, P.O. Box 90, Harrisburg, Penn. 17120.

APRIL 26-30 — "Alcoholism and Chronic Liver Disease," Tufts University School of Medicine, to be held at Lemuel Shattuck Hospital, Boston, Mass.; Frank L. Iber, M.D., Director. Information from Registrar, Postgraduate Courses, American College of Physicians, 4200 Pine Street, Philadelphia, Pa. 19104.

MEETINGS

MARCH 28-APRIL 1 — International Conference on Alcoholism and Drug Dependence, Liverpool, England. Information from ICAA, Case Postale 140, 1000-Lausanne, Switzerland.

MARCH 31—Symposium on Alcohol, co-sponsored by the Medicinal Chemistry-Biochemistry and Pharmacology Sections of the American Pharmaceutical Association, Academy of Pharmaceutical Sciences, San Francisco, Jack Tar Hotel.

APRIL 27-29 — NCA National Meetings, Anaheim, California. Information from NCA, 2 Park Avenue, New York.

JUNE 28-JULY 2 — 17th International Institute on the Prevention and Treatment of Alcoholism, West Berlin. Information from ICAA.

AUGUST 6-8 — International Doctors in AA — Annual Meeting at Treadway Thousands Islands Club, Alexandria Bay, N.Y. 13607. Information from Secretary, IDAA, 1950 Volney Road, Youngstown, Ohio 44511.

SEPTEMBER 12 thru 17 — NAAAP Annual Meeting, Hartford, Conn.

OCTOBER 5-8 — International Symposium on Alcoholism and Drug Dependence, Dublin, Ireland. Information from ICAA.

BOOKS

The Rehabilitation of the Alcohol Dependent: An Exploratory study.

By Sally L. Perry, George J. Goldin, Bernard A. Stotsky, and Reuben J. Margolin. *Northeastern University Studies in Rehabilitation No. 11.* Lexington, Mass.: Heath Lexington Books, 1970. 174 pp. \$10.

This research study of the psychological and social factors in the lives of alcohol dependents concludes that a substantial proportion of the skid row sample sustained emotional losses in their lives, had dominant and in some cases overprotective mothers and alcohol dependent or absent fathers, and had limited childhood and adolescent experiences in developing social interaction skills.

Poisoning Misadventures

By Lloyd Bryan Jensen. *Springfield, Ill.: Charles C. Thomas Publishers, 1970.* 202 pp. \$10.50.

Narrative excerpts on food-borne diseases and poisoning, including alcoholic beverages in ancient times.

NCA To Hold Annual Meeting in April

Leading world authorities on genetics and environmental factors in behavior will assess contemporary research in these areas as they relate to the etiology of alcoholism at the Medical-Scientific Session of the 1971 Annual Meeting of the National Council on Alcoholism, to be held April 27-30 at Disneyland Hotel, Anaheim, California. The Alcoholism Council of Greater Los Angeles will co-host the meetings.

A description of the coordinated community approach to alcoholism treatment and rehabilitation in the Greater Los Angeles area will be presented by the Alcoholism Council of Greater Los Angeles and Region IX of the American Medical Society on Alcoholism. The AMSA will also hold a regional meeting in conjunction with the conference.

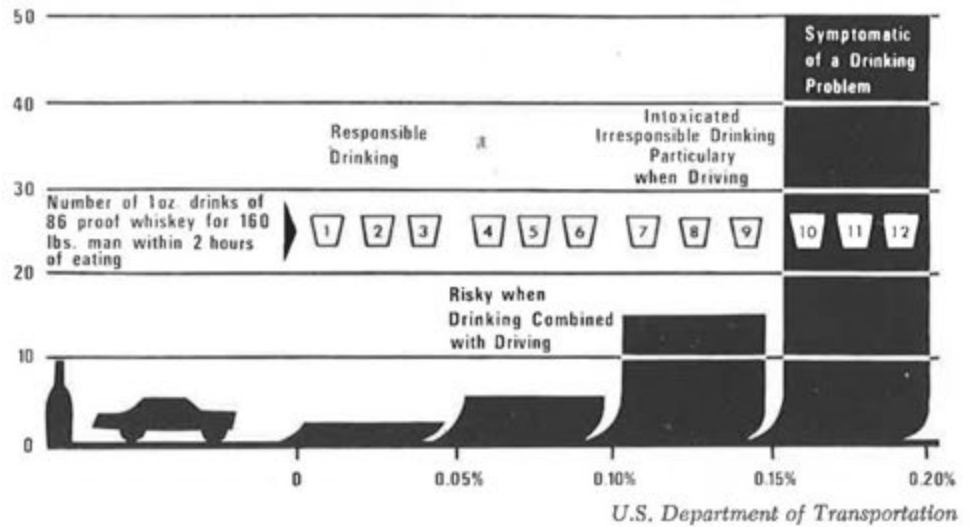
Also featured will be a workshop on legislation, which will discuss techniques for achieving effective federal and state alcoholism legislation and for implementing the Comprehensive Alcoholism Act of 1970 (see page 1).

Further details and registration forms are available from the NCA, 2 Park Avenue, New York City 10016.

Alcohol Evidence Sought in Private Plane Crashes

Alcohol was involved in 35% of private aircraft accidents in 1970, estimates the Federal Aviation Administration. As a result, FAA administrator John Schaffer is attempting to work out a plan of cooperation, in which state troopers, who are usually the first at the scene of a plane crash, would be authorized to take breath samples of pilots.

Drinking and Highway Safety Relative Risk of Crash



MULTIPLE ADDICTIONS INCREASING IN NEW YORK CITY, COMMITTEE REPORTS

Present funding is totally inadequate to meet the growing problem of multiple addictions in New York City, reported the Committee on Relation of Addictions of the Advisory Council on Alcoholism to the Health Services Administration. Joel A. Bennett, Executive Director of the New York Council on Alcoholism, Inc.—Accept, is Chairman of the Committee.

Among alcoholics there is an increasing incidence of drug abuse. Among addicts, even though they are younger, there is growing evidence of concomitant alcoholism. According to the experts surveyed by the Committee, the estimated interchangeability of alcohol and non-narcotic drugs is 59.8%. The

estimated cross-addiction of alcohol and narcotic drugs is 35.5%.

Deaths due to alcoholism are six times greater than deaths from non-narcotic or narcotic drugs. Although alcoholism is a much more costly problem, the public is more aware of narcotics addiction. Narcotics addiction presently receives 37 to 40 times more funds than alcoholism, although there are nearly five times as many alcoholics as narcotics addicts.

The similarities in alcohol and other addictions relate mainly to the addictions themselves. That is, the personality that seeks comfort from alcohol may also seek comfort from other mood-changing drugs. A degree of cross-tolerance exists, as well as synergistic and addictive effects. Crimes of violence are committed by both alcoholics and other drug users.

The differences in alcohol and other addictions relate mainly to the legal and treatment aspects. The recovery rate for alcoholism is much higher than for other drug users. Alcoholism treatment costs much less and in general is much shorter. The alcoholic is more amenable to short-term out-patient treatment. The use of alcohol is legal; the use of narcotics and marijuana is illegal and the use of non-narcotic drugs is legal only under the direction and prescription of a licensed physician. Available detoxification facilities are woefully inadequate.

The Committee recommended that the present funding for narcotics addiction be increased to include the problem of cross-addiction and that funding for alcoholism be increased in recognition of its seriousness as one of New York's major community problems.

Membership Application

American Medical Society on Alcoholism
c/o Ruth Fox, M.D.
150 East 52nd Street
New York City 10022

Name Degrees

Address Specialty

City Nature of Interest

Zip In Alcoholism

Dues \$25 Enclosed Bill Me
(Dues include subscription to Physician's Alcohol Newsletter)

Traffic Forum Promotes Alcohol Safety Programs

(Continued from page 1)

The Denver ASAP will attempt to coordinate the efforts of the many agencies involved with alcohol problems and will institute an efficient system of referral to the many treatment resources already in existence in the metropolitan area. At the same time, it will help develop new methods of treatment for problem drinkers and the funds needed to test the ones identified through the ASAP program.

Court Involvement and Pre-Sentence Investigation

The Oregon ASAP is planning extensive pre-sentence investigation of drunken drivers. Those who are identified as problem drinkers will be referred to existing treatment facilities; non-problem drinkers will be returned to the court for standard sentencing. Expert witnesses will be used at trials to testify, for example, on the number of drinks a defendant must have had to reach his tested Blood Alcohol Content level.

Antabuse in Court-Motivated Treatment

In Washtenaw County, Michigan, identified problem drinkers are given suspended sentences and referred to an Antabuse program. Violations of any part of the therapeutic program can result in further court action.

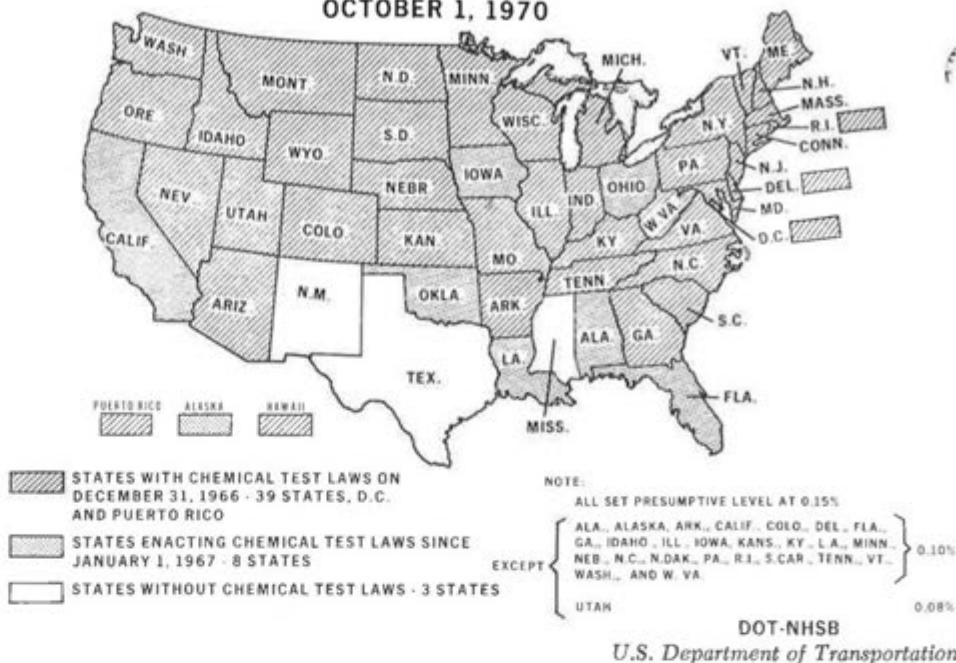
Enforcement and Prosecution

The ASAP in two Wisconsin counties is working with the Sheriff's Department and the District Attorney's Office on developing "selective enforcement," that is, concentrating the limited police manpower in areas where alcohol-related crashes are most likely to occur. Lists of drivers whose licenses have been suspended for drunken driving are also being circulated so that police officers can apprehend them if they continue to drive. More effective prosecution techniques are also being stressed.

Crisis Intervention

A high proportion of drivers in fatal crashes are suffering the effects of personal stress (quarrels, marital dissension, illness or death in the family, debt, or job loss). In most cases the driver is also intoxicated. To enable an intervention into the sequence of crisis—drinking—collision, a county-wide telephone network in Nassau County, New York, will be manned 24 hours a day by counselors who will talk with drivers under stress, reminding them that in their distraught state they are more vulnerable to accidents. They will discourage drinking before driving. A taxi service

STATES WITH BLOOD-ALCOHOL CONCENTRATION CHEMICAL TEST LAWS OCTOBER 1, 1970



will be provided for drivers who are already intoxicated. Drivers will be referred to the service by hospitals, personnel offices, clergymen, etc.

Driver Profile

Project ABETS in Vermont is developing a driver profile, which will aid in identifying high-risk drivers. The profile will be compiled from information from the official examination for driver licensing and from a special psychological-biographical questionnaire.

Driver Control

In the State of Washington, drivers who have been convicted of "Driving While Intoxicated" or have been involved in an alcohol-related accident will be referred to the Driver Improvement Division of the Department of Motor Vehicles. Depending on the severity of the violation and the driver's previous history, he will either have his license suspended, be placed on probation, or restricted to daytime driving, and will be referred to group discussions on the effect of alcohol on driving performance.

Self-Testing Devices

The Charlotte-Mecklenberg (North Carolina) ASAP is distributing free individually packaged breath testing devices and slide graphs, as part of a broad educational campaign.

Countermeasures in a Tri-Cultural Area

New Mexico, which ranks high in fatal accidents, has a cultural mix of Indians, whites, and Spanish-speaking persons.

Some Indians and rural Spanish-Americans may drink excessively because they feel alienated from mainstream culture. However, the frontier spree-drinking pattern among lower socioeconomic groups may cut across all the various subgroupings. Educational programs will be adapted to the special needs of the various cultural groups.

NCA Names Motor Vehicle Accident Committee

Dr. Norvin C. Kiefer, former Vice-President and Medical Director of the Equitable Life Assurance Society and an expert in the field of safety, has been appointed chairman of a newly created committee on Motor Vehicle Accidents and Alcoholism of the NCA. The committee will offer leadership and guidance in developing meaningful public policy in the fields of alcoholism and motor vehicle accidents.

Serving with Dr. Kiefer on the committee will be: Edwin DeJongh, M.D., Associate Medical Director of General Motors; Ruth Fox, M.D. former president of the AMSA; Irvin E. Hendryson, M.D., University of New Mexico School of Medicine; James F. Horst, Executive Vice-President of the Transport Workers Union; James S. Kemper, Jr.; Austin MacCormick, Osborne Association; John K. MacIver, of Michael, Best & Friedrich; and Hon. John M. Murtagh, Justice of the Supreme Court of the State of New York. Ex officio member is NCA President Luther A. Cloud, M.D.

RESEARCH and REVIEW

Influence of Ethanol on Catecholamine Metabolism

Ethanol exerts a measureable pharmacologic action upon norepinephrine (NE) catabolism within the human central nervous system, report L. M. Bertani, S. E. Gitlow, S. Wilk, and E. K. Wilk of the Mount Sinai School of Medicine. Since NE has been suggested as a neurohumor of functional importance within the CNS, the effect of ethanol upon NE metabolism within the confines of the intact human CNS was evaluated by administration of 0.025 micrograms of DL-B-H³NE/kg/min for 1 hour to a normal subject before and during administration of 20 oz. of whiskey per day. H³NE does not pass the blood-brain barrier and ethanol is known to modify NE catabolism by favoring 3-methoxy-4-hydroxyphenylethyl-glycol (HMPG) over vanillylmandelic acid (VMA) formation. Since ethanol failed to change the specific activity values of the major NE catabolites despite the fact that endogenous HMPG excretion increased and that for VMA fell, its influence upon CNS NE catabolism apparently parallels its action upon the peripheral adrenergic tissue. Ethanol failed to modify the total body uptake of the label or the turnover of the labeled pools. (*Federation Proceedings*, Vol. 28, No. 2, March-April 1969)

High Serum Folate Early Sign of Alcoholism

High mean serum folate appears to be an early phenomenon of alcoholism, according to a survey of over 400 patients admitted to a mental hospital and general hospital in the Blackpool and Fylde areas of England. The study, which was carried out by M. W. P. Carney, M.D., Consultant Psychiatrist, also showed higher serum cyanocobalamin levels in alcoholics than in non-alcoholics. The high cyanocobalamin levels are related to liver damage; that is, either the damaged cell "leaks" the vitamin into the circulation, thus raising its level, or in liver disease the serum cyanocobalamin binding capacity is increased. However, a similar mechanism cannot explain the high mean serum folate, since no connection with abnormal liver function was discovered. Patients with a history of excessive drinking of less than 10 years had a higher mean serum folate than those with a longer history, lending support to the theory that raised serum folate is a primary feature and low folate and malnutrition secondary or late onset features of alcoholism. However, it is not clear what causes the raised level in the first place. A high

intake of folate-rich beverages such as beer and wine does not seem to be responsible. It is possible that folates accumulate elsewhere. (*Quarterly Journal of Studies on Alcohol*, Vol. 31, No. 4, December 1970, pp. 816-22)

Barbiturates Increase AcDH Levels in Mice

Mice injected twice a day for 4 days with phenobarbital showed evidence of increased liver acetaldehyde dehydrogenase activity. Treatment with saline or ethanol did not increase AcDH activity. These results, according to Geoffrey Redmond and Gerald Cohen of Columbia University College of Physicians and Surgeons and the New York State Psychiatric Institute, indicate that more rapid removal of acetaldehyde, which is a toxic metabolic intermediate of ethanol, may contribute to the alcohol tolerance exhibited by persons who use barbiturates regularly. (*Science*, January 29, 1971, pp. 387-89)

Abstracting Ability Impaired in Chronic Alcoholics

The abstracting ability in chronic alcoholics is impaired, indicating that they may have mild brain damage to the prefrontal areas or related sub-cortical structure or both. Performance on an abstracting task by matched groups of 40 each of hospitalized alcoholics, brain-damaged, and control patients was compared by Ben Jones and Oscar A. Parsons of the Division of Behavioral Sciences of the University of Oklahoma Medical Center. Alcoholics, who were tested after withdrawal symptoms had subsided and medication had been discontinued (an average of 42 days after admission), showed a deficit similar to that of the brain-damaged subjects on the Halstead Category test, which measures abstracting ability. The performance deficit of the alcoholics was related positively to the number of years of drinking, independent of age. (*Archives of General Psychiatry*, Vol. 24, No. 1, January 1971, pp. 71-75)

Drinking Increases Arousal Level in Alcoholics

When alcoholics consume alcohol, their arousal level, as measured by basal skin conductance, is increased; however, their overall-reactivity, as measured by galvanic skin response, decreases. The results of tests on 27 alcoholics at Eagleville Hospital (Penn.), conducted by Zalmon H. Garfield and John F. McBrearty, suggest that alcohol is an anxiety stimulus, but that it lowers discrimination between neutral and aversive stimuli as well as dulling reactivity

to stimuli in general. (*Quarterly Journal of Studies on Alcohol*, Vol. 31, No. 4, December 1970, pp. 832-38)

Effect of Ethanol on Ketone Metabolism

Chronic administration of ethanol, in association with a calorically adequate fat-containing diet, induces a marked hyperketonemia in man and in rats, according to research reported by André Lefèvre, Howard Adler, and Charles S. Lieber of the Bronx VA Hospital and the Mt. Sinai School of Medicine. Furthermore, for an identical caloric and carbohydrate intake, ethanol is more ketogenic than isocaloric fat. Ethanol feeding also results in an increased production of ketones by rat liver slices.

Clinically, ketonuria has been observed occasionally in acutely intoxicated alcoholic patients, and generally has been attributed to poor nutrition or prolonged fasting. The results of this research show, however, that these conditions are not required. Even with an adequate intake of calories and protein by the 9 healthy volunteers, isocaloric substitution of carbohydrates or fat by ethanol produced a marked hyperketonemia and ketonuria, as long as the diet comprised a normal amount of fat. The hyperketonemia and ketonuria observed after alcohol consumption cannot be attributed to an immediate effect of alcohol but is the consequence of a delayed change in intermediary metabolism characterized by increased hepatic ketone production from fatty acids, possibly linked to ethanol-induced glycogen depletion and depression of citric acid cycle activity. (*Journal of Clinical Investigation*, Vol. 49, October 1970, pp. 1775-1782)

Ethanol Enhances Hepatic Microsomal NADPH Oxidase Activity

Prolonged consumption of ethanol enhances the activities of the hepatic microsomal ethanol oxidizing system and of reduced nicotinamide-adenine dinucleotide phosphate oxidase, but not of catalase, report Charles S. Lieber and Leonore M. DeCarli of the Bronx VA Hospital and the Mt. Sinai School of Medicine. The oxidase-catalase system is not part of the microsomal ethanol oxidizing system since catalase inhibitors dissociate ethanol oxidation by the two pathways. Enhanced reduced nicotinamide-adenine dinucleotide phosphate oxidase activity may contribute to liver injury, possibly by favoring lipoperoxidation. The study was conducted with seven pairs of female rats pair-fed with a liquid diet containing either ethanol (36% of calories) or isocaloric amounts of carbohydrates over a 24-day period. (*Science*, Vol. 170, October 2, 1970, pp. 78-80)

UPPER-CLASS ALCOHOLICS FREQUENTLY ESCAPE DETECTION BUT SUFFER DAMAGE

Alcoholism among the upper classes is frequently recognized only after irreversible damage has occurred, partly because the social milieu is very permissive about drinking and partly because these individuals are able to continue functioning well enough to escape detection. The characteristics of the upper-class alcoholic syndrome were discussed by John S. Tamerin, M.D., Director of Research of the Silver Hill Foundation, New Canaan, Conn., in a paper presented at the 17th Annual Meeting of the Academy of Psychosomatic Medicine, held in Hamilton, Bermuda, November 15-19, 1970.

In the upper class, defined as both individuals of inherited wealth and those who have earned wealth and prestige in the corporate or professional world, drinking is not a moral issue, as it is in the middle class. The difference in values presents a problem for middle-class individuals who move into the upper class. As an example, Dr. Tamerin cited the case of Mr. and Mrs. D., whose social drinking gradually drifted into problem drinking and then alcoholism as Mr. D. rose from a successful small-town businessman to a highly paid position in a national company.

In the corporate world, heavy drinking may be masked because high-level executives have considerable freedom and flexibility in their work schedules, have private offices, and are not subject to the same kind of careful supervision and surveillance on the job as lower-level employees. And, since many continue to function relatively well, even though intellectual impairment has occurred, they escape detection for a long time.

However, Dr. Tamerin believes that generally the upper-class alcoholic drinks for the same reasons as his less affluent

brethren. Affluence and high position are no buffer against feelings of inadequacy, dependency problems, anxiety, depression, loneliness, rage, and repressed sexuality.

Untaxed Whiskey and Fetal Lead Exposure

The high concentrations of lead found in untaxed whiskey, which is widely used in the "moonshine belt" of the southeastern United States, may be a cause of fetal and neonatal disease, reports Drs. Paul A. Palmisano, Raphael C. Sneed, and George Casady from the Departments of Pharmacology and Pediatrics of the University of Alabama Medical Center in Birmingham. The authors studied a 10-week-old infant with evidence of neurologic defects, intrauterine growth retardation, and postnatal failure to thrive. The mother had a long history of drinking untaxed whiskey. (*The Journal of Pediatrics*, Vol. 75, No. 5, November, 1969, pp. 869-72)

Cannabis Substituted for Alcohol in Therapy

For selected alcoholics, the substitution of smoked cannabis for alcohol may be of marked rehabilitative value, according to Tod H. Mikuriya, M.D., Director of Research, Everett A. Gladman Memorial Foundation, Oakland, California. Although both cannabis and alcohol create a sense of euphoria and detachment, the only other similarity is the intent for which they are taken. Cannabis does not produce symptoms of irritability upon withdrawal, nor effects on the gastrointestinal tract, as compared with alcohol.

(*Medical Times*, Vol. 98, No. 4, April 1970, pp. 187-91)

AMSA Meeting Features Program on Eagleville

Acknowledging openly the dependent needs of alcoholics, the Eagleville (Penn.) program fills the pregenital needs of many alcoholics and addicts, Dr. Howard Zucker told a meeting of the AMSA on January 28, at Columbia University College of Physicians and Surgeons. The program featured a film on Eagleville. At the same time, said Dr. Zucker, it is important to realize the difficulties of carrying the values of encounter groups into everyday life.

Rocking, embracing, and stroking—all part of the Eagleville program—are clearly appropriate behavior during the pregenital period, when basic trust and muscular and emotional control are established. At Eagleville the therapists clearly offer themselves as figures for identification, repeating over and over a simple set of values, such as the right to demand and receive love and to express anger and to have anger accepted.

While the usefulness of such a benign identification is unquestionable, said Dr. Zucker, the transfer of these values to ordinary society is likely to produce hostility and "culture shock." In addition, there is a risk of dangerous acting out when the group process fails. As in all encounter group experience, psychotic episodes can also be precipitated.

In summary, Dr. Zucker said that the Eagleville encounter group technique has an undoubted immediate usefulness, by providing both nonverbal support and insistence on verbalization of affect. The emphasis is on the present rather than the past. Resistance is dealt with by therapists and group pressure. Five-to ten-year follow-up studies are needed, however, to assess the lasting benefits of this mode of treatment.

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