

# PHYSICIAN'S ALCOHOL NEWSLETTER

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## NAAAP Holds 22nd Annual Meeting, Names William McCord as President

Twenty-two years after its founding in New Haven, the North American Association of Alcoholism Programs returned to Connecticut for its annual meeting. The conference was held September 12-17 in Hartford, and elected as its new President William J. McCord, Commissioner of Alcoholism of South Carolina.

In the keynote address, Dr. Morris Chafetz, Director of the NIAAA, revealed that the prestigious Governor's Commission on Uniform State Laws has just approved a draft for a uniform state law that would take public drunkenness out of the criminal lexicon. Dr. Chafetz said that this step was the equivalent for alcoholics of Pinel's striking the chains off the mentally ill. He commended the NCA and other groups for their combined efforts in this direction. Identical bills will probably be introduced in each state legislature, with a good chance of passing.

Other features of the week-long meeting included an extensive workshop on drinking drivers presented by personnel from the Department of Transportation and chaired by Robert B. Voas, Assistant Director of the Office of Alcohol Countermeasures.

Other speakers included Thomas Detre, M.D., who discussed the relationship of alcoholism and other drug abuse to affective disorders; D. H. Biz-zoco, M.D., who spoke on diminishing incidents of D.T.'s in alcoholic patients; Raymond Fowler, Ph.D., Dr. Bernard Glueck, and Dr. Palo Pancheri, who analyzed the use of computers in alcoholism programs; and Max Hayman, M.D., whose topic was the harmful effects of social drinking.

In conjunction with the conference, a meeting of AMSA-Region I was held, chaired by Dr. Robert Greenhouse. Featured were videotapes of patient interviews. The audience was asked to record their diagnoses, prognoses, and recommendations for a course of treatment; their responses formed the basis for a discussion.

## NIAAA Inaugurates Annual Conference, Reports Show New Government Thrust

As one of its first activities, the newly created National Institute on Alcohol Abuse and Alcoholism presented the First Annual Alcoholism Conference to hear reports on latest research in the field. The conference was held in Washington June 25-26. In opening the conference, Dr. Morris Chafetz, Director of the Institute, said: "An annual research conference is one of the ways in which we can demonstrate our commitment to building an enlarged and strengthened research program. We look forward to these yearly conferences becoming scientific meetings in the alcoholism field where new information will be reported, with follow-up publication of each year's proceedings for broader dissemination of the research findings."

Following are summaries of some of the reports presented at the conference.

### ACP Issues Position Paper on Alcoholism

"Alcoholism is one of the major problems of our time with both social and health implications. The American College of Physicians strongly supports the efforts being made to curb excessive use of alcohol and urges all members of the College and other physicians to participate actively in educational programs regarding its hazards and in treatment programs for persons with this illness.

"Alcoholism is a disease. As such it merits the attention of all physicians, who should take an interest in noting the early signs of addiction in their patients. Strong efforts should be made to help patients in the early stages of the habit. While proof is not available, it is reasonable to believe that success in treatment will be more frequent at this stage than later when overt evidence of alcoholism is present.

"The cause of alcoholism is not known. It is likely that psychologic and social factors are of great importance. Physicians who are interested and consider the possibility of impending alcoholism in their patients can do much to prevent alcoholism. . . ."

(From the Statement on Alcoholism approved by the Board of Regents of the American College of Physicians, May 1971)

### Design and Evaluation of Clinical Studies Need Improvement

Clinical inspiration—in the form of new observations, novel conceptualizations and innovative methodologies—are essential if any important advances in the understanding and treatment of alcoholism are to occur, said Arnold M. Ludwig, M.D., Professor and Chairman of the Department of Psychiatry, University of Kentucky Medical Center.

Dr. Ludwig stressed the criteria that must be considered in the design and evaluation of clinical studies. Treatment variables must be defined. Unless the investigator can demonstrate that the principles of the experimental therapy can be specified and taught to others and that others can apply them in specifiable ways, it is doubtful that any valid or reproducible results will be forthcoming. Many look at therapy as a unitary phenomenon, comparable to a course of antibiotics. Actually, most forms of extended psychiatric treatment are analogous to a situation whereby a number of unknown drugs of varying dosages are administered to a patient, some of which are specific for the malady but most of which are not. Even when a patient responds appropriately, it is difficult to determine the specific ingredients accounting for the response.

The development of a good therapist-patient relationship or high interaction among patients in an active milieu setting should not be an end in itself, he said. Several studies indicate no predictive relationship between interaction and change in psychopathology.

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## EDITORIAL

### The Time Has Come

Members of the AMSA have now received in their mail their ballots on changing the constitution and by-laws of the organization to permit the AMSA to affiliate with the National Council on Alcoholism as its official medical arm. This move, taken after long deliberation and negotiations between representatives of the two organizations, marks another large crossroad in the mobilization of forces for the control of alcoholism.

The National Council on Alcoholism has in the recent past demonstrated its purpose to deal with alcoholism along proper medical lines by many positive actions. It has developed a medical affairs committee, it has employed a full-time medical director, it has produced two scientific meetings on alcoholism which have been acclaimed as breaking ground into a new scientific awareness of alcoholism. It has produced material specifically oriented to the medical profession, such as the new medical exhibit, "ALCOHOLISM; A PRACTICAL SYNTHESIS FOR PHYSICIANS," which is starting a tour of the medical meetings, and the teaching machine, the Auto-Tutor, which has already been exhibited.

It has produced a national advertising campaign, part of which was specifically directed to the medical profession.

Meanwhile, the AMSA has grown, and has held regional meetings through much of the country. The next annual meet-

ing in Baltimore, October 29-30, has an outstanding scientific program. But the organizational backup for enlarging central office duties has taxed the energies and financial resources of the comparatively small number of members of the organization.

Amalgamation of the two groups will provide further authoritative scientific guidance for the activities of NCA, the voluntary health organization in alcoholism, and will give needed backing to AMSA at a time when organizational assistance will make possible a tremendous spurt in growth as more and more physicians become involved in the rapidly expanding programs in alcoholism engendered by governmental and private realization of the scope of the problem.

Even more important, as the plea goes up from Dr. Morris Chafetz, Director of National Institute on Alcohol Abuse and Alcoholism, Senator Hughes, and from every important figure in the field, for more unity among the organizations interested in alcoholism, this will, if ratified, become the first dramatic accomplishment in making this unity a reality.

The editor joins with Dr. Stanley Gitlow, President of AMSA, and the Executive Board in a strong recommendation that you vote "Yes" on the change of the constitution and by-laws which you have received in the mail.

Frank A. Seixas, M.D.

## Smithers Gives \$10 Million to Roosevelt Hospital for Alcoholism Center



LeClair Bissell, M.D. Coordinator of Alcoholism Services, Roosevelt Hospital (Photo: Nancy Palmer)

Roosevelt Hospital in New York City has received a gift of approximately \$10 million for the treatment and rehabilitation of alcoholics and training of professional personnel. The personal gift was made by R. Brinkley Smithers, New York civic leader and philanthropist, and is the largest single grant ever made in the field of alcoholism by any individual or agency, including the federal government.

In making the grant, Mr. Smithers said that the money would be used to establish the Smithers Alcoholism Treatment and Training Center as an "integral part" of Roosevelt Hospital.

Roosevelt Hospital offers the only inpatient facilities and outpatient programs for alcoholics in a voluntary hospital in Manhattan. Dr. LeClair Bissell, an attending physician at Roosevelt with dual appointments in medicine and psychiatry, is coordinator of the alcoholism service. Dr. Bissell will also coordinate the vastly expanded program that will be made possible by the new gift from Mr. Smithers.

The Smithers Alcoholism Treatment and Training Center will be the first facility of its kind anywhere in the world. It will provide detoxification, rehabilitation, and professional training under one auspices. Professional education will be available not only for professional personnel associated with Roosevelt Hospital but also for medical students, interns, nurses and paramedical personnel throughout the city.

## MEETINGS

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

OCTOBER 7 — First Annual Interagency Conference on Alcoholism for the State of Delaware, sponsored by University of Delaware. Wilcastle Center, 2800 Pennsylvania Avenue, Wilmington, Delaware.

OCTOBER 29-30 — 2nd Annual Meeting of the American Medical Society on Alcoholism, Thomas B. Turner Auditorium, The Johns Hopkins University School of Medicine, Baltimore, Md. Subject will be "Multidisciplinary Treatment of Alcoholism—The Changing Role of the Physician and the Allied Health Professionals." Annual business meeting of the AMSA will be held Friday, October 29, at 5 P.M. For meeting registration, write to: Miss Susan Clifton, Coordinator of Events, Turner Auditorium, 720 Rutland Avenue, Baltimore, Md. 21205.

## BOOKS

### The Biology of Alcoholism. Vol. 1: Biochemistry.

Edited by Benjamin Kissin and Henri Begleiter. New York: Plenum Press, 1971.

The first of three volumes on alcoholism, this book contains articles by authorities on the biological interaction between ethanol and animal at different levels of activity—metabolic, biochemical, physiological, and behavioral.

### Treatment of the Alcohol Withdrawal Syndrome.

Edited by Frank A. Seixas, M.D. New York: National Council on Alcoholism, 1971. 59 pp. \$2.25. Available from NCA, 2 Park Avenue, New York, N.Y. 10016.

Six articles on diagnosis and treatment of the withdrawal syndrome, including the use of drugs and hemodialysis.

# RESEARCH and REVIEW

## Alcohol and Memory

Short-term memory function is significantly and progressively impaired with increasing levels of intoxication, according to the results of the first attempt to examine the alcoholic blackout during a sustained period of experimental intoxication. The research, conducted by a team led by John S. Tamerin, M.D., also showed that impairment of 24-hour recall was related to the level of intoxication of the preceding day.

Thirteen male alcoholics with histories of blackouts were brought to the Alcohol Study Unit of St. Elizabeth's Hospital in Washington, D.C. They drank large amounts of beverage alcohol for 12 to 14 days, during which daily assessments of short-term memory and 24-hour recall were made. None of the subjects demonstrated significant impairment of registration or recall during sobriety. At moderate levels of intoxication 5-second recall remained essentially normal; however, at higher levels (more than 200 mg./100 ml.), there was an impairment of memory registration as 5-second recall fell to 89%, from the normal 95%. At high levels of intoxication the subjects forgot over 50% of normally memorable material in five minutes.

In examining the determinants of blackouts, the authors found a relationship between impairment of 24-hour recall and the level of intoxication on the preceding day, rather than the duration of drinking. The same blood alcohol level appeared to have affected certain subjects more than others. At blood alcohol levels of over 200 mg./100 ml. the three men in the low blackout group had a mean 24-hour recall the following

day of 82.4%, whereas the three men in the high blackout group at comparable levels of intoxication had a mean 24-hour recall of 30.9%.

Short-term memory loss can predict subsequent long-term memory impairment, the authors believe.

The major defect in memory function, even at high levels of intoxication, is not in registration but in *retention*. In intoxicated subjects a highly fragile memory trace was easily disrupted by external interfering stimuli. (*American Journal of Psychiatry*, Vol. 127, No. 12, June 1971, pp. 1659-64)

## Behavioral Tolerance to Alcohol Seen in Moderate Drinkers

Tolerance, a well-known characteristic of alcohol addiction, can be demonstrated in young men who drink regularly but only occasionally to excess, according to studies conducted by Donald W. Goodwin, M.D., Barbara Powell, Ph.D., and John Stern, Ph.D. of the Department of Psychiatry of the Washington University School of Medicine. Tolerance, however, appears to be selective, involving a reduction of the effects of alcohol on neuromuscular coordination but not on intellectual functioning. Experienced drinkers also apparently take fewer risks when drinking than do less experienced drinkers, assuming that the measure of risk-taking used in the experiments (subtracting the latency time in seconds for incorrect choices from the latency time for correct choices) can be applied to other forms of behavior. Tolerance was not associated with an increased rate of alcohol metabolism. (*American Journal of Psychi-*

*atry*, Vol. 127, No. 12, June 1971, pp. 1651-53).

## Blood Concentrations of Ethanol and Acetaldehyde in Alcoholics

In experiments conducted by Edward Majchrowicz and Jack H. Mendelson, 15 adult male alcoholic volunteers were studied before, during, and after a 10- to 15-day period of experimentally induced intoxication. Blood acetaldehyde concentrations ranged from 0.11 to 0.15 and from 0.04 to 0.08 mg./100 ml. when blood ethanol concentrations ranged from 1 to 400 mg./100 ml. after consumption of bourbon or grain ethanol, respectively. No dose or dose-time relationships were found between blood ethanol concentrations and blood acetaldehyde concentrations during any phase of this study. The findings indicate that some effects of the presence of acetaldehyde observed in animal and in *in vitro* experiments may also occur in alcoholics during long-term drinking. It remains to be determined if sustained elevations in acetaldehyde concentrations at neural tissue sites are related to the addictive process. (*Science*, Vol. 168, May 29, 1970, pp. 1100-02).

## Field Operations Key to Alcoholism Aftercare

As soon as a patient enters the alcoholism treatment unit of Topeka (Kansas) State Hospital, plans are made for his eventual return to the community. Under an innovative follow-up and aftercare program, the alcoholism counselor builds a supportive team in the community, depending on the patient's own needs, so that when he is discharged, his rehabilitation will continue.

In this arrangement, described by William S. Simpson, M.D., Clinical Director of the hospital, and Phillip W. Webber, A.B., formerly its Alcoholism Unit Director and now Coordinator, Shawnee Community Alcoholism Service, each counselor serves one geographical section of the county. One day each week he makes a field trip to that section, accompanying discharged patients to their homes and following up on previously discharged patients. He also works with local agencies, such as mental health centers, welfare agencies, probation and police departments. (*Hospital and Community Psychiatry*, in press).

"Treating Alcoholics: A Practical Program for Family Physicians," by Frank A. Seixas, M.D., Medical Director, National Council on Alcoholism, has been published in *Medical Times*, Vol. 99, No. 7, July 1971, pp. 45-58.

## Membership Application

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## ACP Course Treats Medical Aspects of Alcoholism

"Alcoholism and Chronic Liver Disease," the first course on alcoholism presented by the American College of Physicians, was held April 26-30 at Lemuel Shattuck Hospital in Boston. Frank L. Iber, M.D., was director of the course, which was attended by over 200 registrants.

Two highlights of the course were the presentation by Dr. Iber on alcohol and the gastrointestinal tract, which appeared as the July 1971 editorial in *Gastroenterology*, and the discussion by Martha Brunner-Orne, M.D., on the use of antidepressants in the treatment of alcoholics.

Dr. Brunner-Orne said that depressive syndromes among alcoholics are common and may include such organic symptoms as constipation, anorexia, and weight loss. The patient loses initiative and interest and neglects his appearance. Various systems are effected—emotional and motivational as well as cognitive. Depression carries a heavy risk of suicide, particularly at onset and, again, following partial improvement when there is sufficient energy to carry out the self-destructive impulses which are often reinforced and encouraged by alcohol.

Antidepressant drugs are useful ad-

jujuncts in the treatment approach. There are two main groups of antidepressants available, the tricyclic group and the MAO inhibitors. For chronic depressive patients, Dr. Brunner-Orne recommended Tofranil (imipramine). Elavil (amitriptyline) is perhaps the drug of choice in older and agitated patients; but because of its sedative quality, it is inadvisable for working people unless given in the evening. Desipramine has been used for depressed college students or physicians because it produces less sedation and acts faster than Tofranil. One of the more recently developed medications, Vivactil (protriptyline), is more stimulating and may produce restlessness and insomnia; lower dosages should be given.

Both the tricyclic drugs and the MAO inhibitors may be combined with mild tranquilizers when anxiety is part of the picture.

Dr. Brunner-Orne stressed that the physician's own experience is probably the best guideline for the choice of antidepressant. Yet, even with adequate use of these drugs, she cautioned that the treatment approach should be multidimensional.

## NIMH Marks Silver Anniversary with Alcohol Panel

To mark the silver anniversary of the National Mental Health Act, a panel on alcoholism discussed the topic, "Attitude Change—The Road to Prevention of Alcoholism." The meeting was held in Washington on June 29, 1971, and also heard HEW Secretary Richardson emphasize the importance of alcoholism as a problem of major proportions.

In the panel discussion, Dr. Morris E. Chafetz, Director of NIAAA, said that a basic problem underlying the high incidence and prevalence of alcohol problems in the United States is our failure to make a distinction between drinking and intoxication in attitudes and practice involving the use of alcoholic beverages. The social acceptance of intoxication, implicitly or explicitly, as a part of drinking behavior, is usually a major factor in contributing to a high incidence of alcoholism.

Calling for a program of evaluative research on alcohol education, G. N. Braucht, Ph.D., Department of Psychology, University of Denver, said that we need the answers to these questions: (1) Do different alcohol and drug education programs have different levels of effectiveness? (2) Are the various kinds of education efforts effective in different ways (i.e., transmitting facts, changing attitudes, or impact on behavior)? (3) Are the programs more effective for one kind of young person than another, that is, how do varying sociocultural and personality characteristics mediate educational effectiveness?

Also on the panel were Mrs. Marty Mann and Seldon Bacon.

## Drinking Common, Alcoholism Rare among Maoris

The Maoris of New Zealand have no recorded indigenous intoxicant, but drinking is a common diversion. However, alcoholism is less common among the Maoris than among the European population. Three studies of drinking behavior in New Zealand were conducted by David Welsh Simpson, M.A., Research Fellow in Medical Sociology at Wellington Hospital, and the results were reported to the Fourth School of Alcohol Studies, Massey University of Manawatu, held in January 1970.

Two studies among Maori groups were conducted, one in the urban center of Rotorua, the other in the rural area of Tikitiki. The third survey was conducted among a group of non-Maori hospital patients in Wellington.

A homogeneous drinking culture exists among the Maoris, whether they live in urban or rural areas. They prefer to drink at a large tavern or hotel rather than at home. Their drinking community seems to exclude only some of the aged, who disapprove of the younger Maoris' drinking habits.

Two-thirds of the 40 male and female heavy drinkers in Rotorua regularly drink on Sundays in a variety of clubs, usually to get away from the irritations of family life. Ten of these urban heavy drinkers were women, who drink between 10 and 15 jugs of beer (3 gallons) on a drinking day, of which there may be several during a week.

Although there do not seem to be significant differences between rural and urban drinking patterns, when a man's drinking upsets the equilibrium of his family or social network, in Tikitiki, the community exerts social pressures to have him control his drinking. Such community pressures have much less force in the urban center. There is also less observable deviant drinking in the rural area.

Simpson concludes that Maoris drink heavily for enjoyment, that a man who holds his beer is admired by his peers, and that Maoris do not so often become manifestly alcohol-dependent as do Europeans.

## Congress Appropriates NIAAA Budget of \$50 Million

Congress has appropriated a total of \$50 million for the budget of the National Institute for Alcohol Abuse and Alcoholism for fiscal 1972. The action, which took place August 6, allocated \$30 million in formula block grants to the states and \$20 million in project grants to fund applications from individual investigators and/or institutions for research, training, education, and service demonstration projects.

The appropriation was granted even though the Administration had made no request for funds. President Nixon has signed the bill.

# Reports From Washington: NIAAA 1st Annual Conference

(Continued from page 1)

Concerning the role of the therapist, Dr. Ludwig said that if an experimental therapy has any real specific potency, it should override any therapist variables, assuming relatively equal skill among therapists.

Summing up evaluation variables such as control group and sample definition, Dr. Ludwig stated: "The problem is that we have been employing rather nebulous variables to characterize a non-defined population of subjects treated by an ineffable process to produce a rather fuzzy outcome." To change this situation, Dr. Ludwig called for further definition of treatment sample by gathering neurological, psychopathological and biochemical data on alcoholics, as well as psychosocial measures. For example, predisposition to blackouts or memory defects after administration of alcohol, metabolism of fixed doses of alcohol, predominance of alpha rhythm in the EEG, degree of organic impairment, conditionability, and so on, may be far more relevant dimensions for characterizing patient subtypes than attitudes or symptoms.

A firmer behavioral base for the numerous personality or symptom inventories must be established. Also needed are appropriate measures in the areas of attitudes, behavior, and social reaction for a comprehensive assessment of treatment effects. Adequate follow-up, which includes an unbiased, independent team, face-to-face evaluation, a minimal number of dropouts, monetary rewards and other devices to increase patient participation, and the use of relatives to establish reliability checks on patient information, is also necessary.

As a highly selected sample of essential building blocks of knowledge, Dr. Ludwig suggested the following studies: (1) studies on such basic concepts as craving and loss of control; (2) extensive baserate studies of prognoses for a large number of alcoholics exposed to traditional therapies and those not treated at all; (3) extensive baseline studies on drinking patterns and other relevant behaviors of all varieties of alcoholics; (4) studies on response patterns of alcoholics, both with and without alcohol available, to a graded variety of stressful and non-stressful situations; (5) studies on the types of situations most conducive to falling off or staying on the wagon; (6) a wide variety of studies on psychophysiological, biological, neurophysiological, genetic, congenital, and familial factors associated with alcoholism, which "do not ignore the fact that the mind cannot exist without the brain

and the brain cannot exist without the body."

## Problems of Diagnosis in Female Alcoholics

Women alcoholics differ from men in the reasons they drink and drink to excess; but, just as there is no one type of male alcoholic, there is no single female pattern. An investigation by John L. Horn and Kenneth W. Wanberg of the University of Denver and Fort Logan Mental Health Center into the nature of problems that females bring to a treatment center showed several distinct symptom clusters. In general, women are more likely than men to be characterized by the solitary drinker syndrome, in which they use drugs other than alcohol and candidly express the need to escape as their reason for drinking. On the other hand, many women do not fit this pattern at all.

Although women start drinking later than men and presumably develop alcoholism at a later age, the mean age at first admission to Fort Logan is practically the same for men and women.

## Alcoholism and Affective Disorders in Women

Alcoholism and affective disorder (AD) are related illnesses, especially in women, says Dr. Marc A. Shuckit, Resident in Psychiatry, Washington University. Both problems show high rates of dysphoric mood and suicide, share high familial incidence, and are frequently seen to occur in the same women. Women suffering from AD alcoholism have a better 3-year course than those with primary alcoholism, however.

The tie between AD and alcoholism may occur, says Dr. Schuckit, because they represent the same illness with different manifestations in men and women; because AD and alcoholism are both polygenic disease entities sharing one or more of the same genes or because alcoholism can present both as a discrete illness or as a symptom or complication of affective disorder. Each of these hypotheses is tenable, but the data, as seen by the author, seem to favor the concept of alcoholism as both a primary and secondary illness.

## Convivial Drinking Among Urbanized Papago Indians

Drinking among the Papago Indians of Arizona is intensely social. On their desert-reservation homeland the essential features of Papago social life are rural, familialistic, reciprocal, and obligatory. When, for economic or political reasons Papago men move to the ur-

ban setting of Tucson, their traditional patterns of drinking are transferred from the reservation, leading to many arrests for intoxication. A study of these arrested Indians conducted by Jack C. Waddell, Associate Professor of Anthropology at Purdue, showed that drinking and drunkenness are social ritual postures that are used to create and to maintain bonds between social equals.

Frequently men are intimidated into drinking by the threat of withdrawal of friendship. The egalitarian base of Papago society is still an important value, and men who have managed to earn some money are often intimidated by their less well-off companions into spending it on the group.

## Rural Therapeutic Community for Chronic Alcoholics

Skid row alcoholics who have stayed more than three months at Bon Accord, a rural therapeutic community in Ontario, have shown more responsibility, independence, and initiative, as well as increased contacts with relatives and other forms of non-drinking socialization. To be eligible for admission to residence on the farm, a man has to be an integrated member of the skid row community, have been arrested at least 3 times for common drunkenness in the past year, and be physically capable of working.

The results of the first 16 months of operation (Feb. 1, 1967, to May 31, 1969) were reported by J. D. Keehn et al. of the Addiction Research Foundation of Toronto, which runs the farm.

## Disulfuram Most Effective for Socially Stable Patients

The alcoholic patient who does best on disulfuram is likely to be an older, socially stable person with a relatively long drinking history, who is well-motivated and not depressed. He does best if he is given an ample evaluation period during which a positive relationship with the physician can develop.

In a study of 232 patients seen by one physician in an outpatient clinic over a 7-year period, three groups of patients were identified by Frederick Baekeland, M.D., and Benjamin Kissin, M.D. of the Downstate Medical Center Division of Alcoholism and Drug Abuse, Brooklyn.

A second group did no better on disulfuram than before getting it or than controls. A third group did worst of all, despite apparently favorable factors such as higher level of education and attendance at AA. Considerably younger than

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# More Reports on Alcohol From NIAAA Meeting

(Continued from page 5)

the patients in the other two groups, they were most likely to be depressed.

## Alcohol Decreases Performance on Divided-Attention Tasks

Two reports presented evidence that alcohol impairs a driver's ability to perform when he must concentrate on more than one task at a time.

M. Stephen Huntley, Jr. and M. W. Perrine of the University of Vermont reported on a study based on the fact that people who have drunk to excess occasionally report a reduced awareness of activity in the peripheral areas of the visual field. A number of studies have shown that a concurrent subtask requirement, such as tracking, reduces peripheral sensitivity, with the decreases in sensitivity becoming greater as the targets to be perceived are displaced further from the visual axis, a kind of funnel effect.

In testing the responsiveness of subjects to light flashes from selected locations on the horizontal meridian of the visual field, the authors found that relatively low blood alcohol concentrations (say, the level obtained by a 150-lb. man who has consumed less than two martinis in an hour) measurably increases the reaction time to peripheral stimulation.

In addition to demonstrating that the level of performance on a peripheral task may be reduced by a concurrent central task recruitment, the study showed that the extent of the reduction is directly related to the difficulty of the concurrent central task. No evidence was obtained for disproportionate increases in reaction time to stimulation from peripheral extremes. Similarly, no dependence between target location and the influence of the central task upon the peripheral task was shown.

The results, say the authors, indicate that the possibility of funnel vision effects depends upon certain stimulus conditions.

In experiments using auditory signals, subjects under the stress of alcohol attempted to cope with a divided attention task by restricting their attention increasingly to one source of information, reported Herbert Moskowitz of the Institute of Transportation and Traffic Engineering of UCLA. Nearly all the performance decrement occurred on one of the two information channels, while the subjects maintained performance closer to normal on the preferred channel.

## Implosive Therapy

"Implosive therapy," which employs a behavior modification model of learning, is being compared with conventional short-term psychotherapy at the Alcohol Treatment Center of Mendota State Hospital in Madison, Wisconsin.

According to Joseph R. Newton, Ph.D., and Leonard I. Stein, M.D., by May 1, 1971, 65 out of 120 subjects had gone through the inpatient portion of the research. Although the data are tentative, they indicate that the most frequent theme revealed in implosive therapy is aggression. In implosive therapy the therapist learns from the patient's past history and current functioning what he is avoiding and how he is doing it. He then arranges on a scale, ranging from anxious to extremely anxious, real and inferred anxiety-provoking stimuli in the patient's life. In subsequent sessions the therapist describes as vividly and with as much affect as possible the stimuli lowest on the hierarchy, preventing an avoidance response

by asking the patient to visualize and experience as vividly as possible the described scene with all its negative affect. When the patient can describe the scene without experiencing anxiety, the therapist moves on to the next item on the hierarchy.

The results so far of the duration of hospitalization indicate, surprisingly, that patients who underwent detoxification only and those who had milieu therapy as well showed approximately equal readmission rates. Eight patients who underwent implosive therapy were readmitted, the highest rate of all.

## Parental Drinking and Antisocial Behavior among Adolescent Males

A mother's drinking pattern is more predictive of her adolescent son's antisocial behavior than the father's drinking, according to data reported by Robert A. Zucker and Frank H. Banon of Michigan State University. While the father's intake is positively related to the son's drinking, a very different situation exists for mothers. The mother's heavier drinking and her worrying about her own son drinking are both positively related to the son's heavy and problem drinking.

In general, parental *intake* rather than problem drinking is a more salient predictor of adolescent drinking amount and drinking problems.

## Parental Drunkenness Arrests and Children's Behavior Problems

Children whose parents have been arrested for drunkenness are more likely to drop out of school and are somewhat more likely to be involved in juvenile delinquency than other children, reported Louise Witmen Cureton.

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