

PHYSICIAN'S ALCOHOL NEWSLETTER

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NCA Medical-Scientific Sessions Examine 'Person with Alcoholism'; Personality Characteristics, New Treatment Modes Presented



The panel enjoys some feedback: Members of the biofeedback panel, left to right: Herbert Benson, M.D., Elmer E. Green, Ph.D., Joe Kamiya, Ph.D., and Albert J. Stunkard, M.D., Moderator.

Chafetz Poses Challenge of 'New Federalism' To NCA Annual Meeting

Opening the 1973 NCA Annual Meeting in Washington April 2, keynote speaker Dr. Morris E. Chafetz, Director of NIAAA, called for innovative thinking in alcoholism programs to meet the special challenges presented by the New Federalism. This new approach to health programs means, he said, that "real hard decisions must be made on how far Federal dollars can be squeezed in terms of bureaucracy and budget. It means that the focus of Governmental programming is being moved outward from Washington to state and local governments."

Those in the alcoholism field have always had to respond to "the challenge of doing the most we can with what we have," Dr. Chafetz stated. Among the major advances in the past two years he cited the establishment of the NIAAA as an operational symbol of the ongoing federal commitment to alcoholism problems, as a partner to the work of NCA in the private field, and adoption of the Uniform Alcoholism and Intoxication Treatment Act.

Military Attacks Alcoholism In Its Ranks

Speaking before a dinner meeting of AMSA, held in conjunction with the NCA Annual Meeting, Major General John K. Singlaub, Deputy Assistant Secretary of Defense, outlined the military's campaign against alcoholism in its ranks.

Many factors inherent in military life contribute to an atmosphere that encourages individuals to drink—reduced prices in package stores, officer and NCO clubs, special assignments, and loneliness, as well as the "protective associations" that developed to provide a buffer for the problem drinker. The main problem has been, and continues to be, said Major General Singlaub, the tradition of the "hard-fighting, hard-drinking G.I."

The Department of Defense issued its new directives on alcohol abuse on March 1, 1972, and since then, several encouraging signs can be seen. Written evaluations of duty performance are providing incentives to alcohol abusers to

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New forms of intervention in alcoholism, including biofeedback training and Transcendental Meditation, were presented to the Fourth Annual Medical-Scientific Session of the NCA Annual Meeting, held in Washington April 3-4. The sessions, called "The Person with Alcoholism," were presented in cooperation with George Washington University Medical Center.

Biofeedback Training Reduces Anxiety Tension

Biofeedback is the immediate on-going presentation of information to a person concerning his own physiological processes. Biofeedback training can be used to help patients control temperature, tension headaches, and cardiac disabilities. And, said Elmer E. Green, Ph.D. of the Menninger Foundation, it is proving remarkably effective in treating cases of alcoholism that have resisted treatment for many years.

Biofeedback therapy rests on the patient's taking responsibility for what happens to him. The response of his physiological apparatus, as reflected by various feedback devices, is brought under his own control. It is this fact that may be particularly significant for alcoholics, who often believe that they do not really have control over anything. Yet they can learn to control various physiological processes in a relatively simple way. Self-confidence develops naturally as autonomic skill is learned.

A general state of tension is most easily handled, said Dr. Green, through the use of biofeedback devices that reach all three sections of the nervous system—striate, autonomic, and central. Aided by biofeedback, a person can learn to modify his emotional reaction so that continuous psychological stress cannot maintain chronic somatic distortion.

Decreased Alcohol Intake Associated with Practice of Meditation

The regular practice of a relaxational meditation technique — Transcendental

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EDITORIAL

Two Current Problems: Funding and Youthful Alcohol Abusers

At the hearing of the House Labor-HEW Appropriations Subcommittee, strong testimony by William Simpson, M.D., NCA President, and William J. McCord, ADPA President, recommended substantial increases rather than decreases in budgets for project grants, research, training, and grants to the states. The passage of such legislation would reverse the phasing-out of efforts of unquestioned merit which have already been approved for funding but which have thus far been unable to get underway.

Prospects for passage and Administration acceptance seem brighter now than a few months ago. The support of physicians and other interested citizens may be pivotal. PAN readers are urged to make known their support to their Congressmen. The offices of either NCA or ADPA will supply committee members' names on request. The passage of a good

appropriations bill may rescue the effort for alcoholism control from a period of desuetude.

The report elsewhere in this issue on the high incidence of alcoholism among drug addicts treated with methadone is only one instance of the increasing problem of alcohol abuse and even alcoholism in young people. PTA groups are becoming alarmed at the widespread use of heavy wines, which is beginning to supplant drug use in high schools. It is sold informally to young students by older ones and also by bootleggers.

In Alaska, student groups have been formed to combat alcoholism among their peers. Other drug use is almost nonexistent in these schools.

It is time for those involved in alcoholism control to address more attention to the problems of youth and alcohol, and to the special instance of alcoholism in those recovering from dependency on other drugs.

FAS

BOOKS

Alcohol and the Central Nervous System

Edited by Frank A. Seixas, M.D., and Suzie Eggleston. Volume 215 of the Annals of the New York Academy of Sciences, April 30, 1973. 389 pp.

Proceedings of 1972 NCA Medical-Scientific Conference. Abstracts of papers were featured in PAN, Vol. 7, No. 2, Spring, 1972.

Alcohol Intoxication and Withdrawal: Experimental Studies

Edited by Milton M. Gross, M.D. Volume 35, Advances in Experimental Medicine and Biology. New York: Plenum Press, 1973.

The proceedings of a symposium held at the 30th International Congress on Alcoholism and Drug Dependence in Amsterdam, September 1972, with some additional papers not originally on the program.

The Etiology of Alcoholism: Constitutional, Psychological and Sociological Approaches

By Julian B. Roebuck and Raymond G. Kessler. Springfield, Ill.; Charles C. Thomas, 1972. 270 pp.

Selected Papers presented at the General Sessions of the 23rd Annual Meeting of ADPA

Available from the Alcohol and Drug Problems Association of North America, 1130 Seventeenth Street, N.Y., Washington, D.C. 20036, 58 pp. \$4.50. Paper.

MEETINGS

JUNE 20-22—Third Annual Conference of NIAAA, Shoreham Hotel, Washington, D.C. Contact Paul Garner, director, National Clearinghouse on Alcohol Information, NIAAA, 9119 Gaither Road, Rockville, Md. 20852.

JUNE 25-29—University of Southern California Conference on Alcohol and Drug Abuse, Los Angeles. For information, write The Hayes Foundation Drug Research Center, USC, Los Angeles, Calif. 90007.

JULY 9-11—First International Symposium on Alcohol and Aldehyde Metabolizing Systems, Wenner-Gren Center, Stockholm, Sweden. To be held as a satellite symposium to the IXth International Congress of Biochemistry, July 1-7.

AUGUST 2-5—Annual Meeting of International Doctors in Alcoholics Anonymous. Hilton Palacio Del Rio, San Antonio, Texas. Information from Information Secretary IDAA, 1950 Volney Road, Youngstown, Ohio 44511.

Summer School Lists Available

Because the number of summer schools on alcohol has increased so greatly, PAN is no longer able to publish a complete listing. However, complete listings are available from NCA, 2 Park Ave., New York 10016, N.Y.; and ADPA, 1130 17th St., N.W., Washington, D.C. 20036.

Wettrick Named Head of Alcoholism Recovery Institute



Marian J. Wettrick has been appointed executive director of the National Council on Alcoholism-New York City Affiliate, Inc. (Alcoholism Recovery Institute), according to an announcement by Nicholas A. Pace, M.D., president.

Miss Wettrick had been special assistant for alcoholism and drug abuse, Office of Mental Health, Pennsylvania Department of Public Welfare.

Tamerin Calls for Unbiased View of Alcoholic

It is time that doctors take a fresh look at the human being who drinks to excess—a view uncluttered by the traditional bias against the alcoholic—John S. Tamerin, M.D., Director of Research, and Charles P. Neumann, M.D., Medical Director, of Silver Hill Foundation, New Canaan, Conn. told the American Society of Psychoanalytic Physicians on January 16, 1973.

For generations, both the public and the psychiatric images of the alcoholic have been based primarily on the consequences of excessive drinking. On the basis of studies of several hundred alcoholic patients during intensive psychiatric evaluation and treatment, however, the authors declared that the sober alcoholic is in fact a very different person from the popular and professional stereotypes.

Rather than being uncontrolled, reckless, and unashamed, sober alcoholics are generally cautious, careful, overcontrolled, and inhibited. They are always guilt-ridden. In contrast to the stereotype alcoholic who is seen as irresponsible, negligent, disorderly, and indifferent, the sober alcoholic is usually highly responsible, conscientious, orderly, cautious, and often perfectionist, placing inordinately high performance demands upon himself.

ALCOHOL WORKERS REPORT FINDINGS TO FEDERATION MEETINGS

Ethanol calories don't count—at least as fully as calories of carbohydrates and fat, report R. C. Pirola and C. S. Lieber of Mt. Sinai School of Medicine and Bronx VA Hospital. Their report was one of several alcohol research reports presented to the 57th Annual Meetings of the Federation of American Societies for Experimental Biology held in May in Atlantic City, N.J.

Observing that isocaloric substitution of alcohol for carbohydrates causes weight loss in men and impaired weight gain in rats, they consider the possibility of a rise in metabolic rate. This was verified in rats fed ethanol for 3-4 weeks; O_2 consumption increased 5%. Treatment for 4 days with another hepatic microsomal enzyme inducer (phenobarbital) enhanced weight loss due to fasting by 9%, and O_2 consumption both after drug administration and in the absence of any drug. This hepatic microsomal enzyme induction is associated with energy loss, which may be particularly important in alcoholics in whom ethanol represents a large fraction of total calories. It also has an almost obligatory hepatic metabolism which partially involves, especially at high blood ethanol levels, a microsomal ethanol oxidizing system inducible by chronic ethanol intake.

Chronic Ethanol Use Predisposes to CCl_4 Hepatotoxicity

Chronic ethanol consumption predisposes to CCl_4 hepatotoxicity, most likely by promoting microsomal biotransforma-

tions of CCl_4 , reported Y. Hasamura, R. Teschke, and C. S. Lieber, of Mt. Sinai and Bronx VA Hospital. Half a group of pair-fed rats were given CCl_4 orally 24 hours before sacrifice. Compared to controls, ethanol feeding significantly increased hepatic microsomal cytochrome P-450 and the activities of aminopyrine N-demethylase and of glucose-6-phosphatase, expressed per min per g of liver. CCl_4 depressed all these parameters and increased serum ornithine carbamyl transferase (SOCT) activity, with a greater change in the ethanol-fed rats than in their controls.

Pyrazole and Derivatives Interfere with Mitochondrial Function

Studies of the effects of pyrazole (P), 4-Bromo-pyrazole (BP), and 4-Methyl-pyrazole (MP) on mitochondrial functions showed that all inhibited state 3 respiration of MAD-linked substrates and of ascorbate. Succinate state 3 respiration was not affected, but state 4 was stimulated. Unenergized Ca^{2+} binding and Ca^{2+} binding energized by respiration or ATP were inhibited up to 65%. All the compounds inhibited glutamate and citrate transport into mitochondria, while phosphate transport was stimulated.

The authors, A. I. Cederbaum, C. S. Lieber, and E. Rubin, of Mt. Sinai School of Medicine, conclude that the inhibition of ethanol metabolism exhibited by these compounds in vivo may involve more than simple inhibition of alcohol dehydrogenase.

The same authors also reported that ethanol had no significant effect on mitochondria in vitro, while acetaldehyde exerted a potent action. Their data suggest that acetaldehyde interacts within mitochondrial membranes, including Ca^{2+} binding sites, and produces varying effects on carrier-mediated transport.

Malabsorption of Vitamin B_{12} Induced by Alcohol

To determine which steps in Vitamin B_{12} assimilation are impaired by ethanol, a team led by J. Lindenbaum, of Columbia University College of Physicians and Surgeons, studied pair-fed rats. Unanesthetized rats were given 5 ng of $^{57}Co-B_{12}$ by stomach tube and sacrificed at 1 or 4 hours. Small intestinal uptake of isotope at 1 hour was greater in controls than in alcohol-fed rats.

At 4 hours, luminal recovery $^{57}Co-B_{12}$ was greater in alcohol-fed animals, and B_{12} in controls. The ability of control mid- and lower-small intestinal homogenates to bind the IF- B_{12} complex was twice that of alcohol-fed rats, whether expressed per cm gut or per total homogenate. Thus, the activity of microvillus receptor sites for the B_{12} -IF complex was decreased in alcohol-treated animals. In addition, comparison of gut $^{57}Co-B_{12}$ content at 1 and 4 hours suggest impaired transport out of mucosal cells.

The authors conclude that alcohol induces gastrointestinal injury at multiple sites important in B_{12} absorption, including decreases in gastric intrinsic factor and in intestinal uptake of the B_{12} -intrinsic factor complex.

Ethanol Damages Small Intestine and Changes Its Cell Population

Because alcoholics frequently develop diarrhea and malabsorption, E. Barona, R. C. Pirola, and C. S. Lieber of Mt. Sinai studied the effects of acute and chronic ethanol administration on rat intestinal morphology and "marker" enzymes of villi (lactase) and crypts (thymidine kinase).

Villous changes predominated in the jejunum and crypt abnormalities in the ileum, where thymidine kinase activity increased by 169%. Ethanol ingestion, they concluded, produces enzyme changes and alterations of intestinal cell population, reflecting tissue damage and increased regeneration.

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What Is 'Person with Alcoholism' Like? NCA Meeting Reports

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Meditation—resulted in a marked decrease in alcohol intake in a retrospective study of 1,862 nonalcoholic subjects, reported Herbert Benson, M.D. of the Harvard Medical School. Meditation is associated with a hypometabolic state characterized by decreased sympathetic nervous system activity. It is hypothesized to represent an integrated hypothalamic response.

However, the data in this study were uncontrolled, and no data were available concerning the prevalence of alcoholism in these subjects. Dr. Benson called for controlled investigations to establish the therapeutic usefulness of the regular elicitation of this response with problems of alcohol intake.

Family Systems Theory: What Happens—Not Why

Systems theory can be applied to alcoholism problems, said Murray Bowen, M.D., Department of Psychiatry, Georgetown Medical Center. Systems theory assumes that all important people in the family unit play a part in the way family members function in relation to each other, and in the way the symptom such as alcoholism erupts. The symptom of excessive drinking occurs when family anxiety is high, and stirs even higher anxiety in those dependent on the one who drinks. The higher the anxiety, the more other family members react by anxiously doing more of what they were already doing. The process of drinking to relieve anxiety, and increased family anxiety in response to drinking, can spiral into a functional collapse or can become a chronic pattern.

Systems theory attempts to focus on the functional facts of relationships, what people do in relation to each other, and possibly on the how, when, and where of functioning. It carefully avoids the subjective complexity of *why*.

Reality Therapy Succeeds with "Chemical Casualties"

The primary problem of the treatment of "chemical casualties" such as narcotic addicts and alcoholics, said Thomas E. Bratter, Ed.D., Director of Treatment at the City Island (N.Y.) Methadone Clinic, is that physicians and professionals remain perpetually pessimistic about any hope of recovery and/or improvement.

Reality Therapy, which Dr. Bratter employs in his groups, assumes that human behavior *can* be modified by means of psychological procedures. The goal of therapy is to assist the individual to be aware of the impact of his be-

havior, to understand the consequences of his acts and to become more responsible to himself, others, and to society.

Seven components of Reality Therapy are: (1) involvement, i.e., being convinced that the therapist really cares for the patient; (2) current behavior, in which the patient begins to examine his or her current behavior rather than attitudes or emotions; (3) evaluation of behavior, understanding the impacts of self-defeating and irresponsible behavior; (4) planning responsible behavior; (5) commitment, in which goals are defined in behavioral terms; (6) refusing to accept excuses; (7) no punishment for failing to meet a commitment, but rather additional discussion and planning, with a renegotiation of the contract.

Psychodrama: Acting Out Alcoholic Roles

Psychodrama, a variety of group psychotherapy which depends on spontaneous and immediate action, has been found useful in alcoholism treatment, according to Sheila B. Blume, M.D., Unit Chief for Alcoholism of the Central Islip State Hospital. The formal psychodrama session begins with a warming-up process. A "protagonist" emerges as the central figure in the group, and with the help of the director, sets up and re-lives scenes from his past, present, future, or fantasy life. Other group members serve as "auxiliary egos," and various techniques are used to deepen the protagonist's insight into his feelings and behavior.

Depression and Alcoholism: A Suicidal Mix

Striking similarities exist between the problems of suicide and alcoholism, said Howard S. Benensohn, M.D., Director, Crisis Intervention and Emergency Services, St. Elizabeth's Hospital, and H. L. P. Resnik, Chief, Mental Health Emergencies Section, NIMH. Alcoholism is a slowly self-destructive behavior, suicide is the ultimate in self-destruction. Either may be viewed as an attempt to escape intense emotional pain, often depressive in nature, from which the individual can see little hope of relief. The authors' clinical experiences strongly suggest that the alcoholic is more prone to become a suicide risk, especially while intoxicated, and a potentially suicidal individual might be able to move from thought to action while intoxicated.

In a sample of 259 alcoholics admitted to a state hospital, 102 were found to be depressives and 36 sociopaths, according to Remi Cadoret, M.D., Professor of Psychiatry, University of Iowa. The depressives were not only an im-

portant subgroup of alcoholics in terms of numbers but also because of associated behaviors such as suicide attempts. Depression in males was associated with multiple suicide attempts, so that the concept of depressive syndrome could be a useful one in predicting suicidal behavior.

Denial and Deception Not Exclusive to Alcoholic Behavior

Denial, the negation of reality by means of fantasy, is neither necessarily abnormal nor exclusive to the alcoholic, said Alfonso Paredes, M.D., Professor of Research Psychiatry, University of Oklahoma College of Medicine. Denial evolves as part of the maturational process of the personality, and behavior and disclosures are monitored to give those with whom we interact the concept of ourselves which we want them to have.

Even in the late stages, the alcoholics' dependence on alcohol is not absolute. The need for alcohol is not compelling if the social demands placed on him are structured and restricted. It is unfair, said Dr. Paredes, to attach a moralistic or pejorative meaning to denial in alcoholics.

Kubie Describes Neurotic Chain Reaction in Alcoholics

Like all neurotic processes and like all processes of organic illness, alcoholism consists of a long reverberating chain of progressive disturbances involving social, economic, and financial disruptions. By removing the alcohol itself, we can break a log-jam and make a hitherto untreatable neurosis accessible to treatment, said Lawrence S. Kubie, M.D., Clinical Professor of Psychiatry, University of Maryland School of Medicine, and a well-known psychoanalyst. Each step in what Dr. Kubie calls a "reverberating chain reaction" produces new distortions with new symptoms and further consequences.

Dr. Kubie stressed the extraordinary multifariousness of the distortions out of which the dependence on alcohol grows, and also the varied processes of illness which evolve into alcoholism. Among these are various forms of depression, anxiety, sociopathy, criminality, latent or overt homosexual conformations, or other forms of sexual deviation. Frequently all this is masked by the alcohol itself, the distortions it imposes, and by the sick life it creates.

In some individuals alcohol itself sets in motion an obligatory, repetitive, reverberating organic mechanism; in other individuals no two episodes of alcoholism resemble each other at all.

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More Reports from NCA Medical Meetings

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Craving and Relapse

The phenomenon of "craving" is hypothesized to represent the cognitive correlate of a subclinical conditioned withdrawal syndrome and is likely to be evoked subsequent to any state of physiological arousal resembling this syndrome, said Arnold M. Ludwig, Prof. of Psychiatry, University of Kentucky College of Medicine. Because the subjective experience of craving is dependent on "cognitive labeling," it is highly modifiable by mental set and physical setting. While craving may initiate drinking, relapse will be facilitated by "loss of control," which is defined as "the relative inability to regulate ethanol consumption." This inability may represent an inherent dysfunction in alcoholics to attend to and rely upon interoceptive and exteroceptive cues following ethanol use.

Videotape Demonstration Shows Group Characteristics of Alcoholics

A videotape demonstration presented by Donald E. MacDonald, M.D., Director of The Randolph Clinic, Charlotte, N.C., showed various types of alcoholic behavior, as re-enacted by patients and members of the clinic staff. Illustrated were denial; challenging the abilities of the group leader; the expression of rescue fantasies and lack of self-awareness in the alcoholic's spouse; and a couples group in which a wife is seen playing the role of persecutor to her alcoholic husband.

Other Reports

• Laird S. Cermak and Nelson Butters, research psychologists at the VA Hospital in Boston presented a review of memory disorders in alcoholic Korsakoff patients. They suggested that a similar type of analysis might be applied to the memory deficits experienced after acute alcoholic intoxication. • The alcoholic's perception of himself during sobriety and intoxication was studied by John Tamerlin, M.D. Director of Research, Silver Hill Foundation, New Canaan, Conn. Subjects characterized themselves in the sober state as highly appropriate and socially acceptable, but felt they were less anxious and more relaxed when drinking. On the other hand, they saw themselves as more unhappy, more useless, and more depressed when intoxicated.

• The concurrent use of AA and psychotherapy was recommended by Joan Curlee, Ph.D. of the VA Hospital in Indianapolis. The obvious advantage is

that AA encourages the patient to be sober which makes him more receptive to psychotherapy.

• John Ewing, M.D. of the University of North Carolina reported on recent attempts to use behavior modification techniques in patients resistant to AA.

• Rev. Joseph L. Kellerman, Director of the Charlotte Council on Alcoholism, presented differences between pastoral counseling and social-work counseling for alcoholics.

• To date there has been no body of research that would either deny or confirm dependency conflict as a viable explanation of a good part of alcoholic behavior, said Howard T. Blane, Ph.D. of the University of Pittsburgh.

Highlights of NCA Annual Meeting in Washington

(Continued from page 1)

participate in treatment and rehabilitation programs. Alcohol abusers are being identified more readily and referred to treatment, perhaps easier to accomplish in the military than in civilian life.

Because individuals may be called to emergency duty at almost any time, they must be capable of performing. This requirement can also be used to motivate alcohol abusers.

Special Needs of Ethnic Minorities

Exploring the special needs of ethnic minorities in alcoholism treatment, Donald Phelps of NIAA concluded, in a luncheon address, that there are distinct sets of problems but that they can probably best be met within the framework of existing organizations. However, the larger organizations, geared to the needs of the majority population, must adjust their thinking and employ personnel skilled in responding to ethnic minorities' needs.

As one example of a group's special needs, Phelps cited the study conducted by Roy Littlejohn Associates in 1972, which explored alcohol abuse among black Americans in Gary, Indiana; Atlanta, Georgia; Manhattan; and a small rural population in Mississippi.

The study, which included nearly 1100 black alcohol abusers, pointed out that many blacks were reluctant to view excessive drinking as a disease and were very slow in confronting it as a problem requiring professional help.

The Littlejohn study found that there was a higher incidence of alcohol abuse among young blacks in Mississippi than in the urban centers. (Another survey on alcohol use on Indian reservations also showed an alarmingly high rate of regular alcohol users among young boys aged 10-12.)

Phelps noted that although the doors of agencies may be open to minority populations the agencies may not have credibility in the community, either because of staff insensitivity to ethnic differences or language problems. Altering this situation, rather than creating separate programs, he felt, offers the best chance of success.

Other Meeting Highlights

• The following slate of officers to NCA's Board of Directors was elected: John K. MacIver, Chairman of the Board; William S. Simpson, M.D., President; Thomas P. Pike, 1st Vice-President; Mrs. John L. J. Hart, 2nd Vice-President; Brig. Gen. Kenneth I. Curtis (U.S.A. Ret.), secretary; and Thomas G. Terbell, Treasurer.

• Co-hosts for the meeting were the Washington Area Council on Alcoholism and Drug Abuse and the Baltimore Area Council on Alcoholism.

• Over 1,000 people attended the meeting, double the largest previous NCA Annual meeting attendance.

• More than 600 people attended the Congressional Reception hosted by the Kemper Insurance Group.

• Twelve special-interest workshops were held on an open invitation basis. Among the most well-attended was the workshop on Alcoholism and Ethnic Minorities.

Methadone Patients Abuse Alcohol

Alcohol has become the major drug of abuse among patients on methadone maintenance in New York, Bernard Bihari, M.D., Chief of the Alcoholism Treatment Program at Beth Israel Medical Center, told the 5th National Conference on Methadone Treatment held March 17-19 in Washington. Dr. Bihari participated in a panel chaired by Neil R. Scott.

Alcoholism is currently the major reason for discharge from treatment programs, and therefore a major reason for treatment failures. In addition, there is growing concern about the long-term effects of alcoholism on this group, since chronic alcoholism has considerably greater and more serious medical consequences than does addiction to any other drug.

RESEARCH and REVIEW

Alcoholics Able to Resist Available Alcohol

Further evidence that physiological craving and loss of control over drinking are not inevitable results of alcoholism has been presented by Edward Gottheil, M.D., Harold D. Crawford, B.A., and Floyd S. Cornelison, Jr., M.D., of the Department of Psychiatry, Jefferson Medical College, and Coatesville VA Hospital.

They studied 45 patients in groups of seven to ten on a closed ward in the presence of available alcohol. During the four-week experimental program, the patients could elect to drink zero, one, or two ounces of 80 proof ethyl alcohol each hour on the hour from 9 A.M. to 9 P.M. Monday through Friday. Of the 45 patients, 19 did not drink at all, 12 began drinking and stopped, and 14 drank throughout the program.

Four case descriptions of patients who were able to stop drinking while on the program are presented. They did not show more discomfort, sleep disturbance, withdrawal, and lowered self-esteem after they stopped drinking (*Diseases of the Nervous System*, Vol. 34, No. 2, February 1973, pp. 80-84).

Alcoholics Respond To Sweet Treatment

An unconventional treatment—IV infusions of fructose—has been found effective in emergency treatment of alcoholics. Louis Kunian, M.D., James Wasco, M.D., and Lawrence Hulefield, M.D., of Lynn, Mass. report that of 30 severely intoxicated patients treated with fructose, 29 were ambulatory and alert at the end

of 2½ hours. The one exception was a man who entered the emergency room with a blood-alcohol level of 600 mg % and who required five hours of treatment.

All the patients showed a striking difference from the recovery of conventionally treated alcoholics—the fructose-treated patients appeared brighter and had no tremors or ataxia.

The authors use a 10% solution of fructose with an infusion rate of 300 to 400 ml. per hour, and the patients are clinically evaluated every 30 minutes. There have been no adverse effects from the use of fructose. (*Emergency Medicine*, January 1973, pp. 45-46)

Du Pont Studies Five-Year Mortality of Alcoholic Employees

The death rate among 899 known, suspected, or recovered alcoholics employed by the Du Pont Company was three times higher than a similar group of controls, as measured over a period of five years. The results of the study were reported by Sidney Pell, Ph.D. and C. A. D'Alonzo, M.D. of the company's Medical Division.

The majority of the alcoholics (69%) were hourly-paid male production workers around the age of 50. Only 6.3% were women, and only 12.4% were below the age of 40.

The five-year death rate of the alcoholics was 11.9%, compared with 3.7% among the controls. Among the known, uncontrolled alcoholics (216), the death rate was 15.9%; among suspected alcoholics (383), 9%; and 12.5% among

recovered alcoholics (300). Even after differences in age were taken into account the mortality of known alcoholics appeared to be somewhat greater than that of suspected alcoholics; while the mortality of the recovered alcoholics was not much different from that of the alcoholics who were still drinking.

The alcoholics showed a marked excess of cancer mortality, with 26 deaths compared to only 7 in the control group. The alcoholics experienced higher cancer mortality in all the major body systems, especially in the respiratory system, genitourinary organs, and oral cavity. These three categories combined accounted for 17 cancer deaths among the alcoholics. (*J.O.M.*, Vol. 15, No. 2, February 1973, pp. 120-25).

Survey Finds Halfway Houses Widespread

Every state except four (North Dakota, Mississippi, Oklahoma, and Idaho) now has one or more halfway houses serving predominantly alcoholic patients, according to a recent NIMH survey. The survey identified 337 such facilities, 275 of them serving alcoholic persons only and the remainder serving alcoholics as well as drug abusers, parolees, and the homeless.

The survey, conducted in August 1971 by the NIMH biometry branch and the National Center for Health Statistics, did not include halfway house programs under the administration of other mental health service programs. (*Psychiatric News*, April 4, 1973)

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