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Physician's Alcohol NEWSLETTER



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Certain stresses linked to desire to drink

The desire to drink in an alcoholic is nearly always followed by drinking, according to a study of 50 alcoholic inpatients at Silver Hill Foundation, New Canaan, Conn. The drinking occurs regardless of the type of situational stress or arousal of an affect that activates the desire to drink.

Certain stressful situations were more often associated with the desire to drink, said John S. Tamerin, M.D., Director of Research, who led the team of researchers. Depression was more often associated with a desire to drink than anxiety or anger. The situations "When you are alone and have nothing to do,"

When a personal problem seems to be more than you can handle," and "When you have an argument with someone close to you," were most stressful. In contrast, work situations were not as conducive to a desire to drink, because, although pressure could be extreme, specific actions could be taken.

Another finding was that the major change which occurred in the alcoholic after a prolonged period of sobriety is a diminution in the desire to drink. Female AA members in particular respond to stress with less mental discomfort and less desire to drink than their inpatient counterparts.

Driving, like drinking, may offer the alcoholic a structured activity, temporary relief from dysphoric feelings, and a subjective sense of power and control. It is one of the few activities which the alcoholic knows he can do by himself in order to dissipate his feelings of impotence and loneliness. Recognition of this attempt at coping served by driving may be a key to understanding why the alcoholic often refuses to relinquish the keys to his car even though he may intellectually be aware of the risk he is taking.

Dr. Tamerin presented his study at the International Congress of Applied Psychologists in Montreal.

SOUTH AFRICAN CONFERENCE FINDS LACK OF RESEARCH DATA ABOUT ALCOHOL ABUSE

A multiracial conference of more than 600 participants from several African countries and from abroad met in Cape Town, Republic of South Africa, November 4-8 to discuss a problem of common concern—alcoholism and drug dependence. The first South African International Conference on Alcoholism and Drug Dependence was organized by the Department of Social Welfare and Pensions of the Republic of South Africa in cooperation with the International Council on Alcohol and Addictions.

Following are brief reports of some of the papers:

South African survey shows lack of data about alcoholism

H. P. J. Van Vuuren, Secretary for Social Welfare and Pensions, South Africa, reported on the known incidence of alcoholism in South African society. Among the few studies undertaken on the subject, one showed that 4% of the colored population over the age of 20 years are chronic alcoholics; 70% of these are "weekend drinkers." Only 12.1% of the patients admitted to the rehabilitation center for coloreds are alcoholics, while 65.7% are excessive drinkers. Nothing is known about the incidence of alcoholism among the Bantu peoples (70% of the population), although it is believed to be increasing.

South Africa has the highest road mortality rate in the world, 38/100,000,000 vehicle miles, but there is little data about the role of alcohol. The annual consumption of liquor in the republic is fairly high.

Three rehabilitation centers are run by the state; 18 registered rehabilitation centers under private management, one for coloreds and one for Bantu. The number of patients admitted to all these centers increased by 110% from 1963 to 1973.

Psychodrama used in treating alcoholic women

Psychodrama is used at Mount Collins, a retreat for alcoholic women, near Johannesburg. Rosemary B. Crouch, lecturer in occupational therapy, University of the Witwatersrand, described the team program. The motivational aspect of psychodrama is often overlooked, she said. The alcoholic woman is often totally wrapped up in her own world; psycho-

(Continued on page 6)

Rehabilitation Congress adds alcohol to agenda

Alcoholism was a major subject for the first time at a rehabilitation conference when the Second World Congress of the Rehabilitation Medicine Association met in Mexico City October 27-November 1. Several speakers emphasized the need for rehabilitation experts to devote their attention to the special requirements of alcoholics.

Joseph V. A. Partansky, Research Analyst for the Alcoholism Service of Long Beach General Hospital, California, stressed that continuity of treatment and coordination of services are essential in delivering the best rehabilitative service to persons with chronic conditions, including alcoholism. Vocational rehabilitation is particularly important, for the work world is both a major source of supportive recovery from alcoholism and a source for casualties. Vocational rehabilitation programs should be dynamically interrelated with industrial alcoholism programs, which use many of the same strategies. Three populations are the targets: the immature or unskilled, the previously employed or employable, and the experienced but seriously disabled persons. In evaluating the job satisfaction and work situation, skill variety, task identity and significance, autonomy, and feedback are important considerations.

Other U.S. speakers at the Congress included: Dr. Vernelle Fox, Dr. Frank A. Seixas, and Nancy Scott.

GUEST EDITORIAL

✱ MAXWELL N. WEISMAN, M.D.
Outgoing President of AMSA

A line of Virgil's Aeneid calls attention to the fact that even troublous difficulties may some day be remembered with pleasure (*Forsan et haec olim meminisse iuvabit*). How true, and when the outcome is auspicious the memory is all the more gratifying! Two years ago before our membership finally voted overwhelmingly to become the medical component of the NCA, my election to the presidency of AMSA had been marked by many anxiety- and controversy-laden meetings of the Executive Board on the pros and cons of the merger. Events since then have clearly justified the decision. On becoming a component of NCA all of the relatively vast resources of NCA were made available for AMSA's use, your president became a member of the NCA Executive Committee, and your Executive Board made nominations for the Medical Affairs Committee of the NCA Board. We are now rapidly accelerating our drive to educate our profession, especially our medical students, about the disease of alcoholism; we are significantly increasing in membership; and we can now turn our attention to state-wide rather than regional organization in coordinating our own programs with those of NCA affiliates.

Just as my election to office ushered in this milestone in AMSA's develop-

ment and sutured the two organizations with strong surgical knots, so the last few months of my tenure have been devoted to serving as midwife to the birth of a new alliance, that of NCA/AMSA and the Joint Commission on Accreditation of Hospitals. Now that rigorous standards for alcoholism programs have been promulgated by JCAH, it becomes imperative for the alcoholism movement to be represented by a voice on the Council of JCAH. It is therefore with the keenest satisfaction that I will be turning over to my successor and to our new Executive Board the fortunate completion of this obstetrical delivery which may well be the harbinger of alcoholism's coming of age.

As past-president I will be working closely with our newly elected officers to extend insurance coverage, to stimulate appropriate medical involvement in other programs including industry, to deepen our ties with other medical specialties including Family Practice, to cement our role with our non-medical allies, including alcoholism counselors, to explore the problems of prevention including those of alcoholism and human values and, in general, to serve as the rallying ground for the growing army of physicians who shoulder their responsibilities toward sick and suffering alcoholic people. To paraphrase Virgil, even the anticipation of conflicts and difficulties which still face us can be a source of pleasure!

AMSA officers installed at National Meeting

Charles S. Lieber, M.D. was installed as President of the American Medical Society on Alcoholism at the National Meeting held in San Francisco December 11. Maxwell N. Weisman, M.D., is the outgoing President. Other officers installed are Vice-President, Joseph J. Zuska, M.D.; Secretary, Jasper G. Chen See, M.D.; and Treasurer, Percy E. Ryberg, M.D.

Members of the AMSA Executive Board are: Drs. LeClair Bissell, Marvin A. Block, Sheila B. Blume, Luther A. Cloud, Ruth Fox, Stanley E. Gitlow, David H. Knott, Donald G. Mackay, and Jokichi Takamine.

New journal published

The *American Journal of Drugs Abuse and Alcohol*, a new publication to be issued three times a year, is designed to reflect the rapid changes in drug and alcohol abuse and treatment. Edward Kaufman, M.D. is editor-in-chief; Arnold Schechter, M.D., is assistant editor-in-chief; and Henri Begleiter, Ph.D. is associate editor. Subscriptions (\$25 per volume of three issues) are available from Marcel Dekker Journals, P.O. Box 11305, Church Street Station, New York, N.Y. 10249.

BOOKS

The Hidden Alcoholic in General Practice. By Rodney H. Wilkins, M.D. London: Elek Science Ltd., 1974. 240 pp.

Dr. Wilkins describes a method of detecting abnormal drinkers among patients in general practice, by giving a questionnaire to patients identified as possessing at least one "at risk" factor for alcoholism listed on an Alcoholics At Risk Register.

Research Advances in Alcohol and Drug Problems, Vol. I. Edited by Robert J. Gibbins, Yedy Israel, Harold Kalant, Robert E. Popham, Wolfgang Schmidt, and Reginald G. Smart. New York: Biomedical-Health, a division of John Wiley & Sons, 1974.

The first volume in a new series, this book focuses on drug addiction. The editors are all senior scientists of the Addiction Research Foundation, Toronto.

MEETINGS

JANUARY 20-27, 1975—North Carolina Alcoholism Awareness Week. For schedule of meetings for interested professionals, contact John A. Ewing, M.D., Director, Center for Alcohol Studies, University of North Carolina at Chapel Hill, Chapel Hill, N.C. 17514.

FEBRUARY 16-19—Annual Meeting, Society of Critical Care Medicine, Anaheim, Calif. Contact David Allan, M.D., Ch.B., Children's Memorial Hospital, 2300 Children's Plaza, Chicago, Ill. 60614.

FEBRUARY 23-28—31st International Conference on Alcoholism and Drug Dependence, Bangkok, Thailand. Contact ICAA, Case Postale 140, Lausanne, Switzerland.

APRIL 28-MAY 2—NCA Alcoholism Forum, Marc Plaza Hotel, Milwaukee, Wisconsin. AMSA-NCA Medical-Scientific Meeting will be held as part of Forum on APRIL 28-29. For information, contact NCA, 2 Park Avenue, New York City, N.Y. 10016.

MAY—First Pacific Congress of Psychiatry, Melbourne, Australia. Joint Meeting of the American Psychiatric Association and the Australian and New Zealand College of Psychiatrists. For information, contact Floyd S. Cornelison, Jr., M.D., Department of Psychiatry and Human Behavior, Jefferson Medical College, Thomas Jefferson University, 1025 Walnut St., Philadelphia, Pa. 19107.

NCA-AMSA seek papers for Annual Meeting

For the first time the National Council on Alcoholism (NCA) and the American Medical Society on Alcoholism (AMSA) are issuing a joint call for papers to be presented at the 6th Annual Scientific Conference of the National Council on Alcoholism to be held in Milwaukee, Wisconsin, April 27-29, 1975. This conference also constitutes a national scientific meeting of AMSA, which is now a component member of NCA.

Previous conferences have been invitational and restricted to a single broad topic. However, the 1975 conference is intended to be much broader in concept, according to Frank A. Seixas, Medical Director of NCA.

Dr. Seixas stated that the program areas which might be presented include prevention, epidemiology, clinical studies, evaluation, anthropology and traffic safety studies.

He added that the Evaluation Committee was also interested in genetic, behavioral and social etiology; criminology; metabolism and nutrition; pharmacology; alcohol and the central nervous system; psychiatric and psychological aspects; medical consequences of alcoholism and professional training in alcoholism.

Papers will be selected on the basis of scientific quality and the presentation of reproducible results. They will be published by NCA-AMSA, and so should represent new work, not previously submitted for publication.

Alcohol subjects presented at American Public Health Meetings

If a state lowers its legal drinking age to 18, will the number of alcohol-related crashes increase? A study of several states by Richard L. Douglass of the University of Michigan's Highway Safety Research Institute shows that the answer varies. In his report, presented to the 102nd Annual Meeting of the American Public Health Association, held in New Orleans in October, he stated that in Michigan alcohol-related crashes of the 18-20-year-old group (non-fatal accidents) increased and the age-specific distributions completely changed. The Maine experience was similar. However, no changes were found in Vermont or in the control states—New York, Texas, Pennsylvania, or Louisiana.

Alcohol consumption patterns in a community study

A ten-year study of the adult population of Tecumseh, Michigan, ascertained that increased incidence of myocardial infarction or coronary heart disease occurred among men 49-59 who had discontinued drinking at entry to the study. Blood pressure, smoking, and cholesterol of this group did not differ from those of the current drinkers. The study was conducted by a team led by Betty Ullman, Ph.D., of the Center for Research in Diseases of the Heart, University of Michigan.

Alcohol linked to cancer of esophagus

Alcohol consumption is an important etiologic factor in cancer of the esophagus,

according to a study of 348 patients conducted by Milton Terris, M.D., Wing Yu Lee, M.D., of the New York Medical College, and Andrew Z. Keller, D.M.D., VA Central Office. Matching with 3 control groups also showed that an association with tobacco use is secondary to the alcohol link.

Other speakers

A panel of speakers discussed alcoholism and drug abuse, with James P. Pappas, M.D., presiding. Peter G. Bourne, M.D., discussed primary approaches to treatment, and Vincent Knowles, Ph.D. analyzed the problems of duplicating the United States experience in developing countries.

Hector Sanchez, M.S.W. of NIAAA spoke on the alcohol abuse problem in migrant worker populations.

A soapbox seminar, led by Morris Barrett, of the Eastern Pennsylvania Psychiatric Institute in Philadelphia, evaluated community alcohol and drug treatment modalities.

Review of Army's alcohol program finds successes

In 1971 the U.S. Army Alcohol and drug abuse prevention and control program had its formal inception. It was decided at that time to include alcoholism within the drug abuse counteroffensive. In the alcohol program interest, identification relied initially on behavioral observation and law violations. Command was educated to recognize alcohol problems among their personnel and make early treatment referrals. Treatment included halfway house and rap center models as well as involvement with local AA groups. Evaluation teams studying the army-wide program found cooperation between alcohol and drug programs one of the areas of strength of the program. The report was included in an article by Dr. Harvey Ruben in the *American Journal of Public Health* (October 1974, p. 999), "A review of the first year's experience in the U.S. Army Alcohol and drug abuse program."

Physician's Alcohol Newsletter

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Long-lasting effects in perceptual field dependence found in male alcoholics

Changes in perceptual field dependence induced by brief sensory deprivation in male alcoholics may last for as long as four months after only a single one-hour exposure to the altered environment. G. R. Jacobson, M.D., Director of the De Paul Rehabilitation Hospital in Research, Evaluation and Training of Milwaukee reported his findings of a study of 96 male alcoholic in-patients to the International Conference on Alcohol and Drug Abuse held in San Juan, Puerto Rico, in November 1973. He found that there are immediate, dramatic, and statistically significant decreases in field dependence performances on the Rod and Frame Test, which are maintained, and indeed augmented, over relatively extended periods of time. Other reports from the conference follow:

Hallucinogen factors in alcohol withdrawal

Clouding of sensorium is an hallucinogenic factor in acute alcohol withdrawal states, reported L. R. Strober, M.D., et al, SUNY, Brooklyn. Their study of 307 consecutive admissions to the Alcohol Detoxification Unit of Kings County Hospital also showed that other factors must also be involved. There may be in addition a difference in sensitivity among ethnic groups, suggesting that a cultural factor plays a role in hallucinogenesis.

Inadequate services available for teenage drinker

Although teenage drinking is on the increase, few services or educational efforts are appropriately geared toward the needs of adolescents, said P. A. Balian, Alcohol Region Program Director, Region II, New York. Teenagers consulting community agencies are told they need their parents' consent to receive services, or are told they need "psychiatric counselling." Most services are programmed for the adult drinker, and involved some sort of group therapy, where the leader is an adult referring to the life style and norms of a world different from the teenager's. Only AA offers a place for the teenager to talk to others his own age. Counselors need to be trained to be sensitive to special problems such as the double-addicted adolescent. Peer groups can be the starting point for treatment.

Alcohol education in the schools

Although teenagers indicate on surveys their great interest in learning about

the effects of alcohol, they are actually receiving little formal, organized information in schools, said G. Globetti, Ph.D., Director of the Center for Alcohol and Drug Education, University of Alabama. Much of the information they do receive is of a prohibitive nature, rather than objective.

Industry and university hospital coordinate alcoholism activities

Even when the degree of alcoholism is so severe that it cannot be treated sufficiently at the industrial site of an employee, the alcoholic can still be rehabilitated and resume his gainful employment when industry and a university-based hospital coordinate their activities. Such a program was described by A. Browne-Mayers, M.D., of the New York Hospital, Cornell Medical Center, White Plains, N.Y. The average age of patients from industry is younger than the total group of patients, indicating that better supervision and identification of the patient and early detection are now being carried out. Disturbances in family life are clearly a disruptive factor, and even when the alcoholism is removed, family strife often remains. It may cause a relapse into drinking.

Excessive drinking and its relation to family disintegration

Alcoholism and broken homes are a frequent combination, but it is difficult to know whether the alcoholism begins after the person is widowed or divorced or whether the drinking is a major cause of the breakup of the marriage. M. L. Papanek, Chairman of the Department of Psychology of Manhattanville College, Purchase, N.Y., reviewed the international literature on the relationship between excessive drinking and family disintegration, finding it widespread but culturally variable. Family disruption in childhood is related to alcoholism in many studies. Two antecedents to alcoholism stand out: parental loss by death, and alcoholism in the parents. Papanek criticized the tendency of some professional to consider the wives of alcoholics who take over family responsibilities as "unfeminine" suggesting that it is precisely the demand for excessive dominance from males and excessive dependency from females in the culture at large which adds to the problems of the alcoholics.

Yoga proves effective part of home therapy

Alcoholics who practice yoga as part of a home therapy program after they have received other treatment methods are helped in their recovery, says John E. Ewing, M.D., Professor of Psychiatry at the University of North Carolina School of Medicine. Tape-recorded yoga lessons help patients to relax, enabling them to get rid of their anxieties, and reduces the risk of their returning to drinking. Relaxed patients are also more responsive to advice from the therapist.

Alcoholics prone to sexual problems

Contrary to the stereotype, alcoholics are not sexually liberated but suffer from a host of physical and emotional problems that inhibit their sexuality. Domeena C. Renshaw, Associate Professor of Psychiatry of the Loyola University of Chicago, detailed these problems at the AMSA regional meeting held in Omaha, Nebraska.

Female alcoholics have many sexual problems, often deeply rooted in a general dissatisfaction with life. Frequently the physician is reluctant to ask for a sexual history, and the patient rarely volunteers it, so that this aspect of the case history is insufficiently explored.

Male alcoholics have potency problems, ranging from total impotence to partial erections. The effects of alcohol on the central nervous system contribute to the problem, and diseases associated with alcoholism, such as liver damage and diabetes, often impair sexual functioning.

Alcohol program in the U.S. Postal Service

S. K. Day reported on the activities of the Program for Alcoholic Recovery of the U.S. Postal Service, which employs 700,000 people. The PAR program is composed of elements of education, identification, structured program participation, follow-up, and use of recovered alcoholic counselors on a ratio of one counselor per 1,500 employees. Audited reports show a cost-benefit savings of \$5 for every \$1 invested.

RESEARCH and REVIEW

Plasma DBH activity affects susceptibility to alcohol

When 33 healthy young adults drank alcoholic beverages, those with lower pre-drinking activity of dopamine beta-hydroxylase (DBH) in plasma experienced fewer positive mood states. Those with higher DBH activity felt significantly better, less drunk, and less sick. The study was conducted by John A. Ewing, M.D., Beatrice A. Rouse, M.D., and Robert A. Mueller of the University of North Carolina School of Medicine. The authors suggest that DBH activity can predict an individual's susceptibility to alcoholic stimulation by determining or reflecting subjective response. (*Research Communications in Chemical Pathology and Pharmacology*, Vol. 8, No. 3, July 1974, pp. 551-54).

Ascorbic acid saturation and ethanol metabolism

In research reported by N. Krasner et al. of the University Department of Materia Medica, Stobhill General Hospital, Glasgow, an association was shown between the leucocyte ascorbic-acid levels and the activity of the principal enzyme concerned in ethanol metabolism, alcohol dehydrogenase. Further studies have demonstrated that the rate of clearance of ethanol from the blood is associated with increased levels of leucocyte ascorbic acid. The activity of alcohol dehydrogenase may depend on ascorbic-acid saturation. (*The Lancet*, September 21, 1974, pp. 693-95).

Rats under stress choose alcohol

Rats who ordinarily do not prefer alcohol turn to it after receiving a mild shock, reacting to stress in much the same way that humans do in their own "rat race." Glenn Hatton, Ph.D., who conducted the study at Michigan State University, hypothesizes that there is a link between stress-induced biochemical changes and changes in taste preference. (*Medical Tribune*, October 16, 1974).

Simple tests for early cirrhosis being developed

A team of the clinical investigations center of the U.S. Naval Hospital in Philadelphia, headed by Ada M. Lin, M.D., is developing a simple blood test to detect early liver cirrhosis. Differences in the isoenzymes of monoamine oxidase (MAO) can be identified in the plasma of normal subjects and cirrhotic patients. MAO, which normally exists in three forms, is elevated in fibrotic liver disease. (*Medical Tribune*, October 16, 1974).

DiETING and drinking don't mix

Low calories and highballs may prove a dangerous combination, particularly if exercise is added, according to Dr. J. Murray McLaughlan of the Health Protection Branch of Canada's Department of National Health and Welfare in Ottawa. Even normal people on a low calorie diet may develop significant hypoglycemia after a few drinks, Dr. McLaughlan reported to the Western Hemisphere Nutrition Congress in Bal Harbour, Fla. His team tested a group of 12 volunteers on a 650-calorie/day diet. On the low calorie diet the blood glucose levels fell to their lowest levels around noon, and most subjects reported symptoms of illness. Their motor skills were considerably weaker when they drank with the low-calorie diet than with the normal diet and the same amount of alcohol. (*Medical World News*, September 13, 1974).

Convulsive seizures in the alcoholic defined

A clinical appraisal of the Baltimore Public Inebriate Program has distinguished seven different seizure entities in the alcoholic patient: alcohol withdrawal seizure; epileptic seizure, alcohol-induced; toxic seizure; pyrexia seizure; infection of the CNS seizure; trauma of the CNS seizure; and chemical deficiency seizure. Successful treatment depends greatly on identifying the specific mechanisms involved, said G. Douglas Talbott, M.D., and Olivia Gander, M.A. of the program. (*Maryland State Medical Journal*, April 1974).

Lithium study shows encouraging results

In an experimental alcoholism study conducted by the Addiction Research Foundation in Toronto, the use of lithium for the treatment of alcoholism showed encouraging results. Dr. Stanley Cooper reported the ARF's Clinical Institute's findings of the nine-month study, which involved 18 chronic hospitalized alcoholics in the withdrawal phase. A randomized double-blind study of lithium treatment was begun in two groups, comparing those to a group receiving placebo. Alcohol withdrawal symptoms were significantly reduced in the lithium-treated subjects, and the performance of these chronic alcoholics on a complicated motor-tracking task was "normalized." No adverse effects of lithium were reported. (*The Journal*, October 1, 1974).

Alcohol abuse on increase in USSR

Official figures released by the USSR's Central Statistical Administration reveal that the sale of alcoholic beverages reached 534% of the 1940 level in 1973. An article in *Literaturnaya Gazeta*, the most influential intellectual and socio-political weekly, simultaneously revealed that drunken drivers were responsible for one-third of all motor vehicle accidents in the country. Professional drivers are allowed to drive after spending the night in a public sobering-up station, even though their blood alcohol levels remain high. Articles in other journals are suggesting a variety of new measures, some quite stringent, to deal with the problem. One suggestion that alcoholics and their families be placed in special "dry" camps in the East was rejected by *Literaturnaya Gazeta's* editors as being "illegal." (*The Journal*, October 1, 1974).

Alcohol, age, and fatal traffic accidents

Alcohol plays a significant role in single-car crashes, according to a study conducted in a rural and small-town area in Wisconsin by Nathan Rosenberg, NIAAA; Ronald H. Laessig of the State Laboratory of Hygiene, University of Wisconsin; and Robert R. Rawlings, Chief of the Statistical and Mathematical Applications Branch, Alcohol, Drug Abuse and Mental Health Administration. The study, conducted from February 1968 to April 1971, showed higher blood alcohol concentrations in drivers killed in one-car than in two-car accidents; in nighttime than daytime accidents; and among drivers under age 30, in weekend than weekday accidents. The peak occurrence of single-car crashes was found at a younger age than the peak blood alcohol concentration, suggesting that some age-related factor in addition to drinking is involved. (*Quarterly Journal of Studies on Alcohol*, Vol. 35, No. 2, June 1974, pp. 473-89).

Biofeedback reinforcement and autogenic techniques used in alcohol treatment

At the La Hacienda Alcoholism Treatment Facility in Hunt, Texas, the autogenic techniques are used to teach alcoholics to control and alter the effects of autonomic arousal so that they can learn to control inappropriate emotional responses. (*Proceedings of the Biofeedback Research Society Annual Meeting*, 1974).

RESEARCH AND REVIEW

CAGE Questionnaire: New alcoholism screening instrument

The CAGE questionnaire is a brief, four-question alcoholism screening instrument. A study conducted by Demmie Mayfield, M.D., et al. of the VA Hospital, Durham, N.C., involved 366 patients admitted to the psychiatric service over a one-year period. Responses to the CAGE were correlated with diagnosis made by the treatment team. They found the CAGE instrument brief and easy to administer, and not as intimidating to the respondent as the MAST test. If the patient answered 2 or 3 of the questions affirmatively, the CAGE was a successful screening instrument (correlation coefficient 89). However if all 4 were answered affirmatively the correlation coefficient dropped significantly. It was felt that elimination of schizophrenia, manic and organic brain syndrome patients would also strengthen the sensitivity and validity of the CAGE as an indicator of alcoholism. (*American Journal of Psychiatry*, Vol. 131, No. 10, October 1974, pp. 1121-22.)

Planning comprehensive community alcoholism services: 2 surveys

Before a community can plan a comprehensive alcoholism service, the needs of the specific community must be determined. A team led by Alan Beigel, M.D., of the Southern Arizona Mental Health Center in Tucson has developed a short-term, low-cost, feasible method for obtaining useful prevalence data. Nine part-time employees contacted more than 200 agencies in Pima County during a three-month period, soliciting data about clients who had contacted the agency primarily about a drinking problem within the past two years. 91% of the visible problem drinkers were men who had contact with local law enforcement rather than treatment agencies. Indians and Black males were proportionately more represented than anglos or Mexican Americans. The task force also attempted to gain information about nonvisible problem drinkers by contacting clergymen and physicians, but had low rates of response.

A second aspect to their study was an assessment of community awareness and attitudes through a questionnaire distributed to a sample of the population. The survey revealed a need for 'enablers' to help bring minority group members into the treatment system of available community services. (*American Journal of Psychiatry*, Vol. 131, No. 10, October 1974, pp. 1112-21).

Drinking decisions made by a group

Four chronic alcoholics making decisions in a group setting about alcohol and cigarette use for which they received reinforcement points redeemable for drinks and cigarettes were studied by Mark Goldman, Ph.D., Assistant Professor of Psychology, Wayne State University. He found that decision-making delayed the initiation of drinking and tended to lower overall alcohol consumption during a period of prolonged drinking but was not effective in inducing early termination of the drinking episode. Mood disturbances, physical symptoms, and psychopathology became more pronounced when the amount of alcohol consumed increased. The extent of decision-making changed during times of high motivation for drinks or cigarettes; these decisions were mainly a function of individual leadership. (*American Journal of Psychiatry*, Vol. 131, No. 10, October 1974, pp. 1123-30).

Bipolar affective disorder and alcoholism

There appears to be no specific association between manic-depressive disease and alcoholism, according to a study conducted by James R. Morrison, M.D., Assistant Professor of Psychiatry, University of California, San Diego. In a study of 297 patients admitted to an acute care ward of the VA Hospital in San Diego, he found the demographic factors, symptoms and course of the affective illness did not distinguish alcoholic from nonalcoholic patients. Both of the illnesses might be considered "primary" in an individual patient. (*American Journal of Psychiatry*, Vol. 131, No. 10, October 1974, pp. 1130-33).

Reports from South African conference

(Continued from page 1)

drama helps her to take notice of the problems and aspirations of others.

Alcoholism among Indians in South Africa

South African Indians, an immigrant group, have increasing drinking problems, even though the Indian culture and religions strongly prohibit the use of liquor. A 1963 survey of the drinking patterns of Indians in Natal was reported by L. L. Millar, Chief of Social Development, Department of Indian Affairs. Although the vast majority (80%) are abstainers, alcohol users were found among artisans, workers in the transport and delivery services, and farmers and farm laborers.

Cultural influences on individual and group

In the Black societies of South Africa, two concepts, strongly overshadowed by individualism in the West, are extremely significant, said Dr. J. Wolfgang Bodenstein. Directorate of Strategic Planning and Coordination, Department of Health. One is the concept of hope. To the Black man even the outcast, the down-and-out alcoholic remains invested with human dignity. Many white alcoholics will find the only compassion from Blacks. A second concept is the umbilical cord, the tie to one's birthplace, where one can always return.

Other speakers

Speakers from the United States included Dr. Richard Phillipson of the National Institute on Drug Abuse; Dr. Mildred Doster of Denver Public Schools; and Dr. J. S. Cheatham, of the Division of Medical Services, TVA.

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