



VOL. 10. NO. 4

# Physician's Alcohol NEWSLETTER



OCTOBER 1975

## NCA Criteria sort alcoholics, ADPA annual meeting told

Using a questionnaire adapted from the Track II symptom and classification schemes of the NCA Criteria for alcoholism, the Alcoholism Rehabilitation Center of Lutheran General Hospital in Park Ridge, Illinois, found a difference in the responses of three groups tested—an inpatient group, a group of consecutive admissions to the detox unit, and a drinking evaluation group. The results were reported to the annual meeting of the Alcohol and Drug Problems Association of North America, held September 14-18 in Chicago by William J. Filstead, Ph.D., of Northwestern University, Marshall J. Goby, Ph.D., of Lutheran General Hospital, and Jean J. Rossi, Ph.D., of Behavioral Consultants, Inc., Des Plaines, Ill.

The drinking evaluation group had markedly different response rates for the problem areas from the other two groups. They perceived alcohol as less of a problem. People who come in to discuss

## Controlled drinking goal fails to be achieved in pivotal long-term study

Dr. John A. Ewing, Director of the Center for Alcohol Studies, University of North Carolina, has concluded an important long-term follow-up study showing the failure of alcoholics who rejected Alcoholics Anonymous and total abstinence to reach a controlled drinking goal. He reported the results at a special program on behavioral approaches to alcoholism and drug dependence at the University of Washington in Seattle, July 31-August 1, 1975.

While many alcoholics first try to reduce their drinking before finally accepting total abstinence, it is only in the last six years that significant attempts have been made to assist alcoholic patients to control their drinking. At the Seattle

## Helsinki hosts meetings with alcohol focus: Pharmacology, acetaldehyde featured topics

Two major conferences on alcohol brought experts from many countries to Helsinki, Finland, this summer. The 21st International Institute on the Prevention and Treatment of Alcoholism was held June 9-14 (see page 5 for reports), and the Sixth International Congress of Pharmacology on July 20-25. A satellite symposium to the Congress on July 26 featured reports (see page 4) on the role of acetaldehyde in the actions of ethanol.

Brief reports from the Pharmacology Congress follow:

a possible alcohol problem might be expected to respond differently from those who are in a rehabilitation program. Work is presently underway to modify the questionnaire as well as to broaden the scope of the socio-demographic/background information questions so that the questionnaire can become a self-administered screening/diagnostic test for the psychological, attitudinal, and behavioral track of the NCA criteria.

*(Continued on page 5)*

### Alcohol affects membrane and synaptic potentials in ganglia of aplysia

Membrane resistance and postsynaptic potentials in the visceral ganglia of *Aplysia* are both decreased by about 10% after 15 min. of exposure to alcohol in a 1% concentration, reported Rafiq Waziri of the University of Iowa College of Medicine. A 2% concentration of alcohol causes a reduction of 15-20%; and at 8% alcohol, the reduction is 70-80%. At 10% alcohol the membrane resistance is decreased by 90% and the neurons become inexcitable. Similar changes occur in the buccal ganglia, but at concentrations of 5-6% there is an increase in excitability.

### Ethanol-induced shift in biogenic amines occurs in periphery, not CNS of rats

Data presented by Farouk Karoum and Edward Majchrowicz of NIAAA and St. Elizabeth's Hospital, Washington, D.C., suggest that the ethanol-induced shift in the metabolism of biogenic amine from the oxidative to the reductive pathways occurs only in the periphery but not in the CNS of acutely treated and ethanol-dependent rats. Norepinephrine turnover is increased in ethanol-dependent rats whether intoxicated or undergoing withdrawal, whereas the turnover of dopamine is increased in both acutely treated and ethanol-dependent while still intoxicated.

meeting Dr. Ewing described the many different techniques he and Beatrice Rouse, his Research Associate, used to try to assist alcoholic patients to avoid losing control of their drinking. These represent what Dr. Ewing called a "blunderbuss approach" since they used all means that have been conceived as possibly being helpful to such patients.

Thirty five patients were referred by other physicians or self-referred to the experimental program. Ten people came one time only and decided that they did not want to participate. Eleven others came less than six times, some of them saying they felt that too much effort was

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## EDITORIAL

### A major advance in spurring medical education about alcoholism

The adoption of questions on alcoholism by the National Board of Medical Examiners this year marks a significant advance in the stance of the medical profession toward the disease. Despite pronouncements of the AMA, APA, APHA and American College of Physicians, medical schools have been slow to respond with an instructional thrust designed to make young physicians comfortable in treating alcoholic patients. The need for knowledge to satisfy part of the examination now in universal use for licensing gives the student an unprecedented impetus.

This achievement was accomplished through the NCA Medical and Research Departments with the financial and ideological support of the EAATP, a branch of NIAAA, and the sophistication and interest of members of AMSA. We thank these people and the members of the National Board of Medical Examiners for their cooperation and foresightedness.

—FAS

## BOOKS

**Bill W.** By Robert Thomsen. New York: Harper & Row, 1975. Regular price: \$10.95. Available for \$8.50 through NCA, Publications Division, 2 Park Avenue, New York City, N.Y. 10016.

The biography of the co-founder of AA.

**Vagrant Alcoholics.** By Tim Cook. Boston: Routledge & Kegan Paul, 1975. \$15.50.

A description of the Alcoholics Recovery Project in South London by its Director.

**The Diagnosis and Treatment of Alcoholism.** By Gary G. Forrest, Ed.D. Springfield, Ill.: Charles C. Thomas, 1975.

Designed for professional alcohol rehabilitation workers. The author is a civilian clinical psychologist in the Department of the Army.

**What You Should Know About Alcoholism.** By Don Tracy. New York: Dodd, Mead & Company, 1975. \$7.95.

A question-and-answer discussion for the nonalcoholic spouse, employer or friend of the problem drinker. Attribution to NCA Criteria is incorrectly given to NIAAA.

## RESEARCH AND REVIEW

### Intensity of hangover not explained by alterations of major blood metabolites

According to results of a study in which a variety of metabolic parameters in 23 healthy male volunteers were evaluated after ethanol administration and correlated to the symptoms of hangover, the intensity of hangover bears little relation to the changes in the metabolite concentrations measured. The study, conducted by R. H. Ylikahri, et al. of the University of Helsinki and Research Laboratories of the State Alcohol Monopoly, Finland, indicated that the maximal hangover occurred 12 to 14 hours after the initiation of drinking. At this time almost all of the ethanol and acetaldehyde had been eliminated from the blood. The intensity of the hangover did not correlate with the peak concentrations of ethanol or acetaldehyde in the blood.

Marked hypoglycemia regularly followed the administration of ethanol, but the nadir blood glucose values had no correlation with the intensity of hangover. Ethanol induced a significant rise in blood lactate concentration, the extent of which was similar in subjects with mild or severe hangover.

During the most intensive hangover, plasma FFA level increased when compared to the values observed during the control period. These concentrations were significantly higher in subjects with severe hangover than in those with mild hangover.

The authors conclude that it seems probable that hangover has no single cause but that the syndrome is due to a combination of neural, hormonal and metabolic effects, the relative importance of which is not known (*Europ. J. clin. Invest.* 4, 93-100 (1974)).

### Self-identification tests result in underdetection of alcoholism

Alcoholism screening tests which are developed and validated on self-identified alcoholic groupings are likely to result in underdetection of cases of alcoholism in the subsequent usage of the test, report Howard B. Kaplan, Ph.D. et al. of the Baylor College of Medicine. Applying this argument to the Michigan Alcoholism Screening Test (MAST), it was hypothesized the MAST items which reflected alcoholic self-identification (by two independent criteria) would manifest a significantly greater probability of underdetection as measured by the frequency of negative responses by the alcoholic subjects than the other MAST items. Data obtained by administration

of the MAST to 66 male alcoholic subjects confirmed the hypothesis. (*Diseases of the Nervous System*, Vol. 36, No. 3, March 1975, pp. 133-136.)

### Alcohol affects human immune system

A study of the immunologic status of 24 male patients admitted to the Roosevelt Hospital Acute Alcohol Unit for detoxification showed that both qualitative and quantitative defects were seen in vitro in the thymus-derived lymphocyte population. The defects were not seen in recovered alcoholics however, and appear reversible. In vivo reactivity, as measured by skin testing with a denovo antigen, dinitrochlorobenzene, as well as a recall antigen, tuberculin, was intact. The authors of the study, Joel Lundy, M.D., et al., suggest that the defects seen in the cell-mediated immunity of alcoholics may in part be responsible for the high incidence of head and neck cancer in this patient population. (*Surgery, Gynecology & Obstetrics*) Vol. 141, August 1975, pp. 212-18).

## MEETINGS

OCTOBER 26-NOVEMBER 1—International Conference on Alcoholism and Drug Dependence, scheduled for Sao Paulo, Brazil, has been cancelled.

NOVEMBER 29-DECEMBER 5—International Symposium on Alcohol and Drug Dependence. Bahrain, Arabian Gulf. Information from ICAA.

MARCH 25-29, 1976—Third National Drug Abuse Conference, New York City. Information from Dr. Joyce H. Lowinson, National Drug Abuse Conference 1976, 1500 Waters Place, Bronx, New York 10461.

APRIL 9-10, 1975—"Work in Progress in Alcoholism 2"—Medical-Scientific sessions of NCA National Forum, co-sponsored by AMSA, Shoreham Americana Hotel, Washington, D.C. Papers are invited; one-page abstracts (original and 3 copies) should be sent by November 30 to NCA, 2 Park Avenue, New York City, N.Y. 10016, Att.: Medical-Scientific Conference.

# Further reports from 6th International Congress of Pharmacology

(Continued from page 1)

## Microwave instrument designed for enzyme study

A 2450 mHz microwave instrument has been designed and built to study the concentration of endogenous transient compounds in the mouse brain, said W. B. Stavinoha, et al. of the University of Texas Health Science Center. The use of 300 msec. microwave inactivation of enzymes permits study of transient compounds in the brain. Ethanol is more regionally specific in its cholinergic effect on the brain than is pentobarbital. Both drugs decrease the cerebellar concentration of acetylcholine.

## Tolerance and withdrawal hyperexcitability linked to biosynthesis of membrane structural lipids

Studies of rat brain microsomal lipid labeling *in vivo* by  $^{14}\text{C}$ -serine after acute and chronic ethanol administration suggest that the development of tolerance to ethanol and the withdrawal hyperexcitability may be linked with the biosynthesis and turnover of membrane structural lipids in the CNS, said Pekka Tapanen and Henrik Wallgren of the Research Laboratories of Alko (Finland).

## Other reports

• Extending his work on the effect of ethanol on uptake of amino acids by CNS cells (PAN, Vol. 6 No. 4), Ernest Noble et al. of the Dept. of Psychiatry, University of California (Irvine) and Faculty of Medicine, Strasbourg, France,

demonstrated decreases of  $\text{C}_{14}$  choline uptake after acute and chronic exposure to ethanol by cholinergic versions of a clone of mouse neuroblastoma cells. No ethanol effect on uptake was obtained when ethanol was introduced in a clone of glial cells of hamsters astroblasts. This supports Noble's earlier work and does not support the effort of Jan Jarlstedt (PAN, Vol. 10 No. 2) in which glial cells appeared to be more affected by ethanol than neurons.

• In a review of the relation of brain monoamines to alcohol selection and preference, L. Ahtee of Alko Labs (Finland) presented evidence for higher levels of 5HT and dopamine in the brains of ethanol-selecting rats than their water-selecting counterparts. Noradrenaline levels did not differ. Manipulation of the levels of the monoamines by other drugs, or lesions, had inconsistent results in modifying alcohol selection and alcohol withdrawal states. Noradrenaline turnover has been shown to be much more significantly related to withdrawal than either metabolism of 5HT or dopamine.

• A Gibbs free energy hypothesis of anesthetic action on membranes, based on the model membrane system (the Liposome) would predict the complementary effect of warmth and an antagonistic action of coldness for general anesthetic action, said A. D. Bangham of the Institute of Animal Physiology, Cambridge, U.K. There is a similarity in the physiological syndromes of high hydraulic pressure and withdrawal from drugs of addiction.

• Mice selectively bred for "sleep time" differ more in brain sensitivity than in ethanol metabolism, said G. E. McClearn of the Institute for Behavioral Genetics, University of Colorado.

• Matti E. Hillbom of the Research Laboratories of Alko (Finland) reported on the prevention of ethanol withdrawal seizures in rats by dipropylacetate. The drug was most effective when given before the onset of withdrawal of ethanol.

• The startle response of rats on an ethanol-containing diet after 3 weeks was higher than that of the control group, reported L. A. Pohorecky et al. of The Rockefeller University.

• Large doses of ethanol increased the activities of some dehydrogenases and trans aminases of rat brains during acute and chronic alcoholic intoxication, according to I. A. Sytinsky et al. of the Institute of Physiology, Leningrad University.

• Plasma testosterone levels in male alcoholics decreased during withdrawal but are unaffected by the acute or chronic use of alcohol, said Matti O. Huttunen et al. of the University of Helsinki.

• Chronic ethanol administration does increase the *in vitro* and *in vivo* metabolism of drugs but the diversity of effects on different drugs cannot be explained by a single mechanism based on an increase in the amount of cytochrome P450 or other component of the mixed function oxidase system, reported J. M. Khanna and H. Kalant of the Addiction Research Foundation (Toronto).

• The increased uptake of thiopental by liver from the blood, demonstrated experimentally in rats, may explain in part the clinical difficulty of anesthetizing alcoholic patients, according to G. E. Johnson and V. K. Patel of the University of Saskatchewan.

• Neither fructose nor glucose had a significant effect on the intensity of hangover in a study of 43 healthy male volunteers under controlled conditions, said Reino H. Ylikahri, et al. of the University of Helsinki.

• The results of studies by a team reported by R. Teschke and led by C. S. Lieber of the Bronx VA Hospital and Mount Sinai School of Medicine show that hepatic microsomes of normal and acatalasemic mice contain a system capable of oxidizing alcohols by a mechanism which is independent of catalase- $\text{H}_2\text{O}_2$ .

## Physician's Alcohol Newsletter

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# Helsinki symposium features current work on role of acetaldehyde in alcohol

At a satellite symposium to the Sixth International Congress of Pharmacology (see page 1), held in Helsinki, Finland, workers from many countries reported on current studies on the role of acetaldehyde in the actions of alcohol.

J. Eckfeldt, et al. of the Johnson Research Foundation, Philadelphia, described the cytosolic and mitochondrial isozymes of horse liver aldehyde dehydrogenase. The F1 isozyme may be the primary enzyme for oxidizing acetaldehyde produced during ethanol oxidation in vivo. Based on its biochemical properties, the F2 isozyme can be identified as the aldehyde dehydrogenase, which was previously purified from horse liver. Its primary role may be in the metabolism of biogenic aldehydes generated from biogenic amines and alcohols.

The low-K<sup>m</sup> enzyme, said O. Tottmar and H. Marchner of the Alcohol Research Group of the University of Uppsala (Sweden), has a primary role in the regulation of the hepatic output of acetaldehyde, and the activity of this enzyme may be an important determinant of the pharmacological actions of acetaldehyde during ethanol metabolism.

Studies reported by Kai O. Lindros of the Research Laboratories of Alko (Finland) showed that the maximal release of AcH in liver perfusions occurred at ethanol concentrations about 30 mM, the highest AcH concentration being 0.5-0.6 mM in suspensions of cells from fed rats and 0.3-0.4 with cells from fasted animals.

The inhibition of cell protein synthesis in rat liver is not due to ethanol per se, but is a consequence of alcohol metabolism, said A. Perin and A. Sessa of the University of Milan. The inhibition is probably due to the shifting of the redox level in the cell as well as to acetaldehyde. The fact that acetaldehyde influences protein synthesis in several organs stresses the importance of this substance in causing damage in tissues of alcoholic subjects. A large part of acetaldehyde action may be due to the shifting of the redox level in these cells.

V. P. Jauhonen, M. J. Savolainen and I. E. Hassinen of the University of Oulu (Finland), suggest that AcH and acetate possibly have a direct effect on liver and adipose tissue or cause glucagon release which in turn causes glycogen mobilization and secondary hyperinsulinemia with an inhibitory effect on peripheral lipolysis.

Studying the acetaldehyde content in rat brain during ethanol oxidation, H.

W. Sippel and C. J. P. Eriksson of the Research Laboratories of Alko (Finland) found significant levels when the cerebral blood concentration was higher than 140 nmol/ml.

In mice given acute administration of ethanol, C. K. Erickson et al. of the University of Kansas found brain levels of AcH correlated with brain levels of ethanol, and as brain AcH increased, brain NE decreased. There was a reciprocal relationship between NE and DA, brain DA increasing as brain NE decreased, and as brain AcH increased.

Gerald Cohen of Mount Sinai School of Medicine presented evidence to support the view that TIQ alkaloids are capable of modulating adrenergic function. If formed in sufficient amounts in the brain or at peripheral adrenergic sites, TIQs may be responsible for alterations in mood or behavior during or after intoxication.

Noting the recent increase in interest in the tryptolines, R. Bruce Holman et al. of Stanford University School of Medicine reported that his laboratory and others have independently demonstrated the in vitro enzymatic formation of the tryptolines from the tryptamines and 5-methyltetrahydrofolic acid. It has been suggested that under special conditions ethanol administration results in the formation of tryptolines from acetaldehyde and tryptamines.

Charles S. Lieber of the Bronx VA Hospital and Mount Sinai School of Medicine reported on his findings of elevated acetaldehyde levels after chronic ethanol consumption (see PAN, Vol. 10, No. 3).

## RESEARCH AND REVIEW

### Maximum alcohol consumption per day covers wide range

Interviews with 170 male problem drinkers at the Northampton (Mass.) VA Hospital showed that the average reported daily maximum alcohol intake for the entire sample was 22.56 drinks a day (13.5 oz. of pure alcohol). The range extended from 4 to 81 drinks in a day (2.4 to 48.6 oz. of alcohol). 60% of all subjects drank between 13 (7.8 oz.) and 24 (14.4 oz.) drinks. William P. Rohan, Ph.D., who conducted the

study, reports that the credibility of these reported limits is questionable, since the lower limit does seem to involve enough alcohol to lead to problems, but the upper limit doesn't seem consistent with survival. (*Diseases of the Nervous System*, May 1975, pp. 262-263.)

### Meditation useful in preventing alcohol abuse

Forty percent of 126 subjects who had practiced Transcendental Meditation for more than 2 years reported discontinuation of use of wine and beer within the first six months. After 25-39 months of meditation, this figure increased to 60%. None of the 90 controls discontinued use. In addition, 54% of the meditators, versus 1% of the control group, had stopped drinking hard liquor. The authors of the study, Mohammed Shafii, M.D., Richard Lavelly, and Robert Jaffe, of the University of Michigan Medical Center, suggest that meditation could be an effective preventive tool in the area of alcohol abuse. (*American Journal of Psychiatry*, Vol. 132, No. 9, September 1975, pp. 942-45).

### Combined use of alcohol and amphetamines

Interviews and clinical histories of 15 men who used both alcohol and amphetamines indicated the existence of two types of abuse patterns, say Allan Kipperman, M.D. and Eric W. Fine, M.D. of the University of Pennsylvania School of Medicine. One group (Type A), primarily concerned with the effects of alcohol, used small quantities of amphetamines to help maintain a wakeful state, enabling them to consume additional alcohol. The second group (Type B) used alcohol in small quantities to help them to "level off during a trip" and in large quantities to help them to sleep at the end of a long "trip."

Both groups had an impressive history of nonproductivity and antisocial behavior and a history of parental separation, absence, or death. Type A subjects had a history of alcohol abuse dating back 10 to 21 years, with a more recent abuse of amphetamines (5 years). None of this group enjoyed the effects of amphetamines alone.

Type B subjects were younger, and had used amphetamines approximately 2 to 5 years, with a weekend pattern of abuse. They had experimented with other drugs. This group experienced greater side effects than the mainly-alcohol abusers.

The authors suggest that the management of this combination syndrome will be different from that for separate alcohol and drug abuse syndromes. (*American Journal of Psychiatry*, Vol. 131, No. 11, November 1974, pp. 1277-1280.)

## Speakers stress need for international alcohol statistics and control; other reports from Helsinki

International statistics on alcohol are collected in a context where alcohol is only marginally important, while statistics that are directed by more specific interests in alcohol mostly have a less official status. The problems and variable features of international statistical work on alcohol were outlined at the 21st International Institute on the Prevention and Treatment of Alcoholism held in Helsinki, Finland, June 9-14 by Martti Lumio and Pekka Sulkunen of the State Alcohol Monopoly's Social Research Institute of Alcohol Studies.

Some promising perspectives for the future include the development of computer techniques that will probably facilitate extended integration of the data kept by various international organizations. The development of the FAO supply/utilization balances as well as an expressed concern for alcohol as a source of energy will contribute to the integration of alcohol statistics so as to increase "official" attention to consumption and improve the possibilities of cross-checking. The coordinating activities of the UN Statistics Commission will perhaps provide official platforms for discussions of these problems.

Kettil Bruun of the Finnish Foundation for Alcohol Studies reviewed the prospects for international alcohol control in the light of experiences with the history of international narcotics control. He sees a growing move toward control of alcohol (not to be considered synonymous with prohibition), because of an increasing realization that the overall consumption level has a bearing on the number of heavy consumers and that heavy consumption is connected with risk to health. Studies of measures aimed at controlling availability should be carried out and experience collected with scientific skill and due regard for practical knowledge. Such discussions about alcohol control should be carried out in proper institutional frame, which Dr. Bruun suggests should be the Narcotics Commission, although other international organizations such as WHO must also concern themselves with the issue.

Dr. F. Prasop Ratanakorn of the Ministry of Public Health of Thailand described the Buddhist approach to social education that is being used to combat alcoholism, now a major social problem in his country. Traditional Buddhism prohibits the use of alcohol. Young Buddhist Associations take an active role in alcohol education among their members, youth groups, and in schools. Budd-

hist Associations organize groups of AA, and senior members act as counselors to help alcoholics join a priesthood under their sponsorship or supervision. Various sects of Buddhists join the hospital for Buddhist priests in a prevention program by providing health education projects.

In discussing female alcoholism in France, Dr. R. M. Haas of St. Cloud Hospital pointed out that it has a particular social aspect, early serious organic disorders, and frequent underlying psychoneurotic aspects. Although the therapeutic treatment must be adjusted to each case, the influence of belonging to a group seems to be one of the most important elements.

Alcohol plays a major role in the substance abuse pattern among America's youth, said William B. O'Brien, President of Daytop Village. He reviewed three recent major studies—two in Chicago and one in New York—that showed the increasing use of alcohol by teenagers. In response to the need, Daytop Village will expand its network of treatment centers for adolescent alcohol abusers.

On the other hand, a concerted nationwide effort toward prevention of alcoholism is now being carried out by over 325,000 young people in the U.S. reported Charles P. Frazier, Director of Education of the Christopher D. Smithers Foundation, Inc. Under the sponsorship of the U.S. Junior Chamber of Commerce, "Operation Threshold," an all-volunteer alcohol abuse program, is trying to reduce the rate of problem drinking, alcoholism and alcohol abuse by encouraging sensible drinking practices, habits and attitudes.

M. M. Glatt, M.D. of the United Kingdom presented an overview of the concept of alcoholism as a disease and of the phenomenon of "loss of control." He noted that after a gradual acceptance of the disease concept, it had come under increasing attack, mainly from psychologists and sociologists. These arguments are to a large extent semantic, he believes. Few doctors would think of "disease" as an exclusively organic illness. The medical model is a multi-dimensional model which also encompasses psychological and social aspects. At this point, said Dr. Glatt, the idea that alcoholics could be helped to drink in moderation seems at the very least premature, counter-productive and likely to give rise to disappointment and frustration.

## Further reports from ADPA Annual Meeting

*(Continued from page 1)*

James D. Isbister, Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, stressed that collaborative or joint efforts between the alcohol and drug institutes will focus on three issues: (1) research; (2) manpower and training, especially around issues of credentialing of personnel, so that third-party reimbursements can be garnered and maintained; and (3) information systems. Many research projects will deal with polydrug abusers.

The problems of dealing with sobriety were studied by Nada J. Estes and Kathye J. Hanson of the University of Washington School of Nursing. The problem areas in a group of 10 women whose husbands were in the first year of sobriety were identified as (1) reinstatement of the husband into family roles; (2) difficulties surrounding communication; (3) affective responses of the wife; (4) disruptive traits and behaviors of the husband; and (5) handling situations involving alcohol and/or alcohol-related problems. Group therapy focused on the need to release buried feelings to hasten the readjustment of the family to the newly sober alcoholic member.

In discussing the Air Force Alcohol Abuse Control Program, Major William S. King said that the alcoholic, once identified, must accept and complete treatment or he is separated from the Air Force. An "Alcohol Deglamorization Program" considers any conduct or practice that encourages drinking as contrary to stated Air Force policy. Open messes now emphasize food operations, and alcoholic beverages are only an adjunct.

Also at the meeting were Peter G. Bourne, M.D., former Deputy Director of the President's Special Action Office for Drug Abuse Problems; Karst Besteman, National Institute on Drug Abuse; Morris E. Chafetz, M.D., Johns Hopkins University, former Director of NIAAA; and Peter Schioler, of the Danish Ministry of Education on Narcotics Problems.

# Seattle meeting hears reports on controlled drinking and other behavioral approaches to alcoholism

(Continued from page 1)

required of them and that it would be easier to quit drinking altogether. A total of 14 people came six or more times with nine having treatments, lasting at least four hours weekly, on from 12 to 24 occasions.

This follow-up is by far the longest yet reported, involving a range of from 27 to 55 months since treatment was completed. Dr. Ewing reported that none of the patients who desperately wanted to bring their drinking under control succeeded in maintaining this throughout the follow-up period. Sooner or later they all drank with the loss of control that is typical of alcoholism and quite unlike the controlled social drinking of normal drinkers. He feels that the results of this experiment confirm the widely held belief that total abstinence is the best and easiest decision for anyone who has developed alcoholism.

Following are brief excerpts from other presentations:

- Dr. Peter Nathan, Director of the Alcohol Behavior Research Laboratory of Rutgers University, said in the keynote address that behavioral approaches to problems of addiction were based on the assumption that some alcoholism is acquired via learning. In describing some of his own work, he emphasized the unreliability of self-reports by alcoholics and the need for observation and measurement.

- Dr. Don Cahalan, Director of the Social Research Group, U. C. Berkeley, said that alcoholism tends to be an on-and-off type of problem and that the biggest problem drinking group, (except for health complications) is found in men aged 21-24 years. The "drier" regions of the United States have higher rates of problem drinking than the "wetter" ones. He wondered if this simply means that you catch more hell if you choose to drink in a dry region.

Dr. Cahalan sees environmental factors as much more significant than personality in alcoholism from which he concludes that psychotherapy is unlikely to help by itself in the absence of environmental changes. In a recent California survey, he discovered that 90% of citizens want to see more government sponsored alcoholism treatment and programs aimed at the drinking driver.

- In his treatment program, Dr. Peter Miller of the University of Mississippi finds it desirable to try to modify events

which precipitate drinking, to teach better ways of handling oneself and to improve the environment so that the alcoholic can be assisted in remaining a non-drinker.

- Dr. Alan Marlatt of the University of Washington, in a study of relapsed alcoholics, found that relapse was related to frustration and inability to express feelings in 29% of cases, to inability to resist "social pressures" in 23%, to intrapersonal negative state (such as boredom) in 10%, to intrapersonal temptation ("I just walked into the bar for no reason") in 21%, to miscellaneous reasons (such as celebration) in 10% and in 7% the patient did not remember anything associated with his relapse.

In one of Dr. Marlatt's studies, there was evidence that heavier drinking was associated with internalized anger which had been stimulated by experimental manipulation. When the subject had a chance to express his anger, there was less drinking.

- Dr. G. Terence Wilson of Rutgers University doubts the efficacy of electric aversion therapy in alcoholism, pointing out that even the positive results shown by Dr. Marlatt at three months had been extinguished by 15 months. He was more positive about chemical aversive treatment such as is used in some well known hospitals but feels that this technique requires to be studied in a controlled setting. Covert sensitization in his hands has not demonstrated measurable efficacy. On the other hand, experimenter

administered shock (one shock for each ounce of alcohol ordered) supplies a direct punishment association which suppresses drinking effectively in the laboratory setting. This is an operant model with shock being the direct consequence of drinking and may have little application to the real life situation. Real life punishments for drinking are too far removed from the drinking itself for the operant model to be fully applicable.

- Dr. Mark Sobell, Director of Graduate Research and Training on Alcohol Dependence, Vanderbilt University, described a variety of experiments in California and Tennessee. Although the most widely publicized of these has been the attempt to train alcoholics to drink in a controlled fashion, he and his wife Linda have been involved in many other behavioral studies. His two year follow-up on patients trained experimentally to control their drinking continues to look promising, he said.

Linda Sobell, Director of Alcohol Programs, Dede Wallace Center, Nashville, Tennessee, focused on assessment techniques, pointing out that the behavioral approach means respect for data and that from such information programs can be modified. In follow-up studies she recommended individual rather than group measures, daily drinking measures and emphasized the need for total follow-up. Some studies of patients originally lost to follow-up have indicated that these are the ones who tend to be doing badly and whose omission may bias results.

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