Lay Supplement No. 12

THE REHABILITATION
OF INEBRIATES

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List of Lay Supplements Published and in Preparation

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THE REHABILITATION OF INEBRIATES

"DRUNKS CROWD CITY JAIL"

ALDERMAN WHITE finished reading the write-up under the above headline in the local newspaper and turned toward his son, a Captain in the Army Medical Corps home on leave from overseas service.

"This is a problem we shall have to do something about, Ted. I suppose the answer is bigger jails and more tax money to keep drunkards off the streets. And we'll have to see to it that they are not let off with small fines and two- or three-day sentences. They'll have to stay in jail at hard work until they learn to stay away from the stuff."

"Dad, I don't believe that jails are the answer to the problem. Neither short nor long sentences will change a drunkard into a sober man."

"Well, you may be right, son. I expect there is nothing much that can be done about these fellows."

"That's not what I mean, Dad. What I mean—and it's not just my idea—is that you can't cure a disease by jailing the patient. And the alcoholic should be the doctor's patient as much as any man or woman who has a disease. These people suffer from a disease which you may call alcoholism or inebriety or compulsive drinking or alcohol addiction, if you like."

"You know, Ted, I really think you young doctors are pretty keen businessmen. If there aren't enough diseases to go around among the doctors, you invent some new sickness. You go and say that being a rascal is a disease, and you want to take the rascals away from the magistrates and give them to the doctors. Well, all I can see is that the drunkard—compulsive drinker to you—is a weakling, an indecent, immoral, plain ornery guy who belongs in jail whether it makes him sober or not."

Captain Ted drew his chair nearer to his father's. "Dad, it may
seem silly to go on with this, but it is of deep interest to me. I have seen a lot and thought a lot since I have been away. Well, I'm not talking to you as my father now. I am talking to an alderman of my home town. When this war is over, I hope to come back and settle down here in practice. There will be many health problems when the men now scattered all over the world return to their homes. There will be problems of bodily health and of mental health too. It will be hard for many of these men to find their way back into the ways of the family and the community after having fought for years for their lives but not for a living. If the right jobs and the right opportunities and the right attitudes are not there, some of the disappointed men, and there will be more than a few of them, may take to drinking as a means of overcoming their disappointments. It has happened before and it can happen again. And it may happen on a much larger scale than before, because more people are involved than ever before, and life has become more complicated. It will be up to us doctors to restore the bodily and mental health of these men. It will be up to us to straighten out those quirks which lead some of them to drunkenness. We shall have to do a job on their emotions so that they should be able to face their difficulties without intoxication.

"Dad—I should say, Alderman—if the governments of our towns and cities and counties cannot offer us any better solution for the alcoholic than the jails, we doctors will not be able to put these excessive drinkers back on their feet. The community will be losing many valuable men, for these men are not, as a rule, moral weaklings, as you said. I have seen in the field a number of men who, by some means or other, have rid themselves of their drinking trouble. They are as fine men as we would want to see in our community. What's more, they were as fine men, before they fell victims of the disease of compulsive drinking, as they are now."

The alderman had been listening closely. "Perhaps you're right, my boy. When I said that all alcoholics were moral weaklings I did forget something from my own experience. When I was at law school, I had a classmate whom I admired for his great intelligence as well as for his high ideals. He was a shy,
likable and generous young man. During the first two years he was at the head of the class. In the third year he began drinking heavily—he’d be on a binge two or three weeks at a time. He became a nuisance to his friends and the professors. He flunked out. At the time I was much disturbed. It shocked me that a man of high ethical standards suddenly could change into a bum. But if alcoholism is an ailment, then I can understand this sudden change. If this were true of all alcoholics, if it were true only of half of them, I could see that it would pay to enlarge our hospitals instead of our jails. Let’s see what we can do about that.”

“Not so fast, Alderman,” said Captain Ted. “I don’t know whether hospitals are the best means for dealing with this problem. I have read a number of articles in medical journals in the past year which propose clinics for the study and guidance of alcoholics, rather than hospitals. The general hospital is suited to treat the bodily ailments of the alcoholics but not their drink habit. Many alcoholics come to the general hospital with a severe acute intoxication or serious nutritional disease, or with delirium tremens. The treatment of these conditions may take some days. When the patient is relieved of his bodily complaint, he is discharged from the hospital. He is discharged perhaps with an exhortation, but without any serious attempt to break his alcoholic habit. I do not mean this as a reproach to the hospitals. They have not been intended for habit training. Of course, it would be possible to build new wards, to enlarge the hospital staff and to undertake the rehabilitation of inebriates at the general hospitals. According to the articles which I have read, it is by far less expensive to establish a clinic for the guidance of inebriates than to enlarge hospitals. Also, the advocates of clinics point out that there are many kinds of alcoholism and that each kind needs a different treatment, but that in a hospital they would be more likely than not all treated the same way. In a clinic they’d study each alcoholic man or woman and, according to the outcome of that study, advise one or the other kind of treatment and send the patient where he is most likely to get that kind of treatment.”

The alderman wrote a few words in his notebook. “Ted, I’m sure I don’t know the difference between a hospital and a clinic. You’ll have to explain it to me, but not right now. I’d like Judge
Brown, probation officer Smith, the Reverend Baker, and Mr. Grey to have a get-together with us on this question. Even if alcoholism is an illness, as you say, it is not purely a medical matter. Without the support of the court officers and of the ministers and some other leading citizens, such a new idea cannot be put over.”

A CONFERENCE OF CITIZENS

A few days later the men met at the alderman’s house. “I have written to all of you,” said the alderman, “about the proposition Ted and I would like to talk over with you. We need not waste any time on a formal introduction of the object of this get-together, Joe, you have been dealing out the 3 and 10 and 30 days to drunkards from your magistrate’s bench for many years. What do you think about treating the alcoholic as a sick man instead of jailing him?”

“The short sentences which I have handed out for drunkenness,” said Judge Brown, “must add up to nearly 400 years, so you might think that I believe that to be the right way of dealing with inebriates. Do you know why I send them to jail? Well, my only reason is that I have no other place to send them. In all these years, of the thousands of drunkards whom I have sentenced, I have seen only a few to whom being jailed was such a shock that they never touched liquor again. To the others, getting out of jail was only an occasion for getting drunk again. I have often felt that the man whom I was sending to jail for drunkenness ought to be handed over to someone who knew how to deal with alcoholism, because it was obvious that the man had his good qualities but simply was not the master of himself where drinking was concerned. George has been a probation officer for the past 15 years, he knows more about this than I do.”

“I can back up what Judge Brown has told us,” said George Smith. “I’ve known the parents, brothers and sisters, wives and children, employers and friends of many men and women who have been arrested for drunkenness. Different as these men and women may be in many ways, it is nearly always the same story. Relatives and friends will tell you that up to his or her twenty-eighth or thirtieth year this man or woman was a good husband, wife,
son or daughter. Then they began drinking heavily, nobody knows why, and from then on they changed. They became unreliable, moody, irritable. When they’re sober they’re as nice as ever. Rarely have I seen one who seemed to be a truly bad character. So, of course, I had the idea that such people would be well worth an effort at rehabilitation. I’ve occasionally seen sons of well-to-do parents get rid of their alcoholism after 6 months or a year of treatment by a competent psychiatrist. True, some failed, but some were helped. Well, the drunks who are referred to me do not have the means to pay for expensive treatment and there is no place where they can get free treatment and guidance. One of my probationers went some five or six years ago to another city and there he joined a group called Alcoholics Anonymous, and he’s been sober ever since. Here we do not have such a group.”

“What’s Alcoholics Anonymous?” asked the minister.

“The A.A.’s, as they call themselves,” said the probation officer, “are a group of men and women who have been habitual inebriates and who have freed themselves of the habit. They give of their time and experience freely to anyone who earnestly desires to stop being a slave to alcohol. They recognize that they have no power over alcohol and that only a Power greater than themselves can restore them to normal life. They do not talk of cures, and they do not believe that they ever could become moderate drinkers. As they say, the difference between them and the habitual drunkard is just one glass. They can show the way out to the inebriate because they have gone through the same experience he has and because they do not look down upon him. The drunkard who has been turned out of society has a chance, in the Alcoholics Anonymous, to get into a social group on an equal footing. They do not charge fees, not even annual dues. They started some ten years ago and they have now nearly 100,000 members all over the United States.”

The minister asked, “Wouldn’t it be the simplest solution to establish such a group in our city?”

Captain Ted, who had been silent all this time, spoke now. “I know about the A.A.’s too, and I know a few men who have been helped by them. By all means, one should try to establish
such a group here, but that does not solve the whole problem. A clinic is necessary because of the medical aspects. There are some inebriates who are in the beginning stages of a mental disease and who belong in a mental institution. The A.A.'s, who are not medical men, would not be able to recognize them; they don't pretend to. Frequently bodily ailments are connected with alcoholism, and so every alcoholic should have a medical examination before his drinking habits are tackled. Furthermore, not every inebriate can be handled by Alcoholics Anonymous; there are those who require a different kind of treatment. But even many men and women who are suitable for joining Alcoholics Anonymous may not go there because they have no confidence in a lay group. If the medical staff of a clinic should advise them to go to the A.A.'s, they are likely to take the advice. Certainly we should establish a group here, but I still think that we need a clinic."

Mr. Grey had shown some signs of impatience. "Don't you men think that you are getting a hold of the problem at the wrong end? What we should think about is how to prevent people from becoming inebriates instead of thinking how to rehabilitate them."

The minister looked around and said: "May I try to answer this question? When you are up against a difficult problem, you will find that there are two kinds of measures. Measures that take long, very long indeed, to put across, and measures which can be applied immediately. The immediate ones, as a rule, take care of only a part of the problem, but as long as one recognizes that it is only a part, these immediate measures open the way for the more difficult ones and actually shorten the time for putting them into effect. It is stubbornness and shortsightedness that make us sweep aside what could be done now while we are pursuing higher goals which can be achieved at some unknown time. I would even say that it is selfishness to pursue such a goal without trying to mitigate the evils before such a goal is reached. As far as the alcohol problem is concerned we should never lose sight of the ultimate goal of prevention. One means of prevention is social education. But while we are educating we must not neglect the rehabilitation of the man who is already an inebriate."
These measures will hasten the coming about of the ultimate aims.

"Actually, the rehabilitation of the inebriate is also a measure of prevention. I have read that more than 50 per cent of inebriates have alcoholic fathers or mothers. This fact is not due to hereditary transmission of a craving for alcohol but to the effect of example and to the physical and psychological neglect to which children are exposed in the home made by alcoholic parents. When the inebriate is rehabilitated, he rehabilitates his home, too, and his children are no longer exposed to the increased risks of inebriety. In this sense, rehabilitation may be regarded as a step toward prevention. The inebriate may be regarded as a ‘disease carrier’ who propagates his disease through social means. The elimination of the disease carrier would be necessary even if prohibition were in force, since the inebriate furnishes a ready market for the bootlegger. For this and other reasons I am entirely in favor of the proposed clinic."

ADVANTAGES OF A GUIDANCE CLINIC

"Ted," said the alderman, "I’d like you to tell us why a clinic is proposed instead of a hospital."

"For one thing, a clinic is a much less expensive set-up than a hospital. It does not need large buildings, with beds and a large staff. At the clinic the patient is studied and then advised how to go about solving his problem. He may come back again and again for advice, but he is not kept there. He is free to go about his business. That is important especially for the inebriate who has little means. If you were to hospitalize him for a long period, his whole family might become indigent and a burden on some welfare agency. I have brought with me a pamphlet which was published when the two Yale Plan Clinics in Connecticut were established and I should like to read to you a few paragraphs from this pamphlet. Here it is:

Since the primary aim of the project is rehabilitation of the alcoholic, the question may be raised why it should be limited to diagnosis and recommendations, instead of creating an institution for the treatment of inebriates.

As research on inebriety has progressed, it has been realized more and more that there is not one kind of inebriety, but several, and that each
kind requires its own type of treatment. It is true that this has been realized only by students of the problem, and that the recognition of this fact has not even penetrated into the widest circles of the medical profession. Not only are there several types of inebriety requiring different methods of treatment, but there are also certain forms of inebriety which are of such a secondary nature that they cannot be considered for treatment at all. Insufficient consideration has been given hitherto to the fact that when excessive drinking occurs in persons with a mental disorder, such as early general paresis or early dementia precox, or in feeble-minded persons, the inebriety cannot be regarded as a disease in itself but only as a symptom of the underlying mental disorder or defect. It is useless to treat symptoms; to be effective, treatment must be directed at the underlying disorders. There have been some institutions for inebriates, in the past, to which feeble-minded and psychotic drinkers were admitted together with the true inebriates; these patients received only custodial care or, if treatment was attempted, the same methods were applied to all. Under such circumstances, it is not surprising that the special institutions failed. Custodial care is no treatment at all, and it is unjustifiable to evaluate the therapy of inebriety on the basis of data pertaining to custodial care. Such assessments, however, are prevalent in the literature of the treatment of inebriety. It is equally unjustifiable to evaluate the efficacy of a method of treatment when it has been applied to a disorder for which it was not devised. Evaluations of this sort, however, are the most frequent in the literature. There are persons who take recourse to intoxication because of deep-lying personality conflicts which become temporarily resolved in the course of intoxication. These persons may benefit from deep-searching psychotherapy, but they could not be helped by a drug treatment since the drug could not do away with the underlying personality conflicts. There are persons who become dependent upon alcoholic beverages, not on the grounds of any personality deviations, but rather in the course of heavy drinking which may be in accord with the customs of their social set. Psychotherapy in these instances is of little avail because there is no underlying personality conflict which could be removed by the psychotherapy. In these cases, according to various indications, either drug therapy or occupational therapy may be helpful; or, if there is some psychological readiness for religious experience, a course such as that taken by Alcoholics Anonymous may be the most promising. There are many more types of inebrieties than those mentioned here, but it is not the object of the present memorandum to elaborate this question. The success of treatment depends in the first place on the determination
of the kind of inebriety that is manifested by the patient. The diagnosis can be made only by highly specialized experts. A psychiatrist who has dealt with psychotic drinkers only, would not have the necessary experience for recognizing the other types. The diagnostician of inebriety must have had the widest possible experience and, at the same time, he must have a thorough grounding in the theory of inebriety.

The creation at this time of an institution which could carry out all the treatments, according to the requirement of the patient, would be difficult and extremely expensive. It is also doubtful whether our present knowledge of treatment would justify the establishment of such an institution. It seems that the most practical procedure at present is to create centers where highly experienced diagnosticians can study the patient, determine what his type of inebriety is and the kind of treatment which he requires, and utilize the existing resources of the community for the most appropriate disposition of the case. If this is done, the Yale Plan Clinics cannot be said to be stopping at diagnosis and advice.

If the Clinics see to it that the psychotic drinker is placed in the mental hospital, that certain types are referred to private practitioners, others brought into contact with Alcoholics Anonymous or the Salvation Army, still others placed in some indicated occupation, and so forth, they will have done the best that can be accomplished at present. At the same time this will furnish experience for future procedure. It is possible that from the experience of these diagnostic clinics the plan for an effective institution for the treatment of inebriates may be evolved.

It may be mentioned here that the group of Alcoholics Anonymous, as well as the Salvation Army, must be recognized as among the most important resources of the community in the care and treatment of inebriates. Many European general hospitals bring discharged alcoholic patients routinely into contact with the Salvation Army or with the Blue Cross Society. Swedish as well as Austrian hospitals have reported excellent results from this practice. In the United States, Alcoholics Anonymous are increasingly commanding the esteem of the medical profession, and several hospitals have established official contacts with this group. Intimate cooperation between the diagnostic clinics and these groups is highly desirable, but the clinics must avail themselves also of the cooperation of suitable hospitals, practitioners, welfare societies and religious organizations, and utilize the possibilities inherent in pastoral counseling. In order to effect such cooperation, a certain machinery must be set up.

"This makes good sense to me," said the judge. All the others nodded their consent. Mr. Grey said, "I am willing to support
your program if I can be assured that the clinic will not remain the only effort of this community to deal with the liquor problem.”

“I believe you can be thoroughly assured of that,” said the probation officer, “since the rehabilitation of alcoholics in itself would not go very far. A clinic makes sense only as part of a large program which embraces wide social education, as Reverend Baker has already mentioned, as well as broad social measures and efforts for effective controls. I think that a clinic is the first step and also that this clinic at the same time can serve as a center of information to our citizens on the nature of alcoholism and on scientific facts about the effects of small and large amounts of alcoholic beverages on mind and body. For this, one would have to have some good scientific literature. I have never seen such literature, but I should think that it does exist.”

“Yes,” said Captain Ted, “I know that a National Committee for Education on Alcoholism has been formed recently and that Committee makes good popular scientific literature available by utilizing the publications of the Yale Plan.”

METHODS OF TREATMENT

Mr. Grey wanted to know what medicine was given for the cure of alcoholism.

“There is no medicine—no cure for alcoholism in the sense that there is a cure for malaria,” said Captain Ted. “No medicine has ever been invented which would stop a man from drinking. The treatment of inebriates is largely social and psychological, although some drugs are used for supplementary treatment, either for quieting or stimulating the patient, and in some instances for creating at least a temporary revulsion against alcoholic beverages. On the whole, in a clinic the psychiatrists and social workers study the patient until they get a clear picture of the causes of his drinking problem and are well acquainted with the assets and liabilities of his personality. They try to develop his assets and to show him how he can adjust his conflicts without taking recourse to intoxication. Particularly, they try to bring the patient to a more mature emotional level, for the alcoholic is
frequently a person whose emotions have not kept step with his intelligence. With a few exceptions, all physicians who are experienced in the treatment of alcoholics insist that these people should not try to become moderate drinkers, but that they must understand that they cannot drink alcoholic beverages at all."

"Is it true," asked the judge, "that inebriates must be tapered off in their drinking, and that it is dangerous to withdraw alcohol suddenly?"

"No," said Captain Ted. "There is no danger in sudden withdrawal of alcohol. As a matter of fact it is the best course."

"Well," said the minister, "I don't think we need to go into these technical matters now. What seems to be of interest to us at this time is how one goes about setting up a clinic, and what the cost of it is. Perhaps Ted can tell us about this."

"I have no experience in these matters," said Captain Ted, "and I think the best procedure is to write to the National Committee for Education on Alcoholism. They have all the necessary information and I understand they are willing to give advice and even to help in the organization of clinics and of centers for education on alcoholism. I am sure we will get all the information if we write to them. There are a few matters which have to be taken care of before one goes too deeply into establishing a clinic. It is essential to clear the ground for such a new enterprise with the State Medical Society. Any such enterprise can flourish only if it enjoys the confidence and the support of that society. Furthermore, there has to be a preliminary understanding with the local social and welfare agencies. Their cooperation in these matters is indispensable."

"Well, gentlemen," said the alderman, "I believe for the time being we know what we wanted to know and it seems that all of us feel that we should go further in developing our plans. I think that at first we should not try to establish the clinics as a municipal enterprise, but rather as a private undertaking of citizens. I feel sure that we can arouse the interest of influential citizens and that we can raise the necessary funds. I suggest that Judge Brown be asked to organize such a committee and that the Reverend Baker be requested to get all the necessary technical
information from the National Committee for Education on Alcoholism. I see their address here—Suite 447, 2 East 103d Street, New York City."

The alderman’s suggestion met with the approval of all, and as they were leaving the judge put his hand on the young doctor’s shoulder and said, “Well, Ted, I think you have got something started.”

SELECTED READING


8. Yarhaes, H. Alcoholism is a Sickness. (Public Affairs Pamphlet No. 118.) New York; Public Affairs Committee, 1946.