

An authority tells about a still-experimental drug that may help wipe out a drinker's "thirst"

New hope for

ALCOHOLICS

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AS TOLD TO CHRISTOPHER LAMB

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This week end marks the 20th anniversary of the end of this country's prohibition experiment, and it finds the problem of excessive drinking perhaps more important than ever before.

Today, however—unlike that day in 1933 when Utah became the 36th state to ratify repeal of the 18th amendment and make it effective—medicine can relieve the alcoholic's "thirst."

Using ACE, a substance which contains Cortisone and its related "wonder hormones," a family physician can now treat the most advanced alcoholic in such a way that his craving is entirely removed within a matter of hours; his appetite and sleep return to normal; and he feels like his own man again—often for the first time in years. Best of all, he is able to "stay dry" indefinitely.

Since the end of World War II, enough has been learned about alcohol and alcoholism to change many of our previous ideas. For one thing, there are two kinds of alcoholism, and the only thing the two have in common is the fact that their victims drink—not necessarily heavily. For another, there is a fairly large group of individuals who are physically "prone" to the advanced stage of alcoholism, which is actually one of the symptoms of an organic disorder related to "sugar diabetes." In the third place, there are a great many more alcoholics than anyone ever has suspected.

The majority are Stage One alcoholics, who use alcohol deliberately to relieve what psychologists refer to as "depression" and "anxiety feelings." The minority are "advanced" alcoholics in Stages Two and Three, who literally drink because they have to. Their unbearable craving results from a physical illness beyond their control.

Medicine cannot cure that illness—as yet. But it can now relieve the symptoms of that illness for the first time, including the alcoholic "thirst" which is known to have disabled more than 6,000,000 persons in this country last year. It also caused 12,000 deaths, an estimated loss of \$432 million in wages alone, and an estimated \$750 million in terms of disease, crime, and poverty—despite the fact that a majority of such losses did not appear in published statistics.

Here are 21 questions which are frequently asked by the layman concerning alcohol and its effects. Unless you are an expert on the subject, the answers will undoubtedly amaze you.

1. How many Americans "drink"?

According to reliable surveys, approximately two out of every three adults.

2. How many Americans who drink are alcoholics?

Roughly, one out of three. One out of 10 Ameri-

can drinkers is an advanced (chronic or acute) alcoholic. The remainder are suffering from what is now recognized as a Stage One addiction.

3. How can you distinguish an addict from a normal social drinker?

See chart below.

4. Are there more male than female alcoholics?

Yes; according to the National Committee on Alcohol Hygiene, the ratio is about five to one.

5. Do alcoholics start to drink earlier than non-alcoholics?

No. Four out of five adults who drink at all began to do so before they left high school, according to researchers at Yale University.

6. At what age do symptoms begin to "show"?

Stage One addiction usually becomes recognizable between the ages of 20 and 25, in both men and women. The two advanced stages, in men, are usually seen between the ages of 35 and 50. Female alcoholics usually show the first signs of Stage Two and Three during or just after menopause.

7. Is there such a thing as a "born alcoholic"?

Definitely yes—unless the individual in question

1. Social Drinker

Drinks to be sociable or to stimulate appetite. First two or three drinks increase sense of well-being and general efficiency. Further drinking decreases reaction speed and efficiency. When inebriated, is cheerful and loses inhibitions.

2. Stage One Addict

Drinks to dispel insecure, nervous or depressed feeling. First drinks help only temporarily. Further drinking "blots out" distress but impairs efficiency. When inebriated, judgment is impaired, but shows little loss of inhibitions. Can "hold liquor" much better than average person.

3. Stage Two Addict

Drinks because he feels he must to dispel extreme nervousness or depression. First couple of drinks bring dramatic relief with little loss of efficiency, but distress returns quickly and further drinking is ineffective. Drinker becomes morose, maudlin, exhibitionistic, etc., and later becomes withdrawn or argumentative and sometimes nauseated. Tolerance for alcohol likely to be below average.

4. Stage Three Addict

Same as Stage Two Addict in early stages, but more marked. When drunk, frequently develops hallucinations. Eventually, becomes acutely nauseated or passes out. Tolerance for alcohol likely to be much below average person's.

is a lifelong teetotaler. Men in this group are slight for their overall build, with well-rounded body contours; soft, smooth faces; sparse chest and body hair; no tendency to baldness, and some trend toward feminization. The females are the reverse of this description. Both are "born alcoholics" in the sense of being much more than ordinarily susceptible to forming the addiction.

8. Is everyone who drinks in danger of becoming an alcoholic?

Definitely no, say all recognized authorities.

9. Who is in danger of becoming an alcoholic?

Individuals who are undergoing considerable emotional, physical, or environmental stress and who find that alcohol provides them with relief.

10. How does alcohol provide such relief?

Although it does other things, as well, we now know that alcohol releases sugar into the bloodstream, thus relieving such sensations as anxiety, depression, "nervousness," fatigue, etc.

11. Since these sensations are universally true, how can they lead to alcoholic addiction?

Stage One addiction results from emotional dependency on this reaction as a means of "carrying on." The Stage Two or Three alcoholic is suffering from a glandular disorder which results in disturbed functioning of his sugar metabolism. In his case, the release of sugar following a "drink" is followed, in turn, by a sort of sugar "starvation," due to this glandular condition. This "starvation" can then be relieved temporarily only by taking another drink, thus setting up a sort of chain reaction, independent of actual stress.

12. Where does this "chain reaction" end in the case of the chronic or acute alcoholic?

The rapid change from surplus to "starvation"—and back again—continues until one or the other reaches an acute stage. At one end of the cycle, the patient then falls into a coma. At the other, he develops the symptoms of "alcoholic poisoning," delirium tremens, or some other "alcoholic crisis."

13. Where does it end for Stage One addicts or the normal social drinkers?

Since the body's "sugar handling machinery" is essentially normal, the periods of surplus and "starvation" are not so intense and are offset by a compensating mechanism, which the advanced alcoholic's system lacks.

14. Why does the alcoholic drink, when he knows where it leads?

The Stage One alcoholic believes—quite correctly—that he can "stop whenever he wants to." (Unfortunately, however, (Continued on page 6)