

Alcoholism: The Small Beginnings of a Significant Federal Program

No other national health problem has been so seriously neglected as alcoholism. Many doctors decline to accept alcoholics as patients. . . . Research on alcoholism and excessive drinking has received virtually no significant support.—JOHN W. GARDNER, Secretary of Health, Education, and Welfare, in *Alcohol and Alcoholism*.*

There is something of a stigma attached to the treatment of alcoholism. The stigma is fading as more professional people become acquainted with existing knowledge about the subject, but the aversion to alcoholism still greatly hampers progress in research and treatment.

This attitude seems to be formed relatively early. Some attribute the doctors' aversion to treating alcoholics to the experiences of their internship and residency, when they come into contact with many "Skid Row" alcoholics. Seeing the recalcitrance of the alcoholic derelict, they assume that treatment of alcoholics is a hopeless cause. They often do not become fully aware of the widespread prevalence of alcoholism among the respectable working segments of the population until much later in their careers.

Alcohol and Alcoholism, a National Institute of Mental Health (NIMH) study issued last month, reports that only a small portion of the nation's alcoholics can be classed in the Skid Row or psychotic categories. Less than an eighth of the alcoholics in these two classifications can obtain substantial aid, the report notes, while it gives a much more optimistic prognosis for the vast majority of alcoholics who "continue to perform more or less effectively as bank presidents, housewives, farmers, salesmen, machinists, stenographers, teachers, clergymen and

physicians." This large group of alcoholics has at least a 60 percent chance for successful treatment, the report states, and it adds that some therapists have reported success in 70 to 80 percent of these cases.

However skeptical the average physician or scientist is concerning the possibility of arresting alcoholism, few would deny that alcoholism is a major national problem. The leading university-based institution for the study of alcoholism, the Rutgers Center of Alcohol Studies, states that there may be 4 to 5 million alcoholics in the United States, about 4 percent of the total adult population. (There seem to be about four times as many male alcoholics as female ones, although the number of reported cases of female alcoholics is increasing.) World Health Organization figures indicate that the U.S. has the highest alcoholism rate in the world. The Public Health Service's Injury Control Program estimates that alcohol contributes to, or is associated with, 50 percent of fatal motor vehicle accidents, but recent research indicates that this figure may be too low. Alcoholism affects many other kinds of social-problem situations. For instance, a 1964 PHS study indicated that alcoholics comprised 22 percent of the male first admissions to the nation's mental hospitals. It is estimated that alcoholism costs American industry \$2 billion annually. Since it usually takes a drinker from 5 to 20 years to develop alcoholism, most of the nation's alcoholics tend to be people of middle age or older. However, doctors report a larger number of alcoholics in their early 20's who come for treatment.

Definition of Alcoholism

Although it is helpful to distinguish alcoholism as a separate illness, it is difficult to formulate an adequate definition of the disease. One definition of alcoholism quoted in the NIMH study is that of Ebbe Curtis Hoff of the Medical College of Virginia, who lists three facets: (i) There is loss of control of alcohol intake—the victim finds himself

drinking when he intends not to drink, or drinking more than he has planned. (ii) There is functional or structural damage—physiological, psychological, domestic, economic, or social. (iii) Alcohol is used as a kind of universal therapy, as a psychopharmacological substance through which the problem drinker attempts to keep his life from disintegrating. (The cause of alcoholism has not yet been determined.)

The problems created by individuals who are unable to control their alcoholic intake are receiving increasing national attention. Last year, for the first time, a President of the United States took official notice of alcoholism. In his 1966 Health Message to Congress, President Johnson called for a new national program to combat the illness. One year ago last week, HEW Secretary Gardner appointed a citizens' National Advisory Committee on Alcoholism and announced the creation of the National Center for Prevention and Control of Alcoholism to help implement the national program announced by the President.

Court Decisions

It is obvious that those who run such a program have their work cut out for them. Last year both the District of Columbia Court of Appeals and the 4th Circuit Court of Appeals ruled that chronic alcoholism could not be punished as crime since the individual had lost his powers of self-control. Earlier this month the U.S. Supreme Court agreed to decide, in the current session, the case of Leroy Powell, a resident of Austin, Texas, to determine whether chronic alcoholics can be punished for public drunkenness. Whatever the Court's decision, it is apparent that there is mounting pressure to provide treatment centers for alcoholics rather than throw them in jail for drunkenness.

The increasing attention paid to alcoholism at the federal level has a basis in the change in attitude in the leadership of several of the relevant professions in the last few years. For instance, the American Medical Association's House of Delegates formally voted a statement on alcoholism in 1956 which included the declaration that the treatment of alcoholism comes within the scope of medical practice.

Of primary importance in the federal program on alcoholism is the work of the new National Center for the Prevention and Control of Alcoholism,

*Single copies of this 73-page report (Public Health Service Publication No. 1640) are available without charge from the National Center for Prevention and Control of Alcoholism, National Institute of Mental Health, Chevy Chase, Md. 20203. Quantity orders can be obtained, for 50 cents a copy, from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.



Jack H. Mendelson, chief of the National Center for the Prevention and Control of Alcoholism, which is part of NIMH.

which is part of NIMH. Recently, NIMH has created three "total centers," to deal with specific problems—alcoholism, drug addiction, and suicide. These centers can make grants directly for research and training in their areas, thus simplifying the grant application procedure. The first chief of the Alcoholism Center, Jack H. Mendelson, is a psychiatrist who has done extensive research on alcoholism.

In an interview with *Science*, Mendelson said that he hoped his Center would help heighten the visibility and respectability of alcoholism research—to convince scientific people that research on alcoholism is "a kosher area." During the current year the Center is operating on a \$6-million budget, about \$5 million of which is to be spent for basic and applied research. The Center is currently conducting intramural research on the biological and behavioral aspects of alcoholism at St. Elizabeths Hospital in Washington, D.C. Mendelson said the Center had the funds available to support all worthwhile research projects on alcoholism that he received this year. The Center especially wishes to make multidisciplinary grants to universities to strengthen regional bases for alcohol study.

Mendelson wants to sponsor a wide variety of alcohol-related research projects in the biological, physical, and social sciences. The NIMH report *Alcohol and Alcoholism* stated that the greatest future impact on alcoholism might come from basic and applied research rather than from expansion of services. It listed the following urgent research needs:

► More effective drugs are required for the treatment of intoxication and delirium tremens.

► Better and nonaddicting drugs should be developed for the relief of emotional tension and for possible use as temporary or long-term substitutes for alcohol.

► In order to speed the development of such agents, and the study of the disease in general, it is essential to find a simple method of reproducing alcoholism in experimental animals.

► Further studies are needed on the effects of alcoholic beverages (and not merely alcohol) on the brain and other organs.

► A further search should be made for any chemical, physiological, hormonal, metabolic or other basic constitutional difference which may exist between alcoholics and normal drinkers, and which may account for addictive drinking.

► Long-term studies must be made on large numbers of human subjects, beginning early in life and continuing for many years, to determine the chemical, psychological, sociological, or cultural factors which might be related to the development of alcoholism.

► Analysis is needed on attitudes about drinking and development of methods to influence such attitudes among children and adults.

Educational Efforts

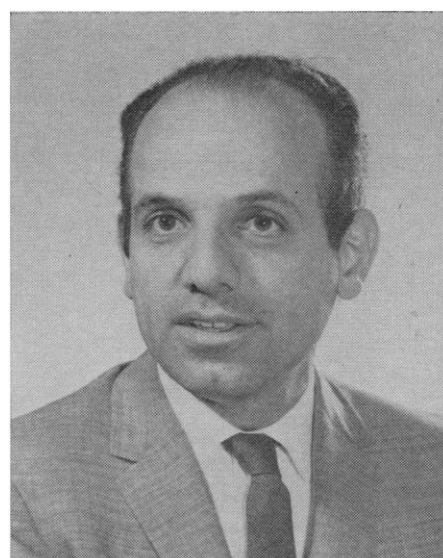
The Center will also work to expand public education about alcohol problems. In collaboration with the HEW Children's Bureau, Mendelson said, his Center has helped put out 250,000 copies of a booklet entitled *Thinking About Drinking*, which will be distributed widely to students below the high school age level. Mendelson also outlined the following additional parts of the Center's program:

1) Manpower and training. The Center wishes to create training programs for those who will come into contact with alcohol problems—including medical students, doctors, nurses, clergymen, teachers, and policemen.

2) Treatment of alcoholic in-patients. The Center will give applied-research grants to hospitals and hopes to overcome the stereotype that hospitals can't work with alcoholics.

3) Evaluation of insurance policies. Insurance companies tell the Center they will pay for the treatment of alcoholism, but hospital directors consistently tell the Center that the companies will not pay for such treatment.

4) Insuring that alcoholism will re-



Thomas F. A. Plaut, assistant chief of the national alcoholism center, who prepared *Alcohol Problems: A Report to the Nation*.

ceive adequate attention in the growing number of community mental health centers which will form the "backbone" of the federally supported mental health program throughout the country.

According to Thomas F. A. Plaut, the assistant chief of the Alcoholism Center, the main trouble that has been encountered has been difficulty in finding people trained in the problems of alcoholism to fill positions at the Center. Of course, a major reason that there are so few trained people is that so little attention is given to the subject in professional schools. Marvin A. Block, one-time chairman of the AMA's former Committee on Alcoholism, has said that, with only a few exceptions, most medical schools devote less than 2 hours out of a 4-year curriculum to the study of drinking and the treatment of alcoholics, far less time than is spent on rare diseases which doctor may never see in his practice.

Another comprehensive treatise on alcoholism, entitled *Alcohol Problems: A Report to the Nation by the Cooperative Commission on the Study of Alcoholism* was published on 12 October by the Oxford University Press. Plaut, who was formerly a research associate of the Institute for the Study of Human Problems at Stanford University, prepared the document. The report represents a 6-year effort by the Cooperative Commission, a group of experts whose study was financed by a grant from NIMH. R. Nevitt Sanford served as scientific director of the Commission.

The Commission called for a "total

change" in the climate of opinion regarding use of alcohol. Since the report was released, there has been some criticism of the Commission for alleged encouragement of drinking by children. A reading of the report makes such criticism seem unwarranted. What the Commission says is that "the age limit of 21 is currently largely unenforceable"; it notes that over 75 percent of high school students say they have drunk alcoholic beverages more than once during their high school years, and a third state that they drink with some regularity. The Commission argued that a minimum age of 18 for public drinking might be adopted. The report also notes that alcoholism is much less prevalent in individuals from families in which children are exposed to alcohol early in structured situations, where such beverages are consumed mainly with meals, and where distinctions are made between safe and impermissible drinking. This pattern is much more

common in a Jewish or Italian-American home than in a Protestant or Irish-American one, the Commission said.

Another attitude change which the Commission advocates is that "Tolerance for abstaining should be increased, with complete social acceptance of those who choose to abstain or drink very little."

Role of A.A.

The report declares that, even though Alcoholics Anonymous groups have been a great help to many problem drinkers, many others have found it impossible to accept assistance from A.A. The Commission also reported that the existence of A.A. was used at times to justify the absence of professionally directed services for alcoholics. The Commission explored many aspects of alcoholism and concluded that "careful, thoughtful, and well-informed action by the Federal Government is probably the single most important step

in creating a better climate for dealing with alcohol problems."

Since completion of the bulk of the Commission's study, the federal government has begun to move more rapidly to control alcoholism. The federal pamphlet *Alcohol and Alcoholism* concludes, "The first big step has been taken."

This Administration has made progress in dealing with alcoholism, but one can hardly argue that it has taken a giant step when one considers that only \$6 million has been allotted for an Alcoholism Center to help cope with a problem that affects millions of Americans. One of the members of the advisory council to NIMH said in an interview that an effective program for alcoholism should receive at least ten times the funds it has now. "The goal is to bring alcoholism under the total umbrella of medicine," he said; "The word is there, now we need the deed."

—BRYCE NELSON

Academic Freedom: Judges Support Student Rights

By voluntarily entering the university, [the student] necessarily surrenders very many of his individual rights. How his time shall be occupied; what his habits shall be; his general deportment; that he shall not visit certain places; his hours of study and recreation—in all these matters, and many others, he must yield obedience to those, who for the time being, are his masters.—From an 1891 decision of the Illinois Supreme Court.

Although the paternalistic and authoritarian views expressed above scarcely reflect present-day life on most campuses, the Illinois Court set forth a legal viewpoint which has not yet been clearly repudiated. In fact, even today, when accepted concepts of civil liberties are vastly more liberal than those of just a generation ago, a comprehensive and explicit modern theory of the rights of students in their relations with campus authorities is yet to emerge. Indeed, the opinions handed down recently by fed-

eral district judges in two state college cases in Alabama and South Carolina, are believed to be among the first court rulings to strike down certain campus regulations as contrary to the First Amendment guarantees of freedom of speech, press, and assembly. An earlier landmark ruling upholding student rights turned on issues of procedure and due process.

In the view of legal scholars such as William W. Van Alstyne of Duke University Law School, an authority on academic freedom and the law, there is no doubt whatever that academic freedom for students is protected by the Constitution. The fact that constitutional principles are now being applied directly on behalf of student freedoms is considered a significant step forward, however.

Van Alstyne is convinced, moreover, that in time the courts will extend constitutional protection of student academic freedom to many private as well as

public institutions. The vast majority of private colleges and universities are now receiving federal support, and some of the most prestigious get more money from Washington than from any other source. Noting this, Van Alstyne believes that private institutions are opening themselves to court actions brought under the 14th Amendment, which assures all persons privileges of due process and equal protection of the laws.

However, this very question is at issue in a current case involving Howard University, a predominantly Negro school in Washington, D.C. Although Howard was chartered by Congress as a private university, it is supported largely from congressional appropriations. Two federal appeals court judges, overriding the opinion of a district judge, have ordered at least temporary relief for some students who claim their suspension from the university violates the 14th Amendment guarantee of due process.

Whatever the ultimate outcome of the specific cases discussed here, it seems clear that a body of case law is developing which may reinforce current attempts by the American Association of University Professors, the National Student Association, the Association of American Colleges, and other groups to win general acceptance for a newly drafted declaration of student rights (*Science*, 4 August). The two recent