

on top of events. The agency lacks the staff, the mechanical support, and the mandate to do what it would like.

Melmon thinks the government responded well in the Selacryn case, but he said, "Three years ago, this particular situation wouldn't have been detected as quickly." The FDA has "definitely tuned up" its monitoring of new drugs, Melmon said, largely because of the attention focused on the problem by the Joint Commission and others.

The commission's real concern, Melmon said, was with more subtle matters: delayed side effects, rare effects, the interactions between drugs and combinations of diseases, unexpected therapeutic effects, and the unhurried, objective study of common patterns of drug use. The FDA is not, and cannot afford to be,

interested in these things, but an independent research agency could be, he said.

Melmon summarized the commission's reasons for wanting these areas of study assigned to a private institution. First, a private outfit would be more flexible and less goal-oriented than a government agency. It would not be required to justify research in terms of immediate rewards or law enforcement needs. Second, it would be able to tap specialists who, under present conflict-of-interest laws, would not be able to work for the government. Melmon mentioned that most of the members of the Joint Commission would now be barred from serving even as advisers to the FDA because of the government's strict new policy on professional conflicts. The proposed

drug surveillance center would be more flexible and better able to solicit expert opinion. Third, the center would be funded from a variety of sources, so as to avoid coming under the sway of any clique or interest group. Fourth, a private institution would have to compete for funds each year more intensely than government agencies must do, and this, he thought, would make the new center a more vigorous intellectual creature. Finally, because it would not be involved in enforcement, the new center would be trusted more readily, both as a recipient of sensitive information and as a provider of sophisticated advice. Speaking of the FDA, Melmon said, "You're always grateful to have a cop around, but you don't want to ask him for societal advice."—ELIOT MARSHALL

Rand Issues Final Alcoholism Report

Authors persist in contention that for less severe cases controlled drinking may be feasible

A few years ago a group of Rand Corporation researchers kicked off a furor in alcoholism treatment circles by suggesting that it is possible for some alcoholics to develop a pattern of moderate drinking.

Now, these researchers have pulled back somewhat on that assertion. In a 4-year follow-up study of their population of 780 male drinkers, the group contends that some alcoholics can return to controlled drinking, but only the ones who were not heavily dependent on alcohol to begin with.

The 361-page, \$549,000 report,* paid for by the National Institute on Alcohol Abuse and Alcoholism, leaves room for considerable controversy. The authors say the results are "consistent with our first study"; however, NIAAA officials have been saying that it pretty much confirms what they have always believed: that alcoholics shouldn't drink at all.

The Rand group's original study population was 922 men admitted to eight NIAAA treatment centers in 1973. By the time the 4-year follow-up study was complete, 14.5 percent of the group had died. Of the remaining 780, 28 percent were abstinent, 54 percent still had seri-

ous drinking problems, and 18 percent were drinking but without ill effects (nonproblem drinkers). Of these, a little more than half were still drinking a lot—more than four drinks a day—and the rest less than four drinks, or about 2 ounces of ethanol, a day.

The authors assign the problems associated with drinking to two categories. They outline six symptoms of "dependency": morning drinking, tremors (both of which indicate withdrawal), missing meals because of drinking, drinking continuously for 12 hours or more at a time, blackouts, and "loss of control" over drinking. Then there are the "consequences" of drinking—alcohol-related diseases and accidents, and serious problems with jobs or social life.

In their earlier report, the authors were rather liberal in assigning nonproblem (or "normal" as they then called it) status to alcoholics who continued to drink, including in the group men who still showed occasional signs of dependency. In the follow-up study they acknowledge that this was too optimistic, saying they "now realize it would be imprudent to treat any alcoholic with dependence symptoms as in a favorable condition." The authors also make a sharper distinction between "short-term abstainers"—those who stay off the bottle for a period of less than 6

months—and long-term abstainers. They now portray the short-term abstainers as the most erratic and unsuccessful group of those who have changed their drinking habits at all. (An NIAAA official says that it would be more accurate to refer to these people as "short-term drinkers.")

But the study leaves room for considerable controversy.

But despite their new-found caution, the Rand group continues to maintain that "for some alcoholics, especially those under 40 and less dependent on alcohol, nonproblem drinking can be regarded as a form of remission."

That statement is sharply at odds with beliefs prevailing in the government and in private groups concerned with alcoholism. Says Loran Archer, assistant to NIAAA director John DeLuca, "our ma-

*Copies of the report, *The Course of Alcoholism: Four Years After Treatment*, can be obtained for \$10 each from the Rand Corporation, 1700 Main Street, Santa Monica, Calif. 90406.

for disagreement with them is that everybody in the study was defined as an alcoholic." The authorities—such as the NIAAA, the National Council on Alcoholism, and the American Psychiatric Association—all concur that alcoholism, as opposed to alcohol abuse, is a physical addiction marked by chronicity, increased tolerance, and withdrawal symptoms. The Rand report does not define what an alcoholic is, and, says Archer, some of the subjects could have been young men who modified their alcohol consumption as they outgrew the heaviest drinking age group, which is said to be between 18 and 25.

To those who subscribe to the conventional notion of alcoholism—which is that the only cure is abstinence—a hundred Rand studies wouldn't change their minds. Any "alcoholic" who returns to controlled drinking is, by definition, not an alcoholic. Archer says the Rand study can be compared with a study of diabetics which included people with pre-diabetic or borderline conditions. "If you said they were all the same you might well come up with the conclusion that some diabetics don't need insulin."

The principal Rand author, sociologist J. Michael Polich, says the difference with the NIAAA is a quibble over terminology which doesn't detract from the report's findings. He says all but 8 percent of the original subject population exhibited dependency symptoms, and their elimination would not have changed the outcome. He says "we are not at odds over what the data show," which is that "there is a subgroup of people admitted for treatment of alcoholism for whom the prognosis is better with controlled drinking than with abstinence."

Polich says "the existence of this group calls into question the whole theoretical basis of alcoholism treatment as currently conducted." Since some people are less likely to relapse into alcoholic drinking if they do not have to abstain altogether, there are some instances in which "insistence on a goal of abstinence can be harmful."

Despite the differences in interpretation, Archer says the NIAAA likes the study. In his view, its main contribution is an affirmation that alcoholics are better able to stay on the wagon if they have some kind of community support system. (The researchers found the treatment histories of alcoholics too erratic and varied to evaluate but they concluded that treatment is better than no treatment.) Archer says the report also helps "substantiate the value of AA [Al-

coholics Anonymous]" and could bolster efforts to establish closer ties between treatment centers and AA. This, he acknowledged, may sound like an obvious thing to do, but not everybody thinks AA is great. Behavioral psychologists, for example, who contend that all behavior, including alcoholic behavior, is learned, have an aversion to the AA philosophy which implicitly relieves an alcoholic of some responsibility for his condition by flatly insisting that alcoholism is a "disease" and accepting anyone's self-definition as an "alcoholic."

The Rand study is probably the most complete picture yet produced of the "natural history" of problem drinkers who have contacted treatment facilities. As such, it provides impressive confirmation of the chronicity and relative intractability of alcoholism. Over the entire 4-year period, 84 percent of the subjects experienced significant alcohol-related problems. So the likelihood is that many of the 46 percent judged problem-free at the time of the study could relapse into alcoholic behavior. So difficult is it to alter the alcoholic condition that the authors conclude "it is the subject's initial characteristics rather than the treatment he receives that exercise the greatest influence on the course of alcoholism."

One noteworthy finding by the Rand group was that even among the subjects who managed long-term abstinence or control of their drinking, other indicators of well-being did not significantly improve. That is, there was still a high rate of unemployment, failure to establish enduring marriage or love relationships, anxiety, and depression. Says the report, "alcohol consumption is only one factor in a large number of behavioral problems that typically manifest themselves in alcoholism," which may mean that for most alcoholics, kicking the bottle is only the beginning.

Although the controversy over controlled drinking versus abstinence is still very much alive, Polich believes more people are beginning to question the conventional belief that "alcoholism is a monolith and there is only one right treatment." After the 1976 report "some people said we should not even discuss the idea because it will encourage people to go back to drinking." Now the reaction to the idea of controlled drinking is more muted. Besides, relates Polich, some Boston University researchers did a survey of local alcoholics after the 1976 report, and not one of them blamed the Rand report for his return to the bottle.—CONSTANCE HOLDEN

Citizens Update

The new political party for which ecologist Barry Commoner is the most visible spokesman, and presumptive front-running presidential candidate, is alive and kicking. The Citizens Party was launched last August as a rallying point for those who feel the Republicans and Democrats have conspicuously failed to address issues related to corporate power, inflation, and energy (that is, conservation and development of renewable sources). Among prominent figures in the movement are Georgia politician Julian Bond, renegade Steelworkers Union leader Ed Sadlowski, and writer Studs Terkel.

Party machinery is now grinding into gear. Headquarters have been established in downtown Washington, run by Bert DeLeeuw, who is a former field coordinator for Fred Harris's 1976 presidential campaign and founder of something called the Movement for Economic Justice. DeLeeuw says the party now has several thousand members, who have contributed \$18 apiece, and it is hoped they will number 10,000 by the time the party holds its convention in Cleveland next April. The party has branches in 32 states and is now working on the petitions that are necessary to get it listed on the presidential ballot in all 50 states. The entrance of Senator Edward Kennedy (D-Mass.) into the race has probably damped recruitment efforts to some extent, but after the Democratic nominating convention, says DeLeeuw optimistically, "we'll be there."

Decision on Aspartame Due This Year

Next summer may see government approval of a new artificial sweetener, Aspartame, which has been patiently waiting in the wings for 6 years to take up the banner from the fallen cyclamate and disgraced saccharin.

Aspartame's manufacturer, G. D. Searle & Co., has been trying to get the product on the market since 1974, when it was briefly approved by the