

Drunkards or Alcoholics?

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THERE IS A great deal of suffering caused by a complete misunderstanding of the difference between a drunkard and an alcoholic.

An alcoholic is a sick man, whereas a drunkard is a moral failure. This cannot be too strongly emphasised. A drunkard is a man who enjoys the state of being intoxicated and deliberately sets about getting drunk, although he could avoid this if he were minded so to do. The more common type of alcoholic, on the other hand, loses complete control once he has started drinking at all and he is quite unable to stop before he has run out of money or if the compulsion is very severe, before he is arrested. The alcoholic may only intend having one or two beers with the boys, but once having started he finds that he goes on.

At St. Luke's House, we are constantly being asked to help men with their drinking problem after they have lost their wife and children, job, clothes, money and worst of all their self-respect. All of these are things which no man wishes to lose, but alcohol drives them on.

Alcoholic behaviour is responsible for a great number of the crimes committed in this and other

countries. The main prisons in London contain hundreds of men, whose problem is alcohol. Doubtless the other prisons, throughout the country, would show similar figures. This is the result of alcoholism in one aspect. The figures of road-accidents, divorce, N.S.P.C.C. cases, lost industrial man-hours; all of these contain a proportion of alcoholics. There is no doubt about the fact that alcoholism accounts for a very high percentage of the total misery and suffering of which the reports in the popular press and some of the more responsible papers are filled.

One of the problems which confront people who are trying to deal with the alcoholic problem, is the social stigma which attaches to the condition. Lack of understanding on the part of the general public makes it difficult for the compulsive drinker to bring himself forward to seek treatment. For an interviewer there is often a risk in the harmless statement of fact, "of course, you are an alcoholic." More often than not, a man will flare up in righteous indignation at this statement. Nobody wants to admit that he is an alcoholic and most people have the view that the only man who is an alcoholic is

the funny, unshaven old man with a long overcoat to his ankles and a certain unsavoury odour.

Gradually, as facilities are becoming better and more widespread, the Medical Profession is taking the problem of alcoholism more seriously. Many doctors have recognised it as a disease for a number of years, but it still is not possible to fill in a medical certificate as showing the patient as suffering from "alcoholism." Hospitals are now encouraged to set up treatment centres for alcoholics and great steps are proposed in the right direction.

In the treatment of alcoholics, Social Workers play the greatest part and the Medical Profession comes only on occasion. In the majority of hospitals the proportion of medical staff out-numbers, by a long way, Social Workers. Were a hospital to be set up exclusively for alcoholics, the majority of the staff would be Social Workers and hidden away in obscurity would be a few doctors and nurses.

Here we are then, confronted with a disease requiring hospital treatment and a cure largely brought about by Social Workers. Here then, we have a whole new concept and one which it is not easy to get accepted by the Medical Profession. Even now, it is only in the hospitals and general practices, where thinking is ahead of the times, that the true nature and treatment of alcoholism is accepted. Medical Scientists differentiate the alcoholics from the

heavy drinker by physical or mental symptoms; cirrhosis of the liver, various psychotic manifestations are among the criteria. Social Scientists look to behavioural symptoms, such as constant job changes and eventual total inability to hold employment, disruption of family life because of drinking and deterioration of standards on all fronts, as indications of alcoholism. How then, is this problem to be tackled? There might be a strong inclination to increase the work of the temperance and total abstinence movements; ban the beer advertisements, close distilleries, make drinking alcohol socially unacceptable. Each of these courses of action might be of some use. However, it must be remembered that where alcohol is not obtainable, notably in prison, men are still able to reach a state of euphoria. It would appear to be invidious to list here the various household liquids and solids, which can combine to give a lift to those who take them. Suffice it to say that if one is going to remove all commodities which can be used to get "drunk," then metal polish and bread would have to go, milk, aspirins, coal-gas, mineral-waters, to mention but a few. Clearly prohibitions of the means of becoming drunk is insufficient. It is beyond doubt that one has to change the person.

At St. Luke's House, we deal with alcoholism in three stages. *Stage 1 is physical:* by the use of Antabuse pills, we make it difficult

for a man to drink and thereby offer him a secure and sober period, in which to make initial adjustments to his social situation. Antabuse is a non-active chemical, which is taken daily by the patient and if alcohol is added, it becomes a poison which produces vomiting, nausea and flushing. Under the protection of this, jobs, clothes, cash and personal relationships are attended to and the initial steps are taken on the journey to sobriety. *Stage 2 is in the mind:* when an alcoholic is in full swing, his thinking becomes "drunk." He sees cash in terms of a number of drinks, rather than as a general means of exchange. He views lodgings on the basis that the cheaper they are, the more money will be left over for drinking and, therefore, he acquires the unpleasant accommodation which tends to drive him to the lights, warmth and companionship of public-houses. By careful appraisal of the past, by daily adjustment to the tensions and anxieties of daily life, the patient's mental state can be brought towards sober thinking. With little difficulty, a man can be physically prohibited from drinking; slightly more difficult is the realignment of his mental approach to life. Having achieved these two steps you may then find yourself confronted by a sober man, resenting the fact that he is not drinking and life is tedious in another way. So often all relations and friends have given up contact with the patient; he is a dead loss, is the

normal attitude. At this point, the patient may well turn round and say, "I was happier when drunk." It is here that the third stage needs to come into play. *Stage 3 is spiritual:* The approach to this will vary according to the man. Basically it involves discussion and understanding of the true nature and meaning of life. What is it for? Why is he here at all? Is there a plan or is it just a haphazard muddle? This leads on to the asking of two questions. What is God like? What shall I do about God? I think it is dangerous, indeed in an inter-denominational set-up it is almost impossible to give religious instruction. One can, however, pose questions for the patient to turn over in his own mind and in the solution of which he can seek advice and guidance. It is clear that in dealing with people who suffer from alcoholism, as with any other complaint, one has of necessity to deal with the whole man. There is little point in dealing with the physical and spiritual sides of a man if we leave his mind in a sick state. Equally the mind and the spirit put in order, leaving the body unwell, is going to be of little value.

Once a man has become alcoholic, there is no question of his ever being able to drink again without the certainty that sooner or later he will be ruined through drinking alcohol. The patient must realise that the stresses and strains of life, the emotional tensions and frustrations, the general difficulties

of life must be faced without resort to alcohol. Inadequacies of personality and of culture can well dictate a drinking pattern that is compulsive and socially unacceptable. This is one of the more difficult forms of the addiction with which we have to deal. That alcoholism is an addiction is beyond dispute. Exhortations to sobriety are useless. Many is the alcoholic whose disease has been pushed to its final depravity by the exhortation, (nagging) of those who will not understand that there is very little choice for the sufferer without skilled help with his problem. It is of the utmost importance that the general public should have a right appreciation of the nature of the disease and that the patients, themselves, should understand that to admit to being alcoholic, carries none of the stigma attached to an admission of drunkenness.

To watch the gradual re-birth of a man, when under rehabilitation, is supremely rewarding. The restoration of self-respect joins the enjoyment of the pleasures of every-day life. All these things accompany the work of this Centre. Then comes the moment of triumphant break-through into a man's deeper understanding, when for the first time for many years he begins to consider actions from the point of view of right and wrong, rather than merely from the point of view of his own pleasure.

Within a prison population, the drunks tend to be despised, "not

proper criminals" is one way in which they are described. To a certain extent this is true. However, there is a very fine distinction which must be understood. There are delinquent men who enjoy lives of crime and only when drunk get arrested. At other times they tend to get away with their crime. To the unskilled these appear to be alcoholics, whose court appearance is due to drink. It is only inefficiency in crime detection which avoids their coming to court when sober. The other and more rewarding man is the one who is honest when sober and only turns to crime when he is drunk. This is the kind of man to whom we are best able to offer assistance. There is a tendency in the prison world to view men as being either delinquent or having a drinking problem and the latter group are divided in some peoples' minds as falling into (a) alcoholics, (b) regular drinkers. In fact they are in both groups, alcoholics; the one type of good prognosis and what are known as the "drunks" of bad psychopathic prognosis. These latter are the kind of people who shamle through the courts daily and periodically they have a stay in one of the prisons. They are prematurely old. Their thought process is slow, their reasoning faulty and their lives very empty. Occasionally, given close supportive care these people can remain sober for considerable periods at a time. That they will ever become fully integrated,

independent, sober citizens is beyond the wildest hopes of those who deal with such problems.

For good and successful rehabilitation the alcoholic must be of reasonable personality and have the kind of background difficulties which answer fairly readily to Social Science.

People are always asking about success and failure with regard to alcoholics. What is success or failure when one is dealing with human life and the vagaries of intelligence and human emotion, addiction and moral choice? Where a man asks for assistance, we must do our best to gauge our ability to offer help. It is unkind to raise the hopes of those who may be in the position which is hopeless. The

success of any Social Worker is to offer in the most acceptable form, the latest scientific help couched in genuine friendship. Some will be ready to accept what is offered, others will not. They will have to come back later when the time is ripe and conditions are favourable.

Working with alcoholics in terms of numbers is a most unrewarding field; thirty or forty out of every hundred achieving something which might be called success. Working in terms of human happiness, the constant reward of seeing a man rise from utter degradation and poverty to the normal life of the average citizen in happiness and comfort far outweighs the other disappointments.

Post-Graduate Course in Criminology

The University of Cambridge has established an annual Post-Graduate Course in Criminology, to be given by the Institute of Criminology. The fourth course will be held during the three terms of the academic year beginning October 1st, 1964, ending in July 1965.

A Diploma in Criminology will be awarded by the University to those who have diligently attended the course, and who, at its completion, pass a written examination in five papers.

The Programme of Teaching will consist of lectures, seminars and practical work dealing with all the major aspects of criminology. Practical work, during vacations as well as term time, will be undertaken by the students, at penal and psychiatric institutions, probation and after-care centres and other agencies concerned with the prevention of crime and the treatment of offenders.

Admission to the course will be open to those who already hold a university

degree in any subject, not necessarily in law. In very exceptional circumstances, candidates who do not hold a university degree may be considered for admission, if they have either made an important contribution to criminology by research or gained outstanding practical experience in administration. The number of admissions in any one year will be limited in order to maintain the highest possible standard. Those admitted to the course will be made members of the University, and will be expected to seek admission to a college.

Application Forms for Admission to the post-graduate course are available from The Secretary, Institute of Criminology, 7 West Road, Cambridge, England. The completed forms, together with evidence of necessary qualifications, should reach the Secretary as soon as possible, and not later than July 1st, 1964, for the course beginning in October 1964.