

ALCOHOLISM



A Report

of the

JOINT STATE GOVERNMENT COMMISSION

to the

GENERAL ASSEMBLY

of the

COMMONWEALTH OF PENNSYLVANIA

DECEMBER 1948

The Joint State Government Commission was created by Act No. 459, Session of 1937, as amended by Act No. 380, Session of 1939, and Act No. 4, Session of 1943, as a continuing agency for the development of facts and recommendations on all phases of government for the use of the General Assembly.

JOINT STATE GOVERNMENT COMMISSION

Honorable WELDON B. HEYBURN, *Chairman*

Honorable BAKER ROYER, *Vice Chairman*

Honorable HERBERT P. SORG, *Secretary-Treasurer*

Senate Members

JOSEPH M. BARR
LEROY E. CHAPMAN
JOHN H. DENT
ANTHONY J. DISILVESTRO
JAMES A. GELTZ
WELDON B. HEYBURN
FREDERICK L. HOMSHER
A. EVANS KEPHART
A. H. LETZLER
JOHN G. SNOWDEN
O. J. TALLMAN
M. HARVEY TAYLOR
JOHN M. WALKER

House Members

HIRAM G. ANDREWS
ADAM T. BOWER
HOMER S. BROWN
CHARLES H. BRUNNER, JR.
EDWIN C. EWING
IRA T. FISS
ROBERT D. FLEMING
W. STUART HELM
EARL E. HEWITT, SR.
THOMAS H. LEE
ALBERT S. READINGER
BAKER ROYER
HERBERT P. SORG

GUY W. DAVIS, *Counsel and Director*

PAUL H. WUELLER, *Associate Director in Charge
of Research and Statistics*

L. D. STAMBAUGH, *Resident Secretary*

ANTOINETTE S. GIDDINGS, *Administrative Assistant*

JOINT STATE GOVERNMENT COMMISSION
SUBCOMMITTEE ON ALCOHOLISM

Honorable CHARLES H. BRUNNER, JR., *Chairman*

Honorable LOUIS H. FARRELL, *Vice Chairman*

Senate Members

JACOB W. CARR

LOUIS H. FARRELL

ELMER J. HOLLAND

CYRUS B. TYLER

House Members

JAMES C. BRICE

CHARLES H. BRUNNER, JR.

JAMES D. COLE

JOHN L. GORMAN

LETTER OF TRANSMITTAL

To the Members of the General Assembly of the Commonwealth of Pennsylvania:

Pursuant to House Resolution No. 20, Session of 1947, we submit herewith a report dealing with the problems of alcoholism in Pennsylvania.

In accordance with Act No. 4, Session of 1943, Section 1, the Commission created a "subcommittee" to facilitate and expedite the survey of alcoholism in Pennsylvania.

On behalf of the Commission the co-operation of the members of the subcommittee is gratefully acknowledged.

WELDON B. HEYBURN, *Chairman.*

*Joint State Government Commission
Capitol Building
Harrisburg, Pennsylvania
December 1948*

CONTENTS

	<i>Page</i>
Summary of Findings	1
Summary of Recommendations	3
Section I. Introduction	4
Section II. The Characteristics of Alcoholics and Ex- tent of Alcoholism	5
Section III. Public Attitudes and the Rehabilitation of the Alcoholic	8
Section IV. Short Treatment	13

SUMMARY OF FINDINGS

I. It appears to be the consensus of informed medical opinion that alcoholism is "a sickness characterized by emotional and social maladjustment and by compulsive dependence upon alcohol."¹ (See Section II, p. 5.)

II. As a matter of long-term trend, alcoholism in the United States has decreased from 1,248 alcoholics per 100,000 adult population in 1910 to 857 alcoholics per 100,000 adult population in 1945. However, as a matter of short-term trend, there has been an apparent increase in alcoholism. In 1940, for example, 757 persons per 100,000 adult population suffered from alcoholism; in 1945, this number had risen to 857. (See Section II, p. 5.)

III. Whereas alcoholism increased in the nation as a whole between 1930 and 1945 by roughly 28%, alcoholism in Pennsylvania decreased 7.8% between 1930 and 1944. It is estimated that at present, Pennsylvania has approximately 58,000 alcoholics. (See Section II, p. 5.)

IV. The evidence indicates that alcoholism is predominantly an urban problem. For example, the relative frequency of alcoholism in cities with populations of 100,000 and over, is twice the relative frequency in rural areas. (See Section II, p. 5.)

¹ Seldon D. Bacon, "Alcoholism: A Major Social Problem," Reprint from *Public Welfare*, July 1946 (American Public Welfare Association, Chicago, Illinois), p. 2.

V. It is the consensus of medical opinion that at the present time, alcoholism is not curable. However, medical opinion is generally agreed that many alcoholics can be rehabilitated by means of the so-called "short treatment," which requires approximately one week of hospitalization. As regards rehabilitation rates, Dr. C. Nelson Davis, formerly Physician-in-Charge of the C. Dudley Saul Clinic in Philadelphia, which received an appropriation of \$50,000 from the Commonwealth in 1947, reports that 37.5% of the patients treated at the clinic were still "dry" three months after discharge. (See Section IV, p. 13.)

VI. Currently, the cost of the "short treatment" (five days) at the Saul Clinic is approximately \$75.00 per patient. On the basis of this cost per patient figure, the total annual cost of subjecting Pennsylvania's alcoholics to the short treatment would be approximately \$4,350,000. (See Section II, p. 5.)

SUMMARY OF RECOMMENDATIONS

I. The biennial appropriation of \$50,000 to be continued to some qualified clinic in the Philadelphia area, and provision to be made for an appropriation of like amount for the Pittsburgh area. (See Section II, p. 5.)

II. These funds to be made available on the condition that some fraction thereof shall be devoted to research in alcoholism.

III. It be made mandatory upon the Department of Health, and an appropriation be provided therefor, to develop such report forms as will eventually produce reliable statistics indicating the effectiveness of any rehabilitation programs carried forward by State-aided clinics for alcoholics, State hospitals and State-aided hospitals receiving alcoholics.

IV. Though at this time it is deemed inexpedient to require all medical and nursing schools to provide instruction in the care and treatment of alcoholics, they should be encouraged to offer such instruction.

V. All public and private general hospitals to be encouraged to admit alcoholics.

Section I

INTRODUCTION

House Resolution No. 20, agreed to May 13, 1947, directs the Joint State Government Commission to

1. Study problems relating to the physiological, psychological, psychiatric, economic, and social effects of alcoholism;
2. Survey methods of treatment and rehabilitation of persons so addicted;
3. Gather and compile pertinent data, including clinical experience of existing public and private organizations;
4. Investigate adequacy of existing clinical facilities;
5. Recommend methods for the dissemination of information regarding the nature of alcoholism.

In accordance with the above mandate, the Subcommittee on Alcoholism of the Joint State Government Commission took the following steps:

1. Surveyed the available literature on the subject;
2. On February 25, 1948, held a hearing in Harrisburg at which lay and professional groups were afforded an opportunity to present such facts and views as in their judgment bear pertinently upon the problem under review;
3. On August 10, 1948, visited the C. Dudley Saul Clinic, St. Luke's and Children's Medical Center, Philadelphia. This institution received an appropriation of \$50,000 from the Commonwealth in 1947.

The pertinent facts constituting the problem of alcoholism which are of legislative interest are detailed in the subsequent sections.

Section II

THE CHARACTERISTICS OF ALCOHOLICS AND EXTENT OF ALCOHOLISM

Some authorities differentiate between "excessive drinkers" and "alcoholics." The essential difference between the two seems to be as follows:

In the judgment of the community, the "excessive drinker" imbibes too much for his own good. The "alcoholic" admits he drinks too much, but he cannot stop drinking unless subjected to treatment.

In the phraseology of one observer, the alcoholic drinks because he cannot stop drinking, although he may "hate liquor, hate drinking, hate the taste, hate the results, and hate himself for succumbing."¹

A rehabilitated alcoholic (Case S. M.) before the Medical Society of Delaware on October 15, 1947, described his drinking habits as follows: ²

"I started drinking in 1916 and drank for thirty years. The first ten years, I would say, was sociable drinking, the second ten was getting a little serious, and the last ten my life became unbearable because of alcohol. I went to several sanatoriums. I think the difference is \$50.00 a week between sanatoriums and sanitariums, and I came home to no avail.

"To show you what a pattern an alcoholic can get in, I will give you an example of my daily routine from the store. The store closed at 5:30. I would leave the store twenty minutes after five, walk up Sixth and King Streets or Seventh and King and buy a fifth of

¹ Seldon D. Bacon, "Alcoholism: Nature of the Problem," *Federal Probation*, January-March 1947, p. 3.

² Quoted by C. Nelson Davis, M.D., in "An Approach to the Problem of Alcoholism," Reprint from *Delaware State Medical Journal*, May 1948.

whiskey, walk down to Seventh and Shipley, walk in a bar—the bartender knew I would be coming at that time—I would have three double shots in a hurry and be right on time at 5:30 to meet my neighbor with whom I drove home.

“Then when I got home I didn't go in the house. I went in the garage to collect the eggs and count the eggs or something, and I would have three or four more, and then I would go up in the house and if my wife was upstairs I would have three or four more drinks downstairs, or vice versa.’”

In the main, this report is concerned with the alcoholic—the person for whom the first drink signifies the beginning of a spree which inevitably ends in utter collapse.

“Alcoholics come from all strata of the population insofar as family, background, wealth, and education are concerned.”¹ However, the available evidence would seem to indicate that rates of alcoholism are different for various ethnic groups. “Poles, Irish, and so-called White Americans have high rates; Italian and Greeks have low rates; while among Jews alcoholism is rare. As assimilation to American culture patterns increases, the alcoholism rate (of all ethnic groups) tends to approach the average American rate.”²

Most alcoholics are between the ages of thirty and fifty-five. Approximately 85% of the known alcoholics are male.³ As far as the information goes, it would appear that the rate of alcoholism among adult males is approximately six times the rate among adult females.⁴

At this time it is hazardous to attempt to measure the extent of alcoholism. Until very recently, members of the community have regarded alcoholism either as something

¹ Seldon D. Bacon, “Alcoholism: Its Extent, Therapy, and Prevention,” *Federal Probation*, April-June 1947, p. 25.

² *Ibid.*, p. 25.

³ *Ibid.*, p. 24.

⁴ E. M. Jellinek, “Recent Trends in Alcoholism and in Alcohol Consumption,” *Quarterly Journal of Studies on Alcohol*, June 1947, p. 20, 22.

to be ashamed of or something to be condemned. Neither attitude is productive of reliable statistics.

However, the available data such as it is, suggests that as a matter of long-term trend, alcoholism in the United States has decreased from 1,248 alcoholics per 100,000 adult population in 1910 to 857 alcoholics per 100,000 adult population in 1945. It should be noted, however, that as a matter of short-term trend, there has been an apparent increase in alcoholism. In 1940, for example, 757 persons per 100,000 adult population suffered from alcoholism; in 1945, this number had risen to 857.¹

The Commonwealth of Pennsylvania, it may be noted, in 1930 had an estimated 896 alcoholics per 100,000 adult population. By 1944 this number had decreased to 826 alcoholics per 100,000 adult population. For the United States as a whole, there were 671 alcoholics per 100,000 adult population in 1930 and 857 alcoholics per 100,000 adult population in 1945.²

The above comparison shows that whereas the rate of alcoholism has increased approximately 28% in the United States as a whole over the period 1930 to 1945, the rate of alcoholism in Pennsylvania over the period 1930 to 1944 has decreased 7.8%.²

Assuming that the Pennsylvania rate of alcoholism has remained fairly constant since 1944, it may be expected that the Commonwealth today has approximately 58,000 alcoholics.

As regards the geographic distribution of alcoholism, it appears reasonably well established that the incidence of alcoholism is greater in cities than in rural areas. For example, the relative frequency of alcoholism in cities with populations of 100,000 and over, is twice the relative frequency in rural areas.³

¹ Jellinek, *op. cit.*, p. 20, 41.

² *Ibid.*, p. 26, 41.

³ *Ibid.*, p. 23.

Section III

PUBLIC ATTITUDES AND THE REHABILITATION OF THE ALCOHOLIC

Traditionally the attitude of the public toward the alcoholic has been one of contempt. Those who dealt with him either in the capacity of physician or prison official considered the alcoholic hopeless. The attitude of prison officials constantly harassed by unruly guests in "Drunk Row" is succinctly summarized by the warden of a large city prison who gave the prison physician the following advice: "They are hopeless. They are no good. They are moral cowards. They are weaklings. Kid, the only thing we can do is lock the door and throw the key away." ¹

Functionaries of mental hospitals regarded the alcoholic as "an atrocious and arrogant, pugnacious and irritating, difficult patient." ² Many psychiatrists concurred in the view of a leader of their profession who summarized his experiences with alcoholics by saying, "We can't do anything with them." ³

Needless to say, this highly negativistic attitude did not facilitate the rehabilitation of alcoholics, nor did it tend to reduce the cost of alcoholism, which, prior to World War II, was estimated at one billion dollars for the nation as a whole. ⁴

Toward the end of the thirties it became apparent to

¹ C. Nelson Davis, M.D., "An Approach to the Problem of Alcoholism," address delivered before the Medical Society of Delaware, October 15, 1947, reprinted in *Delaware State Medical Journal*, May 1948.

² *Ibid.*

³ *Ibid.*

⁴ Benson Y. Landis, "Some Economic Aspects of Inebriety," *Alcohol, Science, and Society* (New Haven: Quarterly Journal of Studies on Alcohol, 1945), p. 213.

groups of citizens that punishment and exhortations had failed to reduce the dimensions of the problem of alcoholism. Between 1938 and 1946 various organizations were formed for the purpose of tackling the problem on different levels. Taking the nation as a whole, between 1938 and 1944 were established, the Research Council on Problems of Alcohol (1938), the Yale Summer School of Alcohol Studies (1943), the Yale Plan Clinics (1944), and the National Committee for Education on Alcoholism (1944). Alcoholics Anonymous, founded in 1934, began to develop into a national organization in 1938.

These organizations have different objectives and functions. The Research Council on Problems of Alcohol is a national organization which seeks through research and education, to bring about a reduction in alcoholism. It provides funds for the establishment of research centers in medical school hospitals where competent scientists may utilize the resources of medicine, public health, physiology, nutrition, psychiatry and psychology in the study of the problem, and makes available to organizations, educators, and other adult groups, condensations of technical and scientific reports for study and discussion. The National Committee for Education on Alcoholism is primarily interested in reorienting public thinking with respect to the problem of the alcoholic. It is a basic concept of the Committee that alcoholism is a disease, and that the problem of the alcoholic cannot be attacked effectively unless and until the public at large looks upon him as a sick person. Scientific research on the relation of alcohol to the welfare of man, has been carried on by the Section of Alcohol Studies of the Laboratory of Applied Physiology, Yale University. These findings have been made available to various groups and interested persons through the Yale Summer School of Alcohol Studies. The Yale Summer School of Alcohol Studies has

served as a pattern for local educational programs throughout the country. The Yale Plan Clinics—established at Hartford and New Haven in 1944 by the Yale Section of Alcohol Studies—for the diagnosis and guidance of inebriates, have become a pattern for enlightened treatment of the alcoholic which is being followed in various parts of the country under private, civic or State auspices. Alcoholics Anonymous consists of groups of laymen who have had first-hand experience with alcoholism. These groups attempt to rehabilitate the alcoholic by means of group therapy.

In addition to the activities of organized groups, the growth of public and scientific interest in alcoholism is reflected in the fact that in the twelve states listed below, and in the District of Columbia, legislative action has been taken on the problem ¹:

<i>State</i>	<i>Legislation</i>	<i>Purpose</i>	<i>Appropriation</i>
Alabama (1945)	Commission on Education with respect to Alcoholism created	Education and Research	\$5,000 annually
Connecticut (1945) (1947 amended)	Connecticut Commission on Alcoholism established	Treatment and Diagnostic facilities	\$200,000 to \$250,000 annually (9% of all fees for permits received by Liquor Control Commission)
Louisiana (1948)	Research Commission created (Exact title not specified)	Collect data on need for hospitalization and rehabilitation	\$10,000 annually (Tax receipts from beer)
Massachusetts (1947)	Commission on Alcoholism created	Make continuous study of treatment and related problems, and report annually to legislature.	\$10,000 annually (All members unpaid except Secretary)

¹ "Report of Committee to Study Progress Made in Research and Treatment of Alcoholism," September 1948.

<i>State</i>	<i>Legislation</i>	<i>Purpose</i>	<i>Appropriation</i>
Mississippi (1948)	Makes provision within State Building Commission	Provide suitable accommodations at State Hospitals	Not specified
Nebraska (1947)	Makes provision within State Hospitals	Study of care and treatment; admission to State Hospitals	Not specified
New Hampshire (1947)	Board for Treatment of Inebriates created	Study, education, and establishment of facilities for diagnosis and rehabilitation. Report biennially to Governor and legislature	\$30,000 biennially
New Jersey (1945)	Committee for Rehabilitation of Alcoholics and Promotion of Temperance. (Bill to establish Bureau on Alcoholism in Department of Health, provide facilities for medical treatment, research, etc. under consideration in 1948 session)	Survey facilities and make recommendations for rehabilitation	\$25,000 annually in 1945 and 1946 (Unexpended balance of \$28,000 on hand)
Oregon (1945)	Rehabilitation Clinic to be established by Educational Advisory Committee	Establish and maintain rehabilitation agency and treatment center	Not to exceed \$115,000 for 1947-1949 (Monies collected and received by Liquor Control Commission)
Utah	Board to Investigate Causes of Alcoholism established	Investigate causes of alcoholism; provide education, and treatment of alcoholics	\$50,000 annually
Virginia (1948)	Division of Alcohol Studies and Rehabilitation created in Department of Health	Study problem of alcoholism, promote preventive and educational programs, and establish hospital and clinic facilities	\$100,000 annually

<i>State</i>	<i>Legislation</i>	<i>Purpose</i>	<i>Appropriation</i>
Wisconsin (1947)	State Board of Alcohol Studies established in Department of Welfare	Study and treatment; assist counties in establishing facilities for treatment	\$50,000 (1947) \$100,000 (1948)
District of Columbia	Alcoholic Clinic established officially (in operation prior to passage of law)	Establish program for medical, psychiatric and other scientific treatment and rehabilitation of alcoholics	\$100,000 (Est.) (Funds derived from 10% increase of annual liquor license fees)

Clinical and hospital facilities and research programs are now or soon will be in operation under state auspices in Connecticut, Massachusetts, Oregon, Utah, Virginia, Wisconsin, and the District of Columbia. Educational programs and related activities are in operation in all of the states above listed.

It should be noted that in Pennsylvania the problem of alcoholism was recognized by the organization of the Western Pennsylvania Committee for Education on Alcoholism (1945) which is affiliated with the National Committee for Education on Alcoholism. With some modifications designed to take care of peculiar local problems, the Pennsylvania Committee pursues the policies of the National Committee.

In addition, a clinic for alcoholics was established in Philadelphia in 1946. This clinic—which received from the Commonwealth an appropriation of \$50,000 for the biennium 1947-1949—known as the C. Dudley Saul Clinic, St. Luke's and Children's Medical Center, Philadelphia, does research in alcoholism and attempts to facilitate the rehabilitation of alcoholics by means of the so-called "short treatment," which is described in the next section.

Section IV

SHORT TREATMENT

The application of the "short treatment," so-called because it takes place within a span of one week, was developed at the Saul Clinic by Dr. C. Nelson Davis, and Dr. Thomas K. Rathmell. It should be noted, however, that the application of the "short treatment" is not confined to the Saul Clinic. It is also used at the Knickerbocker Hospital in New York City.

At the Saul Clinic the "short treatment" takes five days and is currently available to alcoholics at a cost of approximately \$75.00 per person. The "short treatment" does not "cure" the alcoholic, but represents one step in his rehabilitation process. The alcoholic who is subjected to the "short treatment" is "sobered up" by the use of the most modern methods known to contemporary medical science, and thoroughly diagnosed for organic and mental ailments and social maladjustments. Briefly, the treatment involves the complete elimination of alcohol, injection intravenously of glucose and vitamin solutions, and the administration of oxygen by mask for twenty minutes every hour for six hours. Whenever possible, the use of sleeping potions is avoided. In addition, the patient is encouraged to participate in educational conferences for five days.

Broadly speaking, the alcoholics passing through the Saul Clinic, or for that matter any clinic, may be divided into two groups. Some alcoholics suffer from organic or mental ailments. Other alcoholics, in the light of contemporary knowledge of medicine and psychiatry, are "normal"

except for the alleged fact that they are "sensitive" to alcohol in the sense that the consumption of even so minute a quantity of alcohol as may be contained in the ordinary dose of cough medicine, is certain to lead to a "binge" and collapse. Alcoholics belonging to the first group are referred to appropriate medical practitioners or psychiatrists. Alcoholics who belong in the second group are frankly told that *they must avoid the first drink*. Whenever possible, the families of all alcoholics are contacted with a view of explaining to them the problems of alcoholics and securing their understanding and co-operation. Successful and sustained rehabilitation of the alcoholic depends in large measure upon the co-operation of his family.

In view of the fact that the Saul Clinic has been in operation but a short time, adequate statistics showing the effectiveness of the treatment are not yet available. However, Dr. C. Nelson Davis reported to the Philadelphia Psychiatric Society that of the patients admitted to the Saul Clinic during the month of June 1946, 60% were found to be dry one month after discharge, and 45% were still dry three months after discharge. He further reported that of the patients admitted during the month of July 1946, 60% were found to be dry one month after discharge, and 37.5% were still dry three months after discharge.¹

To some, the above percentages may seem somewhat discouraging. When passing judgment, however, it is well to remember that this record appears to be better than that of the few general hospitals which admit alcoholics. In addition, it should be pointed out that there is good reason to believe that the record will be improved as scientific research succeeds in discovering the nature of alcoholism.

¹ C. Nelson Davis, M.D., "Experience in Short-Term Hospitalization of the Alcoholic," *Quarterly Journal of Studies on Alcohol*, June 1947, p. 59, 60.