Amendment XXI, adopted in 1933, repealed the Eighteenth Article of Amendment to the Constitution of the United States, which had prohibited the transportation, importation, possession or use of intoxicating liquors within and between the several states. Within ten months of its proposal, three-quarters of the states had ratified this Amendment. Now, as a result, our country can reflect upon a history of 41 years of alcohol consumption with its attendant influences for good or evil.

If we consider law in the "statutory" or in the "common law" (decision) areas as being the express will of the people through either elected representatives or a responsive judiciary, it would seem that the general population has little concern for serious health problems. At a time when the average American citizen expects the best medical care as a matter of inherent right (and at the lowest possible cost), little heed is given to the horrendous proportions of our fourth leading national health problem, alcoholism (1). Only three other health problems (mental illness, heart diseases, and cancer) surpass that of alcoholism.

The World Health Organization Committee of Experts defines alcoholics as:

\[
\text{...those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance or an interference with their bodily and mental health, their inter-personal relations, and their smooth social and economic functioning; or who show the prodromal signs of such developments. (1, p.16)\]

It has been estimated that more than 80,000,000 persons in the United States use alcoholic beverages. Six per cent are considered excessive users and possibly problem drinkers. One to one-and-one-half million persons are probably classifiable as chronic alcoholics (6). Considering these statistics, it is not surprising that the United States counted 54,521 traffic deaths in 1969 and more than 50,000 each year thereafter in which an estimated 50 to 60 per cent involved the use of alcohol (11).

SOME EFFECTS OF CULTURAL ATTITUDES IN AMERICA

Social Ambivalence

Myerson refers to American cultural attitudes toward alcohol drinking as "social
ambivalence” (5). He asserts that this ambivalence limits the development of the stable attitudes toward drinking that is found in some other cultures. This leads to the conclusion that because social controls are limited, drinking becomes a bizarre and uncontrolled form of behavior.

Skolnick states:

*Total abstinence teaching seems to be a double-edged weapon. On one side, it expounds and implants a repugnance to drinking as well as to intemperance; on the other, by identifying the act of drinking with intemperance, it suggest (sic) that the way to drink is, likewise, intemperately. It thus, in some people, inadvertently encourages the behavior it most deplores. (8, p.468)*

He further argues that persons who become alienated from their abstinence backgrounds may use excessive drinking as a reactive means of fleeing from or acting out their frustrations resulting from early social teachings concerning alcohol drinking learned in the home, the church, and their community. In other words, problem drinking becomes a symbol of revolt and an escape from inculcated values. Given this theory, it was argued that if alcohol drinking were a more thoroughly interdigitated social custom within the United States, competing opposites, abstinence and uncontrolled drinking, would be neutralized and the pathology of alcoholism eliminated. As substantiation of this claim we might cite the low alcoholism rates of the Jewish and Italian subcultures, and the conversely high rates among Irish and Scandinavians and Papago Indians. For the Jews, the drinking of alcohol is traditionally an integral part of religious ideology and the consumption of alcoholic beverages is learned and practised within a controlled family setting. (Drunkenness, as related in the Biblical account of Noah and his sons or Lot and his daughters, is a social negative; sobriety is a virtue of the Jewish culture.) For the Irish, however, the drinking of alcohol in the context of religious ideology is not a factor and therefore does not offer a specific controlling influence within the family setting. To the Irish, drinking may be hedonistic or even utilitarian: its anesthetic effect may be regarded as a useful means of handling psychic tensions. So, to the Jew the consumption of alcohol is part of his culture; but to the Irishman it is part of cultural ambivalence.

If the foregoing cultural attitudes toward drinking exist in America, it is apparent that they are far from uniform. American culture recognizes religious approval and disapproval and the aspects that promote utilitarian acceptance, in determining attitudes toward the consumption of alcohol.

**The Temperance Movement**

Active during the early part of the twentieth century, this Movement was largely responsible for the adoption of the 18th Amendment to the Constitution of the United States. In America, belonging to the Women’s Christian Temperance Union was often a middle-class, small-town, status symbol. Today, on the other hand, total abstinence is often interpreted as a negative status symbol, apparently resulting from the cosmopolitan attitude of the socio-economic middle-class group, which tends to support the norm of responsible drinking.

Mulford and Miller, in their Iowa survey (1960), found that 40 per cent of the adult population were abstainers, while 60 per cent were users of alcohol (4). In 1961, Knupfer’s study indicated that in California 13 per cent of the population were abstainers, while 87 per cent were users of alcohol (2). Both studies indicated that the amount and frequency of alcohol consumption vary with the socio-economic-cultural attributes of age, sex, education, residence, and religion (7).
Training of Professionals and Governmental Workers

As a result of past paternalistic attitudes of governmental agencies, together with attitudes of professional workers such as psychiatrists, physicians, social workers, and nurses, who were primarily responsible for the treatment of the alcoholic, punitive and moralistic approaches to treatment prevailed. Effective therapy can not be based on such individualistic attitudes, which among other things undermine the necessary relationships between therapist and effective therapeutic treatment. Individualistic attitudes and ineffective treatment arise when the traditional training of professionals in medicine, nursing, social work, law and law enforcement provides them with very little study in the field of alcoholism, and when their contact with the problem is minimal.

Treatment

In America, the attitudes toward alcoholics and alcoholism began to change from the conceptualism of immorality and the punitive viewpoint to that of disease orientation. It now devolves on the professionals, including law enforcement officials, to disenfranchise their professional conduct and attitudes from the acceptance of ambivalence, moralism, and pessimism regarding treatment outcomes. It would appear that such attitudes, when they still exist, stem from the therapists' refusal or inability to understand or accept the chronic nature of the disease, with the attendant complex needs and methods of treatment. In reviewing the earlier attitudes, it is not difficult to understand the climate of treatment that would develop where the frame of reference for law enforcement agencies, whether police-oriented or court-oriented, was deterrence, punishment, avenging a wrong, and rehabilitating a "wrongdoer."

The ambivalent social sttitudes of the American culture, together with the lack of experience in the professions in this neglected area of social problems, tended to create negativistic attitudes and skepticism relative to the role of the judiciary and quasi-judicial functions of the various levels of law enforcement and helped to produce an attitude of rejection of the alcoholic, either as an inmate, a patient or a client. Thus the problems of "treatment" became, in some instances, an effort of "detoxification" in the "drunk tank" of the jails, limited to the immediate physical needs of the recipient, with minimal attendant care.

Another factor that is sometimes overlooked in considering treatment for the alcoholic is that he usually resents and rejects treatment as a "psychiatric patient" which he interprets as being placed in the same category as the mentally ill.

The approach of Alcoholics Anonymous (AA) is psychotherapeutic. Although it has not provided an answer to the over-all problem, it cannot be denied or overlooked that it has provided assistance in coping with the problem for many. Strong support by other members, group therapy, and the quasi-psychophilosopihic approach have achieved a remarkable success.

IMPORTANCE OF A MULTI-DISCIPLINARY APPROACH

It must be recognized that the problem of each alcoholic has to be dealt with on an individual basis, taking into account his socio-economic background, cultural heritage, ecological nutritional-disease inventory, and psychologically evaluated personality traits. Unless this is accepted, there can be no successful treatment. A program that
disregards the client's socio-economic, ethnic and cultural background is doomed to failure. For example, ascetic Protestantism automatically negates the North American Indian's traditional value of manhood. There must be integration of values and rational orientation to social reality. The value conflicts involved in the cross-cultural variables must be recognized; and cross-cultural exchanges of information and resources must be investigated for a treatment program to have the potential of success.

Some of the old clichés must be abandoned: the most costly health problem facing America cannot be defined as simply the result of psychiatric conflicts within the individual, nor can we view alcoholism as a psychological problem based on the immaturity of the patient. It is not enough to try to explain the problem of alcoholism by saying that the individual has failed to develop a capacity to cope successfully with his daily confrontations, or that he uses alcohol to escape the reality of an uncomfortable situation. The lack of an acceptable definition or diagnosis of a "typical" alcoholic points up a significant medical-legal-social problem far more complicated than such over-simplified statements allow. It must be kept in mind that no accurate, scientific description of a "typical" alcoholic has found acceptance in any of these disciplines.

The problem, of course, is not new. Studies have been made concerning the physiological effects of alcohol, the symptoms of alcoholism, treatment, both medical and psychotherapeutic, and rehabilitation, to name some of them. There have been many alcohol programs of one kind or another, including in-patient hospital programs, private clinical sanitariums, out-patient and consultation services. Emphasis was, and still is, greatly drawn toward the psychiatric approach — psychotherapy and psychological counselling, following the initial treatment of physical symptoms, in spite of the fact that the American Medical Association classified alcoholism as a medical problem in 1956. They urged the general hospitals to admit alcoholics for treatment.

Today there is general agreement that alcoholism is a community and national health problem. The federal government of the United States has become increasingly concerned and today seven agencies of the Department of Health, Education and Welfare are involved in the study and research of areas of the alcohol problem. The major effort of government research is centered at the National Institute of Mental Health of the Public Health Service (10).

Research indicates the need for:

New techniques in the rehabilitation of alcoholics.

Methods to prevent or minimize the damaging effects of alcoholism on family and other social relationships.

Methods to prevent fraudulent advertising relative to "cures."

Determining the environmental and ecological factors which play a role in susceptibility to alcoholism.

Studies relating to metabolism and effects of alcohol on the central nervous system.

Socio-cultural characteristics of alcoholics (including the need for education, acculturation, and social use standards).

Standards which would be indicative of variables supporting consumption patterns and tendencies toward alcoholism (with suggested corrective processes).

Uniform reporting of interrelated information at all levels of governmental and non-governmental institutions.

Liaison between agencies researching or treating alcohol problems.

A co-ordinating agency for all alcoholism programs.
A readily available data bank source of technical, professional, and lay information relating to alcoholism.

Training programs for medical and legal professions, the judiciary, law enforcement officials, psychologists, psychiatrists, social workers, nurses and any other personnel engaged in the treatment and rehabilitation efforts.

One final quotation exemplifies the problematic relationship between social and physical factors. Dr. Melvin H. Knisely, head of the Department of Anatomy at the Medical College of South Carolina, speaking at the 28th International Congress of Alcohol and Alcoholism, held in Washington, D.C. in 1968, (9) stated:

*When his level of social drinking is such that he feels very happy, a man is beginning to kill a few brain cells. The damage is permanent.*

A heavy intake of alcohol can cause changes in the blood and blood vessels, and brain cells can be destroyed as a result of oxygen stagnation (loss of normal oxygen supply). Thus, it is not surprising that in heavy users of alcohol outward manifestations of brain damage are noticeable by increased forgetfulness and loss of efficient work capabilities.

**CONCLUSION**

The totality of the complex alcohol problem as it relates specifically to the individual should now be recognized. There is no singular panacea for the treatment of the alcoholic. Each must be regarded as a unit within the total problem and conversely each problem must be viewed in the light of the total individual. Recognizing the component factors of cultural heritage, socio-economic environment, ecological and biological factors, psychiatric and psychological stresses in light of the disease concept may give the key which will open the door to successful understanding, treatment and rehabilitation of the alcoholic.

**REFERENCES**


