## Noted Professor Says Dread Disease, Alcoholism, Attacks Six Million

Alcoholism is a dread disease. It attacks an estimated six million persons in the United States, at least one-fifth of whom are women. adult males who drink any alcohol

Such are the startling facts as presented by a distinguished psy-chiatrist and professor of law and and criminology on the Berkeley campus of the University of California.

He is Dr. Bernard L. Diamond, graduate of the UC Medical School in San Francisco and the Neuro-psychiatric Institute at the University of Michigan. Among his many interests, in a broad field of social concern, is the development of an effective program for dealing with the sadly neglected problem of alcoholism.

"Most serious diseases have rates of from one to ten or twenty per hundred thousand population," he explains. "If polfo, meningitis, or most of the infectious diseases begin to creep up over the five or ten per hundred thousand mark the public becomes alarmed, and huge sums of money are spent for re-search and control. If there are several hundred per hundred thous the public panics-we regard this as an epedemic,

"Yet the public fails to become an illness alarmed about alcoholism, where the rates are literally thous-ands per hundred thousand population. At the present time only limited funds are alloted to research and medical control of this illness."

Medical control—that is where Dr. Diamond places the emphasis. "Any informed persons," he says, "from the psychiatrist to the to the policeman on the beat will tell you that the abolity is a significant of the same policeman on the beat will tell you. that the habitual alcoholic is a sick individual. I have yet to meet a district attorney or policeman who will really take the old-feshioned attitude that somehow moral defect."

Most people drink for reasons of

Most people drink for reasons of sociability, But the alcoholic is not interested in social relations as such. He does not drink in order to make himself friendly or clever or to relate to people.

Typically the alcoholic is attempting to anesthetize himself. What he seeks is the relief that alcohol can provide from fear, tension and patholical cravings. Unable to take olocical cravings. Unable to take just one drink, or two, he nust go on to finish the bottle. He drinks

himself into a coma.

In the process of self-anesthetization, the alcoholic may wander the streets, making a conspicuous unisance of himself, getting into fights,

ance of himself, getting must ance or perhaps driving a car.

It is precisely at this point that he is susceptible to intervention on a leaf level; says Dr. Diamond. a medical level, says Dr. Diamond.
For here, at least the alcoholic is visible to the public.

He can be picked up and, instead of being put in jail, sent to a hos-

Since it is not abnormal for an individual to take some form of alcohol almost every day of adult life, how do we tell who is not an alcoholic?

Dr. Diamond replies that, on a purely empirical basis, an individual can be considered an afcoholic when he becomes a "problem drink-er." This may mean drinking to the point where he is incapable of holding a job. where he abuses his wife and children, or uses his money for alcohol to the neglect of home and family. In such cases, he's a problem drinker. Or If, after drinking, he missits on taking the car and has accidents—"then he is a problem drinker, on matter what he does at other times."

Most problem drinkers blind Most problem drinkers blind can be considered an alcoholic

Most problem drinkers blind themselves to the effect of alcohol themselves to the effect of alcohol on their lives. They slip into this stage gradually and are often unaware of the degree to which they lower their efficiency.

The businessman, drinking heavily at lunch time; scarcely realizes that for the rest of the day accurate de-cision-making is impossible. The man who gradually develops the habit of drinking several fifths of Scotch per week may be oblivious to the fact that his children are going without adequate clothes.

Or the person who loses a job be cause of frequent "hangovers," finds any number of other excuses to explain the fact that he can't get up on Menday morning. So it is quite characteristic of the problem drinker to deny the tragic effects of his drinking.

How can we know the actual num-er of alcoholics in a given comber alcoholics in a given community?

We can only guess, says Dr. Dia-mond, taking our clues from two principal sources. One index is the total amount of alcoholic beverages sold. Another index is the number sold. Another index is the number of people who, at time of autopsy, are discovered to have severe liver particularly cirrhosis the liver.

there is no question drinking to excess over a long period damages the liver. This produces definite pathological changes which can be recorded. In any event, statisticians, combining these two indices, have come up with some startling figures.

Let's look at the state of Cali-fornia, for example, which admit-tedly is far above the national aver-age in terms of alcoholism. In 1984, the California Department of Public Health issued some statistics cover-ing the years 1920-1962. They showed that in 1920 the rate of problem drinkers per hundred thousand non-

lation (over age 20) was 3,420. In the year of 1962—the latest for m we year of 1962—the latest for which we have acturate figures— the rate had gone up to 8,620 per hundred thousand adult population. Over a period of forty-two years, Over a period of forty-two years, then, the alcoholic rate in California

has increased 252 per cent.
This means that at the time at least one out of every twelve adults in California is an alcoholic problem drinker, according to re-

liable estimates, Jiable estimates,
Obviously, alcoholism is on the
increase, not just in California, New
York and other large states but
throughout the nation.
—UNIVERSITY EXPLORER.

University of California