

October 24, 1966

Mr. President, Mr. Minister, Honoured Guests and members of the Canadian Club. First I wish to express my sincere gratitude for the opportunity of addressing you; with this invitation I can only conclude that the subject of addiction has arrived. Wars and drinking are two stone age customs that have retained their original popularity into modern times. About all that has changed is the quality and variety of drinks and weapons, and between them they have accounted for a considerable proportion of all human effort to date. By keeping abreast of new developments in both areas, the Canadian Club is following a very old tradition.

Although we have heard and read a great deal about the problems caused by excessive drinking, we rarely hear much about the other side of the story. Without minimizing in the least the frightful cost to society of excessive and uncontrolled drinking, it is still important to present an unbiased report on the use of alcohol or any other substance initially taken for its welcome effects, or to conform to social custom. Today's young people are no longer impressed with a one-sided presentation of anything. When they observe the majority of drinkers using alcohol without adverse consequences and in a manner that appears to improve the warmth and communication of social gatherings, they will weigh these observations against their knowledge of alcohol problems. The fact is that the great majority of people who use alcoholic beverages limit themselves to the moderate quantities that produce negligible risk to the health, safety

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and life expectancy of themselves and others.

I am not here today to champion the cause either of drinking or not-drinking -- but simply the cause of health. As a first step towards safer drinking patterns and better health, I shall review some of the early and more advanced danger signs in the use of alcoholic beverages. I should mention at the onset that these are impressions gained from the study of a great many patients through the years -- but for the most part have not been proved by controlled studies. A private clinic provides an excellent setting to observe, but a rather poor one for research. Accordingly, if anyone feels like challenging any of these ~~con~~clusions he has every right to do so.

The first danger signal I shall mention is a high natural tolerance -- the ability to drink more than the average without getting drunk, getting sick or feeling hungover the next morning. Such a tolerance for anaesthetic drugs is sometimes indicated in a patient's history by an unusual resistance to the anaesthetic administered for a childhood operation. In any case, it indicates that from a physical standpoint the door is wide open for a way of living that can include the repeated intake of dangerous quantities of alcohol. I recall an Irish patient who described his original high tolerance in these words, "You should have seen me drink in the old days -- I was the pride of the regiment." A high tolerance does not indicate the ability to continue drinking large quantities safely but on the other hand it does not necessarily lead to an alcohol problem. I have observed people in non-clinical situations who appear to be able to drink more than most, with relatively little effect, but who only drink in this way on rare occasions -- and do not take advantage of their high tolerance for alcohol to establish a way of

living that includes regular heavy drinking. And this leads to my next point -- they may be fortunate in that they are already reasonably comfortable, reasonably satisfied with their lot and feel no strong sustained desire to feel different. If you're already feeling good before you drink, there is no great incentive for change.

Thus the second early sign of excessive drinking, to be discussed, is a tendency to always drink in order to feel one's drinks, to drink in order to feel different, which actually means being interested in alcohol as a drug only. A word of explanation is also indicated here. Practically everyone who drinks at all expects some slight drug effect. Relaxing with a few drinks after a busy day, or at a party, should not be considered dangerous, providing that this is the pattern that is maintained. As a drug, alcohol will act as a tranquillizer, a sedative, a pain-killer or an anaesthetic, according to how much is taken. When a person requires the sedative, pain-killer, or anaesthetic doses to achieve the conditions he seeks, the doses are usually too high to be used regularly with safety or to permit retention of socially acceptable patterns of behaviour. If a person feels so uncomfortable from tension, frustration, depression, ~~pain~~, loneliness, boredom or anything else, that he will welcome an opportunity to feel different, one method of improving the situation temporarily is to swallow something or inject something or inhale something which can reach the brain and alter the way it is responding to an unpleasant life situation. Herein may lie the basis for an unhealthy dependence on food, drugs, tobacco or any other substance that could provide a chemical holiday from uncomfortable reality. Granted a high tolerance for alcohol and a sustained desire for change, two of the important prerequisites for alcohol addiction have been met. In addition, a desire or willingness for change

can also arise from a wish to conform, to increase pleasure, or both.

The third danger signal could come from an examination of the drinking customs in the home, on the job, in the community, or all three. One patient had worked for the British Embassy in Washington during the second World War. His job included a continuous round of cocktail parties. One day, having just returned from one and expected to attend another, he asked his English employer for permission to be relieved of the next assignment. The reply was, "Your only regret should be that you have but one liver to give to the service of His Majesty." Alcohol problems arising from thoughtlessly 'drinking in Rome as the Romans do' are still very common.

The next three danger signs to be discussed indicate the development of alcohol addiction. Alcohol addiction is the process of physical and mental adaptation to harmful quantities of alcohol. With the changes of addiction, a controlled desire for too much sooner or later becomes an uncontrolled desire. Unlike the narcotic drugs or nicotine, alcohol is a relatively non-addicting substance. Only about 5% of drinkers will eventually become addicted to alcohol, whereas the vast majority of smokers will soon be addicted to tobacco. In fact, one method of recognizing the alcohol addict is to look for the person who drinks like he smokes.

I am using the word addiction here in the broadest sense - to include conditions that some would refer to as habituation. The important point is that most smokers soon use tobacco in a self-sustaining way in response to changes within themselves, whereas most drinkers continue to use alcohol in response to social situations. Whether or not these internal changes are predominantly physical or mental or a mixture of both, is relatively unimportant if the net result is a new acquired

acquired need too strong to be easily interrupted. To balance this danger it should also be pointed out that addiction to tobacco and food are socially non-threatening - the victims injure themselves only.

The fourth danger sign to be discussed, therefore, is a physical indication of addiction. Whenever any set of circumstances causes one to maintain the intake of harmful quantities of alcohol, the body has to accommodate the chemical experience as well as it can. It tries to retain balance -- like leaning into a strong wind. When the wind stops a person could fall on his face since his compensatory efforts are now unopposed. This would correspond to a withdrawal reaction. Physical adaptation to alcohol or other anaesthetic drugs which slow down parts of the body, takes the form of a compensatory increase in activity with increased heart rate, irritability, restlessness, disturbance in appetite, disturbance in sleep and finally the "shakes" hallucinations, convulsions and delirium. With this process a normal or high tolerance can go still higher. Whenever a person has to increase the dose of alcohol or anything else, in order to obtain a particular effect, this should be recognized as a warning sign to either change the medicine, reduce intake, or stop altogether. When a drinker has to treat his "shakes" or "inner shakes" each morning with a drink or two before he can shave or sign his name, he is already treating his own withdrawal reaction -- a clear-cut sign of a new compelling need for alcohol through physical adaptation. I asked a new patient how he was feeling a few years ago and his reply was - "Doctor, even my shakes have the shakes." This is the change that produces the sensation we usually describe as craving.

Mental adaptation is best described by the phrase "force of habit", which means precisely what it says. When drinking for the sake of drinking is added to drinking to relieve discomfort or to conform to social practice, a new force is

added to the life of the victim. When force of habit, plus the force of the acquired physical need, is added to the original reasons for drinking, the total desire may become too strong to be controlled by will power alone even in the strongest person. Desire persists and continues to grow in spite of an awareness of danger.

Originally the alcohol addict drank because he wanted to, now he drinks because he has to - he can no longer stop easily. Aware of increasing problems on the one hand, and of increasingly uncontrolled desire on the other, he is put on the defensive, and defensive thinking becomes his most notable and frustrating characteristic. A pattern of alibis, resentment, suspicion, blaming others, lying and cover-up tend to obscure the original mental states that initiated the harmful dependence. It goes without saying that a person who is not in trouble from drinking has no need to defend it.

The sixth danger sign arises from the social changes in addiction. Social adaptation takes the form of manipulation. People in the parental, marital, occupational and community situations who begin to be manipulated in order to assure an uninterrupted supply of alcohol or any other addicting substance, should suspect addiction. Incidentally, this also applies to doctors, nurses and all other members of the clinical profession. They should appreciate that in dealing with an addict of any type they are in contact with a real pro in the art of manipulation, whose skill in this regard deserves a great deal of respect.

Finally, danger signs 7, 8 and 9 indicate later problems and arise from a breakdown in the process of physical, mental and social adaptation. These are secondary changes resulting from chronic intoxication with alcohol and the malnutrition which are the inevitable consequences of an uncontrolled desire for alcohol.

The most common physical consequences of alcohol addiction are recurrent accidents and injuries of every conceivable kind. In any large city you are likely to find more uncontrolled drinkers on the surgical wards than on the medical or psychiatric. Proneness to infections is another result of chronic intoxication and malnutrition. Damage to the liver, stomach, pancreas and heart have all received considerable attention in the press lately. The early signs of a reduction in brain tolerance are not so well appreciated.

With a reduction in tolerance for alcohol, the drinker begins to get drunk on less, intoxication becomes more severe with memory loss or "blackouts" and possibly gross personality changes as well. He may state, "I can't take it like I used to." An elderly mayor of a small town woke up one morning with the "shakes", plus the horrible realization that he had missed the council meeting the night before. He got shaved and dressed as well as he could and hurried down the street trying to figure out some kind of alibi. He met one of the councillors and before he could stammer out an excuse the councillor said, "Say, you were in great form last night. We got more work done than we have in months." The mayor later figured that he must have been so anxious to get home to have another drink that he banged the gavel at the slightest excuse. I mention this case because, although memory was disturbed, there was no comparable disturbance in controlled behaviour. When blackouts plus a "Dr. Jekyll and Mr. Hyde" change in behaviour become a consistent consequence of drinking, the most dangerous situation in the whole field of addiction develops. These situations account for many of the alcohol-associated disasters that crowd our courts and are reported on the front page of our newspapers.

The eighth sign of trouble comes from the mental consequences of chronic

intoxication with alcohol. The chronic heavy drinker appears gradually to acquire impairment in concentration, memory, ability to learn new things, self-confidence, emotional control and objectivity. This may lead to a puzzling decrease in efficiency before there is any absenteeism or drinking on the job. All of the excessive drinking may still be done in the evenings. If the brain is repeatedly affected by high concentrations of alcohol or sedative drugs, or both, changes of this type can be expected. To the mental changes from repeated intoxication, we must also add the reaction to progressive disintegration of social status. Shame, guilt, remorse, depression and despair, sometimes to the point of suicide, are commonly encountered at this stage.

The final danger sign arises from the development of new social problems. With a breakdown in social adaptation to alcohol addiction new problems occur repeatedly in the home, on the job and in the community. The cost of this aspect of alcohol addiction alone is so great as to be practically incalculable. For example, a person who is charged with impaired driving for the second or third time is almost certainly revealing a problem to the community that has been known to the family and sometimes the employer for years. Vigorous efforts to get such a person "off" not only perpetuate a threat to the community but to the driver as well. It appears senseless to me to continue punishing him for the secondary problem without trying to correct the primary addiction which will continue to control his behaviour. Unfortunately most families, most industries, most communities wait until late-stage, secondary, physical, mental and social damage has occurred. The wife, physician, employer, lawyer or friend who helps the addict manipulate his environment in order to continue accommodating an addiction, does a disservice to both the addict and the community. Before designing new legislation to deal with socially threatening addictions, we should keep in mind that some addicts become

into their defensive thinking -- their alibi systems -- in spite of any combination of secondary disasters. Legislation to enforce compulsory treatment under such circumstances does not take away the freedom of the individual -- rather it opens the door to freedom for a totally enslaved person. Much of the pessimism that still prevails concerning the possibility of successful treatment of addiction of all kinds is due to the advanced stage of the secondary problems by the time the patient comes for treatment. Waiting until the addict wants help himself dooms more to premature death than to recovery.

Three old cronies had lived on skid-row for a long time. Finally Bill died. It happened that Bill actually came from one of the well-to-do families in an exclusive part of town. On learning of his death the family brought him home, dressed him up in the finest of clothes and had him laid out in one of the posh funeral homes patronized by that community. His two old friends wanted to pay their respects and since they had never been in that part of town they had a little trouble finding the place. In considerable awe they tip-toed in and found the room with Bill's name on the door. When they got up to the coffin, one said to the other, "Why, that ain't Bill!" The other said, "Oh, yes it is, but don't he look good since he quit drinking!"

We finally lost enough of our prejudice about cancer and tuberculosis to "spot-check" people regularly. Only then did we begin to recognize these disabilities in the early stages and bring them under control. We are now beginning to acquire enough knowledge about early danger signs in the use of alcohol, drugs, food and tobacco, to "spot-check" these situations also. We should keep in mind that the early signs of danger may be symptomless and hidden from the user, just as in the case of tuberculosis and cancer.

So far we have dealt with safer drinking patterns by referring to some of the signs of danger. However, interesting this information may be, we would continue to fool ourselves badly if we considered an awareness of danger to be an adequate motivating force for programs either of recovery or prevention. Awareness of the possibility of damage from chemical comforts has already proven to be an ineffectual tool of prevention. This has been demonstrated recently by the negligible change in smoking habits following the Surgeon-General's report. People will be motivated to interrupt a pleasurable habit by the thought of moving towards new rewards rather than away from old ones. The new rewards are already possible if we could succeed in engineering new discoveries of the health sciences into new programs of physical and mental fitness.

We tend to accept as normal or satisfactory the average state of physical and mental fitness that we have become accustomed to. So much so, that we may resent the implication that there is room for improvement. It is rare indeed to find a person who has tried to take advantage of all the new discoveries in health science. The over-all state of health that could result from relative freedom from intoxications and infections, plus application of new knowledge concerning nutrition and physical and mental fitness, could produce feelings of personal well-being too enjoyable to be sacrificed to a socially inspired chemical indulgence. To achieve this state, total abstinence from many potentially pleasurable substances need not be required, providing, like alcohol, they are relatively non-addicting.

As we continue to move into the unpredictably rapid changes of the computer age, the impairment in brain function from all types of heavy drinking will undoubtedly become a greater and greater handicap. The increasing demands for consistently high levels of mental acuity will make it more difficult for the heavy

drinker to compete. It is probable that the over-all state of health required for satisfactory adaptation in the future will eventually produce new attitudes to the use of tobacco, drugs and food as well.

In summary, I have tried to outline some of the danger signs in drinking and to suggest some new reasons for safer drinking patterns. Surely the time has come to have personal drinking patterns determined by an enlightened awareness of possible hazards, rather than by natural tolerance, desire to feel different, the amount of money we have to spend, or by the particular drinking customs in our community. Surely the time has come for the chronically uncomfortable person to find more effective treatment for his physical or emotional problems than the temporary symptomatic relief provided by the self-administration of harmful quantities of comforting chemicals. Surely as we move into the final third of the 20th century we can have some hope that addictions of all kinds will soon be recognized by some other method than late-stage secondary damage to liver, brain, heart, home, job or community status.

In reviewing examples of nine different areas of danger, I have simply shared with you the clinical blueprint that we use as the basis for our examinations of all kinds. Uncontrolled desires for alcohol, drugs, food, tobacco, or any other chemical ~~comport~~^{comfort} must be considered within the framework of the physical, mental and social conditions that precede them and the new problems resulting from them. Moreover, for effective treatment all problems - whether physical, mental or social - must be graded into reversible, partially reversible, and irreversible groups. The reversibility of the secondary problems indicated by danger signs 7, 8 & 9, will depend on whether the addiction is interrupted early or late. The changes of addiction responsible for the "shakes" and defensive thinking should be

considered partially reversible. In other words they can become inactive or put to sleep but they can't be killed - they can be reawakened at any time to resume control of the behaviour of the addict. Treatment then is concerned with correcting as many problems as can be corrected and helping the patient learn to live with whatever is left.

In conclusion it is my personal conviction that much of the pessimism and defeatist attitudes concerning the treatment and prevention of addiction is unwarranted. It is to this cause, and in particular to the cause of improved treatment, earlier recognition and prevention in the whole field of addiction that the Donwood Foundation is dedicated. May I take this opportunity to thank the business community, Dr. Dymond and the Ontario Department of Health, the Ontario Hospital Services Commission, The Federal Department of Health, and my own patients for joining me and my Board in establishing this Foundation.

Thank you.