

The "Friend" That Betrays . . .

O God! that men should put an enemy in their mouths to steal away their brains; that we should, with joy, peasantry, revel, and applause, transform ourselves into beasts.

—Shakespeare (*Othello*)

People have been writing about alcohol and its effects upon the mind and body for about as long as literature as we know it has existed. For thousands of years, alcohol in one form or another has been easily available for people wishing to celebrate, to drown their sorrows, to "revel," as Shakespeare put it, or simply to socialize.

A glass of wine at dinner, a bottle of beer at the ballpark, a highball or cocktail at a party—these are innocent and time-hallowed pleasures for most people, most of the time.

But for many men and women, alcohol is a destructive force that can shatter a marriage, ruin a career, destroy one's health, and stimulate reckless behavior that results in violence and death.

Alcohol is one of mankind's oldest friends—and one of its worst enemies.

I have asked the authors of the papers presented in this special issue of *Public Health Reports* to examine the problems of alcoholism from a number of viewpoints, drawing upon the latest findings in such fields as medicine, law, psychology, and sociology.

Secretary Bowen has contributed an overview of alcoholism as a public health issue, including a status report on his 14-point program for raising public consciousness on alcoholism. That program evolved from last year's first National Conference on Alcohol Abuse and Alcoholism. (The Public Health Service (PHS) has overall responsibility for monitoring implementation of the Secretary's 14-point initiative.)

Thomas R. Burke, chief of staff for the Department of Health and Human Services, discusses the economic impact of alcohol abuse and alcoholism. The bill to American business in 1987 is estimated

at \$120 billion, he points out, and it is expected to reach \$150 billion by 1995.

Progress in the prevention and treatment of alcoholism among the Native American population is described by Dr. Everett R. Rhoades, who heads the Indian Health Service. Dr. Frederick K. Goodwin, administrator of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), outlines promising new lines of research, such as molecular genetics and challenge drug methodology.

Other articles in this issue examine such topics as the epidemiology of alcohol use disorders and associated disabilities, alcoholism treatment service systems, the prevention and early intervention of alcohol dependence, university student drinking patterns and problems, biological features of women's alcoholism, trends in alcohol-related morbidity and mortality, and biochemical aspects of alcohol screening.

My special assistant Dr. Sarah Moten has contributed invaluablely to the production of this issue of *Public Health Reports*. Her efforts have helped to call attention to the complex of problems that relate to alcohol use and abuse.

While this special issue of the journal was being prepared, plans were being finalized for the Second National Conference on Alcohol Abuse and Alcoholism, which is being held October 30 to November 2 in San Diego, CA. The theme of this year's conference: "America Focuses on Alcohol—A National Drug Problem."

Five major areas are being explored at this year's conference. They are research; clinical issues; program administration; prevention, education, and intervention; and business and labor.

The conference is being held to encourage the development of innovative public and private solutions that address alcoholism and alcohol-related problems. Experts in the field of alcohol abuse and alcoholism, executives from business and industry, academia and health organization leaders, State and local government officials, and the general public are participating.

The message is clear and simple: We are determined to impress upon the nation the need for everyone to understand alcohol abuse and to come to grips with the many problems it creates—not only for individual alcoholics and their families but for our society as a whole.

I will not attempt to cite here all of the avenues being explored by PHS in its stepped-up war on alcohol abuse and alcoholism. But I do want to comment briefly on one aspect of Secretary Bowen's 14-point initiative—improving the clinical training of medical professionals concerning alcoholism recognition, diagnosis, intervention, and treatment—because this is a subject close to my own heart.

I feel strongly that practicing physicians should be the most knowledgeable and accessible sources of information in their communities on those medical issues that have broad social importance, such as alcoholism, problems of the aged, drug abuse, and AIDS. Whenever possible, medical people should be taking a leading role in helping to shape local responses to these issues.

Unfortunately, the average physician simply doesn't know as much as he or she should about alcoholism.

Too many doctors who otherwise are keenly alert to the most subtle clues concerning a patient's physical condition either fail to consider the possible effects of alcohol abuse on the human body or else shy away from pressing the patient concerning his or her alcohol consumption.

Even psychiatrists and other practitioners who counsel those suffering from emotional distress too often overlook or ignore the role of habitual excessive drinking.

I am told that many recovering alcoholics who rely upon the fellowship of Alcoholics Anonymous to help them maintain sobriety are scornful of the medical profession for having failed to properly diagnose their problem when they were drinking. In some cases, even when the patient wondered aloud if drinking might be a key factor in his or her situation, the suggestion was brushed aside, rather than being investigated.

This must change, and a number of approaches are being pursued to help bring about that change.

They include a broad range of educational programs for physicians. Examples:

- Integrated alcohol and other drug abuse model programs for primary care physician education are being developed by seven medical schools with PHS funding. Nurse education curriculum models also are being developed.
- Conferences and workshops have been held for physicians, nurses, emergency medical personnel, hospital administrators, alcohol treatment specialists, and other medical personnel, and more conferences like those will be held.
- A quick response publication for health professionals and other interested people, "Alcohol Alert," highlights research findings in this area. The first issue was distributed by ADAMHA's National Institute on Alcohol Abuse and Alcoholism in July to more than 20,000 physicians and other health professionals.

It is vital that we update the education of the practicing physician—indeed, of the entire medical community—concerning the complex nature of alcoholism if we are to conquer this ancient problem, because the fight against alcoholism, like so many other public health issues, is best waged at the community level.

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