ALCOHOLISM AS A SOCIAL PROBLEM*

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Alcoholism is no new development in South Africa but it is only during the last 5 years that the public generally has become aware of it as a national problem and that a need has been felt for a planned campaign on the part of the State and private initiative for its prevention and treatment.

The nature and extent of alcoholism in the Union is not known. Estimates have been made that there are variously 60,000, 75,000 and even 90,000 alcoholics in the community, but in the absence of facts, these guesses should be approached with considerable caution. What is needed is a research undertaking on a national scale to determine the extent of alcoholism amongst our various social groups, the forms it takes and its effects upon personal and family life, economic efficiency, and social and moral adjustment.

IN EUROPE

On an official visit to Europe during 1956 I took the opportunity of looking into the question of alcoholism from a social-welfare point of view. Not being a medical man, the effectiveness of purely medical measures, for the treatment of alcoholism entered into my study only incidentally and I do not intend to comment on this aspect of the matter.

It is generally agreed that the normal consumption of alcoholic beverages serves a useful social purpose and is closely associated with many of the mores of society. The incidence of alcoholism, while it stands in some relation to the total amount of alcoholic beverages consumed by a community at large, is affected by other social factors as well. So, for instance, I am informed that, despite a high wine consumption in Italy, the incidence of drunkenness is relatively low. This is ascribed to the fact that Italians drink mostly during meals.

Heavy taxation on liquor and the relatively high cost of living generally, the existence of counter-attractions such as cigarette smoking, television and attendance at sports meetings are said to be major factors in restricting excessive drinking in England. Furthermore the Englishman is a beer drinker and the alcoholic content of his beer is low.

In many overseas countries alcoholism is looked upon as a major national problem demanding the attention on a broad basis of the State, the Church and private welfare organizations. The programmes include the control of the manufacture and distribution of alcoholic beverages, the education of the public in the dangers of excessive drinking, and the treatment of alcoholics within the community as well as their removal to institutional care.

Restrictive Measures. In Sweden and Switzerland the distribution of spirits is virtually a State monopoly. In both these countries the aim of State policy is to eliminate the profit motive from the sale of strong drink. In Sweden an attempt was made to restrict liquor consumption by means of a rationing system, but this scheme was discontinued during 1955 in view of the involved and costly administrative machinery that it entailed. Considerable doubt was also expressed in regard to its effectiveness as a socially constructive measure.

Restrictive measures are obviously easier to apply in countries which are dependent upon imports for their liquor. In wine-growing countries, on the other hand, undue restrictions on normal consumption may not carry the support of the public and may lead more easily to abuse.

Education. A great deal of attention is given, particularly in Sweden, to the education of the public in the dangers of excessive drinking. Considerable emphasis is placed upon this aspect of the programme as a long-term measure aimed at creating a healthy public opinion.

In Sweden courses on the use and effects of alcoholic beverages are compulsory school subjects. Compulsory instruction on the dangers of intemperance is also provided in the army and to all applicants for motor drivers' licences. Lectures, films, radio talks and pamphlets are systematically employed to spread temperance propaganda and to enlighten doctors, social workers, clergy, employers of labour, the wives of alcoholics and alcoholics themselves regarding the symptoms of alcoholism and the steps that should be taken to rehabilitate the alcoholic.

Voluntary Organizations. I cannot pass over these preventive measures without reference to the many voluntary organizations existing in Holland, Switzerland, Germany and Sweden which concern themselves with the prevention of alcoholism. In Switzerland, for instance, there is a society to encourage the consumption of non-alcoholic fruit drinks, a society of social workers who deal with alcoholics, and a fund for recreation centres and restaurants where no strong drink is served. There is, amongst others, a society of medical practitioners who are abstainers.

Treatment

As regards the care of alcoholics, the general aim is to provide treatment at as early a stage of the development of the condition as possible, secondly to keep the alcoholic in the community rather than to institutionalize him, and thirdly to obtain his cooperation on a voluntary basis.

Ontario. An example of a service of this kind is that of the Alcoholism Research Foundation which operates on a State grant in Ontario, Canada. The Foundation relies upon its publicity campaign and informational service to obtain the voluntary cooperation of alcoholics. Use is made of the General Hospital, where acute conditions receive hospital treatment for a few days. The Foundation has, however, its own nursing home and outpatient clinic for medical care.

Treatment includes medical and psychiatric care and social case-work studies of each individual case with a view to ascertaining the social and personal factors underlying the patient's recourse to excessive drinking. Social work, with the patient and his family in close collaboration with welfare organizations, forms the basis of the rehabilitation programme. Considerable success is claimed with voluntary patients, but the Foundation states that not more than 7% of alcoholics are prepared to subject themselves voluntarily to the discipline of the clinic.

Amsterdam. A similar State-subsidized clinic, known as the Consultation Bureau for Alcoholism, is to be found in Amsterdam in Holland, under the direction of Mr. H. J. Krauweel, a world-renowned social worker who has specialized in the social treatment of alcoholics. Here the emphasis is also laid on social diagnosis and treatment by social workers whose rehabilitation programme is carried out in the home and the community. The part-time services of doctors and psychiatrists are at the disposal of the Bureau and use is made of the group-therapy method under the direction of the psychiatrist.

The majority of the Bureau's patients are referred to it by the courts in Amsterdam, which impose postponed or suspended sentences in suitable cases on condition that the offender attends the Bureau for treatment. The patient therefore undergoes treatment under compulsion and any lack of cooperation on his part may be reported back to the court of referral.

In Sweden local authorities are responsible for the clinical treatment of alcoholics, who are referred to them by local authority boards, which have considerable powers to place alcoholics under supervision without recourse to a court of law. Weekly visits to the clinics are compulsory. Here the patients are seen by the psychiatrist and antabuse is supplied and vitamin injections given in suitable cases. Treatment also includes social supervision in the home and community.

Voluntary Measures versus Compulsion. It is interesting to

*A paper read at a conference of the Union Health Department with full-time medical officers of health called by the Secretary for Health, Pretoria, 14-16 October 1957. Published by permission of the Secretary for Health.

note that in Canada, where voluntary treatment is the order of the day, the need for compulsory measures to deal with the non-cooperative alcoholic is felt, while in Sweden the opinion is expressed that the best results can be obtained with voluntary patients and that Sweden has possibly concentrated too exclusively on compulsory measures.

Hostels. Removal of the alcoholic from the community is looked upon generally as a last resort. A middle way is provided by hostels in Sweden, where an alcoholic may be required to live while continuing his employment during working hours. One of these hostels, near Upsala, is situated in an outlying suburb. Accommodation is provided for 10 residents in a fairly large double-storey home standing in its own grounds. The Superintendent has no particular qualifications apart from a knowledge of woodwork and home crafts while his wife is a nurse. Treatment consists of the control and supervision which is exercised over the residents, and what one may term occupational therapy. The privilege of receiving the wife and family at the hostel and of spending a week-end at home is accorded residents who prove amenable to this type of care.

Resident Institutions. Full-blown institutions for the long-term rehabilitation of alcoholics in Europe are very similar to our work colonies in South Africa. One of the best known of these is the Heilstätte Nuchtern für Alcoholkranke, 6 miles from Bern in Switzerland. Here, too, the main emphasis is laid upon social treatment, good food, open-air occupation, education and religious influences. The institution is relatively small, having accommodation for a maximum of 60 inmates. Since it serves the Canton of Bern, it is not far removed from the homes of the inmates and this makes it possible for the institution staff to keep in close contact with the inmate's family while he is in residence and after his discharge on licence.

Alcoholics Anonymous. The organization known as Alcoholics Anonymous, which consists of alcoholics who maintain complete abstinence, is very active in all the countries I visited. It serves alcoholics who recognize their condition, are desirous of re-establishing themselves, and realize that they are powerless to overcome their compulsion without the help of a Higher Hand.

The basis of the organization's methods may be rather inadequately described as personal encouragement, example, fellowship and mutual responsibility. The movement has considerable success to its credit with alcoholics who are prepared to adopt its principles, and many of the State and private clinics and institutions which deal with alcoholics cooperate very closely with Alcoholics Anonymous.

IN SOUTH AFRICA

In South Africa very considerable strides have recently been made in providing for the treatment of the alcoholic. Work colonies and State retreats have been established for men and women under the auspices of the Department of Social Welfare. In addition subsidy is paid to the National Council for Alcoholism, as well as to certified retreats and other treatment centres administered by private organizations. Important experiments are also being conducted by the church, industrialists, local authorities and specialized agencies, such as the A.A., in dealing with the alcoholic in the community.

I am of opinion that one of the principles which should guide our future programme should be the full cooperation of all who concern themselves with this work, whether their approach is that of the doctor, the clergy, the State or the social worker. While compulsory treatment and reception in institutions will inevitably play an important role, special attention must be given to voluntary treatment in the community itself. Furthermore, we need to know more about the facts of alcoholism in the Union, and any national programme to achieve its ends should include as a prerequisite the education of the public generally as well as of those who make first contact with the alcoholic in his home, in industry and in the community.