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VAN DIE REDAKSIE : EDITORIAL

PRAKTIESE BENADERING VAN DIE DRANKSUGTIGE

Die jammerlike beeld van die dranksugtige is aan byna elke geneesheer bekend. Indien hy nie met die drankverslaafde self te doen kry nie, dan is dit met lede van sy gesin, op wie die spore van sy sedelike, sosiale of ekonomiese verval duidelik afgedruk is. Terwyl sulke tekens van menslike ongelukkigheid dokters gewoonlik diep raak wanneer ander chroniese siektes daarmee in verband staan, wek die dranksugtige by hom dikwels min meegevoel en somtyds selfs weersin. Dat dit só moet wees, is te betreur, want deur sy beter insig in die oorsake van hierdie toestand, is dit juis die geneesheer wat meer as enige ander terapeut—maatskaplike werker, godsdienstige hervormer of die gereg—kan doen om die alkoholis terug op die been te bring.

Ten spyte van die feit dat hy dikwels misluk in sy pogings om die alkoholis te help, behoort dit 'n geneesheer juis aan te spoor om sy vorige benadering tot die vraagstuk in heroorweging te neem. Alleen deur die hele vraagstuk van alkoholiese verval deeglik te begryp, kan hy die vrugte pluk van die geslaagde rehabilitasie—al is dit dan ook net van enkele sulke pasiënte. Dit sal dan dieselfde tevredenheid bring as wat ook die genesing van ander chroniese siekes of afwykendes kenmerk, want, per slot van rekening kan dieselfde reëls toegepas word as in die hantering van ander lanklydendes en dieselfde sosiale en geldelike vraagstukke is op die spel—hoewel dikwels in 'n ernstiger graad.

Die vyandige gesindheid waarmee die alkoholis soms bejeën word, is gegrond op die ou misvatting dat hy die siekte (of dan sy buitensporigheid) vir homself op die hals haal deur 'n ruggraatlose gebrek aan selfbeheersing. Die arme dranksugtige is maar net te goed bewus van die afkeur waarmee die samelewing hom bejeën. Hy dra 'n swaar las, want selfs al onthou hy hom geheel en al van drank, en al het hy die beste bedoelings om homself te rehabiliteer, bly hy nog as 'n ‚alkoholis' gebrandmerk. Hy verwag as 't ware om verwerp te word. Juis hierdie besef versterk sy wrewel teen die samelewing, sterk hom in sy swakte en laat hom sy rug keer op die aanbiedinge van hulp, wat met die beste bedoelings in die wêreld aangebied word. Om hierdie gaping tussen die terapeut en die pasiënt te oorbrug, bied die enigste hoop vir geslaagde behandeling.

Dan moet daar ook rekening gehou word met die talle versoekings wat in die weg van die bekeerde alkoholis se pad gestoot word. Daar is baie geleenthede vir verval; feestelike geleenthede, sportsamekomste, sakepromosie, ens. Dit is egter wanneer hy 'n emosionele terugslag ondervind dat die alkoholis—reeds iemand met 'n minderwaardigheidsgevoel in baie gevalle—soms nie opgewasse voel vir sy probleme nie en ontvlugting van die werklikheid uit die bottel soek. Veral by sulke tye kan wakker gesinslede die eerste tekens van bedruktheid (humeurigheid, wrewel, mismoedigheid) by die dokter aanmeld sodat hy betyds kan optree. Dit word tog goed begryp dat alkoholisme in baie gevalle op psigiese faktore in die persoonlikheid gebaseer is en dat hierdie agtergrondsiekte eers behandel moet word voordat blywende welslae met die alkoholisme behaal kan word.

Soos met ander kwale bied vroegtydige diagnose die beste hoop op geslaagde behandeling. Terwyl die samelewing sosiale dronkenskap algemeen sonder 'n frons aanvaar kan 'n ‚sosiale drinker' al ver op die pad na verval wees, voordat die aanwesigheid van die kwaal by hom vermoed word. Die begrip moet wyd verkondig word dat wanneer drankgebruik gepaard gaan met onaangename fisieke gewaarwordinge, óf 'n persoonlikheidsverandering, só 'n persoon reeds op die randjie van ineenstorting staan. Hulp op hierdie stadium kan blywende voordeel aan die pasiënt besorg.

Ondanks die mening wat onlangs oorsee posgevat het, dat geneesde alkoholiste wat vir lang tye afgesien het van die bottel in *sommige gevalle* weer matige drinkers kan word, is die meer aanvaarde mening nog vandag dat drankonthouding 'n lewenslange ideaal moet wees by diegene wat die kwaal eenmaal oorwin het. Dit geld veral ook waar die aanvanklike dranksug op 'n psigiese afwyking, eerder as op sosio-ekonomiese faktore of 'n fisieke swakheid gebaseer was.

GOVERNMENT PROGRAMMES ON ALCOHOLISM

The Department of National Health and Welfare, Ottawa, Canada, has recently published a memorandum prepared by the international authority, Dr. E. M. Jellinck, dealing with the activities relating to the problems of alcoholism in a number of countries. His review of government programmes does not include South Africa, but from his broad travel and wide experience the facts revealed by this world-known specialist will be of great use to workers in this field and to others concerned with problems of addiction in this country.

Governments that are concerned with the health and social welfare of the people must be concerned with the problems arising from the excessive use of alcoholic beverages. These problems relate not only to extreme alcoholism itself, but also to problems that interfere with public health campaigns in the fields of, for example, tuberculosis, nutrition, and maternal and child health.

Governments which have undertaken action in regard to these problems have done so mainly in the area of prevention. Firstly, there is prevention of the progression of existing alcoholism and other drinking problems. The approach here is of therapeutic and re-educational nature,

and a variety of facilities for therapy may be required since the alcoholic population is not homogeneous either socially, economically, physically or psychologically. Secondly, in the governmental effort attention is directed towards the prevention of new growth of alcoholism and other drinking problems. This includes consideration of the control of the distribution and sale of alcoholic beverages to put the brakes on excessive drinking. Education is of paramount importance, among young people as well as adults, on the effects of alcohol, especially when taken in excess. It is important that any emphasis on fear should be avoided, since this has been found to antagonize many people. Another point stressed is that the customs and attitudes of certain groups must be taken into consideration. From such sociological studies it may be possible to apply methods and techniques that will prove useful in reducing the incidence of excessive drinking and alcoholism.

Those who suffer from 'alcoholism' and other drinking problems have certain definite needs. Some are satisfactorily employed and free from gross mental or physical complications; their treatment may be carried out in outpatient clinics. Some who have temporary physical complications, such as severe acute intoxication or disturbances arising in chronic alcoholism, may require a short period of hospitalization followed by outpatient treatment and Alcoholics Anonymous group care. Homeless persons and those who live too far away for regular treatment need a place where they can live for a period during outpatient treatment and while employment is being found for them. Alcoholics with psychosis need admission to mental hospitals, while those who have been sentenced for misbehaviour need to be placed in a specialized penal institution or preferably a probationary institution. Vocational guidance will be required in some cases. These few examples of the treatment problems involved indicate the need for cooperation and consultation among treatment centres, welfare agencies, law-enforcement agencies, and child-guidance agencies.

Educational and consultative activities are required to prevent existing alcoholism from progressing, and propaganda must be made among the general public, in industrial organizations, sanatoria and general hospitals. Courses on alcoholism for medical students and some training of social workers, nurses, teachers, clergymen, and law-enforcement officers are necessary if the problem of alcoholism is to be properly tackled.

The ultimate goal of any government programme on alcoholism must be the treatment of the entire alcoholic population, primarily in outpatient clinics.[1] Dr. Jellinck has performed a great service in revealing the procedures currently in force in a number of countries on both sides of the iron curtain, since few articles are published in journals on the subject of government programmes. In this review the systems of Sweden, Norway, Denmark and Switzerland are each discussed separately in some detail, and certain measures operating in a variety of other countries are presented for study of the rationales and principles underlying public care, compulsory treatment, education, and licence systems operating under their particular government programme.

1. Jellinck, E. M. (1963): *Report Series, Memorandum No. 6,* Mental Health Division. Ottawa: Department of National Health and Welfare.