

## VAN DIE REDAKSIE : EDITORIAL

## POSITIEWE BENADERING TOT DIE PROBLEEM VAN ALKOHOLISME

Vanjaar organiseer SANRA sy vierde agtereenvolgende landswye Inligtingsweek en bly dus getrou aan sy basiese opvoedkundige uitgangspunt, wat ook deur die moderne maatskaplike werk en deur die moderne geneeskunde steeds sterker beklemtoon word, naamlik dat *voorkoming beter is as genesing*. Hierdie standpunt is gebore uit die ondervinding en uit die enigste, praktiese, langtermynsiening van 'n universele maar ook groeiende volksprobleem.

Maar SANRA staan ook kniediep in die genesende veld en bied aan alle alkoholiste die dienste van sy klinieke vir binne- en buitewereld, waar manlike en vroulike alkoholiste deur toegewyde mediese, psigiatryse, sielkundige, maatskaplike en geestelike sorg weer hulle lewens kan herskep om eerbare vaders, moeders, werkers en landsburgers te word. Daarom wil SANRA, gebaseer op sy ondervinding van nege jaar (die Raad is in 1956 gestig), graag hê dat hierdie boodskap van hoop dat *alkoholiste kan herstel* landswyd moet weerklink in elke huisgesin, ook in die spreekkamers van die geneesheer wat dikwels in wanhoop worstel met die probleme van alkoholiste en dan begin twyfel of dit die moeite werd is om soveel aandag aan hul te bestee. Tyd is vandag die kosbaarste besitting van die geneesheer, en ons kan dus begryp hoekom geneeshere moedeloos word aangesien daar seker geen ingewikkelder en meer tydrowendende terapeutiese proses is as dié van die herstel van die alkoholis nie. Die behandeling moet dan ook die hele huisgesin baie deeglik betrek om suksesvol te wees en val maar al te dikwels buite die tyds-, gedulds- en ekonomiese werksgrense van die gewone algemene praktisyn. Hier het ons 'n hele span nodig, en dit is hierdie spanbenadering wat SANRA se klinieke op daadwerklike wyse uitleef.

Die veld van drankprobleme dek 'n baie wye terrein en het sy nadelige uitwerking op talle gebiede—die liggaam, die verstand, en die huwelik en die gesinslewe; met gevolglike egskeding, gesinsverlating en kinderverwaarlosing, en verswakking van die werksinstansie en ekonomiese lewe, die huislike en akademiese opvoeding en aanpassing van kinders, die maatskaplike uitlewing en die dieper geestelike lewe. Daar is min ander faktore wat in staat is om die mens so deeglik, stelselmatig en meedoënloos geheel en al af te takel soos alkoholisme.

Van die groot groep van alkoholismisbruikers vorm die *alkoholis* 'n goedomskrewe entiteit wat gekenmerk word deur fisiese afwykings wat nie by ander groepe voorkom nie en verder ook deur 'n spesifieke behandelingsmetode wat ook nie op die ander groepe van toepassing is nie. Dit is die enigste groep van alkoholismisbruikers vir wie daar 'n definitiewe kliniese en terapeutiese antwoord bestaan, nl. dat hul nooit weer alkohol mag gebruik nie.

SANRA het by sy vorige Algemene Jaarvergadering die volgende definisie van 'n alkoholis aanvaar vir sy praktiese werksprogram:

'Die alkoholis is 'n persoon met 'n onveranderlike fisiese predisposisie en enige van 'n verskeidenheid van sielkundige verstoringe, wat met gereëde alkoholgebruik, 'n siekte, bekend as alkoholisme, ontwikkel wat gekenmerk word deur kompulsiewe drinkery en wat lei tot progressiewe fisiese aftakeling, tesame met sielkundige, maatskaplike en geestelike agteruitgang.'

Die groot deurbraak is reeds verlede jaar gemaak toe alle hospitaal-administrasies van Suid-Afrika en Suid-Wes-Afrika alkoholisme as 'n siekte aanvaar het wat 'n multi-gedissiplineerde benadering benodig, en toe hulle die verantwoordelikheid van die mediese sorg van alkoholiste op hulle rekening geneem het. SANRA klinieke—Castle Carey in Pretoria, Horizon in Boksburg, Cornelius Bekker in Klerksdorp en Lulama in Durban—sowel as die bekende William Slater-hospitaal in Kaapstad (wat vernoem is na SANRA se President) word gesubsidieer deur die Provinsies.

Dit sal die werk van SANRA aansienlik vergemaklik indien die mediese beroep van Suid-Afrika alkoholisme ook as 'n siekte kan aanvaar, soos die Verenigde State van Amerika reeds jare gelede gedoen het. Ons meen die tyd is nou ryp hiervoor want dit sal meebring dat geneeshere aan hulle alkoholiste-pasiënte nou ook in alle vrymoedigheid kan sê dat hulle aan 'n erkende siektetoestand ly. Dit sal dan ook die sosiale stigma wat aan alkoholisme kleef, en wat pasiënte in vrees en eensaamheid laat ly in plaas van om behandeling aan te vra, 'n finale nekslag toedien. Verder sal dit ook verhoed dat geneeshere uit menslikheid dikwels moet skuil agter ander diagnoses om mediese behandeling vir die alkoholis te verkry, bv. deur siektetoeses, ens.

Geneeshere kan 'n geweldige groot bydrae lewer deur die *vroeë diagnose* van die siekte te bepaal en dan duidelik te onderskei tussen die dronklap en drankmisbruiker, en die ware alkoholis. Laasgenoemde kan hy dan op 'n vroeë leeftyd na SANRA klinieke en ander behandelingsoorde vir alkoholisme verwys. Hierdie vroeë diagnose en verwysing is van die grootste belang want dit verseker:

- Baie groter kans op sukses na behandeling, want dan is daar nog nie soveel brein- en ander liggaamlike skades aan die lewer en ander organe verrig nie.
- Langer jare van geluk vir duisende huisgesinne van ons volk en 'n groter en bestendige inkomste om die opvoeding en toekoms van ons kinders te verseker.

Ons moet hulde bring aan 'n steeds groeiende skaar van Suid-Afrikaanse geneeshere wat as navorsers, in hospitale, as opvoeders en skrywers, as lede van SANRA-verenigings en -klinieke en ook in private klinieke na vore getree het om te help omdat hulle glo dat 'alkoholiste kan herstel!' Sonder hierdie positiewe geloof aan die kant van ons geneeshere sou daar 'n duistere toekoms vir 'n groot deel van ons land en sy mense gewag het.

## POSITIVE APPROACH TOWARDS ALCOHOLISM

By arranging its fourth consecutive country-wide Information Week this year, SANCA remains true to its basic educational approach which is formulated in these words:

*Prevention is better than cure.* This approach is also being emphasized strongly by doctors and social workers all over the world; it arose out of the experience of tried

and trusted workers in this field and forms the only basis for a practical long-term policy in regard to a universal and growing national problem.

SANCA is however also deeply involved in the curative field, and it offers to all alcoholics the services which are being rendered in its various inpatient and outpatient clinics where male and female alcoholics receive dedicated medical, psychiatric, psychologic, social and spiritual care which is calculated to help them to reshape their lives so as to become virtuous and respected fathers, mothers, workers and citizens. It is for this reason and for reasons based on its experience over nine years (the Council was established in 1956), that SANCA would like to see this message of hope, that *alcoholics can be cured*, spread to every home and to the consulting rooms of every doctor, where relatives and medical advisors are continuously struggling with the seemingly insuperable problems of alcoholics—often hoping against hope that something worth while may yet be achieved in helping them, and ending up by despairing that this is not possible.

In these days of high-pressure living, time is one of the most valuable commodities. It is therefore easy to understand why doctors often become disheartened and discouraged from dealing with alcoholics, especially in view of the fact that there are few more complicated and time-consuming therapeutic processes than the proper management of alcoholics. Moreover, if the treatment is to have any hope of success at all, every member of the alcoholic's family must become involved in it as well. All this often falls completely outside the scope and range of the time and patience and labour that the ordinary general practitioner can muster. We obviously need the approach of a whole team, and it is to provide for this need that SANCA has been organizing and running its clinics.

The problems arising from alcoholism have an extremely wide range and they often affect the mind and the body of the person concerned, as well as his interpersonal relations—leading to maladjustment in his married life, divorce, desertion of the family, neglect of the children, indolence with reference to his work and to a decline in his economic, social, educational and spiritual standards generally.

It must however be pointed out at this stage that true alcoholism is a well-circumscribed entity in itself—in clear contradistinction to the conditions of other groups of alcohol-abusers—that it is characterized by distinctive signs and symptoms, and that it requires a therapeutic approach which is different from that which applies to other groups of inebriates. It is the only group of alcohol drinkers for whose condition there is a definite therapeutic instruction: do not under any circumstances ever touch alcohol.

At its previous Annual General Meeting SANCA

adopted the following definition of an alcoholic—for the purposes of a practical approach to this matter:

'An alcoholic is a person with an unchangeable physical predisposition and any one or more of a number of psychologic disturbances, who, as a result of the regular consumption of alcohol, develops an illness which is known as alcoholism, which is characterized by compulsive drinking and which leads to progressive physical deterioration and psychologic, social and spiritual decline.

The fact that the Hospital Administrations in South Africa and in South West Africa have accepted the concept that true alcoholism is a disease requiring a multi-disciplined approach and that they have accepted the responsibility for the medical care of alcoholics, has been a major breakthrough. SANCA's clinics—Castle Carey in Pretoria, Horizon in Boksburg, Cornelius Bekker in Klerksdorp and Lulawa in Durban—as well as the well-known William Slater Hospital in Cape Town (Park Road) are subsidized by the Provinces.

It will greatly aid and facilitate SANCA's task if our medical profession will also accept the concept that true alcoholism is a disease, as was done in the USA years ago. This will assist in removing the stigma attached to alcoholism and will enable the doctor to inform his alcoholic patient that he is suffering from a disease which can be controlled therapeutically provided the patient is willing to cooperate fully. It will also make it unnecessary for doctors to 'hide' behind other diagnoses in filling in claim forms for medical aid societies, etc.

Doctors can also make a great contribution by diagnosing this illness at an early stage and by differentiating between ordinary drunkards, inebriates and abusers of alcohol generally, on the one hand, and true, 'primary' alcoholics on the other. The latter can then be referred to SANCA clinics and other treatment centres at an early stage. Early referral is extremely important because it provides:

- (a) Greater chances of success on treatment, since appreciable mental and physical damage have not yet occurred, and
- (b) longer years of happiness for thousands of families and the assurance of a steady income and the provision of educational facilities to a large number of children.

We should like to pay tribute to the increasing number of doctors in our country who are making their services available as medical advisers, educators, writers, research workers, and as workers in private practice and in clinics and hospitals all over the country to combat this problem—holding out positive hope for alcoholics. Without this positive faith the future would look bleak indeed for many of our fellow-men.