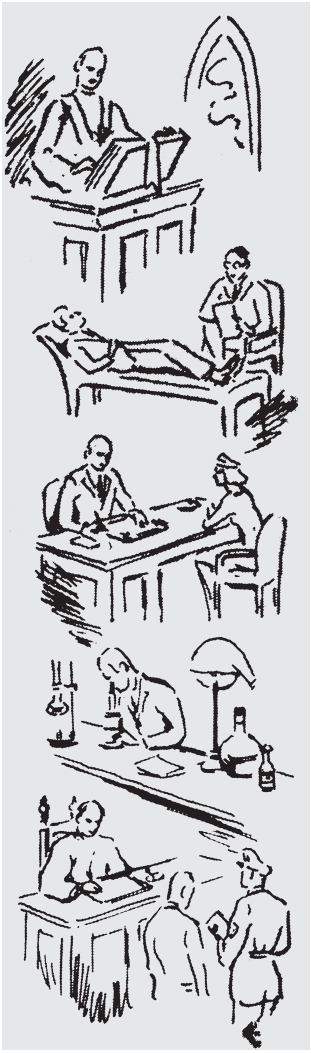
Let's Be Friendly With Our Friends:

Friends on the Alcoholism Front

by Bill W.



WE ARE TOLD there are 4,500,000[1] alcoholics in America. Up to now, A.A. has sobered up perhaps 250,000[2] of them. That's about one in 20, or five percent of the total. This is a brave beginning, full of significance and hope for those who still suffer. Yet these figures show that we have made only a fair-sized dent on this vast world health problem. Millions are still sick and other millions soon will be.

These facts of alcoholism should give us good reason to think, and to be humble. Surely, we can be grateful for every agency or method that tries to solve the problem of alcoholism — whether of medicine, religion, education, or research. We can be open-minded toward all such efforts, and we can be sympathetic when the ill-advised ones fail. We can remember that A.A. itself ran for years on trial-and-error. As individual A.A.s, we can and should work with those that promise success — even a little success.

Nor ought we allow our special convictions or prejudices to overcome our good sense and goodwill. For example, numbers of us think that alcoholism is mainly a spiritual problem. Therefore, we have little time for biochemists who would like us to believe that drunks drink mostly because they are bedeviled by bad metabolisms. Likewise, we are apt to get red-hot when psychiatrists wave aside all issues of

Footnotes on last page

right or wrong and insist that the real problem of the alcoholic always gathers around the neurotic compulsions which he innocently acquired as a child, becoming maladjusted because of his erring parents. Or, when social workers say that the true causes of alcoholism are to be seen in faulty social conditions, we are apt to get restive and say, "Who cares a hang what the causes are, anyway? A.A. can fix drunks without getting into all that."

In similar fashion, some of us A.A.s decry every attempt at therapy save our own. We point to certain clinics and committees that have accomplished little; we complain that huge sums are being wasted by state and private sources. We roundly thump every experimental drug that turns out badly. We belittle the attempts of the men and women of

religion to deal with us drunks. We believe that sound alcohol education is a good thing. But we are also apt to think that A.A. — indirectly — is doing most of it, anyhow.

Now this may seem to be a confession of the sins of A.A., and in some part it is. It is also a confession that, at one time or another, I have myself held many of these often shortsighted views and prejudices. But I do make haste to add that what I've just said applies far more to A.A.s past than to the present.

Today, the vast majority of us welcome any new light that can be thrown on the alcoholic's mysterious and baffling malady. We don't care too much whether new and valuable knowledge issues from a test tube, a psychiatrist's couch, or revealing social studies. We are glad of any kind of education that accurately informs the public and changes its age-old attitude toward the drunk. More and more, we regard all who labor in the total field of alcoholism as our companions on a march from darkness into light. We see that we can accomplish together what we could never accomplish in separation and in rivalry.

Preoccupied with A.A. and its affairs, I must admit that I've given too little thought to the total alcohol problem. But I do have a glimpse of it, and that glimpse I would like to share with you.

Take those 4,500,000 drunks in America. What is their condition now? What is being done, and what might be done for them? What about the next generation — yet another 4,000,000 who are children and adolescents? Excepting for what A.A. can do, must they be victims, too?

Let's start at the bottom of the

heap. Our mental institutions are flooded with the brain-damaged and the deeply psychopathic. Here and there a few find their way back, but not many. Most are gone beyond recall; the next world is their best hope. But more research upon their condition may add to our knowledge of prevention for the benefit of others who are approaching the jumping-off place. Great numbers of alcoholics are to be found in prisons. Either alcohol directly got them into the jams that landed them there, or they had to drink in order to commit the crimes toward which they had compulsive tendencies. Here research — medical, psychiatric and social — is plainly needed. A.A. can't do this job, but others have already made a great beginning.

Every large city has its skid row. The so-called derelict alcoholics doubtless number several hundreds of thousands. Some are so "psycho" and so damaged that the mental hospital is their destination. The rest of these countless men and women clog police blotters, courts, jails, and hospitals. To them, the cost in suffering is incalculable; the cost to society, even in dollars only, is immense. Huge numbers of these, not yet legally insane, are thus condemned to mill hopelessly about. Can anything be done? In all probability, yes. Perhaps these sufferers can be transferred to farms where, in some sort of "quarantine" confinement, they can do enough work to support themselves, be in better health, and save their respective cities great sums and trouble. This and other related experiments are beginning to offer much more hope for the skid-rower. Individual A.A.s are helping, but most of the work and the money will have to come from elsewhere.

What now of the millions of alcoholics who haven't hit prisons, asylums, or skid rows? These, we are told, constitute the vast majority. At the moment, their best hope of recovery seems to be A.A. Well then, why haven't these millions come to us? Or why haven't they tried to get well by some other method?

Any A.A. can give you a quick and very accurate answer: "They aren't ready — they don't know how sick they really are. If they did, they would flock to treatment, just as though they had diabetes or cancer." The problem, therefore, is how to expose them to the facts that will convince them they are gravely ill.

More than anything, the answer seems to be in *education* — education in schoolrooms, in medical colleges, among clergymen and employers, in families, and in the public at large. From cradle to grave, the drunk and the potential alcoholic will have to be completely surrounded by true and deep understanding and by a continuous barrage of information: the facts about his illness, its symptoms, its grim seriousness. Why should an alcoholic have to wait until he is 55 and horribly mangled

to find out that he is a very sick man, when enough education of the right kind might have convinced him at 30 or 35?

History has shown that, whatever their several merits, neither preaching nor moralizing nor other efforts at reform have ever made much impression on alcoholics as a whole. But factual education about the malady has in the last few years shown great promise. Even now, we are seeing a great many younger people coming to A.A. as a direct result of the recently more widespread information about the disease.

We A.A.s have done a lot of this kind of education, and friends outside A.A. have done even more. As a result, right now maybe half a million of the U.S.A.'s drunks are trying to get well — or at least thinking seriously about getting well — either on their own, or by actual treatment. Maybe this guess is too high, but it is by no means fanciful. Sound education on alcoholism, and far more of it at all levels, will clearly pay off.

Education will not only pay off in numbers treated; it can pay off even more handsomely in prevention. This means factual education, properly presented to children and adolescents, at home and at school. Heretofore, much of this education has attacked the immorality of drinking rather than the disease of alcoholism.

We A.A.s can speak with a lot of conviction about this. Most of our children have been emotionally bunged up by our drinking behavior, "maladjusted" for sure. Large numbers of them should have turned into problem drinkers by now. But they have done no such thing. Alcoholism, or potential alcoholism, is a rare thing to see among the children of A.A. parents. Yet we never forbid them to drink, and we don't preach if they do. They simply learn by what they have seen and by what they hear that alcoholism is a ghastly business and that their chances are about one in 15 of contracting the illness of alcoholism if they drink. Most of them don't drink at all. Others drink sparingly. The remainder, after getting into a few ominous jams, are able to quit — and they promptly do. This seems to be preventive education at its best.

Therefore, it is entirely possible that many of these A.A. attitudes and methods can be widely applied to kids of all kinds.

Now who is going to do all this education? Obviously, it is both a community job and a job for specialists. Individually, we A.A.s can help, but A.A. as such cannot, and should not, get directly into this field. Therefore, we must rely on other agencies, on outside friends and their willingness to supply great amounts of money and effort — money and effort which will steer the alcoholic toward treatment as never before, and which will prevent the development of alcoholism in millions of predisposed kids who

will otherwise take the road we know so well.

As the following fragment of history will show, great and promising progress, outside of A.A., has been made in the field of research, treatment, rehabilitation, and education. It happened that I was a witness to the beginning of modern methods in these areas, and this is what I saw:

I well remember Dr. H. W. Haggard of the Yale University faculty. In 1930, four years before I

sobered up, this good physician was wondering what ailed drunks. He wanted to begin research — mostly a test-tube project at the beginning — to see what their chemistry was all about. This so amused some of his colleagues that no funds were forthcoming from the Yale treasury. But Dr. Haggard was a man with a mission. He put his hands in his own pockets and begged personal friends to do the same. His project launched, he and an associate, Dr. Henderson, began work.

Later, in 1937, the renowned physiologist Dr. Anton Carlson and a group of interested scientists formed a subsidiary body called the Research Council on Problems of Alcohol. This was to be a more inclusive effort. Some of us early New York A.A.s went to their meetings — sometimes to cheer and sometimes, I must confess, to jeer. (A.A., you see, then thought it had a monopoly on the drunk-fixing business!)

Presently, the Research Council took on a live wire, Dr. E. M. Jellinek. He wasn't an M.D., but he was a "doctor" of pretty much everything else. Learning all about drunks was just a matter of catching up on his back reading. Though a prodigy of learning, he was nevertheless mighty popular with us alcoholics. We called him a "dry alcoholic," because he could identify with us so well. Even his nickname was endearing — his Hungarian father had dubbed him "Bunky," which, in that language, means "the little radish." "The little radish" got down to business at once.

At length, Bunky and Dr. Haggard joined forces and began in 1940 to publish the *Quarterly Journal of Studies on Alcohol,* which devoted itself to articles covering the total field of alcohol research and inquiry. This brought Dr. Jellinek into partnership and close association with Dr. Haggard.

In 1943, Dr. Haggard and Bunky organized The Yale School for Alcohol Studies.[3] It was seen that

a laboratory and a technical journal couldn't get far unless a wider audience was found. The idea was advanced that everyµbody who bumped into drunks or the alcohol problem should be represented at the school.

A strangely assorted crowd turned up at the early sessions. I well remember the venerable Mr. Colvin, he who used to run on the Prohibition ticket for the U.S. Presidency. At the other pole of violent opinion, there were certain representatives of the liquor industry. Sandwiched in between these were a sprinkling of clergymen, social workers, judges, cops, probation officers, and educators, and a certain number of us drunks. Everybody had his own ax to grind and his own cast-iron convictions. The drys and wets were hardly on speaking terms. Every faction wanted us drunks to agree with them. This was very flattering, but we naturally took the independent course and agreed with practically nobody!

It was out of this unpromising miscellany that Drs. Haggard and Jellinek had to bring order. The wets had to be convinced they couldn't brush the alcohol problem under the bed; neither could those drys go on scaring every drinker by brandishing before him a hobnailed liver. We A.A.s had to see the enormity of the total alcohol problem and to face the fact that we probably weren't going to dry up the world overnight. The school threw in its research findings; everybody else contributed what he had, or thought he had; and Bunky finally showed us that we had to face the actual facts together and be friendly about it besides. His was a stroke of diplomacy; it was perhaps the first beginning of a comprehensive and statesmanlike approach to the problem of alcohol in America.

In the next year, 1944, there were two signal events. The Yale group opened up a clinic where there would be plenty of live drunks to research and to treat experimentally. Here Ray McCarthy, as first administrator, began to sweat out the clinic method with his first batch of alcoholics.

Then came Marty Mann. As a recovered alcoholic, she knew public attitudes had to be changed, that people had to know that alcoholism was a disease and alcoholics could

be helped. She developed a plan for an organization to conduct a vigorous program of public education and to organize citizens' committees all over the country. She brought her

plan to me. I was enthusiastic, but felt scientific backing was essential; so the plan was sent to Bunky, and he came down to meet with us. He said the plan was sound and the time was ripe, and he agreed with me that Marty was the one to do the job.

Originally financed by the tireless Dr. Haggard and his friends, Marty started her big task. I cannot detail in this space the great accomplishments of Marty and her associates in the present day National Council on Alcoholism.[4] But I can speak my conviction that no other single agency has done more to educate the public, to open up hospitalization, and to set in motion all manner of constructive projects, than this one. Growing pains there have been aplenty, but today the N.C.A. results speak for themselves.

In 1945, Dr. Selden Bacon, the noted sociologist, was appointed chairman of the first program to be supported by state funds, the Connecticut Commission on Alcoholism. This first state effort was the direct result of the work of Dr. Bacon and the Yale group. Our friend Selden has since brought his immense energy and the finest perceptions of his profession to the aid of us alcoholics. He is without doubt one of the best authorities from the social point of view that we now have, I much wish I could name and tell you of many another dedicated friend of that early pioneering time. They have since been followed by others, who are today legion. To all of them, I send the timeless gratitude of Alcoholics Anonymous.

Their combined efforts, often sparked by A.A.s, have since flowered to this general effect: Four universities are now running replicas of the Yale School. Three thousand public and private hospitals have been opened to alcoholics. Industry is revolutionizing its attitude toward its alcoholic employees. Penal institutions, police, and judges alike have taken new heart. Citizens' committees in large numbers are attacking the total problem in their several communities. Over 30 U.S. states and the majority of Canadian provinces have programs of rehabilitation and treatment. Many clergy groups are educating their co-workers. Psychiatric research and treatment are making telling strides. Test-tube devotees are working hopefully in their laboratories. The American Medical Association has officially declared alcoholism to be a chronic illness, and has activated its own committee on alcoholism. Medical colleges are beginning to include this subject in their courses. Sparked by Bunky, the World Health Organization is carrying all this good news around the world. School textbooks are being modernized. In the cause of general education, the press, radio, and television are pouring out floods of it daily. This has all happened in the 28 years since Dr. Haggard first decided to find out what makes drunks tick.

Every one of these pioneers in the total field will generously say that had it not been for the living proof of recovery in A.A., they could not have gone on. A.A. was the lodestar of hope and help that kept them at it.

So let us work alongside all these projects of promise to hasten the recovery of those millions who have not yet found their way out. These varied labors do not need our special endorsement; they need only a helping hand when, as individuals, we can possibly give it.

[1] Estimate as of 1958.

[2] Current (2019) estimate of A.A. membership worldwide: more than two million.

[3] The School for Alcohol Studies is now at Rutgers University, New Brunswick, N.J. It publishes the former Quarterly Journal — now a monthly called *Journal of Studies on Alcohol.*

[4] After retiring from her position as executive director, Marty Mann served N.C.A. as founder-consultant until her death in 1980. In 1990 N.C.A. became the National Council on Alcoholism and Drug Dependence (NCADD), and today is known as Facing Addiction with NCADD.

Today, Bill W.'s suggestion is being earnestly followed. The A.A. General Service Board has a Committee on Cooperation with the Professional Community; so has the General Service Conference. These committees enable the Fellowship to put the recommended friendliness into action on a continent-wide basis. The board committee offers cooperation to government and private agencies and to professional people and organizations throughout the alcoholism field.

Distributed by:
A.A. WORLD SERVICES, INC.
P.O. Box 459, Grand Central Station
New York, NY 10163

www.aa.org

ISBN 978-1-644270-58-5

2.6M – 8/24 (PAH)