



HEALTH

Destroyed by Drink

Alcoholism is a progressive, sometimes fatal disease that could just as accurately be described as "suicide on an installment plan."—By Sigrid Bathen

"First you take a drink, then the drink takes a drink, then the drink takes you."—F. Scott Fitzgerald

PHIL REMEMBERS DRINKING heavily as a college student a few decades ago. "I rarely drank during the week," he recalls of his college years. "But on the weekends, watch out."

But he graduated, went on to graduate school and a distinguished professional career in a high-powered field (this, and certain other details, including his real name, is not included in this article). He married, had a family, worked long hours in a demanding profession. Years passed.

"I was drinking heavily, and it was well-hidden," he says. "I'd feel guilty, with a hangover, and I'd work extra hard to hide everything."

In the free-spending 1980s, he tried cocaine. "Initially, it was social, always with friends, people with money [who were] chic, or so they thought," he recalls.

Many alcoholics also use drugs—or alternate between the two when they can't afford the drugs—and for Phil,

who could afford it, the cocaine and the booze ultimately became inextricably entwined.

He began using cocaine only sporadically, then stopped. Always, he drank, more and more heavily. Then, in the early 1990s, when his life began to unravel, he went back to cocaine—and continued to drink. "Then it became a real problem. I did it alone. I wasn't sleeping, wasn't living a normal life. Money wasn't a problem. I worked a lot, made a lot of money. Having money is not a good thing if you have a substance abuse problem.

"It got out of control to the point where I didn't see any way out of it. I thought when it all hit the fan, I'd go away and kill myself. That was how desperate I was, how insane. But it didn't hit the fan, it just kept dragging out."

Soon, his secret became known to family and friends, and he decided to enter a local treatment program. "It didn't work," says Phil. "I was desperately trying to get everything done. I'd start work at six in the morning, then go to recovery at nine, do work at the lunch hour. I kept telling myself that I've got important things to do, and there is all the shame and embarrassment. It's nothing against the recovery program, but often [alcoholics] are motivated to focus on everything other than the problem. I was failing miserably."

He tried another highly touted recovery program out of state, where the rules prohibited his working. "When you get off the plane, they take everything—your computer, your phone—and put it in storage.

"I went in with high hopes and expectations, willing to do anything. About halfway through, it just wasn't working. The obsession was driving me crazy. I felt then that if I got control of the drug problem, I could continue to drink."

A persuasive man, Phil convinced his counselor—"and he was a pretty hard nut"—he was recovering, and they let him go home two days early. He immediately began using cocaine and alcohol. "I cannot separate them at all—if I drink, my judgment goes out the window." He felt like his life was over. "When you've made a commitment, and then you go back, it's very demoralizing. I honestly thought I wouldn't be alive in 30 days. That's how crazy and desperate my life had become."

Almost accidentally, seeking a prescription for the drug Antabuse—which makes alcoholics violently ill if they drink—Phil visited Dr. Jerome Lackner, a Sacramento internist and former state health director who has become something of a legend for his messianic commitment to—and extraordinary success rate—treating alcoholics and drug abusers.

PHOTOGRAPHY BY RICK WALLER

“My wife was with me, and it was like the beginning of a spiritual experience,” says Phil, echoing the awed view of many other patients who Lackner, 69, has helped. “There was a feeling of calm I hadn’t experienced in years. At the end, he gave me the prescription and said, ‘I’ll see you at the meeting.’ I wanted to say, ‘Doc, I don’t want to be your patient.’ I thought, ‘I’ll never go to that meeting.’ But I did.”

“That meeting” was the twice-weekly Alcoholics Anonymous meeting at Sutter General Hospital that Lackner absolutely requires of all his patients—many of whom are working professionals like Phil, and many others impoverished alcoholics and drug abusers who Lackner has plucked quite literally off the streets. All receive the same treatment—and the same requirement to go to meetings—whether they’re paying patients or not.

Many credit Lackner’s extraordinary success with his willingness—insistence, really—that an alcoholic crisis be dealt with immediately, not postponed until the next appointment. To help meet this need, Lackner is available via pager 24 hours a day.

There is no charge for AA meetings, and Lackner says he uses the AA model in part because “it is very diffusely spread around the area and geographically accessible. It gives me an extra handle on patients. I get to see all my newcomer patients twice a week. About 80 percent of my office time is dealing with alcoholics. A lot of the people I see are sober, recovered alcoholics and addicts now coming in for bronchitis or an annual exam.”

Often, he has to “nag” his patients to go to the meetings—which, in addition to the fact that the AA model has proven to work for millions of alcoholics, affords Lackner the opportunity to see his legions of patients regularly.

There are other, successful alcoholism treatment methods—so-called “cognitive” and “motivational” therapy. Cognitive therapy helps patients learn skills to control their thoughts about alcohol and how to manage the situations and negative moods that might lead them to drink. The motivational approach is designed to help patients unleash their own motivation to change their drinking patterns. All three treatments, including the 12-step AA approach, are equally effective, according to a recent study performed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Despite being the most commonly used treatment, the AA movement has its critics—including many who are turned off by the spiritual aspects of the program, others by its 12-step rigidity, still others who believe

some, not all, drinkers can control their drinking, which is a view Lackner challenges with scorn and a spate of statistics.

“It is the alcoholic’s fond dream that he can control his drinking,” he says. “The alcoholic is biochemically different. Even when they’re sober, they’re subject to the absolutely insane, crazy idea that they can handle it, keep it under control.”

Unlike Phil, who immediately grabbed Lackner’s lifeline—though terrified of the prospect of walking into an AA meeting where he might see someone he knew—many have to be convinced over time to follow the program.

“I have one patient about 90 to 100 days sober,” said Lackner in a December interview. “I nagged her for a year and a half at

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every visit. It depends on the patient. I tell them, ‘Well, you’ve been doing it your way, and it hasn’t worked.’ Or ‘You can go out and relapse a couple of times.’ Some have to hit a lower bottom. I think it’s my role to bring the bottom up to hit them.”

Phil has now been sober for more than a year, with one relapse—“a little blip of about 12 hours when I was convinced I could drink again.” He credits Lackner’s method—and his own resolve to stop. “It seems like a curse from hell to be an addict or an alcoholic, but in the process of recovering you actually do become a stronger person, and you have a better life. I do believe if I didn’t have this problem, I might have been more successful, whatever that means, but I wouldn’t have this serenity.”

THE AMERICAN MEDICAL ASSOCIATION recognizes alcoholism as a disease that can be arrested but not cured. According to the NIAAA, an alcoholic is someone who experiences the following: craving (a strong need, or compulsion, to drink); loss of con-

al (frequent inability to stop drinking); physical dependence (withdrawal symptoms such as nausea, sweating, shakiness and anxiety when alcohol use is stopped); and tolerance (the need for increasing amounts of alcohol to get high). If the alcoholic continues to drink, the compulsion to drink worsens. The only method of arresting alcoholism is total abstinence, and authorities agree that, even after years of sobriety, alcoholics can never control their drinking.

Alcoholism has a high price. It is estimated that it kills some 40,000 Americans every year, and destroys untold numbers of lives of relatives and friends. In addition to its horrendous physical effects—damaging the liver, heart, pancreas, arteries, throat and stomach, not to mention the brain—it costs countless billions in medical expenses, employer-paid sick days, lost wages and wasted lives. Implicated in 30 percent of all suicides, alcoholism is an increasing threat to teenagers, figuring in nearly half of teen suicides.

Stereotyped as an affliction of the down-and-out, alcoholism is as often as not the disease of the ordinary—the “Phils” are as common, if not more so, than the “wino” shuffling down J Street. According to the National Council on Alcoholism, about 100 million

ARE YOU AN ALCOHOLIC?

To answer this question, ask yourself the following questions and answer them as honestly as you can:

1. Do you lose time from work due to drinking?
2. Is drinking making your home life unhappy?
3. Do you drink because you're shy with other people?
4. Is drinking affecting your reputation?
5. Have you ever felt remorse after drinking?
6. Have you gotten into financial difficulties as a result of drinking?
7. Do you turn to lower companions and an inferior environment when drinking?
8. Does your drinking make you careless of your family's welfare?
9. Has your ambition decreased since drinking?
10. Do you crave a drink at a definite time daily?
11. Do you want a drink the next morning?
12. Does drinking cause you to have difficulty sleeping?
13. Has your efficiency decreased since you've been drinking?
14. Is drinking jeopardizing your job or business?
15. Do you drink to escape from worries or trouble?
16. Do you drink alone?
17. Have you ever had a complete loss of memory as a result of drinking?
18. Has your physician ever treated you for drinking?
19. Do you drink to build up your self-confidence?
20. Have you ever been to a hospital or institution on account of drinking?

If you answered yes to any one of the above questions, there is definite warning that you may be an alcoholic.

If you answered yes to any two, the chances are that you are an alcoholic.

If you answered yes to three or more, you are definitely an alcoholic.

(The above test questions are used by Johns Hopkins University Hospital, Baltimore, MD, in determining whether or not a patient is alcoholic.)

Americans use alcohol, and one in 10 of those develops the disease of alcoholism: Known to run in families, sometimes skipping whole generations only to descend on the next, alcoholism is widely believed to have a genetic basis (fathers and brothers of alcoholics are more likely to be alcoholics than mothers or sisters, according to one NIAAA study).

The disease often lies dormant or “controlled”—hidden—for decades before manifesting itself in a dizzying downward spiral. Of course, the spiral has probably been downward since that first drink, but it is the nature of the disease that those afflicted are in denial and do not believe that they are ill.

“I started drinking at 17,” says Linda, a successful Sacramento graphic designer who is the daughter of a prominent Bay Area businessman, the granddaughter of a minister. “I had a very normal family life growing up. My parents were very strict, and I was so happy when I went away to college. It was fun and cool to party.” She earned an art degree—and got heavily involved in alcohol and cocaine. She stopped using cocaine after college, but continued to drink.

By then divorced, with young children, she drank when she came home from work. And, knowing her kids depended on her, she always worked. “I drank consistently, sometimes more than others. I stayed drunk when the kids were with their dad. I’d be sick as a dog all day, waiting to drink at 4:30. It was a horrible secret.”

It was during one tough hangover that she confided in a friend, who convinced her to go to an AA meeting downtown. “I’d been working on a project for a client, designing liquor labels, and I drank my portfolio. I woke up, and I was so sick.” That particular AA group drew an assortment of downtown habitués, including homeless alcoholics. “I immediately felt at home,” she recalls.

After a few weeks, however, she tired of the “I have five years of sobriety and life is really [awful]” litanies, and sought out another AA group, ending up in one of the groups at Sutter. She was matched with an indefatigable sponsor to whom she gives much credit for her recovery. Now five years sober, she sponsors others.

Although among AA’s recommendations is to “make amends” and come clean with family members, Linda has never told her parents. “My father doesn’t think alcoholism is a disease. He believes that children can be taught to drink responsibly. People think that alcoholism is a character flaw. I wish I had known it wasn’t. It would have saved me years.” ■

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