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APPENDIX B.

ALCONFRONTATION - THE STEPS.

A - FACT FINDING 1 - 4.

STEP 1. Preliminary Clues.

- Letter of referral.
- Prior discussion with family, employer, etc.
- Appearance - characteristics of eyes, nose, etc.
- Tremor
- Smell of alcohol or breath fresheners.

STEP 2. Discuss reason for referral.

- Gun at head? - spouse, employer, etc.
- Has there been a recent crisis?
- Establish the fact that the client is not seen by the referrer (even if himself) as a "normal" person.

STEP 3. History of Strife.

A searching investigation of various areas of the client's life is necessary to penetrate denial.

Here are some suggested areas and questions:

Physical.

- Q. Have you been to the doctor in the last 12 months? Why?
- Q. What do you take for your crook stomach?

Mental.

Most alcohol/drug dependent people get gross exaggeration of emotional reactions.

- Q. Have you wished you were dead?

Q. Do you feel that things/people are against you?

Q. Have you had any "blackouts"?

Domestic.

As much as half of marital strife is related to alcohol abuse.

Q. How are things at home?

Q. Has your wife ever left you?

Work.

Outside the home the place of employment is usually the first place where grogstrife becomes evident.

Q. Where do you work?

Q. How long have you been there?

Q. Why did you leave the other job?

Q. Does the boss pick on you?

Q. What days have you had off work? Monday?

Social.

As consumption increases and dominate life there is often change in life pattern, peer group, etc.

Q. Are you drinking with the same mates you were a couple of years ago?

Financial.

The cost of the increased intake and bad financial decisions result in problems. In addition uncontrolled gambling may occur.

Q. Any money problems?

Legal.

Strong evidence correlates alcohol dependence with the majority of P.C.A. charges, as well as a great deal of minor crime, violence and disturbance.

Q. Have you ever had any trouble with the police?

Welfare.

Strife may also have caused involvement with other statutory agencies such as social and child welfare agencies.

Q. Are the government agencies helping you all right?

STEP 4. Alcohol/Drug Usage.

The aim of this step is to record quantitatively the drug consumption.

Generally the drug-dependent person is vague and evasive when usage is discussed, but must be systematically pinned down.

Q. How many mates do you drink with?

Q. How many times do you go round?

Q. Middies or Schooners?

Q. Surely you sometimes have one to start the day?

Q. Where do you drink at lunch time?

Q. How many do you have then?

Q. Is that all you can handle?

Q. What time do you get home at night?

Q. What do you have to drink then?

Q. Have you tried to cut down sometimes?

Q. Have you ever gone off the grog?

Q. Do you sometimes take nerve tablets? or pain killers?

How many?





Q. How much do you smoke?

B - EDUCATION.

STEP 5. Define what a mind-bending drug (Psychotropic) drug is - a chemical substance which when taken into the body alters mood, feeling, thinking and sometimes behaviour.

Alcohol.

Explain that the same drug Ethanol - C_2H_5OH - is contained in all alcoholic beverages in different strengths.

	5%	12%	20%	45%
				
% of Ethanol	Beer	Table Wine	Fortified Wine	Spirit
Beverages -				
Volume of -				
Standard measure	10oz.	4 oz.	2 oz.	1 oz.

Each standard measure contains 10 grams of ethanol, i.e. the same quantity of the same drug.

C - CONFRONTATION WITH DIAGNOSIS.

STEP 6. Establish the client's average daily consumption of ethanol in grams. Use the data from steps 4 and 5. State that most world health authorities have agreed that:

1. Daily consumption of ethanol in excess of 80 grams is regarded as a level at which there is a significantly high risk of physical, mental and social complications. (Hetzl, 1975).
2. Daily consumption in excess of 120 grams of ethanol almost certainly shortens life and

causes tissue damage. (Schmidt & Popham, 1975).

Consequently - If you are using more than 120 grams daily you are suffering from ALCOHOL DISEASE.

Illustrate with examples from the client's life that the strife is progressive.

STEP 7. Alternative Courses of Action.

The confronter places squarely before the client the only two course of action.

The point is stressed that the client must decide whether to continue use in the full knowledge of progressive strife or whether to cease use. The responsibility is that of the user alone. The confronter should not involve himself in the decision-making: "What you do about it is up to you".

D - DEGRADATION

STEP 8. This is the most contentious feature of Alconfronation and it is believed also the most important step in helping the client to break through denial by exaggerating the "rock-bottom" feeling. A definite decision concerning future drug use is more likely to be made following such a breakthrough.

Stress loss of control:

"You hoped to control it and failed, - you must see yourself as a no-hoper"

"You tried to give grog away and failed - that makes you a failure"

"You can't cope with stress like normal people - perhaps you are not really a normal person?"

"Obviously not all people in the world are equal -

Do you see yourself as a second class citizen?"

"Don't feel that you have an inferiority complex -

perhaps you really are inferior!"

The client usually accepts this assessment which fits well the low self-esteem usual among these who "cop-out".

Suggest that of the two alternative courses open he has already tried to be a non-user and has failed.

"Why bat your head against the wall again - why not just accept the fact that you are stuck with using".

E - REFERRAL.

STEP 9. Alconfrontation ends rapidly on the note that the client has "Buckley's chance". Occasionally a dramatic conversion will occur during the course of this session. This is evidenced by a change in demeanour and a sudden determination to "cop-out" no more. It is accompanied by a calm certainty of success.

More commonly this decision occurs in the next 24 hours often during the subsequent sleepless night in which increasing tension is suddenly replaced by calm.

The interview is concluded by reiterating the two-choice decision, the total responsibility of the client and the expectation of failure.

A card is given to the client.

"You can get in touch here if you want to, but I don't expect you will."

Follow up resources are specified only if requested.

APPENDIX C.ALCOHOLISM TREATMENT RESEARCH PROJECT.INTRODUCTION:

The purpose of this questionnaire is to help us find out what the feelings, attitudes, experience and problems are of people who are patients in the Newcastle Psychiatric Admission Centre. We would also like to find out how you feel etc. in about four months time from now and because we are aware that some people change their address fairly frequently, we ask you to give us some permanent address (e.g. your parents) where you may be contacted at a later date. Your replies will be treated with absolute confidentiality and names of individuals will not be disclosed.

Please answer the questionnaire as fully as you can and be completely frank. The questionnaire consists mainly of two types of questions, closed questions and open-ended questions. The closed questions should be answered by placing the appropriate number in the answer column.

1. How old are you? (Age in years).

2. Are you under or over 45 years?

(1) under 45

(2) over 45

3. Have you been admitted to a hospital previously for treatment of alcoholism?

(1) Yes

(2) No

If yes, approximately how many times.



4. Marital State. Are you

- (1) Single
- (2) Separated/Divorced
- (3) Married
- (4) Widowed
- (5) De facto?

5. How many children do you have?

6. Do you live in a

- (1) Room/rented
- (2) Self contained flat/unit
- (3) House
- (4) Number of different places
- (5) Charity hostel
- (6) Other (write in)

7. Do you live

- (1) Alone
- (2) With a friend or friends
- (3) With your family
- (4) With spouse
- (5) With girlfriend (de facto)
- (6) Other (write in)

8. How long have you lived at your present address?

- (1) Less than 1 week
- (2) 2 - 4 weeks
- (3) 1 - 3 months
- (4) 4 - 12 months
- (5) 1 - 3 years
- (6) 3 - 6 years
- (7) More than 6 years

9. At what age did you leave school?

Why was that?

10. Are you currently employed?

- (1) Yes
- (2) No

11. How long have you been employed in your current position?

- (1) Less than 1 week
- (2) 2 - 4 weeks
- (3) 1 - 3 months
- (4) 4 - 12 months
- (5) 1 - 3 years
- (6) 3 - 6 years
- (7) More than 6 years

12. What sort of work are you doing now?

- (1) Unskilled labour
- (2) Skilled labour
- (3) Trade
- (4) Clerical
- (5) Professional
- (6) Self employed
- (7) Other (write in)

13. Do you like your job?

- (1) Yes
- (2) Uncertain, don't know
- (3) No. If no, why is that

14. If you had your choice, what kind of work would you like to do?

- (1) Unskilled labour
- (2) Skilled labour
- (3) Trade
- (4) Clerical
- (5) Professional
- (6) Self employed
- (7) Other (write in)

15. Have you had difficulties in obtaining employment?

- (1) Yes
- (2) No

16. What are your main difficulties in obtaining employment?

- (1) Lack of qualification
- (2) Appearance
- (3) Lack of drive/motivation
- (4) Criminal record
- (5) Illness
- (6) Age
- (7) Alcohol consumption
- (8) Other (write in)

17. What was your father's occupation?

- (1) Unskilled labourer
- (2) Skilled labourer
- (3) Trade
- (4) Clerical
- (5) Professional
- (6) Self employed
- (7) Other (write in)

18. Does (did) your father drink alcohol?

- (1) Every day or most days
- (2) A couple of times a week
- (3) Once every week or two
- (4) Very rarely
- (5) Never
- (6) Don't know

19. Does (did) your mother drink alcohol?

- (1) Every day or most days
- (2) A couple of times a week
- (3) Once every week or two
- (4) Very rarely
- (5) Never
- (6) Don't know

20. Do (did) one or both of your parents take drugs
(e.g. tranquillisers, sedatives or sleeping tablets)

- (1) Very frequently (i.e. daily or most days)
- (2) Fairly frequently (i.e. at least one per
week)

- (3) Infrequently (i.e. less than once per week.
- (4) Never
- (5) Don't know

21. Would you say that financially your parents are (were)?

- (1) Well off (i.e. comfortable)
- (2) Average (i.e. adequate)
- (3) Not well off (i.e. financial difficulties)
- (4) Don't know

22. Would you say that your parents (get) (got) on:-

- (1) Very well together
- (2) Fairly well together
- (3) Not well together
- (4) Don't know

23. How do (did) you get on with your parents?

- (1) Got/get on well with both parents
- (2) Got/get on well with father but not mother
- (3) Got/get on well with mother but not father
- (4) Don't get on with either

24. How many brothers and/or sisters do you have?

25. Do/did any of your brothers/sisters abuse alcohol?
(drink to excess)

- (0) Not applicable
- (1) Yes
- (2) No.

26. Do/did any of your brothers/sisters/parents (alive) know about your present abuse of alcohol?

- (1) Brothers and sisters - yes
- (2) Brothers and sisters - no
- (3) Parents - yes
- (4) Parents - no
- (5) Parents and brothers and sisters - yes
- (6) Parents and brothers and sisters - no

27. Thinking about your friends, would you say that?

- (1) Most of them drink alcohol to excess
- (2) Some of them drink alcohol to excess
- (3) A few of them drink alcohol to excess
- (4) None of them drink alcohol to excess

28. How old were you when you first started drinking alcohol regularly (twice per week)

- (1) Under 5 years
- (2) between 5 and 10 years
- (3) between 10 and 15 years
- (4) between 15 and 20 years
- (5) between 20 and 25 years
- (6) between 25 and 30 years
- (7) between 30 and 35 years
- (8) over 35 years
- (9) don't remember

29. Under what circumstances did you start using alcohol?

- (1) At home as a child
- (2) Away from home as a child
- (3) At home as an adolescent
- (4) Away from home as an adolescent
- (5) At home as an adult
- (6) Away from home as an adult
- (7) Other (write in)

30. Do you remember the social circumstances?

If so, write in.

31. Why did you start using alcohol

- (1) Curiosity
- (2) Familial pressure
- (3) Peer pressure
- (4) Escape/coping mechanism
- (5) Boredom
- (6) Liked effect
- (7) Other (write in)

32. Why did you continue using alcohol?

- (1) Peer pressure
- (2) Escapism/coping mechanism
- (3) Other (write in)

33. What led to your admission to hospital?

- (1) Self
- (2) Family pressure
- (3) Friends pressure
- (4) Police
- (5) A.A.
- (6) Schedule 2
- (7) Other (write in)

34. Are you worried about your alcohol use?

- (1) Not worried
- (2)
- (3) A little
- (4) Fairly
- (5)
- (6) Very worried
- (7) Extremely worried

35. In relation to your drinking habits would you prefer to?

- (1) Continue as you are
- (2) Drink normally without strife
- (3) Stop drinking altogether
- (4) Uncertain, don't know

36. Since you started using alcohol regularly, approximately how many times have you tried to stop drinking?

- (1) Once
- (2) 1 - 3 times
- (3) 4 - 7 times
- (4) 8 - 11 times
- (5) 12 - 15 times

- (6) 16 - 19 times
- (7) More than 20
- (8) Never

37. If since you started using alcohol regularly you have had periods of non-use, on an average how long did they last?

- (1) Less than a week
- (2) Between 1 week and 4 weeks
- (3) Between 1 month and 3 months
- (4) Between 3 months and 6 months
- (5) Between 6 months and 1 year
- (6) Other (write in)

38. Since you started using alcohol regularly what is the longest period of non-use?

- (1) Less than 1 week
- (2) Between 1 week and 4 weeks
- (3) Between 1 month and 3 months
- (4) Between 3 months and 6 months
- (5) Between 6 months and 1 year
- (6) Between 1 year and 3 years
- (7) Between 3 years and 5 years
- (8) More than 5 years

39. Have you been convicted of any of the following offences involving alcohol?

- (1) Drunken driving
- (2) Indecent language
- (3) Offensive behaviour
- (4) Drunk and disorderly
- (5) Other (write in)

40. Have you been convicted of any other type of offence?

- (1) Yes
- (2) No. If "yes", write in

41. Have you previously ever had any form(s) of treatment for alcoholism - if so, what type?

- (1) No
- (2) Antabuse
- (3) .A.A.
- (4) Private Psychiatrist
- (5) Hospitalisation General
- (6) Other (write in)
- (7) N.P.C. over past 12 months
- (8) Salvation Army programme
- (9) Numerous/combination

42. Do you feel any previous treatment helped you?

- (1) Yes
- (2) No. If so, which (write in)

43. When you think of your future life, do you feel

- (1) Very optimistic
- (2) Fairly optimistic
- (3) Uncertain
- (4) Rather pessimistic
- (5) Very pessimistic

44. Do you feel bored:

- (1) Often
- (2) Sometimes
- (3) Rarely
- (4) Never

45. Do you make friends:

- (1) Very easily
- (2) Fairly easily
- (3) Not easily

46. Would you say that you get on with members of the opposite sex:

- (1) Very well
- (2) Fairly well






- (3) Not well
 - (4) Not very interested in opposite sex.
47. Would you say that you have:
- (1) Great difficulty in coping with life
 - (2) Some difficulty in coping with life
 - (3) Little difficulty in coping with life
 - (4) No difficulty in coping with life
48. Do you consider yourself to be of:
- (1) Above average intelligence
 - (2) Average intelligence
 - (3) Below average intelligence
49. Is having a successful working life:
- (1) Very important to you
 - (2) Fairly important to you
 - (3) Not important to you
50. Do you feel that in the near future you will be able to lead an alcohol dependency free life:
- (1) Yes
 - (2) Don't know, uncertain
 - (3) No
51. Have you visited the doctor in the past 12 months?
- (1) Yes
 - (2) No
- Why?
52. What medication do you take regularly?
53. Are you drinking with the same mates you were a few years ago?
- (1) Yes
 - (2) No
54. Do you have trouble living from pay to pay?
- (1) Yes
 - (2) No

55. What quantity of alcohol do you consume per day?

(Daily estimated consumption of Ethanol)

- (1) 0 - 80
- (2) 80 - 120
- (3) 120 - 200
- (4) over 200

ALCOHOL

% of Ethanol	5%	12%	20%	45%	95%
					
<u>Beverage</u>	Beer	Table Wine	Fortified Wine	Spirits	Metho
Volume of standard measure	10oz	4 oz	2 oz	1 oz	½ oz

Each standard measure drink contains the same amount of ethanol
10 g.

APPENDIX D.ALCOHOLISM TREATMENT RESEARCH PROJECT.INTRODUCTION.

In Autumn of this year you completed a questionnaire about your feelings, attitudes, experiences and problems in relation to your admission to the Newcastle Psychiatric Admission Centre and at that time it was explained to you that at a later date you would be asked to complete another questionnaire to which you kindly consented.

Now some five months later, we would like you to complete this questionnaire with the help of our research assistant to enable us to find out what your feelings, problems, etc. are now. Once again your replies will be treated with absolute confidence and names of individuals will not be disclosed.

1. Are you...

- (1) Single
- (2) Separated/divorced
- (3) Married
- (4) De facto relationship?

2. Has your marital state changed over the past 5 months?

- (1) Yes
- (2) No. If yes, state details.

3. Where did you spend last night?

- (0) Can't remember
- (1) In jail
- (2) In rented room
- (3) In hospital
- (4) Slept out
- (5) In charity hostel
- (6) In own home
- (7) In home of friend
- (8) Other (write in)

4. Did you spend last night in a bed?

- (1) Yes
- (2) No

5. Did you spend last night alone?

- (0) Can't remember
- (1) Alone
- (2) With friend or friends
- (3) With relative
- (4) With spouse/de facto
- (5) Other hostel members
- (6) Cell mates
- (7) Other (write in)

6. How long have you lived at your present address?

- (1) Don't know
- (2) Less than one week
- (3) 2 - 4 weeks
- (4) 1 - 3 months
- (5) 4 - 6 months
- (6) 7 - 12 months
- (7) 1 - 3 years
- (8) 3 - 6 years
- (9) More than 6 years (write in)

7. Have you been asked to leave any address over the past 5 months because of your drinking habits?

- (1) Never
- (2) Once or twice
- (3) Several times
- (4) Many times
- (5) Nearly always
- (6) Every time

8. Do you have a permanent address?

- (1) Yes
- (2) No

If No, why is that...(write in)

9. How many times have you slept out in the open over the past 5 months?

- (1) Don't know
- (2) Never
- (3) Once or twice
- (4) Three to six times
- (5) Six to twelve times
- (6) Quarter of the time
- (7) Half of the time
- (8) Three quarters of the time
- (9) Almost always

10. What has been your accommodation pattern over the past 5 months?

- (0) Can't recall
- (1) In jail
- (2) In rented room
- (3) In hospital
- (4) Slept out
- (5) Charity hostel
- (6) Own home
- (7) Home of friend
- (8) Other...(write in)

11. Have you moved out of the district over the past 5 months?

- (1) Yes
- (2) No

12. Are you currently employed?

- (1) Yes
- (2) No
- (3) Pension

12b. If yes then

How long have you been employed in your current position?

- (1) Less than one week
- (2) 2 - 4 weeks
- (3) 1 - 3 months
- (4) 4 - 12 months
- (5) 1 - 3 years
- (6) 3 - 6 years
- (7) More than six years...(write in)

13. Have you gone on or off a pension in the past 5 months?

- (1) On type
- (2) Off type

If Off, why was that?

14. What sort of work are you doing now?

- (1) Unskilled labour
- (2) Skilled labour
- (3) Trade work
- (4) Clerical
- (5) Professional
- (6) Self employed
- (7) Other...(write in)

State actual nature of work or job title.

15. Do you like your job?

- (1) Yes
- (2) No
- (3) Uncertain

If no, why is that?

16. Have you wanted a job and had difficulties in getting one?

- (1) Yes
- (2) No

16b. What have been your main difficulties in obtaining a job?

- (1) Lack of qualification
- (2) Appearance
- (3) Lack of drive and motivation
- (4) Criminal record
- (5) Illness
- (6) Too old
- (7) Drinking behaviour
- (8) No work available
- (9) Several of the above...(No.'s.....)

17. If you had your choice of work what kind of work would you like to do?

- (1) Unskilled labour
- (2) Skilled labour
- (3) Trade
- (4) Clerical
- (5) Professional
- (6) Self employed
- (7) Other...(write in)

18. Details of work over the past 5 months.

<u>Month</u>	<u>No. of days employed</u>	<u>Type of work/ pension</u>	<u>Reason for Termination</u>
April			
May			
June			
July			
Aug.			
Sept.			

N.B. State if on pension and for what periods.

19. How soon after your discharge in April/May did you begin drinking alcohol?

- (1) Never
- (2) Straight away
- (3) Within two or three days

- (4) Within 1 week
- (5) Within 4 weeks
- (6) Within 2 months
- (7) Within 3 months






20. What were the circumstances of your first drink after discharge?

Write in....

21. Have you drunk alcohol more or less continuously over the past 5 months (More than 200 gms. daily)?

- (1) Yes
- (2) No

ALCOHOL

% of Ethanol	5%	12%	20%	45%	95%
		= 	= 	= 	= 
Beverage	Beer	Table Wine	Fortified Wine	Spirits	Metho
Volume of standard measure	10oz	4oz	2oz	1oz	1/2oz

Each standard measure drink contains the same amount of ethanol 10 g.

22. In relation to your drinking habits would you prefer to?

- (1) Continue drinking as you are
- (2) Drink normally without causing problems
- (3) Stop drinking altogether
- (4) Uncertain/don't really know

22b. If you've continued drinking regularly since your discharge in April/May.....why is that?

23. Do you consider your drinking habits a personal problem?

- (1) Yes
- (2) No
- (3) Don't know.

24. Are you worried about your drinking habits?

Not Worried	A Little	Fairly	Very Worried	Extremely Worried		
1	2	3	4	5	6	7

25. Over the past five months how many times have you tried to stop drinking alcohol?

- (1) Once
- (2) 1 - 3 times
- (3) 4 - 7 times
- (4) 8 - 11 times
- (5) 12 - 15 times
- (6) 16 - 20 times
- (7) More than 20 times
- (8) Never
- (9) Never started drinking

26. On average, how long have your attempts to stop drinking over the past 5 months lasted?

- (1) Less than 1 week
- (2) Between 1 and 4 weeks
- (3) Between 1 and 2 months
- (4) Between 3 and 5 months

27. Have you tried moderate drinking over the past 5 months? I.E. Drinking moderate amounts without causing problems.

- (1) Yes
- (2) No

28. How successful was this for you?

- (1) Very successful (still drinking in moderation)
- (2) Fairly successful (some busts)
- (3) Not successful at all. Give some detail of attempts.
- (4) Never tried.

29. Over the past 5 months what is your longest period without alcohol?

- (1) Less than 1 week
- (2) Between 1 and 4 weeks
- (3) Between 1 and 2 months
- (4) Between 3 and 5 months

State actual period.

30. Have you been convicted of any of the following offences over the past 5 months involving alcohol?

- | | | |
|--------------------------|---|-----------------|
| (1) Drunken driving |) | |
| (2) Indecent language |) | Tick category |
| (3) Offensive behaviour |) | number of times |
| (4) Drunk and disorderly |) | convicted in |
| (5) Other....(write in) |) | period. |

31. Have you been convicted of any other offences over the past 5 months?

- (1) Yes
- (2) No

32. In relation to your drinking habits, do you feel you have become worse or improved over the past 5 months?

Much worse	Worse	Stayed same	Improved a little	Improved a lot
1	2	3	4	5
				6
				7

Why is that? Give details.

33. What quantity of alcohol do you consume each day?

State actual quantities and types on average daily consumption.

34. Are you drinking with the same mates as you were when admitted to hospital 5 months ago?

- (1) Yes
(2) No

35. Do you feel that in the near future you will be able to live without depending on alcohol?

- (1) Yes
(2) No
(3) Don't know/uncertain.

36. How many times have you been admitted to a hospital for alcoholism in the past 5 months?

State actual number.....

To which hospitals were these admissions?

<u>Name of Hospital</u>	<u>Dates</u>	<u>Period of Stay</u>	<u>Outcome</u>
.....			

37. Have you been admitted to a hospital for reasons other than alcoholism in the past 5 months?

- (1) Yes.
(2) No.

<u>Name of Hospital</u>	<u>Dates</u>	<u>Period of Stay</u>	<u>Outcome</u>
.....			

38. How did you regard your treatment in hospital during your April/May admission to N.P.C.?

Useless waste of time		Fair		Excellent
1	2	3	4	5
				6
				7
				8

Why is that? Give detail.

39. What was your decision in relation to drinking alcohol when you left hospital 5 months ago after your April/May admission?

- (1) No decision
- (2) Don't remember
- (3) Never to drink again
- (4) To drink moderately
- (5) To keep drinking at the same rate as at admission.

40. What has been the result of that decision?
Why was that?

41. Were there times in the past 5 months when you wanted to be admitted to hospital for treatment of your drinking problem but were unable to?

- (1) Yes
- (2) No

Why was that? State brief details of your attempts and the problems that resulted.

42. Are you aware of any illness you now have that you did not have 5 months ago?

- (1) Yes
- (2) No.

What are these? Give details.

Symptoms	Illness	Whether Officially Diagnosed	Treatment	Outcome
.....				

43. How often have you seen a doctor in the past 5 months? Why was that? Give detail.

Reason	Outcome
--------	---------

44. Have you wanted to see a doctor in the past 5 months and been unable to?

- (1) Yes
- (2) No

Why was that?

45. How do you see your state of health over the next 12 months?

- (1) Improving
- (2) Staying the same
- (3) Deteriorating

46. Have you over the past 5 months had any treatment for your drinking problem of the following kinds?

- (1) Antabuse
- (2) A.A.
- (3) Private Psychiatrist
- (4) General Hospital
- (5) Psychiatric Hospital
- (6) Salvation Army Programme
- (7) Combination of the above (state which)
- (8) Community Addiction Service
- (9) Not needed.

47. Do you feel any treatment over the past 5 months has helped you with your drinking problems?

- (1) Yes.
- (2) No.

If yes, state which and how.

48. Do you have trouble living from pay to pay?

- (1) Yes
- (2) No.

49. Would you say that you have:

- (1) Great difficulty in coping with life?
- (2) Some " " " "
- (3) Little " " " "
- (4) No " " " "

50. Do you consider yourself to be of

- (1) Above average intelligence?
- (2) Average intelligence?
- (3) Below average intelligence?

51. Is having a successful working life

- (1) Very important to you?
- (2) Fairly important to you?
- (3) Not important to you?

52. When you think of your future life do you feel

- (1) Very optimistic
- (2) Fairly optimistic
- (3) Uncertain
- (4) Rather pessimistic
- (5) Very pessimistic

Why is that?

53. Do you feel bored?

- (1) Often
- (2) Sometimes
- (3) Rarely
- (4) Never.

Why is that?

54. Do you make friends

- (1) Very easily
- (2) Fairly easily
- (3) Not easily

55. Would you say that you got on with women?

- (1) Very well
- (2) Fairly well
- (3) Not well
- (4) Not very interested in the opposite sex

56. Does your family know about your drinking problems?

- | | | |
|-----|----------------------------------|-----|
| (1) | Brothers and sisters | Yes |
| (2) | " " " | No |
| (3) | Parents | Yes |
| (4) | Parents | No |
| (5) | Parents and brothers and sisters | Yes |
| (6) | " " " " " | No |

57. Thinking about your friends, would you say that

- (1) Most of them drink alcohol to excess
- (2) Some of them drink alcohol to excess
- (3) A few of them drink alcohol to excess
- (4) None of them drink alcohol to excess

58. What do you expect of health services by way of treatment and general facilities for drinking problems in the district?

Give details of ideas.

APPENDIX E.MAJOR CRITERIA FOR THE DIAGNOSIS OF ALCOHOLISM.

Criterion	Diagnostic Level
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TRACK 1: PHYSIOLOGICAL AND CLINICAL.

A. Physiological Dependency

1. Physiological dependence as manifested by evidence of a withdrawal syndrome when the intake of alcohol is interrupted or decreased without substitution of other sedation. It must be remembered that overuse of other sedative drugs can produce a similar withdrawal state, which should be differentiated from withdrawal from alcohol.

- a. Gross tremor (differentiated from other causes of tremor)

1

- b. Hallucinoses (differentiated from schizophrenic hallucinations or other psychoses)

1

- c. Withdrawal seizures (differentiated from epilepsy and other seizure disorders)

1

- d. Delirium tremens. Usually starts between the first and third day after withdrawal and minimally includes tremors, disorientation and hallucinations.

1

2. Evidence of tolerance to the effects of Alcohol.

(There may be a decrease in previously high levels of tolerance late in the course). Although the degree of tolerance to alcohol in no way matches the degree of tolerance to other drugs, the behavioural effects of a given amount of alcohol vary

Criterion	Diagnostic Level
greatly between alcoholic and non-alcoholic subjects.	
a. A blood alcohol level of more than 150 mg without gross evidence of intoxication.	1
b. The consumption of one-fifth of a gallon of whisky or an equivalent amount of wine or beer daily, for more than one day, by a 180 lb. individual.	
3. Alcoholic "blackout" periods. (Differential diagnosis from purely psychological fugue states and psychomotor seizures).	2
B. Clinical Major Alcohol-Associated Illnesses.	
Alcoholism can be assumed to exist if major alcohol-associated illnesses develop in a person who drinks regularly. In such individuals, evidence of physiological and psychological dependence should be searched for.	
Fatty degeneration in absence of other known cause.	2
Alcoholic hepatitis	1
Laennec's cirrhosis	2
Pancreatitis in the absence of cholelithiasis	2
Chronic gastritis	3
Haematological disorders:	
Anaemia: hypochronic, normocytic, macrocytic, hemolytic with stomatocytosis, low folic acid	3
Clotting disorders: prothrombin elevation, thrombocytopenia	3
Wernicke-Korsakoff syndrome	2
Alcoholic cerebellar degeneration	1

Criterion	Diagnostic Level
Cerebral degeneration in the absence of Alzheimer's disease or arteriosclerosis	2
Central routine myelomolysis)	Diagnosis only 2
Marchiafava-Gignami's disease) possible post-mortem	2
Peripheral neuropathy (see also beri beri)	2
Toxic amblyopia	3
Alcohol Myopathy	2
Alcoholic cardiomyopathy	2
Beri Beri	3
Pellagra	3

TRACK 2: BEHAVIOURAL PSYCHOLOGICAL & ATTITUDINAL.

All chronic conditions of psychological dependence occur in dynamic equilibrium with intrapsychic and interpersonal consequences. In alcoholism, similarly there are varied effects on character and family. Like other chronic relapsing diseases, alcoholism produces vocational, social, and physical impairments. Therefore, the implications of these disruptions must be evaluated and related to the individual and his pattern of alcoholism. The following behaviour patterns show psychological dependence on alcohol in alcoholism:

1. Drinking despite strong medical contra-indication known to the patient. 1
2. Drinking despite strong, identified social contra-indication (job loss for intoxication marriage disruption because of drinking, arrest for intoxication, driving whilst intoxicated). 1
3. Patient's subjective complaint of loss of control of alcohol consumption. 2

MINOR CRITERIA FOR THE DIAGNOSIS OF ALCOHOLISM.

Criterion	Diagnosis Level
<u>TRACK 1: PHYSIOLOGICAL AND CLINICAL.</u>	
A. Direct Effects (ascertained by examination)	
1. Early	
Odour of alcohol on breath at time of medical appointment	2
2. Middle	
Alcoholic facies	2
Vascular engorgement of face	2
Toxic amblyopia	3
Increased incidence of infections	3
Cardiac arrhythmias	3
Peripheral neuropathy (see also Major Criteria, Track 1 (B))	2
3. Late (see Major Criteria, Track 1 (B))	
B. Indirect Effects	
1. Early	
Tachycardia	3
Flushed Face	3
Nocturnal diaphoresis	3
2. Middle	
Ecchymoses on lower extremities, arms or chest	3
Cigarette or other burns on hands or chest	3
Hyperflexia, or if drinking heavily, hypo flexia may be a residuum of alcoholic polyneuritis	3
3. Late	
Decreased tolerance	3

Criterion	Diagnosis Level
C. Laboratory Tests	
1. Major - Direct	
Blood alcohol level at any time of more than 300 mg/100 ml	1
Level of more than 100 mg/100 ml in routine examination	1
2. Major - Indirect	
Serum osmolality (reflects blood alcohol levels) every 22.4 increase over 200 mOsm/litre reflects 50 mg/100 ml alcohol	2
3. Minor - Indirect	
Results of alcohol ingestion	
Hypoglycaemia	3
Hypochloremic alkalosis	3
Low magnesium level	2
Lactic acid elevation	3
Transient uric acid elevation	3
Potassium depletion	3
Indications of liver abnormality	
SGPT elevation	2
SGOT elevation	3
BSP elevation	2
Bilirubin elevation	2
Urinary urobilinogen elevation	2
Serum A/G ration reversal	2
Blood and blood clotting	
Anaemia, hypochromic, normocytic, macrocytic, hemolytic with stomatocytosis, low folic acid	3
Clotting disorders: prothrombin elevation, thrombocytopenia	3
ECG abnormalities	
Cardiac arrhythmias, tachycardia, T waves dimpled, cloven, or spinous,	

Criterion	Diagnosis Level
atrial fibrillation, ventricular premature contractions, abnormal P waves	2
EEG abnormalities	
Decreased or increased REM sleep, depending on phase	3
Loss of delta sleep	3
Other reported findings	3
Decreased immune response	3
Decreased response to Synacthen test	3
Chromosomal damage from alcoholism	3

TRACK 2: BEHAVIOURAL, PSYCHOLOGICAL & ATTITUDINAL.

A. Behavioural

1. Direct effects

Early

Gulping drinks	3
Surreptitious drinking	2
Morning drinking (assess nature of peer group behaviour)	2

Middle

Repeated conscious attempts at abstinence	2
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Late

Blatant indiscriminate use of alcohol	1
Skid row or equivalent social level	2

2. Indirect effects

Early

Medical excuses from work for variety of reasons	2
Shifting from one alcoholic beverage to another	2

Criterion	Diagnosis Level
Preference for drinking companions, bars and taverns	2
Loss of interest in activities not directly associated with alcohol drinking	2
Late	
Chooses employment that facilitates drinking	
Frequent automobile accidents	3
History of family members undergoing psychiatric treatment; school and behavioural problems in children.	3
Frequent change of residence for poorly defined reasons	3
Anxiety-relieving mechanisms, such as telephone calls inappropriate in time, distance, person or motive (telephonists)	2
Outbursts of rage and suicidal gestures while drinking	2
B. Psychological and Attitudinal	
1. Direct effects	
Early	
When talking freely, makes frequent reference to drinking alcohol, people being "bombed", "stoned", etc. or admits drinking more than peer group.	2
Middle	
Drinking to relieve anger, insomnia, fatigue, depression, social discomfort	2
Late	
Psychological symptoms consistent with permanent organic brain syndrome (see also Major Criteria, Track 1 (B)).	2

Criterion	Diagnosis Level
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2. Indirect effects

Early

Unexplained changes in family, social, and business relationships; complaints about wife, job and friends	3
Spouse makes complaints about drinking behaviour, reported by patient or spouse	2
Major family disruptions, separation, divorce, threats of divorce	3
Job loss (due to increasing inter-personal difficulties) frequent job changes, financial difficulties	3

Late

Overt expression of more regressive defense mechanisms, denial, projection	3
Resentment, jealousy, paranoid attitudes	3
Symptoms of depression, isolation, crying, suicidal pre-occupation	3
Feelings that he is "losing his mind"	2

