A Newsletter for Professional Men and Women Winter 1984

About A.A.

A Physician's Viewpoint on Alcoholics Anonymous

At the A.A. West Central Regional Forum in Sioux Falls, South Dakota, March 4–6, 1983, Kenneth H. Williams, M.D., a nonalcoholic trustee on the A.A. General Service Board, spoke movingly of his concern for and faith in the Fellowship of Alcoholics Anonymous. He received a standing ovation from the over six hundred Forum-goers. Dr. Williams' talk was originally published in the September 1983 issue of the A.A. Grapevine. Because we feel that it has great significance for the professional community who work with alcoholics and with A.A., it is reprinted here.

A Doctor Speaks Out

I'm one of those nonalcoholics, of course. I feel that I have to speak this morning. I feel very strongly about this Fellowship, and I even, sometimes, think of myself as being part of this Fellowship. You have to forgive me for that, but A.A. is something that means a great deal to me, as I know it does to all those people in the room here today.

It is a miracle, what has happened. I'm forty-six years old, and in my lifetime, we have learned about and experienced recovery from a disease for which there was no known cure. We have a roomful of people here who have recovered from that disease, and it truly is a miracle that we have the Fellowship of Alcoholics Anonymous.

What I want to say this morning is not going to be, I'm afraid, very popular. But I feel I ought to at least speak from my personal and medical perspective. I didn't become a trustee to become popular, and I'd be remiss in my duties if I didn't speak up this morning.

As I see it, there are currently two big problems in the Fellowship. One is the alcoholic who has another disease problem — and there's no question that most alcoholics *don't* have another such disease. The big mistake so many doctors make is an erroneous diagnosis when they see alcoholics who are drinking or even recently sober. The patient's thinking is scattered; he is anxious; he is not sleeping; he is very depressed. He may even look schizophrenic. The doctor doesn't know how to ask about the alcoholism, and the alcoholics don't want to tell the doctor about their drinking. So the doctor prescribes a medication for depression or anxiety or insomnia, and it's a terrible mess! I see this every day in my practice, and it's distressing. I've done all I can, and will continue to do all I can, to get doctors to ask patients about their drinking, be sensitive to the diagnosis of alcoholism. Alcoholism is much more common than schizophrenia or manic-depressive disease or any of the other mental problems.

But there is still a long way to go to get doctors to recognize the fact that alcoholism can look like or almost mimic any other mental disease. Drinking problems can produce similar symptoms. Drinking alcoholically can also produce or mimic many other physical diseases as well — high blood pressure, heart problems, digestive problems — and the alcoholic goes to a doctor, who misidentifies the problem and mistreats it. Such misdiagnoses are perhaps more a medical problem, for those of us who try to teach doctors about alcoholism. The problem certainly is overwhelming, and I don't want to underemphasize that.

But there *are* a small percentage of people who are alcoholics and also have another psychiatric problem, and for those people, a stabilizing dose of a medication may be lifesaving. I would just request that before well-intentioned A.A. members give advice to a newcomer about throwing out medication, consideration be given to the doctor who has prescribed it, or the newcomer might go to another doctor to get another opinion. But the idea that someone who is in A.A. can't take *any* medication leads to difficulties with A.A. members playing doctor and having sick people throw out their medication. I personally have known of several people who have been hospitalized and several who have died as a result of having done this.

The second problem, cross addiction, is even bigger. I must say, one of my greatest lessons from this Forum has been sensing the real desperation that many A.A. members feel because they fear their Fellowship is being destroyed by this problem. Cross addiction has been controversial with A.A. from the very beginning. It's true, of course, historically, that Dr. Bob and Bill both took other drugs and medications, and while it's not documented anywhere how much they were taking, many people today would say that Dr. Bob and Bill were cross-addicted. Bill called them "goofballs." As for Dr. Bob, he was like many alcoholic physicians, who have all the drugs right there in drawers or in the doctor's bag, and can "prescribe" any medication for themselves. So many, many alcoholic physicians today find that other medications treat the withdrawal symptoms and can substitute for alcohol. Many of these pills can be thought of as alcohol in a solid form.

Certainly, both Dr. Bob and Bill had substantial drinking histories, and their first drug of choice was alcohol. But I can't

help but think that if they were alive today and still drinking or using, they probably would be taking other drugs more — because of the increased availability — in addition to their drinking.

The primary purpose of A.A. is to stay sober. I have not seen anyone who has been able to stay sober taking what doctors call "minor tranquilizers" or a whole raft of other medications and street drugs. In fact, I'd have to say that in my medical opinion (and I think a medical dictionary would back me up to some degree), someone taking sleeping pills is not sober, and somebody smoking marijuana is not sober. Alcohol is a sedative drug. There are other sedatives so similar in their effect on the human body that people taking them stagger and slur their words, and no one can tell which sedative drug they have taken — alcohol or another one.

I see a lot of people who are alcoholics. When they drink, they have blackouts. They lose control over their drinking — once they start, they can't consistently control the amount they drink. They have tremendous problems when they drink; they have family problems, job problems, health problems when they drink. They're alcoholics. Maybe they drank on only a few occasions, or maybe they have done a lot of drinking; but I still think they're alcoholics, at least according to specific medical criteria. I can diagnose them as being alcoholics. Maybe they're also addicted to something else, but I think of the disease as being basically alcoholism.

There may even be a similar biochemical pathway that links other drug-abuse problems with alcoholism. This is a very new area of research, but there may be a common biochemical link, so that the brain in the addiction process cannot distinguish among alcohol, barbiturates, tranquilizers, and perhaps even some of the other drugs that are not chemically so closely related to alcohol. There may be a common hook, if you will—the chemical pathway may be the same. It may be that alcoholism and addiction to other sedatives or even to opiate drugs are, in many respects, the same disease if we are looking at the chemistry of the brain.

I am often reminded that the only requirement for membership in A.A. is a desire to stop drinking. If I see people who I think are alcoholics, then whether or not they have experience — a lot or a little — with other drugs, I know they've got to stop drinking if they're going to stay alive. I do all I can to introduce them to A.A. because I think it's going to save their lives, and it's the most helpful thing I know of for them.

There are individual A.A. groups in my area that are more receptive than others to the alcoholic who has had a significant experience with other medications. If I possibly can, I direct cross-addicted alcoholics to these meetings, and find them temporary sponsors who can relate to the particular type of alcoholism that they have. In the future, this problem will be a growing one and will likely be resolved at the individual-group level. I don't know what the answer is. But I do support Tradition Four's relevance in these situations.

I've been very impressed with people here at this Forum. I can appreciate the feelings of some members who have never taken any pills — whose experience was exclusively with the liquid drug alcohol in the bottle — who are not able to relate to this carload of people now coming from treatment centers with talk about shooting and snorting and smoking stuff. The old-timers can't relate. But I've got to remember that many of these new people have the same disease of alcoholism, and I hope they can find groups where they will be given support. In many areas now, there are growing memberships of Narcotics Anonymous, Pills Anonymous, and Pill Addicts Anonymous.* In my area, these other self-help groups were all started by A.A. members. When you go to their meetings, the hard core of those attending are also A.A. members; and the meetings are so similar, it's sometimes difficult to tell what kind of a meeting you are at. So I think A.A. is the grandfather here and is, at least on an individual level, strongly supporting the development of the other self-help groups that are, I think, a key element in recovery for many people.

I don't have any answers, but I feel better because I've let you know what my current thinking is. I've got a lot of faith in this Fellowship and its people. I think if we keep talk-talk-talking and reading and working together, it will be clear that we all have the same purpose and we all want to see people recover from this disease. Our country needs it. Our families need it. This disease costs us all such a toll that it inspires me to work as hard as I can to help.

*Narcotics Anonymous, P.O. Box 622, Sun Valley, CA 91352, (213) 768-6203; Pills Anonymous, P.O. Box 473, Ansonia Station, New York, NY 10023, (212) 874-0700; Pill Addicts Anonymous, P.O. Box 278, Reading, PA 19603, (215) 372-1128.

New Spanish Literature

The A.A. pamphlet "A.A. as a Resource for the Medical Profession" is now available in Spanish. To obtain a free copy of this pamphlet write to: A.A. World Services, Inc., Box 459, Grand Central Station, New York, NY 10163.

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