A PROBLEM OF OUR GENERATION

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Human affairs and biological events, being subject to the processes of evolution, are never static. In public health practice we are dealing with problems of our own generation, although our training has been relevant to problems of a former epoch. It is not the specific nature of the problem so much as the general principles of dealing with it that are significant.

The popular image of public health—as of all professional activities—is usually that of a generation that has passed. Only in the technicalities of medicine—“wonder drugs” and the like—is the public up to date. We are justified in believing not only that the contemporary problem of alcoholism is completely different from the problem of excessive drinking in the 19th century, but also that the public image of alcoholism is out of date.

Perhaps our first task is to explain the nature of the present problem to the public. There are doctrinaire teetotallers who support their beliefs by reference to medical literature, produced by medically qualified teetotallers of Edwardian vintage, and who are scandalised at what seems to them our “deviationism.” There are also elderly citizens of irreproachable character who have enjoyed their liquor all their lives and who disbelieve that there is any significant problem of alcoholism. Both groups need to be convinced, for their co-operation is essential in any campaign to interest the community in alcoholism.

Our Primary Objective

The nineteenth century image is blocking our attempts at communication. Our primary objective is to substitute the late twentieth century image. Social and economic changes and licensing laws—pace A. P. Herbert—have all combined to remove the squalor and poverty associated with heavy drinking. In their place we have the new affluence that makes regular drinking possible for young people, and new stresses and strains that may motivate those with less than adequate personalities to become compulsive drinkers. Alcoholism has to be recognised by the public as a disease.

Does this mean that the problem is an entirely medical one, and that the purpose of public education is merely to create a public opinion favourable to the setting up of new services for alcoholics? The answer is definitely “No”. Prevention today necessarily includes health education and must aim at primary prevention. In the case of alcoholism this means identification of the potential victim. The epidemiology of alcoholism suggests that there are a number of “marked” men
and women who have personality patterns that will lead them into compulsive drinking. Health education in this field must be recognised as one facet of education for mental health.

It is fortunate for this new movement that it has emerged at a time when health education has developed and tried out new techniques which bridge the gap between knowledge and its application to one's personal life. The key to controlling one's own motivation is "insight", and in those health education activities that aim at promoting a higher standard of mental health. Other techniques include role-playing—already used in group psychotherapy—and the use of thematic films for discussion of specific problems.

These techniques are at the service of those who are planning to educate the public in matters concerning alcoholism. The most difficult problem will be to establish channels of communication. The accepted practice is to make contact with organised groups in the community, but this will not be enough. It is the unconventional who must be enlightened, rather than the conventional who will invariably be ready to listen. The most significant motivation to stimulate is the sense of responsibility for others. The most ingenious thing about the drinking and driving campaign last Christmas was the subtle suggestion that "we" must not expose others to risk.

Questions in Parliament

Mr. Loveys asked the Minister of Health if he is satisfied that local health authorities are playing their full part in the rehabilitation of the alcoholic; and whether he will make a statement. Mr. K. Robinson (written answer): The local authority mental health services are available to alcoholics as to other psychiatric patients. In several areas the authorities work closely with voluntary associations specially concerned with alcoholism. I expect the LA services to develop in conjunction with the hospital and voluntary services.

Mr. Loveys asked the Minister if he is aware that a resolution was passed at a recent scientific session of the BMA, calling for a Government grant towards a special campaign to help alcoholism and those in danger of becoming alcoholics; and if he will take steps to make such a grant. Mr. Robinson (written answer): Yes, the proposal is being examined. (21st July 1965).

Mr. Houghton, Chancellor the Duchy of Lancaster, is reported as saying (10th November, 1965):

"The problem of the alcoholics was a growing menace in the conditions of rising living standards and increasing pensions. As the pace got hotter, the temptation to ease the strain got stronger, and the end, in some grievous cases, was complete physical and moral breakdown. Health education was the real remedy. Those who faltered and fell must be treated as casualties and not left to a living death."