

1951

Report of the Liquor Research Commission to the 95th Maine State Legislature

Maine Liquor Research Commission

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**REPORT
OF THE
LIQUOR
RESEARCH
COMMISSION
TO THE
95th
MAINE STATE
LEGISLATURE
JANUARY 31, 1951**

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WHAT IS ALCOHOLISM?

A NON-TECHNICAL DEFINITION BY

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Laboratory of Applied Physiology

Yale University

“Alcoholism is a medical and social disorder characterized by the uncontrolled use of alcohol and the progressive disorganization of the physical, psychological and environmental effectiveness of an individual.”

The information and data contained in this report was obtained from sources the Liquor Research Commission believes reliable.

TO: His Excellency, Governor Frederick G. Payne and
Members of the 95th Maine State Legislature.

Pursuant to the provisions of the 1949 Legislative Act creating the Liquor Research Commission, this report has been prepared for your guidance in determining the need for and feasibility of State action to deal with unwelcome conditions arising from the sale and use of alcoholic beverages in Maine.

As fully as its limited resources would permit, your commission has delved into the situation with particular attention to the compulsive drinkers in our population who are often listed simply as "alcoholics." Our survey has been as impartial as possible, in a deliberate effort to avoid being stigmatized as "Starry-eyed Do-gooders" by the intemperate, or as "Secret Encouragers of Tippling" by teetotallers. Indeed, the question can be approached in no other way. The nation has seen the dismal failure of attempting to promote temperance by legislative enactment; it has also seen prohibition succeeded by a rising trend in drinking, especially among women and young people, that holds an alarming portent for the future.

State Responsibility Fixed

With all States permitting the sale of some, if not all, types of alcoholic beverages, either through private sale or State Monopoly stores, the responsibility of State and local government toward those who imbibe to excess is more firmly fixed than ever. Maine, itself, profiting through retail liquor sales, can no longer evade it. We have always had laws that aimed to protect society in general from immoderate drinkers. State law compels the arrest of drunken persons on the street or in public places and motor vehicle operators who drink and drive. But none of these, however necessary they may be, strike at the hard core of the drinking problem, to solve which we must encourage temperance through education and rehabilitate compulsive drinkers whose inability to control their alcoholic appetites is now generally recognized as a disease.

Dealing with immoderate drinking is more than ordinarily difficult because it involves a social as well as an individual problem, and is therefore highly controversial. Where does the right of the individual to do as he wishes, in the matter of drinking, stop, and where does the duty of society to involve itself take over? And once the area of responsibility is defined, what shall the State, in particular, do? Shall it concentrate on educating its youth as to the dangers of immoderation? Shall it concentrate instead on the problem drinkers and provide advanced methods of treatment in State-established clinics, or both?

No Claims of Panacea

We have given careful thought to these and other aspects of the question, invaluable aided by the experience of other States who have pioneered in this field, and the progress made by medical research. While the members of the commission are confident of the accuracy of their findings regarding the scope and background of the problem, they do not claim the recommendations made herein will provide a perfect panacea. We have preferred to advocate an initial program of modest size based on methods proven to be sound by the experience of others.

So, while we urge adoption of the indicated program, we are aware that many segments of the total problem need to be more thoroughly explored and evaluated before a full-scale attempt to deal with it should be undertaken. It is a problem that requires continuing study and close attention to results, in the certainty that the greater the efforts devoted, the larger will be the savings in blighted lives and economic wastage. And we are firmly convinced that whatever the impossibility of fixing the exact monetary cost of excessive drinking in this State, it is very great and growing.

Commission Handicapped

We feel compelled to add that our report might have been more comprehensive if the time available had been longer and if the lack of funds had not been an obstacle. Little, in fact, could have been done by your commission had not a generous, public-spirited citizen underwritten the expense of sending several thousand questionnaires to doctors, clergymen, public officials and others dealing directly with the problem. To this benefactor, we express here our warm thanks for his assistance.

Delay Not Defensible

We have plumbed rather deeply into this intricate social question, noting that drinking has become one of the accepted customs of modern society, but recognizing, too, that society through State government, must interest itself in helping present and incipient victims, by sharply reversing traditional and futile methods. To ignore a situation in which the ultimate well-being of all citizens is deeply involved is more than ever indefensible.

Respectfully submitted,
Commission Chairman George B. Ober, Auburn,
William T. Maybury, Dexter
Dr. Francis H. Sleeper, Augusta
Rev. Ellis J. Holt, Auburn
Miss Lucia M. Cormier, Rumford
Mrs. Agnes F. Gibbs, Portland
C. Freeman Olsen, Bangor
Judge Edward G. Baird, Belfast, Counsel

MAINE HAS A DRINKING PROBLEM

At the outset let us say your commission has discovered that:

- (1) The State of Maine has enough immoderate drinkers in its population to constitute a problem of first magnitude.
- (2) The problem is not being dealt with even on the most inadequate basis.
- (3) Most of the corrective methods being used are both archaic and useless.

On the hopeful side is the growing tendency to treat this age-old question with modern, scientific means and your commission will recommend what it believes Maine can do, at modest expense, to begin rehabilitation of those who habitually drink to excess.

Not a Suddenly New Situation

The immoderate use of alcoholic beverages is certainly not a product of the atomic age—a new custom or fashion dictated by the latest stage of civilization's growth. In fact, the making of liquor was one of mankind's earliest accomplishments, and the ancients frequently referred to it as a blessing or a curse, depending upon their point of view. It may be that the current incidence of drinking—the proportion of drinkers in the total population—is less than at various periods in past history; but today's imbibor is not much different than Noah, who, upon completion of the Ark, and elated at his accomplishment, "drank of the wine, and was drunken." (Genesis IX:21)

Failure of Prohibition and Punishment

There is another parallel to be drawn in consideration of this problem that extends back many thousands of years. Until the most recent times, in combating the evils of over-indulgence, society limited itself to two courses. One was prohibition of the manufacture, sale and use of beverage alcohol; the other lay in punishing drunkenness as a crime. Needless to say, neither has succeeded though long persisted in at great financial cost.

Thus we have arrived at a point whereby alcoholism today ranks fourth among the nation's unsolved public health problems. It is unsolved largely because there is no effectual preventative program, because there are many not-too-well-defined causes and because adequate facilities and trained personnel for the care and treatment of the afflicted are not generally available. It is a credit to 20th century intelligent thinking that as the problem grew and ramified, men and women in many fields of science, and social welfare, became determined to grapple with it in a new way, with fresh viewpoints and modern methods of therapy. This had to be, if we stop to consider the impact of uncontrolled drinking on a highly-integrated, machine-age

society. To go back again to the dawn of history, it made little difference to the family, the tribe, or whatever unit we take, if the family provider went on an occasional spree. The cave-man could always drag himself home and sleep it off with no great harm to anyone else. But today we enjoy an integrated society in which the responsibility of all its adult members, each to the other, is highly magnified. The excessive drinker of 1951 may drive an automobile and kill or seriously injure innocent persons, he may ruin his business by inability to administer it and thus harm his employes, and he may shame and hurt members of his own family by acquiring the reputation of a "rummy." In the aggregate he levies an immense annual tribute upon State and national taxpayers by the duty forced upon society to cope with the consequences of his alcoholic excesses. So there we have, in broad outline, the problem faced by the State of Maine in grappling with excessive drinking among its people.

HOW ALCOHOL AFFECTS THE HUMAN BODY

There is still a large degree of popular mystery about the causes of acute alcoholism, its pathological effects—that is, the reactions of drinkers to heavy intake of alcoholic beverages—and its physiological effects, which means the changes it brings about in functions of the body.

In the first place, the pattern of behavior brought about by drinking is immensely complicated and unpredictable. Some people can drink prodigious quantities and "stay on their feet," others become visibly intoxicated by relatively small amounts. Some can drink heavily all their lives without apparent serious effects on their health; others react quickly in an adverse way, to become mental or physical invalids. Some persons, when intoxicated, are quarrelsome, others talkative, others glum, others are cheerful, while there are those who just become deathly sick, or "pass out." It appears to make a big difference whether the individual is emotionally mature and physically strong, though there are other factors that enter into it.

What leads some people to become excessive drinkers, and why so many others can regulate their intake, or even forego taking a nip, are fascinating questions that are receiving increasing study. For a few, immoderate drinking is begun as an escape, or an effort to seek temporary relief, from physical illness. But for the vast majority, the reasons are found in the individual's mental outlook upon life. And because the condition of the mind is a paramount factor, the science of psychology has been introduced not only to get at the reason for the individual's drinking habits, but to aid him in overcoming the disease. It is now generally accepted that chronic drinking is chiefly due to an attempt by the victim to escape from painful life situations—unhappy marital relations, for instance—or an attempt to escape

from oneself because of a poorly-adjusted personality. In a way it might be called self-medication, but a method that is rarely successful in the long run.

Alcohol Not a Stimulant

As to the pathology of alcoholism, its visible symptoms are well known. Depending upon the intake, the drinker suffers from a number of physical and mental disturbances. The vision becomes impaired, locomotion is difficult or impossible, eyes are bloodshot, and nausea and vomiting are common. Mentally the victim may become excited, stupefied, or even relapse into convulsions. In many instances, he may experience hallucinations as a result of delirium tremens, so that his behavior borders on the ludicrous—such as claims of seeking pink snakes or purple elephants. There are also degrees of mental deterioration, ranging from the loss of ethical concepts—inability to distinguish right from wrong—to acute mental depression. And the step beyond that is sometimes suicide. Here is proof that alcohol acts not as a stimulant, but as a depressant.

This behavior pattern, while under the influence, is closely related to the long-term effects of over-indulgence upon the physical structure. Another aspect, one which has received comment elsewhere in this report, is the social penalty, and it is in this field that a great many alcoholics suffer most. The human body, up to a point, endures what the victim's family, his friends, and his business associates cannot.

It would be difficult to set forth, in precise terms, the physical and mental condition of the average compulsive drinker. There are, however, a variety of symptoms common to most all alcoholics. They are likely to suffer from one variety or another of stomach trouble, they may have an impairment of the liver, though it is not true that cirrhosis of the liver is due entirely to drinking. Many people develop "hob-nail liver" who do not use alcohol. Moreover, there is no medical evidence that suggests that alcohol, by itself, causes kidney disease. The alcoholic is prone to fatigue and sleep disturbance, he may develop loss of appetite, constipation, diarrhoea, pellagra and inflammation of the tongue or skin. One almost certain result of heavy drinking is a deficiency of vitamin B1 and nicotinic acid, caused by the failure to eat properly. When liquor is taken as a substitute for food, consciously or not, then grave injury is likely to be done to the bodily functions.

The lack of niacin, or nicotinic acid, may also cause damage to the brain, to produce stupor, clouding of the consciousness, development of peculiar reflexes, and other aberrations that often force confinement in an institution.

Treatment Facilities Lacking

Without seeking to probe too deeply into the physiology, pathology and psychology of alcoholics, the foregoing is offered as a back-

ground to this report and to illustrate some of the perplexities encountered in the treatment of such a complicated disorder.

Because nearly all modern methods of treating heavy drinkers require the patient to be hospitalized, it has been suggested that wards for that purpose be established in our State Hospitals. In the opinion of Dr. Francis H. Sleeper, Superintendent of the Augusta State Hospital and a member of this commission, these institutions, as presently constituted, do not have adequate staffs or accommodations to care properly for other than frankly psychotic victims of alcohol addiction—those who can be classed as the mentally ill and who have arrived at the stage of their life where there is little chance of reorganizing it. Furthermore, it must be borne in mind that our State Hospitals are forced to operate on a pitifully tight budget and that any additional functions could quite conceivably impair the meagre comforts now provided for so many of our less fortunate citizens.

While the need for therapeutic facilities and for persons qualified to attend the victims of alcohol is urgent, we must face the fact that both are woefully lacking. Only a scant few public hospitals choose to admit alcoholic patients and, as a rule, only if they have another physical disease.

But who will quarrel with the observation that these genuinely sick people are entitled to treatment that will orient their liquor lubricated lives in a worthwhile direction? Your commission is unwilling to accept as accurately descriptive the oft-repeated mid-Victorian assertion that it can't be done. One needs only to observe what has been done elsewhere and to think a little about what could be accomplished in Maine to realize that the situation need not worsen nor remain static. Vast improvement can be made if we really mean it when we say we believe in human dignity and social progress.

Guesswork Can Be Minimized

In a subsequent report we will make specific recommendations relative to establishing state-supported clinics for heavy drinkers in strategically located General Hospitals. Meanwhile, we propose to make an on-the-spot appraisal of similar projects in operation elsewhere and thus obtain intimate knowledge of the diverse obstacles likely to be encountered in providing comparable medical and psychiatric care here in Maine. Lacking such information, we could unknowingly fail to observe numerous factors which determine the practicability of such an undertaking and whether the required capital investment and probable operating costs would come within foreseeable means.

We well realize that public sentiment would not support the use of State resources in a venture that could turn out to be nothing more than a monument to poor judgment unless the guesswork were minimized in advance. Careful study of what has been accomplished in other States will disclose what Maine can do and what should be avoided.

THE INCIDENCE OF DRINKING

It is appropriate to quote, at this point, some of the statistics gathered from the thousands of questionnaires sent by your commission to persons having special knowledge of this social question, and from methods of calculation developed by others that may be applied to the general population of Maine. In the first place, as nearly as can be determined, approximately 400,000 of our citizens of drinking age, and regardless of sex, use alcoholic beverages to some extent. Of these, approximately 25,000 would be classified as excessive drinkers, most of whom could control their conduct under suitable stimulus or treatment. Twenty per cent of those who drink to excess may be properly called alcoholics—individuals who suffer from an affliction for which a positive cure has not yet been discovered, but which might be arrested by long and specialized therapy. Before these figures are questioned, let it be remembered that many alcoholics are shielded from public notice by their families and friends. There is also the factor of consumption of untaxed intoxicating agents, all the way from flavoring extracts and canned heat to hard cider and home-made concoctions that naturally invite concealed drinking. Your commission believes these figures to be substantially correct, but on the low side.

Our conclusions and recommendations are therefore based on the estimate that of the 400,000 persons in Maine who use alcoholic beverages, 375,000 do so without noticeable harm, but that 25,000 drink to excess—in the sense of bodily harm—of which 5,000 are actually suffering from alcoholism. The commission's survey discloses, moreover, that the apparent consumption of absolute alcohol in Maine has increased over 60% in the last 10 years. The greatest noticeable increase in drinking appears to be taking place among young people, which is all the more alarming because this is the phase of life when character is being formed and a danger period in every person's development. Young people are the potential problem drinkers of tomorrow; they compose the group most likely to be helped by modern technique of dealing with the situation.

Success Will Not Be Easy

A solution to the problem will not be found easily or quickly. Widespread misconceptions as to the magnitude of the alcoholism question in Maine were revealed by the commission's questionnaires. And accompanying this general ignorance of the size of the problem is equal ignorance as to its nature. We have previously noted that the traditional remedies for dealing with alcoholism and alcoholics have been prohibition and imprisonment. Too many well-meaning people have insisted, for far too many years, that the excessive drinker became so because of a weak will, that drinking was a "bad habit" susceptible

of being cured by exhortation or the "scare" technique, or a combination of both.

There has been a tendency to associate drunkenness with alcoholism although, as the popular song goes, "it ain't necessarily so" that the imbibor who gets "plastered" on some festive occasion is also an alcoholic. Strange as it may seem, there are many alcoholics who never become drunk, in the accepted sense of the word. They utilize alcohol as a crutch without becoming drunk and in this sense are alcoholics—they are those persons who are dependent on alcohol to "keep going."

New Approaches Required

We firmly believe that one of the most necessary approaches to corrective action in this great social problem is education, for the benefit of young people and adults alike, that will discard the old misconceptions and recognize alcoholism as a malady that must be attacked on a number of fronts. Everywhere there is a growing acceptance of the modern concept that "Alcoholism is a disease and the Alcoholic a sick person." It is encouraging to note that a similar attitude was expressed by 71% of those who answered our questionnaires. Of the clergymen and doctors consulted by the commission, 57% of the former and 81% of the latter agreed with the new hypothesis that alcoholism is a disease. We are encouraged also to find so many recipients of the commission's questionnaires who declare that present methods of dealing with problem drinkers are ineffective and downright extravagant. We agree with them that a new approach must be made that will combine the best medical research, clinical tests, social welfare, and the peculiarly successful methods used by Alcoholics Anonymous. Experience has shown that the application of restraints deemed necessary for deliberate enemies of society will not remedy the situation.

Above all, people must be taught to understand that the problem drinker is not a moral leper, a social outcast, and a hopeless, useless member of society fit only for the jail or institution. He or she is a victim of an illness that can be checked, if not completely cured. The majority can be restored to useful lives, entitled to the respect and not the censure of their fellow men. The time will come when we will no more jeer at the inebriate than we would laugh at the mentally sick person. By facing the situation realistically, and mapping an intelligent, progressive program of action, much can be done to alleviate an evil that strikes indiscriminately at the rich and the poor, the brilliant and the dull-witted, the young and the old. That is what your commission proposes to do. That is what we believe is imperative for the early restraint and ultimate extinction of the social and economic ills stemming from excessive drinking. Failure to encounter the problem directly can only continue to arouse and deserve criticism and condemnation.



JAIL TERMS FOR DRINKERS; AN UNJUSTIFIABLE EXPENSE

We are well aware that many legislators will scan this report with a practical eye, seeking to reduce the problem of inebriety, and the corrective action herein proposed, to a dollar-and-cents basis. That is understandable, but we must warn of the impossibility of setting a hard-and-fast figure on the cost, as it concerns only the State of Maine. There are too many intangibles involved; there are too many cases in which much of the cost must be charged off to the despair, anxiety and mental anguish of wives and children, fathers and mothers, and friends of those who drink to excess.

So, while your commission would be open to criticism, and rightly so, if it made some mysterious calculations of its own and arrived at a huge but unprovable and startling total, we do say this:

1. The financial burden borne annually by the people of Maine as a result of excessive drinking is tremendous and probably amounts to millions of dollars.

2. The situation is not being adequately dealt with by present methods and one of these, the jailing of problem drinkers, is not only costly in itself, but of dubious value.

This is the debit side of the ledger, the red-ink, or perhaps we should say the "red-eye" account.

Profit and Loss

There is, however, one credit possible of mention. It is the profit accruing to the State from the sale of vinous and spirituous liquors in State-owned stores, and the revenue derived by the State from the sale of malt beverages by private industry. Against this, one would have to observe that while the State Treasury fattens from these sources of income, local government pays rather heavily for the care and custody of those whose alcoholic excesses get them into trouble.

What is the amount of this burden borne by municipal and county governments? It is a fact that the amount expended in 1949 for the "support of prisoners" in our county jails was well over a quarter of a million dollars. It is also a fact that approximately 54% of those incarcerated during that year were sentenced for liquor offenses. But this does not tell the whole story, because liquor offenders usually are jailed for longer terms than inmates guilty of other offenses; thus the actual cost of incarcerating them would be more than these figures indicate. And this cost does not include the expense of the sheriff's department or the cost of arresting and arraigning offenders. Nor does it take into account the burden of providing for the family of the

prisoner or the economic loss to creditors while the bread-winner languishes in a "bastille of dehydration" at the taxpayer's expense.

Jailing Can Be Harmful

There is another factor here deserving of mention. From research undertaken elsewhere it has been revealed that about 40% of the heavy drinkers are found to suffer from a dietary deficiency resulting from their habituation to alcohol. Many Maine doctors report an even higher percentage among their intemperate patients. Obviously, jailing such people can be harmful in the sense that it is not remedial treatment. This may be why so many, when released from confinement, have a bitter feeling toward society and soon resume their place in the never-ending parade of "repeaters."

For a great many of these unfortunates, the time comes when they actually welcome incarceration for the security it provides from the harsh realities of life. In jail they are comfortable and amply, if not correctly, fed. And for those having an antipathy to honest physical toil, the clink offers another delectable attraction. Far better, in the opinion of a large number of people, if the inmates were kept busy at tasks that would help them to earn their keep and make the prospect of a future tax-supported "vacation" less desirable.

It is the opinion of 96% of those who answered the commission's questionnaires that a jail sentence contributes nothing whatsoever to the rehabilitation of habitual drinkers, or to induce moderation after release. It is not even a deterrent to the well-to-do, secure member of society; if he or she cannot "beat the rap"—that is, avoid an appearance in court altogether—it is no hardship to pay the small fine usually imposed.

Educational and Therapeutic Program Backed

These are not the biased views of crusaders for prohibition, they are the impartial opinions of citizens from all segments of society, some of whom probably do some elbow-bending themselves. Moreover, the question: "What sort of treatment do you believe would accomplish more than a jail sentence in restoring problem drinkers to useful living?" brought a vast variety of thoughtful replies, with emphasis on an educational program publicizing the results of recent scientific research concerning alcoholics and their disease. Of those who responded, 89% favored such a program.

Your commission also sought guidance as to whether the State should establish and support a Clinic where habitual excessive drinkers could obtain helpful advice and modern up-to-the-minute medical and psychiatric treatment. Of the people responding to our questionnaires, 85% endorsed the establishment of a Clinic to be maintained by the State.

From the fact that over 90% of those interrogated have requested copies of this report, we deduce that public interest in the subject of our studies is far more widespread than had been assumed. Indeed, it has to be if a curative approach undertaken by the State is to be successful. That present methods are futile and expensive, and Maine far behind the times in solving the problem is confirmed by the variety of comments made on the questionnaires.

Today, in contrast with the old methods, 27 States and the District of Columbia have programs in operation or in the process of establishment and we cannot avoid the conviction that such a program here will receive strong public approbation and backing. We would also make the observation that there is an equal duty upon the State, as well as upon the individual, for a moral attitude toward great social problems. Continued disregard for an intolerable situation is neither good government, good economics, nor, if you will, good politics.

Within the span of a decade, Maine can and should make significant progress toward finding the answer to this far-reaching, ancient question. In our opinion, it is far better to start now, even in a moderate way, than to await the outcries that are inevitable from an aroused citizenry.



DRUNKEN DRIVING

In another section of this report, we have referred briefly to the impact of John Barleycorn on a modern, mechanized society. It will do no harm to repeat that in contrast with earlier times, the immoderate drinker of 1951 is capable of doing much more than injuring either himself, his family or the circle of his friends and neighbors. Modern man has been given a host of new machines to operate, either while at work or at play, and none of these is more destructive in the hands of the drinker than the automobile.

Long before the invention of the automobile, the incompatibility of drinking and operation of machinery that could cause disastrous loss of life was recognized by the railroad industry. Very strict rules were adopted, and never relaxed to this day, prohibiting drinking by railway employees while on duty. Everyone knows, without being told, what would happen to a railway engineer caught intoxicated at the controls of his locomotive. But while the engineer of a passenger train might cause the deaths of scores or hundreds of innocent people, were he to operate it while under the influence, it is no less true to say that the intoxicated operator of an automobile might meet or pass other cars, even during a short trip, carrying many hundreds of people. And

even though he could not hit every vehicle and survive, the lives of all would be in constant jeopardy so long as he fuzzily steered his engine of destruction along the public highway.

Penalty Not Severe or Certain

Considering the gravity and the scope of this phase of the drinking problem, there has been a curious reluctance on the part of organized society to deal with it realistically. In most States, including Maine, the punishment for drunken driving is not severe, enforcement is always a problem, lower court convictions frequently (and often obscurely) fail to reach higher courts for trial or other disposal, and juries often fail to convict when the evidence is convincing. The popular assumption is that many jurors reflect they might themselves sometime fall into the same predicament and prefer mercy rather than justice.

At first glance, the inadequacy with which society is dealing with drunken driving has no place in a report such as this. But your commission has taken note of it for this reason: the heavy toll of life and injuries caused each year by drunken drivers, and by drunken pedestrians, is part of the enormous price society is paying for its failure to come to grips with the overall problem posed by the injudicious use of alcoholic beverages. We have already sketched the futility of merely jailing or fining drunks for each repeated offense. If it is hardly less than criminal to let the drunken driver escape nearly scot-free, it is no complete solution to jail him and take away his license, valuable as that may be in some cases.

We see one of the basic problems to be that of determining the state of drunkenness in the case of drunken drivers and recommend that the Legislature investigate the desirability of instituting a method of measurement that utilizes a mechanical device to ascertain the percentage of alcohol in the blood. We further recommend that submission to this sort of test by suspected drunken drivers be made mandatory.

What the Questionnaires Revealed

In considering this phase of the whole problem, your commission sought the opinions of those receiving its questionnaires. It asked whether stiffer penalties might not serve to discourage the too common and increasing disregard for a law created to protect not only the life and property of the violator, but of others as well. Twenty per cent of the replies were in favor of a heavier fine than the usual \$100 and 38% believed that a jail sentence for drunken driving should be mandatory. Longer suspension of the driver's license for the offense were preferred by 48%, while permanent revocation of the operator's license after a second or third conviction was urged by 69 out of

every 100 replying. This indicates a widespread opinion that sharper teeth should be added to the law, coupled with a less lenient attitude on the part of the judiciary.

We also considered it relevant to seek opinion relative to the intention of a Maine attorney to sponsor legislation authorizing restricted licenses for convicted drunken drivers whose employment includes operation of a motor vehicle. Such a license would permit on-the-job driving only. Our questionnaires indicated a somewhat unfavorable reaction to this suggestion. The complete tally showed 54% opposed, while 46% approved the proposal. Neither is your commission satisfied that the plan would have value; there is no strong public demand for it, and no evidence that it would actually reform those convicted drunken drivers who would benefit from it.

Helping the Grim Reaper

Considering the annual national death toll of over 35,000, plus hundreds of thousands of injuries, we feel like emphasizing the finding of the National Safety Council that "about one-sixth of all drivers involved in fatal accidents (in 1949) had been drinking." Maine's record closely parallels the national pattern. During the first nine months of 1950, among 123 Maine drivers involved in fatal accidents, 18 had been drinking—an increase of 60% over the 1949 figure—and court record returns for the same period show 1290 licenses suspended for operating under the influence of intoxicating liquor against 1137 for the first nine months of 1949—an increase of approximately 14%. The increasing number of violations and highway accidents usually recorded in the last quarter of the year may make the 1950 total even more discreditable.

Some of these drivers will be fined or jailed, some will lose their licenses, many will escape detection to drink and drive again. So, we ask the members of the Legislature these questions: How many accidents will be avoided and how many lives will be saved by making it thoroughly unprofitable to drive after taking a drink? How many more lives will be saved by a program that takes the problem drinker or the alcoholic, either before or after he has driven while intoxicated, and endeavors to educate and restore him to a responsible place in society? Mere punishment alone, salutary as that may be, will not prevent death on our highways.

ALCOHOL EDUCATION IN OUR SCHOOLS



For many years now, one of the favorite methods of coping with intemperance has been instruction in the public schools.

Many States have statutes that require the school authorities to use a certain amount of time each week, month or year to emphasize

the perils that follow over-indulgence in alcoholic beverages and to urge total abstinence. It can hardly be claimed, considering the increase in drinking over the years, that these public school programs have been effective. Partly this is due to the negative approach to the problem; partly it is due to the scientifically inaccurate presentation of the effect of alcohol on the human body.

Some States have seen the light, and have changed their instruction programs to conform to more up-to-date thinking on the topic, particularly its medical and psychological aspects. But we are concerned here only with the State of Maine, and it is shocking to discover that Maine teachers, charged by the law with devoting only 45 minutes each year to alcohol instruction, are still using curriculum material published by the State Department of Education 15 years ago when only a scant amount of scientific information concerning beverage alcohol was available and the teachers themselves are without adequate or suitable training in the subject. That part of the currently used syllabus — "The Science of Living" — pertaining to alcoholic beverages is obsolete and should be drastically revised in the light of modern knowledge.

Realities Ignored

Your commission readily acknowledges the good intentions of those who have influenced the existing school program of alcohol education. No one will deny that many boys and girls now in school will grow up to enjoy happy and useful lives if they entirely avoid the use of alcoholic beverages. Few will deny the advisability of complete abstention by young and immature persons. No one denies that the intemperate use of intoxicants is a positive menace to the physical and mental health of the individual. At no place in this report does your commission wish to be put in the position of suggesting even the moderate use of alcoholic beverages. But we are compelled to recognize the problem as it exists in all its aspects. And that is what the publication of the Department of Education does not do.

It is a known fact that a sizeable proportion of all young people now in school will grow up to partake of alcoholic beverages, in spite of all the instruction given and pledges signed in school. Of these, only a comparative few will become problem drinkers — individuals who cannot drink without harm to themselves and their families and to society. But "The Science of Living," the obviously outmoded publication previously referred to, does not recognize variations in the intake of those who indulge, the behavior pattern of moderate and immoderate imbibers, or the modern medical and psychological understanding of compulsive drinking. Furthermore, the approved course of instruction in our schools conspicuously fails to observe that in today's

society the use of alcoholic beverages is a widely accepted custom, involving no stigma in itself.

Drastic Revision Called For

It is not merely our opinion, but that of many of those returning the commission's questionnaires, that the present educational approach to the alcohol problem in Maine has not been successful. We recommend a drastic revision of the methods now being used in favor of an enlightened, meaningful educational program based on acknowledgement of the fact that boys and girls do, in many instances, grow up to acquire a liking for alcoholic beverages.

In lieu of importing temperance lecturers to extol the virtues of abstinence or to seek to perpetuate a viewpoint, we recommend that alcohol education be given by adequately trained teachers who have more than rudimentary knowledge of all aspects of the alcohol problem.

The three-quarters of an hour a year designated by statute, but not always used, for temperance education falls far short of the time it would take to even define the present day scientific approach to the situation. In the opinion of many, unbiased instruction that recognizes the assistance that can be given to compulsive drinkers, is much more likely to help young people cope wisely with the attraction liquor possesses. With an educational program based on up-to-date curriculum materials, we can be more confident that an increasing number will be better prepared to face the realities of life as it is lived in our time and take a judicious attitude toward the use of alcoholic beverages by themselves or others.

Teaching that relies on exaggeration and equivocation or ignores realities is not sound. Impartial education, not indoctrination, is the democratic objective and should be stressed in alcohol education as well as in all other fields of study in our State and nation.



ALCOHOLISM IN INDUSTRY

Until recently, American business men have been reluctant to discuss, and therefore slow to recognize, the huge annual toll levied on industry — and eventually on the consumers of its products — by the alcoholic excesses of its workers.

But this is no disparagement of industry, since the problem was being avoided with equal reluctance by other segments of society. And it is a tribute to the progressiveness of American business men that, with growing recognition of the new concept of the alcohol problem, they have taken steps to meet and solve it.

It would be idle to attempt to estimate the cost of inebriety in the business field. It is composed of absenteeism, lowered productivity, inefficiency and accident losses that occur in all industries and at all occupational levels from the janitor to chief executive. But businessmen have been doing some thinking of late, and we may be sure they are convinced the annual toll is so great that, whatever the cost of remedial measures, it is an excellent investment. At long last the realization has struck home that if poor light, bad ventilation, outmoded machinery and techniques impose a handicap on profitable operations, so does the personal problem of excessive drinking. The evidence is there in the estimate that of our total national working force, 3% or close to 1,500,000 regularly-employed persons are now suffering from the disease of alcoholism, or soon will be. In this huge army of problem drinkers are many competent men and women who, regardless of long and loyal service, have been or will be discharged because management cannot afford to retain employees whose intemperate habits might imperil the well being of its facilities or jeopardize its competitive position and reputation. What may seem to be punitive action by an employer, or a rough deal for the over-indulging employee, is simply a matter of ordinary business prudence when the welfare of all concerned is considered.

Big Business Meets the Problem

Thus one of the most hopeful aspects of this social problem is the energy being devoted to it by such leaders in the business world as Eastman Kodak, Allis Chalmers, duPont, American Telephone, Metropolitan Life Insurance, Standard Oil of New Jersey and General Motors. To them, as well as a growing number of others, the Little Brown Jug is not simply a jocose figure of speech, but a malevolent actuality. They are meeting the challenge with modern medical and psychiatric care, with duPont claiming it has already restored over 100 alcoholics to their jobs through treatment provided by the forward-looking corporation. And as a sample of the new industrial approach, Consolidated Edison Company of New York even considers alcoholism a cause for disability retirement on pension. This stand caused the New York Herald Tribune to comment that the utility "simply faces an unlovely fact in a hard-headed and enlightened manner."

Despite rather limited knowledge of the impact of inebriety on industry in the State of Maine, a concept of immunity is not sound from an immediate or long-range point of view. We would be far off base not to assume that it shares the problem equally with business elsewhere. Several large Maine employers are so convinced that a program of rehabilitation will be profitable, in terms of results achieved per dollar spent, that they have shown willingness to coöperate in efforts aimed at a solution. One of these, the Saco-Lowell Shops of

Biddeford, one of the largest employers in this State, with approximately 5000 people on its payroll, has already taken steps to help excessive drinkers in its employ.

Dr. Barden's Views

In our opinion, what Saco-Lowell is doing is worth noting as an indication of the new enlightened thinking in industry. Its medical director, Dr. Frank W. Barden, expresses the company's approach in stating that alcoholism is a disease whose victims deserve treatment and not society's condemnation. He believes that educators and doctors, working closely with Alcoholics Anonymous, can accomplish much in the rehabilitation of problem drinkers.

In the opinion of Dr. Barden, and it is an interesting comment, the disease can be arrested by influencing the victim to stay away from liquor, and he declares, rather ominously, that "It is surprising, when you get into a question like this, how large a percentage of an industrial population really is involved."

It is this situation, bulwarked by the views of one dealing with it on a daily basis, that lends weight to the conviction something must be done about the misuse of intoxicating beverages in Maine. It can and will be done with the right kind of coördinated program.

STATE CONTROLS AND ENFORCEMENT

During the course of the Commission's inquiry, it became impressed with the inadequacies and defects in our State laws relating to the sale of alcoholic beverages. And this impression has been confirmed by the views of many with whom the commission consulted.

Obviously there is a connection between the abuses that grow from over-indulgence and the laws regulating the sale of alcoholic beverages, and their enforcement. The primary purpose of these laws is protection of the public welfare, and that has as its basis the discouragement of excess.

So the commission addressed this question to thousands of Maine people acquainted with the alcohol problem: "Do you think the incidence of drunkenness would be less if the moral and ethical character of all persons having to do with the sale of alcoholic beverages were subjected to closer and continuing scrutiny?" A majority of the replies received indicated a belief that more thorough initial screening and periodic re-examination of the right to be employed or engaged in the liquor business, either under State or private auspices, would reduce the number of violations which otherwise are bound to occur. There is ample indication that it is not particularly difficult for some unscrupulous individuals to obtain official sanction to dispense liquor and to avoid appropriate penalties for flagrant violations of the liquor laws and regulations.

Flaws in the Law

The commission, moreover, discovered these interesting conditions which we set forth for your consideration:

(1) A private retailer who sells alcoholic beverages to a visibly intoxicated person can be prosecuted but a State liquor store employee who does the same thing apparently cannot.

(2) The State does not control the sale of, or tax, a number of potent intoxicating agents such as "Canned Heat" which, although not properly intoxicating beverages, figure importantly in the problem of alcoholism. We think it is true to say that the use of these products as intoxicants is almost exclusively by alcohol addicts. And since they contribute in no small measure to the difficulty of solving this vital question, we believe the sale of such products should be regulated by the State.

(3) Conviction of a felony is no bar to the issuance of a liquor sale license in Maine, as it is in 27 other States and the District of Columbia. Nor is it required that the applicant for a license be of good repute and moral character. Even the fact that an applicant is an excessive drinker or a chronic alcoholic is no barrier.

(4) Maine does not require that applicants for a license must be able to read and write, or to demonstrate that they have even a fundamental knowledge of the laws under which their business must be conducted if the application is approved.

(5) Local authorities having primary jurisdiction over the issuance of licenses for the retail sale of alcoholic beverages and local officials charged with detecting violations of Maine liquor laws are not disqualified for a liquor sale license. Neither are applicants required to submit proof that they are the real party of interest and financially responsible.

Now, we consider these to be grave defects in the Maine liquor laws and regulations, and in their equitable administration. Number one apparently springs from the supposition that because more gallons of malt beverages than spirituous liquors and wines are sold that the former is the major contributor to the alcohol problem. But when volume is translated into absolute alcohol—the intoxicating ingredient—this assumption lacks confirmation.

As to number five, we consider it important that applicants for a liquor license be required to furnish proof of their financial responsibility, and that they are the principal in the transaction. Even though a reputable person of modest means may be a better risk than an opulent individual of questionable character, there is reason to suspect that an applicant is not the principal unless he can show his ability to meet the financial requirements of the business for which a license is sought. This requisite seems especially important because

the economic status of a financially irresponsible person could be a factor in inducing disregard for the liquor laws and thus promote the undesirable conditions which good citizens everywhere are striving to do away with.

These and other pertinent aspects of conditions relating to control laws and their enforcement within the State of Maine would have been more thoroughly scrutinized if the work of this commission had not been handicapped by factors beyond our control. Nevertheless, we do think changes can be made that will strengthen the fundamental purpose of applicable legislation.

The only good liquor law is one that is strictly and impartially enforced, and that discourages excess in the use of a product which experience has demonstrated can so easily be abused.

A PRUDENT STATE PROGRAM

When we enter the field of therapeutics, we enter debatable and controversial ground. The immense public interest generated in recent years in alcoholism has spurred research into what may broadly be termed its "cure" on a wide variety of fronts. Social agencies, clergymen, doctors, psychiatrists, and organizations of laymen are everywhere zealously probing this human enigma. The result is an ever-changing picture, perhaps comparable to that resulting from current research in cancer and diseases of the heart. This is both encouraging and hopeful—an augury of eventual success in solving one of mankind's oldest questions.

But this very picture of promised betterment offers a new problem to the State. There is so much we do not know yet about effective treatment, so much remaining to be discovered, so many theories that must be tested by long-term actual experience, that your commission finds itself unable to recommend a definite therapeutic program the State should undertake at this time. It is a case in which delay seems preferable to rushing into a rather expensive project that may have to be discarded or adapted later on.

Modest Start Recommended

While we are satisfied that public opinion in the State of Maine demands that something be done about excessive drinking, we feel that it is better to make a start on a moderate scale, in line with the moderate resources that we hope will be made available. At the same time, the progress made elsewhere in the experimental field should be closely watched. This commission would prefer to scan developments in other States as they occur, measuring their cost in terms of results achieved, and with the freedom to make new recommendations that we can honestly say are sound and beneficial.

For the time-being then, this commission gives top priority to the following:

(1) Initiating a factual educational program in the public schools, State colleges and universities, supplemented by the education of adults insofar as it can be done.

(2) Establishing Guidance Centers, under the administration of one competent to direct them, where potential and actual alcoholics, their families and their friends, may obtain counsel and information concerning dependable sources of treatment and rehabilitation.

(3) Making an on-the-spot appraisal of therapeutic facilities maintained by other States for the purpose of determining the practicability of providing similar assistance for problem drinkers in Maine.

The first objective requires the coöperation of educational authorities, and we are sure that it will be forthcoming. Many progressive Maine schools now provide information and guidance on intimate personal questions such as the relationship of the sexes. They even teach students to operate motor vehicles carefully. We see no reason why alcoholism cannot be approached in the same manner, without exaggeration and without hysteria, but with a view to acquainting the young man and woman with the dangers of over-indulgence.

Should Educate Adults, Too

The education or re-education of adults will prove more difficult. A greater degree of cynicism and skepticism will be encountered, but the need is the same.

How then can this praiseworthy objective be achieved? We think the coöperation must come, mainly, from the public schools and from adult organizations that include in their membership a majority of the community's grownups. Here again discretion must be the watchword, lest over-emphasis and the appearance of alarm undo the good results that may be obtained from friendly, casual treatment of this social problem. The approach as well as the information presented is important.

The second objective, Guidance Centers, can be set up at relatively small cost. We conceive of them as the predecessors to whatever clinical assistance the State may offer later. They can accomplish much, in the way of advice on the problem of alcoholism, and suggestions on sound sources of treatment and rehabilitation. If well-handled, those served will turn out to be the best boosters. The Centers will act, in one capacity, as a clearing-house for the information from all other agencies dealing with the same question. One of their functions will be to weigh every new advance in the therapeutical field and sponsor only those which it feels have been adequately tested. We

suggest that, at first, the Guidance Centers be operated as an adjunct of this commission, which we assume will continue to function until it has done all it can do to launch the State on a full program for the care and treatment of problem drinkers.

Task Cannot Be Ignored

From the studies made, the commission is convinced that the problem of alcoholism will continue to grow. Your commission is convinced, too, that it is a problem that cannot be left to the individual or to private agencies for solution. The State has a grave responsibility in its role of monopolizing the legal sale of intoxicating beverages. Here is a case in which it must consider the Biblical adjuration that it is "my brother's keeper." We believe it is no longer a question of whether the State should lend its efforts to the solution of a problem it directly helps to bring about, but what should be done. So your commission is making modest recommendations of a temporary nature, that must be supplemented in due time, as research discloses proven methods of curbing excessive drinking. The cost, whether it is measured in broken homes or broken lives, or merely in dollars and cents, is too great not to undertake them.

ALCOHOLICS ANONYMOUS

Any study of the subject the Liquor Research Commission has explored would fall short of being complete unless it included reference to the unquestionable success of Alcoholics Anonymous in helping the victims of alcohol. This organization, formed only 15 years ago, and drawing deeply from the wells of spiritual faith and human charity and understanding, has rescued and rehabilitated uncounted thousands of compulsive drinkers. Members of your commission have observed personally its activities and accomplishments, they have conferred with alcoholics who have attained sobriety through its unique and tested methods. From these contacts we have developed a profound respect for its aims and achievements, and we sincerely believe that any program adopted by the State of Maine would have little chance of full success without the coöperation that AA is qualified to provide.

Your commission concluded that the most accurate summation of AA and its work would come from a member of the organization itself. Therefore, "The Story of Alcoholics Anonymous" which appears at the end of this report is, in the main, the product of an outstanding Maine member of the group. We have taken few liberties with his graphic account and gratefully acknowledge his coöperation in its preparation and presentation.



HOW TO FINANCE A LONG-RANGE PROGRAM

The Liquor Research Commission has discovered, to its regret, that handicaps previously referred to have prevented completion of the studies it contemplated at the start of its labors. It is believed, nevertheless, that this interim report will enlarge knowledge of the subject we have examined and we hope, we very much hope, sharpen the interest of all who are, or should be, concerned with it.

Much remains to be done before a comprehensive program designed to accomplish necessary and desirable changes can be projected or initiated. Such a task will involve costs which cannot be avoided. We are, therefore, asking the 95th Legislature to allocate from the General Fund an amount sufficient for the functions of this commission during the coming biennium. A draft of an Act designed to meet our requirements is appended to this report.

Considering the complexity, nature and magnitude of our task, the amount sought can hardly be regarded as extravagant. It is less per year than the average net income of the State Liquor Commission during an average 5-hour period of liquor store operations. Expressing it differently, it is approximately one-seventh of one per cent of the annual dollar sales volume of the Liquor Commission, or less than half a cent on every quart of wine or liquor sold during the 12 months ending June 30, 1950.

Not An Unexpected Question

It is only natural, and not unexpected, that legislators will ask, "How much will it cost to establish and maintain the contemplated long-range projects, and where will the money come from?" It may be that some financial genius will emerge with a plan for public benefits that does not involve expense. But he hasn't yet, and we are not naive enough to suggest that our proposals can be put into effect without cost. Ordinarily the ultimate consumer must foot the bill for social services, no matter how the collections appear on the books. But it seems to us, and to more than 70% of those who answered our questionnaire, that only a small part, possibly none, of the cost of whatever projects may be undertaken need find its way into the retail prices of alcoholic beverages. The proviso is this: That the inequitable fees for permits and licenses now in effect be rearranged so that all businesses or individuals deriving profit from the liquor trade pay their fair share of the freight. In other words, that there be no more free rides for anyone.

An Inequitable Situation

It is our contention that the liquor taxation picture in the State of Maine is badly out of balance, in favor of suppliers of "hard liquor" and wines, as opposed to brewers and distributors of malt beverages. Taking first the malt-beverage industry; wholesalers who supplied nearly 13 million gallons of ale and beer to Maine consumers in the year ending June 30, 1950, paid to the State Liquor Commission over two million dollars in excise taxes. Moreover, they were required to pay these taxes before the merchandise on which it was levied could be shipped into the state for re-sale. In addition, the State also received over \$388,000 in malt beverage filing fees and licenses. The total of nearly \$2.5 millions comprised more than 35% of the entire net profit of the Liquor Commission for that period.

But this is not the whole story, looking at the economy of the State of Maine as a whole. The importation and sale of malt beverages is accomplished without a State subsidy of any kind; it is a private enterprise conducted with private capital supplied by individuals who face the problems and risks common to all other business ventures. They are Maine citizens; they are also Maine taxpayers. They employ hundreds of clerks, salesmen, truck drivers and others who contribute their share of the cost of local and State government by paying income taxes, gasoline taxes, real estate taxes and other levies. Not only are they a sizeable segment of the tax-paying community, but they represent an industry that is already paying into the State's coffers the eighth highest beer-ale tax in the nation (\$4.96 per barrel) which exceeds the amount assessed by any other New England state.

An Untapped Source of Revenue

Now let's look at the other section of the liquor industry. During the 12 months ending June 30, 1950, the Maine State Liquor Commission bought vinous and spirituous liquors valued at well over \$13 millions net, of which over 95% was paid to out-of-State suppliers. Admittedly the State made a profit from the retail sale of these alcoholic beverages, and it realized a paltry \$77,600 from licenses issued to cocktail lounge operators, clubs and others. But it assumed all the risk and expense of storing, distributing and selling these imported products, it employed the sum of \$3 millions of public funds as working capital, and all this without one thin dime of revenue from "foreign" distilleries and wineries or their representatives for the privilege of doing a most lucrative business within the State of Maine. Certainly, if the State were not performing the functions of warehousing, distributing and merchandising vinous and spirituous beverages, the producers or distributors of these products would be compelled to absorb a substantial sum in operating costs, to say nothing of the added taxation that would accrue to the public treasury. In this connection it should

be noted that the Liquor Commission expended over \$924,000 for "Selling Expense" during the last fiscal year, a sum that does not include administrative outlays amounting to an additional \$270,000.

For these, as well as other reasons, it is the opinion of your commission that Maine is neglecting a source of revenue that other States have tapped.

It is difficult to see how the beer-ale section of the industry can be expected to contribute more income to the State, in view of the super-tax now collected that encourages the making and consumption of illegal competing intoxicants. Since the social services your Commission feels to be necessitated by immoderation are due, in no small degree, to the use of hard liquor and wine, we advocate a system of taxation on the producers or distributors of all alcoholic beverages sold to the Maine State Liquor Commission by out-of-state purveyors.

What the Tax Should Be

An excise license based on dollar volume of sales would, we believe, be more equitable than a fixed amount per distiller, winery or distributor because some sell less than \$100 worth of their merchandise to the Liquor Commission annually, while a few take in excess of a million dollars out of Maine each year. If this license fee were calculated at the rate of one-half of one per cent of the net value of all merchandise sold to the commission, and earmarked for the Liquor Research Commission or whatever organization succeeds or works with it, the funds derived would be ample for our foreseeable needs for years to come. The question is not whether higher retail liquor prices are necessary, but if a more equitable assessment of the burden would not produce the same result without reaching deeper into the consumer's purse.

A GOAL WORTH SEEKING

Clearly, we are not dealing solely with the problem of what the present and future victims of alcohol can do about their plight, but with what the people of Maine can do about the dilemma now. To begin with, popular misconceptions which have enveloped the subject for many years must be overcome and sharp differences of opinion relative to the propriety of drinking at all must be reconciled with newly discovered alcoholic facts of life. These are tough obstacles.

Nevertheless, the choice between undertaking to clean up the mess in our backyard as against avoiding the problem altogether is not really a choice at all. The first may be a calculated risk. The latter would be certain calamity. When the benefits are pondered against the cost, it should be clear that the program we recommend will not be a philanthropy or a handout. It will be an investment in better living for thousands now ill,—a basic part of good government and an essential social service to all the people of Maine.

THE STORY OF ALCOHOLICS ANONYMOUS

Alcoholics Anonymous is an unincorporated, voluntary association of men and women, banded together, without discrimination as to race, religion, sex or station in life, as common sufferers from the insidious and devastating disease of Alcoholism. It has neither constitution, by-laws, superior officers, balloting for candidates, initiation or membership fees or dues. It is self-supporting and will accept no contributions from outsiders. It requires no oaths or pledges and is as much an example of pure democracy as a Maine town meeting.

One becomes a member of AA by announcing his wish to be entered upon the rolls of any given group and automatically ceases his membership when he starts drinking again. He becomes automatically reinstated, without further action, by stopping drinking and by attending a group meeting again. It is as simple as that.

Its members do not pretend to know the answers to the perplexing medical problems regarding alcoholism. It is sufficient for AA that practically all leading medical and psychiatric specialists in the subject declare it to be a disease, and that many States (including New York and California) have ruled it to be such for the purpose of determining sickness disability benefits.

But Alcoholics Anonymous practices no medicine and makes no diagnoses. Its members tell no applicants for membership whether they do have or do not have the disease but leave it up to the individual to self-determine whether he or she is powerless over alcohol and as to whether, in consequence, his or her life has become unmanageable. These are the only tests suggested officially by the organization's Program.

It has only to look to its own members to prove beyond any doubt that neither education, nor positions of power or distinction, nor religious ordination, nor otherwise sound health, nor wealth, nor strong will power, nor love of family, nor mental brilliance can or do prevent this disease from afflicting its chosen victims.

Its members are all too keenly aware of the truth that, despite yeoman efforts, the medical world has, as yet, found no positive "cure" for Alcoholism. They ought to know this because they have themselves furnished thousands of patients and case histories to the various remedies, rigorous or otherwise, which have been experimented with. Neither does AA itself offer or promise any "cure."

AA is entirely convinced that alcoholism, being a disease, is no more a shame or disgrace than diabetes or cancer and needs to be brought out from dark closets and faced for what it is. It realizes that even the law makes it no crime, unless publicly paraded or disturbance of others is added. It sees no sense in talking about it as a sin, allied to gluttony, when even one drink is one too many for an alcoholic.

It simply says that if any person who becomes afflicted with this disease will, in all honesty and humility, surrender to and follow the suggested program of AA, his or her disease can, except in a very few cases, be arrested and kept thereafter under complete control.

So, AA proceeds upon the theory, which practice has proved sound, that the alcoholic requires not merely sobriety but a "New Way of Life," disassociated from alcohol. It therefore, suggests (and there are no actual "musts" in AA) to him or her the following seemingly-simple but actually very deep and now internationally-famous "Twelve Steps."

- (1) "We admitted we were powerless over alcohol — that our lives had become unmanageable.
- (2) Came to believe that a Power greater than ourselves could restore us to sanity.
- (3) Made a decision to turn our will and our lives over to the care of God as we understood Him.
- (4) Made a searching and fearless moral inventory of ourselves.
- (5) Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
- (6) Were entirely ready to have God remove all these defects of character.
- (7) Humbly asked Him to remove our shortcomings.
- (8) Made a list of all persons we had harmed, and became willing to make amends to them all.
- (9) Made direct amends to such people wherever possible, except when to do so would injure them or others.
- (10) Continued to take personal inventory and when we were wrong promptly admitted it.
- (11) Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
- (12) Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice those principles in all our affairs."

Alcoholics Anonymous is not a religion, new or otherwise, is not a cult and it has no dogma, creed or ritual. It welcomes into membership people of all shades of religious belief and has the practically unanimous approval and support of the Roman Catholic Hierarchy and Priesthood, Protestant Ministry and Jewish Rabbinate. But it believes in God and in His Power. It opens its meetings, by custom, with

a moment of silent prayer or meditation and closes them with the Universal Prayer, the Lord's Prayer. It very definitely has a "spiritual side" and, by seeking to follow this ambitious Program, the alcoholic not only finds a new design for living but a joyous one.

It has no connection with any fraternal organizations but welcomes members from them all. It has no secrets, except the desire to preserve the anonymity of a member to the extent he or she wishes it preserved.

Although AA is growing at such a constantly accelerating rate that it is difficult to estimate its day-by-day, world wide membership, a fair idea of its growth may be gathered from the following figures since its formation only 15 years ago:

Year	No. of Groups	Membership
1935	1	2
1938	3	60
1946	983	29,265
1949	2705	75,625
1950 (April)	3527	97,475

This is to say that, as of April 1, 1950, there were 3527 self-governing Groups spread from South Africa to Ireland and from the United States to New Zealand with an acknowledged and undoubted "membership" of 97,475 arrested cases and with thousands upon thousands of unnumbered others, classified as "newcomers," whose sobriety had been of such brief duration that they were not yet reported as full fledged "members." And, it is expected that 1951 will see possibly 4000 such groups and at least 125,000 members.

Alcoholics Anonymous came to Maine in January of 1946 when groups were formed in Bangor and Portland. As of June, 1950, there were groups in 34 communities from Sanford to Van Buren with an estimated total membership of over 1000 whose period of abstinence ranges from four weeks to four years.

AA groups serve not only alcoholics in communities neighboring upon them but also are subject to secession, by which new groups form. Furthermore, any two or more alcoholics may form a new group when they believe the program, for reasons geographic or otherwise, may be thus more advantageously carried out. They then automatically become a new Group by declaring themselves to be such, and are then internationally recognized as such.

In addition to its purely spiritual features, AA believes that its program is physiologically and psychologically sound and remedial. Physiologically, the removal of alcohol, with its action as a depressant, plus the substitution of the proteins, vitamins, minerals and chemicals, which alcohol lacks but which may be found in a well-balanced food diet, helps the bodily rehabilitation of the patient and his nervous

system. Psychologically, by initial and continued self-analysis and catharsis, the program assists the patient to better understand himself and to correct his own defects of character.

It further offers, by suggesting constant attendance at meetings, the continuing benefits of group therapy and individual private advice from older members whose drinking pattern has perhaps been similar. This feature alone ("It Takes an Alcoholic to Understand an Alcoholic") has been said to explain why AA succeeds in numerous cases when doctors, psychiatrists, clergymen, friends and even beloved members of the same family have failed.

And, in addition, by what is known as "Twelfth Step Work;" that is, the readiness, at all hours, to go without charge and on call to aid the recovery of another patient who has had enough and wants to stop drinking, the member not only carries the message to other alcoholics but engages in a species of altruism. In other words, he thus not only gives gladly but he also receives.

AA is too well aware of the remorse, mental anguish, mental debasement and crimes associated with the disease of alcoholism, to say nothing of the staggering economic losses charged to it, not to be fully convinced that some of the abundant revenue derived from the sale of intoxicating beverages should be used to rehabilitate its victims.

But AA proposes no plan for adoption by the State, leaving its members free to support or reject whatever is proposed and adopted. The organization itself does not own or manage hospitals, convalescent homes or clinics and there is no indication it will do so in the future. But it can and frequently does work intimately with them. And valuable as would be a program of public information on alcoholism and its effects, AA does not feel its function lies in this field.

It engages in no controversies, seeks no outside objectives or honors or offices, and takes no sides in disputes as to liquor laws, prohibitory or otherwise. In brief, it realizes that its own job, the direct hand-to-hand battle with the disease itself, as it afflicts the compulsive drinker, is colossal enough and will require all of its energy and attention for many years to come. It proposes to follow its traditional policy of growth by attraction rather than by promotion.

But, it can be said, without fear of contradiction, that the members of AA in Maine stand ready, at any time and without charge or cost, to carry their message and to offer their aid, experience and hard-earned knowledge in any plan which the Legislature may adopt; provided only, that such lies within the purposes, objectives, limitations and traditions of Alcoholics Anonymous.

Proposed Legislation to Implement Recommendations of Commission

AN ACT to Authorize the Liquor Research Commission to Initiate an Educational Program.

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. Liquor Research Commission, created. The Governor, with the advice and consent of the Council, shall appoint a Liquor Research Commission consisting of 7 members and shall designate its Chairman.

Sec. 2. Educational and Research Program. The Liquor Research Commission shall have the power to prescribe a program of education in the public schools, State-supported colleges and universities in this State with respect to the effects of excessive drinking of alcoholic beverages and through such other methods as may be deemed essential for the enlightenment of the public; to establish and maintain one or more Guidance Centers in centrally located communities to disseminate information concerning alcoholism and to counsel victims of the disease or others who may be interested in dependable sources of treatment and rehabilitation for the afflicted; to continue and complete the studies authorized by Chapter 213 of the Private and Special Laws of 1949 with special reference to the feasibility of establishing State-supported clinics or other facilities for the care, treatment and rehabilitation of alcoholics; to utilize existing facilities in this State, including such buildings, equipment and professional or other personnel as may be available, or to contract for such facilities and personnel as may otherwise be required to accomplish the Commission's objectives; and to expend such funds for said purposes as may, from time to time, be appropriated therefor by the Legislature.

Sec. 3. Time of Meeting; Expenses. Said Commission shall meet at the place designated by and at the call of the Chairman, not less than 2 nor more than 12 times each year, for the promotion of its objectives. The members shall be paid \$10 per day for the day of each meeting and expenses to and from the meeting place, on vouchers approved by the Chairman.

Sec. 4. Subject to the approval of the Governor and Council there is hereby appropriated from the General Fund the sum of \$25,000 to the said commission to be expended in the promotion of its objectives and in payment of the necessary expenses of the Commission. All unexpended balances shall not lapse, but shall remain a continuing carrying account until the purposes of this Act have been accomplished.

ARE YOU AN ALCOHOLIC?

(The following test questions were prepared by Robert V. Seliger, M. D., Chief Psychiatrist, Neuro-Psychiatric Institute of Baltimore, Md., and Medical Director of The Farm for Patients with Alcoholic Problems.)

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

	Yes	No
1. Do you lose time from work due to drinking?	_____	_____
2. Is drinking making your home life unhappy?	_____	_____
3. Do you drink because you are 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. Do you crave a drink at a definite time daily?	_____	_____
10. Has your ambition decreased since drinking?	_____	_____
11. Do you want a drink the next morning?	_____	_____
12. Does drinking cause you to have difficulty in sleeping?	_____	_____
13. Has your efficiency decreased since 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 have answered YES to any one of the questions, there is a definite warning that you may be alcoholic.

If you have answered YES to any **two**, the chances are that you **are an alcoholic**.

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

