

A Brief Note on an Article of Faith

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"Addiction is characterized by compulsive use and once contracted it progresses 'til death. When an alcoholic after ten years of sobriety drinks again, he does not begin at the beginning and he does not pick up where he left off. He picks up where he would have been if he had been drinking all that while. Why is this? Nobody knows. Its simply an infallible fact. Father Martin in film "Chalk Talk"

Many alcoholologists believe that alcoholism is an irreversible disease which can be arrested, but not cured (Jellinek, 1960). Furthermore, it is argued that the disease of alcoholism continues to progress within its victim even when the alcoholic attains sobriety. That is, no matter how long the alcoholic has remained abstinent; one drink will precipitate a recurrence of uncontrolled, addictive drinking; and that no matter how long the interim period of sobriety, once an alcoholic resumes drinking, he will then drink as if he had never quit drinking at all.

Such a view implies that the alcoholic

disease process does not lie dormant during abstinent periods, but undergoes an incubation period during which the disease inexorably progresses, albeit in a covert, latent form. This belief, this article of faith, is often presented as supporting proof for the disease concept of alcoholism. Evidence for this belief is largely anecdotal; nevertheless it has been incorporated into the folklore of alcoholism. If Father Martin says it in "Chalk Talk" then it must be true.

As anyone who has worked in the field of alcoholism knows, it is true that some alcoholics deteriorate rapidly if they resume drinking after a lengthy period of sobriety. Many treatment professionals and members of Alcoholics Anonymous attribute this rapid deterioration to the mysterious, silent progression of the disease alcoholism. From this point of view, the alcoholic is a victim who is helpless in his fight to stop the progression of his illness. Sobriety allows the individual to function, but the disease advances. This view has few implications for treatment other than as a stern warning to the sober alcoholic who is contemplating a trip to the liquor store.

More importantly, those who hold this point of view may be overlooking other significant factors which contribute to the oft-times catastrophic effects accompanying the resumption of drinking by alcoholics. For example, it is well-known that

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individuals with chronic alcohol problems suffer not merely from the specific toxic effects of alcohol, but also from alcohol-induced nutritional deficiencies. Alcohol calories displace nutritious food, resulting in various forms of nutrient deficiency. Alcohol also disrupts regular metabolic processes and causes impaired nutrient absorption and utilization (Roe, 1976). In addition, alcoholics frequently experience other nutrition related problems, such as disturbances of carbohydrate metabolism, caffeineism, and other food allergies (Worden & Rosellini, 1978).

During detoxification, alcoholics are encouraged to eat nourishing meals and are sometimes given vitamin supplementation. However, after the initial treatment period, nutrition is often ignored. It is not unusual to find sober alcoholics who subsist on a diet that is rich in sugar, fats, and salt, and almost every food item consumed will be packaged, processed or refined in some way. The recovering alcoholic consumes, in addition, legendary amounts of coffee and tobacco. Abstinence from alcohol eliminates one stressor, a fundamental one to be sure, but other physiologically-stressful nutritional patterns remain intact. Norman Jolliffe (1945) pointed this out over 30 years ago:

All sweetened carbohydrate beverages, such as the cola drinks, and also sugar cane and sugar candy, can be just as serious nutritional offenders as alcohol if they are used in equal excess. Refined sugar is a pure carbohydrate. It contains no vitamins, minerals or proteins, nothing except calories. It requires thiamin, niacin, and riboflavin to oxidize it. Anyone who drinks, say, 20 cocolas a day, is nutritionally in about the same situation as one who drinks a pint of whiskey. Of course the sugar does not cause gastric disturbances, or impaired absorption and utilization of vitamins, but it does increase the requirement for vitamins because of its vitamin-free calories. The sugar loaded dietary supplements are, in this respect, as bad as alcohol, (page 79)

Small wonder, then, if the body's resilience becomes so severely taxed during careless sobriety, that once drinking is resumed, it seems as

if the effects are the same as they would have been had the alcoholic never stopped drinking at all.

In short, the mysterious, covert progress of the alcoholic disease process in the absence of drinking can be more accurately attributed to the perseverance of a physiologically stressful life style. This life style, in turn, contains all the elements necessary to produce the pervasive condition known as the saccharine disease. (Cleave, 1975).

As Hoffer (1978) has recently observed, "Over-consumption of refined foods causes the saccharine disease. Organ changes from the saccharine disease result in diabetes, peptic ulcer, constipation (and its effects, such as varicose veins, hemorrhoids and cancer of the bowel, and other debilitations)". Hoffer also emphasizes that alcoholics are particularly apt to be affected by the saccharine disease, and the concomitant mental and physical manifestations of hypoglycemia.

When rapid deterioration of the sober alcoholic who resumes drinking is viewed as the result of the overt progression of the saccharine disease, then several implications for treatment are clear:

1. The sober alcoholic is no longer viewed as the helpless victim of an incurably progressing illness. He is, indeed, able to halt its progression by modifying his lifestyle.
2. Elimination of "junk" foods and attention to other nutritional factors as a major component of treatment will help to reinforce abstinence by reducing physiological manifestations of the saccharine disease.
3. Modification of the sober alcoholic's diet may stop the progression of the saccharine disease and thus may lessen the intensity of adverse consequences if drinking of alcohol is resumed.

The fact is that many alcoholics do resume drinking following treatment (Armor, et al, 1976; Davies, 1962; Pattison, Sobell and Sobell, 1977). We contend that if therapists paid more attention to Orthomolecular factors and implications of the saccharine

disease, treatment would be more efficient and productive. Moreover, subsequent relapse on the part of the substance abuser will very likely be less catastrophic.

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