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A study of the services and facilities offered to the alcoholics of Atlanta, Georgia

Edrose Betts Smith

Atlanta University

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A STUDY OF THE SERVICES AND FACILITIES OFFERED TO
THE ALCOHOLICS OF ATLANTA, GEORGIA

A THESIS
SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY
SCHOOL OF SOCIAL WORK IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SOCIAL WORK

BY
EDROSE BETTS SMITH

ATLANTA, GEORGIA
JUNE 1948
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CHAPTER I

INTRODUCTION

Statement of The Problem

Alcoholism is a serious problem in the United States. It has been called by an assistant surgeon general of the United States Public Health Service, America's number four public health problem.\(^1\) Alcoholism is our greatest unsolved public health problem. It is not a new one, but a problem which has never been recognized. People often just refuse to admit its existence. No problem will ever be solved if we refuse to recognize it.

Alcoholism, simply described, is an illness characterized by an emotional and social maladjustment and by a compulsive dependence on alcohol. It is a condition that tends to become increasingly serious. Although alcohol given immediate release from the pain of maladjustment, it also sets up situations which make the original maladjustments progressively worse. This leads to further use of alcohol, creating a vicious circle.\(^2\) An alcoholic may be described as one who cannot handle alcohol in any form.

There are about 50,000 individuals who are called chronic

\(^1\) Marty Mann, Alcoholism, America's Public Health Problem No. 4 (South Carolina, 1946), p. 3.

excessive drinkers. The latter differ from the former largely in degree and many of them do become alcoholics. The presence of this great number of alcoholics in a society of 131,000,000 gives an indication of the magnitude of the problem.\(^1\)

Alcoholics come from all regions of the country, from all economic and social strata. They represent all levels of intelligence. They appear to drink not for enjoyment or taste, but in order to alleviate the pain of their existence, and in order to go on living. In the area of marriage this group shows an extraordinary variation from members in the normal group. Their failure to marry is a symptom of their maladjustment. The county jails count about two-thirds of their population from people in this category. Between eighty and ninety per cent of the population of municipal and private shelters is made up of those persons with a chronic alcoholic problem.\(^2\)

The subject of alcoholism is at long last being brought out into the open. People in social work have been among the first to recognize it as a problem. If our greatest unsolved public health problem is to be coped with, a new attitude toward this problem will have to be adopted. The social worker can do much toward an interpretive job to the community. Alcohol has been known as a disease to medical science for over 150

\(^1\)Ibid., p. 2.

\(^2\)Ibid., p. 5.
years. However, the attitude that alcoholism is a sickness has not yet reached "the masses". When the idea that alcoholics are ill people becomes generally accepted it will not only radically change the method of handling alcoholics; it might even produce a change in their attitudes. They will be able to recognize their condition, ask for help, and cooperate with efforts being made to help them. The change in the lay attitude cannot happen overnight. Social workers do appear to be the logical pioneers in beginning a change in the attitude toward the alcoholic. They can aid in creating a sympathetic public attitude toward the alcoholic and alcoholism.¹

We should stop showing the alcoholic joking tolerance, stop classing them as sinners to be ridiculed or as criminals to be legally punished. The alcoholic's place is in a hospital or other places for treatment.² They should be given a helping hand and a chance when they seek "to come back", an attempt should be made not to make them the social scapegoat.

The majority of medical institutions refuse to admit the alcoholic except for treatment of concomitant diseases and offer no therapy for alcoholism alone.³ The alcoholic's situation is reminiscent of the insane a century ago. This does not mean

¹Marty Mann, A New Attitude Toward Alcoholism (New York, 1946), p. 3.
²Ibid., p. 7.
³The Federation (Federation of Social Agencies of Pittsburgh and Allegheny County), May, 1946, p. 18.
that alcoholism is a psychosis or that the alcoholic is psychotic. The rise and popular acceptance of the concept of insanity constituted one of the greatest humanitarian and medical reforms of the 19th century. We need a similar acceptance in this century for the alcoholic. Insanity is now accepted without reserve as an illness. When alcoholism does gain its acceptance as an illness we will have not only made a humanitarian advance but one of great importance toward the rehabilitation of the alcoholic and for the prevention of alcoholism.¹

Alcoholism is the problem, it is only because people don't consider it a "mental disease". The cure of this problem rests not just with stopping the consumption of liquor, but with the removal of the reason why the person is drinking. Preventing an alcoholic from drinking is hopeless unless the mental condition that drives him to drink is not cured first.

Social pressures are put on human beings in our Western Civilization to drink and to drink to an excess. There is a predominant sexual distribution in alcoholism. Males are addicted to alcoholism about seven times as frequently as females.² Addiction to alcohol is thought to have its roots in social pressure and tradition, therefore, it is understandable that alcoholism be less in women. It is looked on with more

¹Ibid., pp. 21-22.

²Abraham Myerson, "Roads to Alcoholism", Survey Graphic (February 1945), p. 49.
"disgust" and less tolerance for a woman to drink.

There is also an important racial distribution of alcoholism. Jewish people have little or no alcoholism. Their records of arrests and admissions to hospitals show a marked immunity of the Jew to alcohol addiction. It is as we press further northward and upward to the Scandinavian countries and the British Isles where we find an incidence of heavy drinking. We also find that the descendants from these countries have a high incidence of drinking. In the United States alcoholism is greatest among the Irish Americans with a liberal sprinkling among people from Norway, Denmark and Germany. The Jew might drink because of inferiority feelings and anxiety.

Who becomes addicted?

It is difficult to say or isolate the personality types who do become alcoholic, yet it is probable that certain types do become alcoholic more frequently than others. The unorganized extrovert becomes alcoholic very readily. He remains on a level of hedonism (living for pleasure). He drifts in the present moment. The hobo is not completely an example of this type. He does not build up an organized self. He has no fixed attachments to a woman so he does not marry. He has no loyalty to one locale, so he migrates from place to place. He doesn't have a developed skill and follows one occupation just long enough to sustain life and alcohol. He drinks to an excess because he has nothing to keep him sober. The second type meets his "fellow men" with dread. He wants to be "one of the boys" unless he is under the influence of liquor he finds this impossible to do. With alcohol his fears are assuaged.

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1Ibid., p. 50.
2Ibid.
3Herbert Yahroes, Alcoholism is a Sickness, Public Affairs Pamphlet 118, Public Affairs Committee, Incorporated, pp. 4-5.
We could not mention alcoholism without stating the economic loss caused by it runs into billions of dollars. Benson Y. Landis lists the following among the bills chargeable to alcoholism: potential wage losses $432,000,000; crime $188,000,000, accidents $89,000,000, hospitals and medical care $31,000,000, maintainence of drunken persons in local jails $25,000,000. There are other heavy costs involved in the breakup of families and the warping of personalities. These things cannot have a price placed on them. It can be concluded that it would be relatively cheaper to adopt a program for the treatment of alcoholics and the prevention of alcoholism. If the incidence of alcoholism can be diminished a healthier and happier community will be possible for all.

Purpose Of The Study

This study attempts to evaluate the resources for the treatment of alcoholics of Atlanta, Georgia. The study also tries to determine the effectiveness of Atlanta's present program for their alcoholics. It is hoped that further interest will be stimulated to do more for the Atlanta Alcoholic, if this study shows the need is not being adequately met.

Scope

The study is geographically confined to the area of Atlanta, Georgia. However, information from other geographical areas was referred to for comparative purposes. Public and private facilities were considered.
Method Of Procedure

The material for this study was obtained by personal interviews with staff members of the Atlanta Family Service Society, Veterans Administration, Grady Hospital, Fulton Hospital, Salvation Army, Blackman-Walton Sanitarium, the White Cross Hospital, Alcoholics Anonymous Group, and the city jail.

Data was utilized from the following national organizations: The National Committee for Education on Alcoholism, The Research Council on Problems of Alcohol, The National Alcoholic Anonymous, The National Committee on Alcohol Hygiene. Other available resources too numerous to name were also used.
CHAPTER II

TYPES OF ALCOHOLICS AND METHODS OF TREATMENT FOR ALCOHOLISM

Why some drinkers are enslaved by liquor and others continue to drink with no serious effects is the most baffling and intriguing question connected with the use of alcoholic beverages.

Jellinek's classification of abnormal drinkers will be discussed to give some conception of the etiology of alcoholism. In defining the problem of the alcoholic more clearly it should be remembered that any attempt to classify people into "types" necessarily involves oversimplification, and this is especially so with regard to such an individualized problem as alcoholism.¹

Jellinek defines the alcohol addict as one who has an uncontrollable craving for alcohol and an inability to break with the habit.² He distinguishes two types of addiction - primary (true) and secondary as follows: "In primary addiction, this craving serves the purpose of artificial adjustment. In secondary addiction the purpose is for counteracting the physical effect of a preceding bout".³ An abnormal drinker may or may not be addicted, except for the one group which is specified as

²Ibid.
³Ibid.
a "true" addict.¹

The true addicts can be defined as a group with the common characteristics that "alcohol is a definite need for them and that it has a definite function in their scheme of things." Their dependence on the intoxicant and their inability to give it up are not determined by habit and physiological processes. They are distinguished from the secondary addicts by the fact that alcohol has played an essentially dominant role in their life management; while for the secondary addicts it has not, although the latter develop physiological and psychological need for alcohol in the process of habitation. The true addicts are steady rather than intermittent drinkers and their drinking stems from endogenous origins.²

The following types of drinkers belong to the true addict group (1) the decadent, (2) the discordant, (3) the compensating, (4) the poverty drinker. Floch points out that in the decadent drinker's need for constant "stimulation" may be simply due to "undisciplined early sensitation to all forms of pleasure with a subsequent jading of all appetites."³

The discordant or "impassioned" drinker in contrast to the

¹Ibid., p. 12.

²Ibid.

decadent type, is continuously torn by emotional conflict and drinks to forget. His lack of maturity and stability in facing his environment leads to a need for the temporary relief of tension and the blotting out of conflicts which alcohol supplies. This type again in contrast to the decadent, responds well to treatment because it is often possible to relieve the discordance and thus the necessity for continuous drinking.

The third type, the compensating drinker seeks alcohol as a means of social adjustment, to gain enough blustering self confidence to exert himself socially. His drinking is fundamentally motivated by inferiority. To some extent in all drinkers inferiority is present. It is the basic characteristic of the compensating type. The compensating drinker can be differentiated from the decadent drinker by noting that his drinking stems from an unsatisfied need for ego satisfaction while the decadent type appears to seek stimulation in order to life him out of an endless boredom.

Jellinek describes the poverty drinker as similar to the compensating drinker, but feels the poverty drinker's drinking stems or is precipitated by the environmental factors of unemployment. Jellinek includes them among the "true addicts" because drinking is essential to them. It acts as a temporary solution to their problem of unemployment.

The symptomatic drinker is one whose drinking is a symptom of a seriously disturbed mental state. Drinking does not solve the problem as it does with the true addict. Some examples of
disorders in which drinking occurs symptomatically are: schizophrenia, early general paresis, manic depressive psychoses, and epilepsy. Jellinek points out that drinking among these individuals is only one of many symptoms and may be superficial.

There are four additional types of drinkers who cannot be considered either true addicts or symptomatic drinkers. These are the stupid drinkers, the exuberant type, the Stammtisch type. Jellinek accepts Cimbal's description of the stupid drinker as a feebleminded individual whose drinking stems from an inability to resist temptation, the function of alcohol being to supply brute pleasure.

The "exuberant" drinker is one who avails himself on any special occasion to drink to excess. This type drinks at intervals which appear to be quite irregular. In many cases the "jolly student" drinkers are exuberant drinkers. They often calm down with increasing maturity.

The Stammtisch drinker includes a variety of types, their common element and name stems from the Stammtisch, around which the group gathers every night for drinking and singing. Their drinking is one aspect of conforming to the mores of their social or economic class. There are three types of Stammtisch drinkers; the predominantly social compensating drinkers, and the promotional drinkers, (salesman buys the pros-

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1 Floch, op. cit. p. 531.
pect a few drinks to put them in a more receptive frame of mind).

The last type comprises the occupational drinker. These are individuals who become excessive drinkers merely through constant exposure to alcoholic beverages. Brewery and distilling employees, waiters and bartenders are obvious examples. They drink continuously, although only to a great excess, irregularly. Secondary addiction and chronic alcoholism frequently occur in these drinkers, over a period of time. Jellinek estimates that the Stammtisch and the occupational types constitute a large proportion of the drinking population while the true and symptomatic comprise a small number.

Alcoholism is variously treated by physicians, psychiatrists, temperance leaders and laymen, all with some degree of success. Because of the highly variable nature of alcoholism, a variety of approaches is necessary, and treatment in every case should be styled to the particular patient. Before any treatment for the actual addiction can be initiated, it is necessary to put the patient into good physical condition. In the case of chronic alcoholism the "alcoholic disease" must be treated and in many non chronic cases, vitamin therapy and a period of rest are needed to put the patient into condition for treatment.

There are several basic difficulties in the treatment of alcoholism which must be recognized by the therapist. Despite the current emphasis on approaching alcoholism as a disease it cannot be regarded as an ordinary illness from which the
patient recovers by due cause, with the proper medical care. Another problem is that much of the patient's difficulty stems from his environment which is difficult. Tiebout lists three guide post for the treatment of alcoholism as follows.\footnote{Harry M. Tiebout, \textit{Treatment of Alcohol Addiction}, Abridged Lecture of First Seminar Course on Alcohol Studies at Yale University (New Haven, 1944), p. 79.}
The goal is always complete abstinence. Treatment cannot be successful without the patient's cooperation, and the presence of cyclic phenomena (drinking to ease the tension, coming out the patient has a marked and precipitate drop in tension, after that history repeats itself).

The issue in the treatment field today is drug therapy versus psycho therapy, although nearly all types of drug treatments utilize the psychological element to some extent. The most commonly used drug therapy is the "conditioned reflex" treatment in which amorphine or some nauseant drug is used to create a vomiting response to the taste or even to the smell of liquor. This treatment usually effectively breaks the habit, but in the case of primary addicts, a psychological reorientation must be effected or the maladjustment will be manifested in another way, often leaving the patient in a worse condition than before.

Jellinek lists three types of psycho therapy which are used with alcohol addiction. The first type is suggestion and hypnosis. It is used to influence the individual, impressing
upon him the fact that he will not take another drink. Jellinek does not feel this treatment deals with the causes for drinking but merely tries to stop the patient from taking a drink. A second type is called substantive treatment, and is directed at producing new emotional experiences. Religious conversion is an example of this type of treatment, also occupational and recreational therapy. The Alcoholics Anonymous can be listed in this group. The third type is causative psychotherapy. After the therapist uncovers the causes for drinking, he attempts to help the patient reorganize his life through manipulation of his environment. Many difficulties arise with this treatment, the basic one being the need for the establishment of rapport or transference with the patient. This may probably be one of the reasons for the success of the Alcoholic Anonymous Group. They hold that an ex addict can effectively establish transference with an addict. The following is an outline summary of the treatment used by Strecker and Chambers in their book Alcohol One Man's Meat.

Basic Consideration

(1) There must be an understanding on the part of the patient of the seriousness of his condition.
(2) There must be total abstinence during treatment.
(3) The patient must be entirely honest in all his dealings with the therapist.
(4) In event of relapse the patient must notify or see that the therapist is notified.

The Physical Phase of Treatment

(1) Decision as to the need for hospitalization or sanitarium care, before actual treatment is undertaken.
(2) Production of good physical condition in the patient.
(3) Exercise and diversion with caution against over fatigue.
(4) Attention to nutrition and metabolism, especially dietary corrections of deviations from the normal blood sugar curves.

There are various types of treatment available for alcoholism. Generally, therapists agree on the limited applicability of every method. A certain range of treatments is necessary considering the fact that abnormal drinkers comprise a heterogeneous population of differing personalities, whose drinking behavior stems from different causes. It is likely, that each therapists tends to draw his clientele from a particular segment of the population and therefore develops his methods of treatment around the type of patient he most frequently meets.

In all probability, the possibilities of prevention are greater than those of cure. Attempts should be made toward an early selection of alcoholics (potential) and toward the best means of keeping them from developing the habit.

Methods for treatment of various types of alcoholics have been developed but treatment on the whole still presents a complex discouraging picture. A large percentage of the alcoholics have a poor prognosis and others represent difficult therapeutic problems. Probably an effective way to meet this
problem is before the alcoholic discovers the "alcohol solution". The pressing need now is to supply adequate facilities through which existing methods may be made available to a wider number of alcoholics.
CHAPTER III

THE SERVICES AND FACILITIES OFFERED TO THE ALCOHOLICS OF ATLANTA, GEORGIA

The 1947 population figure for Atlanta is estimated to be 350,000.\(^1\) Atlanta has approximately 8,000 inebriates of whom about 2,500 are chronic alcoholics.\(^2\)

There is no place in Atlanta and very few places in the United States where adequate medical services for the alcoholic can be provided. If a suggestion which has been made to include an alcoholic treatment ward or clinic in the proposed psychiatric clinic of Grady Hospital should be carried out, Atlanta could be a pioneer city in doing something about our greatest unsolved public health problem.\(^3\)

Dr. Woolly, an Atlanta psychiatrist, who has been on the executive staff of the National Committee on Alcoholism for some years, and who has also worked with Dr. Robert V. Seliger of Baltimore, Maryland, one of the most outstanding men in the field, says an alcoholic ward could be set up from scratch, and doing good work in six months.\(^4\) Such a clinic might not be able to handle all the alcoholics but would certainly relieve

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\(^1\)Facts in Figures About Atlanta, Industrial Bureau, Atlanta Chamber of Commerce, p. 1.

\(^2\)Letter from E. M. Jellinek, M. D. (Director, Section on Alcohol Studies, Yale University, October 21, 1947).

\(^3\)"How Doctors Can Cure Problem Drinkers", Atlanta Journal, February 10, 1946.

\(^4\)Ibid.
the present situation.

In Atlanta there are psychiatrists who know what medical science can do for compulsive drinkers, but they are handicapped by a lack of facilities. In Atlanta there is no place which can handle the problem of alcohol on a sound psychiatric basis. There are no facilities - public or private, to handle the actual cure of alcoholism. Private hospitals and sanitariums will take a drunk man and sober him up. The second aspect of the problem, the cure of the sick personality which takes a long time is having little or nothing done about it.

Psychiatric care in an institution in Atlanta costs $75.00 to $200 a week.¹ People of ordinary means need help from a public institution like Grady Hospital which could afford an ideal set-up for psychiatric treatment.

An alcoholic ward at Grady Hospital could handle both the problem of sobering up the patient, getting him back on his feet and also the job of rehabilitation, which is the biggest part of the problem. A set-up like this might be expensive to maintain, but whatever the cost it would be nothing compared to what it is costing the Atlanta Community now.

The Alcoholics Anonymous is the only organized effort to combat alcoholism in Atlanta. This probably can be said, for the most part, about the rest of the country. The only thing left out of their program is medical treatment. Many of the

¹Ibid.
Atlanta psychiatrists ask their patients to join this organization. Often the psychiatrist will not attempt the rehabilitation of a problem drinker outside of an institution unless he is sober or at least one week away from his last attack, and not while he is in his period of remorse and willing to promise anything. Atlanta needs more psychiatrists and better facilities to cope with its alcoholic problem.

The Atlanta City Jail

There are in the United States some 3,000 county and local jails and a larger number of police lockups. Very few of which are adequate for the mere physical custody of persons committed, let alone to provide for their care and rehabilitation. Yet, it is in these very institutions that a very large proportion of the alcoholics find themselves at one time or another, some of them for many successive trips.¹

Many times there is no place to put the alcoholic except in our local jail. We as a nation are not wont to treat our sick in this fashion. We are not cruel, because we pride ourselves on generally being a kind people. Yet to a great body of sick human beings we offer punishment for their illness.

The Atlanta City Jail is located at Butler and Decatur Streets. It offers the most widespread service given to the Atlanta alcoholics. The staff consists of 524 employees and

457 of these are uniformed policemen. The remainder are clerks, stenographers and laborers. There is no psychiatrist on the staff. If it is necessary to use the services of a psychiatrist, a community psychiatrist is utilized.

The annual budget for 1947 was one million eight hundred fifty thousand dollars. The staff's salaries are included in this fund and there is no specific fund set aside for the care of alcoholics.¹

No treatment is offered in the jail. An alcoholic is locked up until he becomes sober. There is one cell which accommodates approximately 175 occupants. Usually it is only full on the weekends. Only the ones who are not too drunk to care for themselves are placed in this cell. If the man is very drunk, an attempt is made to place him in a cell alone because otherwise he might be robbed.

The judge usually fines, dismisses or suspends alcoholics. If they are unable to pay their fine the alcoholics are sent to the City Stockade, Dairy Farm or City Prison, which is close to Constitution, Georgia on the Southern Railroad Macon Highway.

The alcoholic is rarely kept in the city jail over a day. The percentage of repeaters is approximately fifty per cent. The percentage of Negro alcoholics is less than the whites. Lieutenant Brown was unable to theorize as to why this is

¹Interview with Police-Lieutenant J. F. Brown (Atlanta City Jail, Atlanta, Georgia, October 27, 1947).
so. He felt that it might be because the Negro population figure is lower, or that fewer Negroes are arrested because of intoxication.

The "alcoholic" is often arrested on the street. The jail receives many calls from neighbors. The sources of "referral" are varied. The only facility the Atlanta jail has is a sedan patrol wagon for the specific use for alcoholics. It is equipped with a stretcher, and keeps the police from having to call Grady Hospital for an ambulance to pick up a "passed out drunk". The Atlanta jail has no hospital facilities, and if the "patient" is unable to talk and appears to be ill he is carried to Grady Hospital.

There are no separate files kept on the alcoholic. Lieutenant Brown was unable to tell how many alcoholics had been locked up in 1947.

Hospitals and Sanitaria

Grady Hospital.—The city hospital is located at 35 Butler Street, S. E. As has been stated before it has no special alcoholic ward. The alcoholic comes to the attention of the Emergency Room. He is usually permitted to sober up there. Generally he is not admitted to the hospital. No records are kept as to how many alcoholics come through the Emergency Room. Once in a while, an alcoholic because of delirium tremors has been placed on the ward. Later it has been determined that the patient was an alcoholic and he has been released.
The Social Service Department gets very few referrals of alcoholics, although they would attempt to offer some type of treatment if more alcoholics were referred.¹

The Fulton Hospital.—The Fulton Hospital is located at 973 Edgewood Avenue, N. E. It is a private and incorporated hospital that was opened in October, 1945.

This hospital accommodates 20 patients and is privately financed. The rates for treatment are $200 for ten days. This includes complete treatment, doctors, nurses and medication.

The facilities in this hospital for treatment are X-ray, laboratories, complete medication for physical and mental allergies, physiotherapy, diathermy, short wave for muscular aches, rheumatism and neuritis, reflex treatment, baths and shock therapy and water surgery (detoxification).²

The dining hall is open 24 hours per day and the patients are permitted to eat at will. They also receive nourishment throughout the day and nightly. "The welfare of the patient is the main concern".³ Cure is tried for all patients whether it is accomplished or not.

The staff consists of six nurses (two male and four

¹Interview with Emily Humphery, Medical Social Worker (Grady Hospital, Atlanta, Georgia, November 8, 1947).

²Interview with Director Thomas Hardy (Fulton Hospital, Atlanta, Georgia, November 7, 1947).

³Ibid.
female), three doctors and one psychiatrist and a director.

For recreation the patients play checkers, cards, and intermingle socially.

Follow-up care is given to the patients. There is no fee for this service.

The hospital takes all alcoholic cases, irrespective of their condition. There is a plan now being considered for the extension of their services. No Negroes are served by this hospital.

White Cross Hospital.—This is a private hospital located at 301-305 Boulevard, N. E. Henry N. Alford is the director. He is staffed with "prominent" doctors of Atlanta, subject to call at all times. A male nurse and two female nurses who live on the premises are on duty at all hours. Approximately thirty registered graduate and under graduate nurses are on call night and day. All patients must be given a thorough examination before treatment is given. Dr. Alford states he operates under strict medical ethics, using only licensed graduate physicians, registered nurses and technicians. The finest standardized pharmaceuticals are used. The complete treatment is $200, payable on entrance, and requires 7 to 10 days. This fee covers the nurses, treatments, medicines, room and food. There are no extras to pay.

Blackman-Walton Sanitarium.—This hospital is located at 418 Capital Avenue, S. E. It has a similar procedure as the other private hospitals in Atlanta. This hospital serves
mainly the business and professional men. It works cooperatively with the Alcoholic Anonymous Group. Vitamin bath and shock therapy are given to the patients. No mental cases are accepted.

The staff consists of two medical doctors, two day nurses and one night nurse. Twenty-five or thirty duty nurses are kept busy also. These nurses consist of graduate, under graduate and practical nurses.

Emery Hospital—Emery University.—This hospital accepts alcoholics only as paying patients. They come in through their private doctor. Emery has very few alcoholic patients, and they are not considered medical patients. The patient must be able to take care of himself. The treatment can only be considered a "sobering up process".

The Social Agencies

Veteran's Administration.—This agency is located at 105 Pryor Street in the Belle Isle Building. It has no specialized treatment in its program for the alcoholic. If the agency does come in contact with an alcoholic veteran, an attempt to treat him is made. Psychotherapy of talking is the treatment mainly used. Veteran's Administration does not keep separate records on the alcoholic and are unable to give an accurate estimate of how many alcoholics they have treated.

The Veterans Hospital, Lawson General, only gives a sobering up treatment. It is so full that alcoholism alone is no basis for admittance. There must be some service connected
disability to gain admittance to the Veteran's Hospital. Miss Irwin stated the government has yet to recognize alcoholism as a symptom of emotional disability. There is a staff psychiatrist connected with the Veteran's Administration program. No plans are being considered at this date to make better provisions for the alcoholic veteran, although Veteran's Administration is having a deluge of alcoholic patients asking for help.¹

The Family Service Society.--This is a private family agency. Its main concern is to preserve the family. The white branch office is located at 105 Forrest Avenue. The Negro branch, at 239 Auburn Avenue.

They do not offer a specialized service for the alcoholic, but do attempt to treat alcoholics found in their family groups. Family Service feels it to be an important problem and that Atlanta should be doing more for its alcoholics.

They do not keep statistics on the number of alcoholics treated. They offer what casework service they are able to give and enlist the aid of community resources and their staff psychiatrist.²

The Salvation Army.--This is a religious organization who in its social welfare service program often have the

¹Interview with Katherine Irwin, Psychiatric Social Worker (Atlanta Veteran's Administration, Atlanta, Georgia, November 4, 1947).

²Interview with Mrs. I. Douglas, Caseworker (Atlanta Family Service Society, Atlanta, Georgia, October 31, 1947).
opportunity to help the alcoholic. It is located at 54 Ellis Street, N. E. The Salvation Army does not have a special program for the alcoholic. They are treated no differently from other clients. They recognize the alcoholic as having been unable to maintain his own adequacy. Often people call and want to be cured of alcoholism. The Salvation Army has no cure for it, but feels if a person experiences religious conversion and accepts their beliefs they will no longer be alcoholic.¹ The philosophy is that "an alcoholic is an end result for being out of harmony with God. Come to God and ask forgiveness for your sins and the alcoholism falls off".

The Salvation Army is in sympathy with using every resource to help the alcoholic overcome his illness, "using everything from benzadrine sulfate to Alcoholics Anonymous". A complete physical and mental examination is given. Community psychiatrists are also used in attempting to clear up an alcoholic's problem.

Most of the alcoholics that come to the attention of the Salvation Army are unattached homeless men. These are referred, usually to the Salvage Industry, where work therapy, casework therapy and group or recreational therapy are employed.

Fifty to seventy-five per cent of the men placed in the Salvation Army Center have an alcohol problem. The Center is located at 339 Luckie Street. Few people come directly to the

¹Interview with Brigadier Gilbert I. Decker (Atlanta Salvation Army, Atlanta, Georgia, November 10, 1947).
Salvation Army and ask for help with an alcohol problem. The sources of referral are mainly from friends and relatives of the alcoholics. The Salvation Army does not attempt to help the people unless they want to help themselves.

No statistics are kept on the number of alcoholics served. The Negro is not served by this agency. It would be impossible to serve the Negro in the Center because the communal pattern of living is followed there.¹

The Alcoholics Anonymous Group

The men and women in this organization in Atlanta appear to be doing the most constructive work. They are serving the largest number of alcoholics in Atlanta at one time.

There are no salaried officers. It is no institution with a mission to reform society per se. It is not a prohibitional organization. It is concerned with those persons beaten by drink and "who want to come back". It is an informal organization with a universal membership of some 15,000 ex-alcoholics.²

One of the Atlanta members was interviewed, although general principles and methods are common to all the groups. "Mary" stated that the Atlanta Group are temporarily holding their meetings in the Chamber of Commerce Building on Pryor

¹Ibid.

Street. Their new club room when completed will be at 117½ Hunter Street.

There are no membership requirements, no fees, no dues, no positions taken on controversial subjects, no evangelism.

The members as healers have one great advantage. They have been "drunkards" who have recovered. At an Alcoholic Anonymous meeting one of the Alcoholic Anonymous members might feel himself understood and safe.¹

The basic ideas on which the success of Alcoholic Anonymous has had in rehabilitating the alcoholic is outlined in their twelve steps.

1. We admitted we were powerless over alcohol and 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 another human being the exact nature of our wrong doings.
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 have harmed and become willing to make amends to all of them.
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 admit it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understand Him praying only for knowledge of his will for us, and the power to carry it out.
12. Having had a spiritual experience as the result of these steps, we tried to carry this message to other

alcoholics and to practice these principles in all our affairs.\(^1\)

Faith in oneself seems to be the key of Alcoholics Anonymous. This brings the religious tone to their meetings. Any hour of the night, any hour of the day, a member of the Alcoholic Anonymous will help an alcoholic member. Their approach to alcoholism is based on their own drinking experience and what they have learned from medicine and psychiatry and upon spiritual principles common to all creeds. By combining these resources, the recovery rate among alcoholics who want to stop has been increased.

The central office of the group is supported by contributions from the other groups of Alcoholics Anonymous and from the income of the book "Alcoholics Anonymous."

"Mary" stated the Atlanta Group was established seven years ago. There are approximately 300 members. Only about 100 are in the "steady-active" class. The others are termed as "drifters" although they still participate. The source of referral to the Atlanta Alcoholic Anonymous group is mainly by word of mouth publicity. Group therapy is their medium of success.

The Alcoholic Anonymous members speak of their drink rescuing as "insurance" for themselves. Experience within the group has shown that if a recovered alcoholic slows up in

\(^{1}\text{Ibid.}\)
this work he is likely to go back to his drinking.

Atlanta Psychiatrists

The Fulton Medical Society lists nine psychiatrists in Atlanta, Georgia. Nine questionnaires were sent to these psychiatrists. Six were returned. Five out of the six give treatment to alcoholic patients. One offered no treatment to the alcoholic. Three psychiatrists give only psychiatric treatment, while the other two give medical and psychiatric treatment. The successfulness of treatment was generally felt by all five to be dependent on the individual patient. The five doctors give follow-up service. One attempts to follow his alcoholic patient from 2-3 years. Another makes personal contacts with his patients. While another has office follow-up care.

The sources of referral was mainly from physicians with other patients being the second source of referral. Two of the psychiatrists also listed ministers as a referral source. Another gave friends as a referral medium.

The hospital facilities used by these psychiatrists were the Peachtree Sanitarium, Fulton Hospital, Blackman-Walton Sanitarium, Emery Hospital. Two did not utilize the local hospital facilities. One felt that they were not adequate and the other transfers his patients to the staff of the hospital for continued treatment.

The cost of the service was generally uniform. The consultation fee was between twenty and twenty-five dollars
and ten dollars a piece for each therapeutic interview that followed was the average figure. Cost was listed by two as being varied and dependent on the time consumed. Free service is given by three of the psychiatrists. One doctor pointed out that the free service patients were his most unsuccessful patients.

Four gave service to Negroes, one had them rarely, another has none now, but would take Negroes. One doctor has them occasionally.

All five psychiatrists feel Atlanta should have a public facility for the treatment of alcoholics and that Atlanta also needs more hospital facilities. Two feel that Atlanta needs an Alcoholic Clinic. One psychiatrist does not feel that Atlanta should do anything yet on a public basis, until it has done more for the mental patients.

The number of alcoholic patients being treated by these five psychiatrists in Atlanta varied. The largest number being treated was twenty. The smallest number was one. Another doctor listed six to eight. The next gave the number of ten patients.

Four felt the Alcoholic Anonymous Group to be doing a very valuable job. The remaining psychiatrists felt that what Alcoholics Anonymous did was only of moderate importance.

One psychiatrist answered the question regarding additional information about the alcoholic to the effect that he feels legislation is desirable to permit legal commitment of alcoholics because of their irresponsibility in controlling
themselves and their addiction. At present they cannot be detained against their will, and can only be committed if declared insane. They must be released if they recover from a temporary psychosis before treatment is completed.

Of all Atlanta's facilities for dealing with alcoholics, perhaps the jail meets the largest number although it supplies the least effective answer to the problem. Psychiatrists, social agencies, and the general hospital all contribute to the rehabilitation of alcoholics to a minimum degree, and the private sanitaria and Alcoholics Anonymous appear to achieve the most notable results.
CHAPTER IV

SUGGESTED PLANS FOR IMPROVING ATLANTA'S FACILITIES

The problem is largely centered around the chronic alcoholic who is not well understood and is treated as a sinner, rather than a sick man. The alcoholic needs more attention from the physicians and less from the police. There should be a system of hospitals in Atlanta where the alcoholic could receive proper treatment. As a preventive measure, the public conscience against excessive drinking should be built up by educational measures. There is a great need for extensive research into all phases of alcoholism so that more effective measures of treatment and prevention can be applied.

Unless some action be taken to do something constructive for the alcoholic here in Atlanta, and also elsewhere, the time and effort taken in doing this thesis will have been in vain, and the problem of placing the treatment of alcohol addiction on a sound foundation not advanced. Throughout this study it has been pointed out that Atlanta does not have adequate, available hospital resources for its alcoholic.

Alcoholic Diagnostic Clinic

An Alcoholic Diagnostic Clinic could be set up to function within the Grady Hospital program. The Alcoholic Diagnostic Clinic staff could consist of a director, preferably a medical psychologist, psychologist, Rorschach worker, psychiatrist, doctor, and social worker.
The next function would be examination and diagnosis. A psychiatric examination should be made on all patients in varying degrees depending on the accessibility. If the individual in the acutely intoxicated condition and with those patients who are so upset and unmanageable, a brief psychiatric consultation could be made and the patient can be admitted to the hospital where after being desaturated he can then be studied the same way as an accessible patient, now intoxicated at the time of examination.¹

The psychiatrist could then make an examination along the following lines. A complete biographical history should be taken, place of birth, place in the family, developmental history, history of illnesses, education and work history, psychosexual development, marital status, and children, if any, also knowledge of any outstanding problem patient feels he has. A neurological examination to test the reflexes, pupils, speech, gait, and handwriting should be given. Sometimes blood tests and other physical tests will be necessary, such as the Intelligence and Personality tests. The Rorschach analysis would determine whether the patient has had organic brain changes. It is a projective technique and enables one to x-ray the personality structure and to reveal his conflicts, if any are present.²

¹Robert V. Selinger, Guide on Alcoholism for Social Workers (Baltimore, 1945), p. 75.
²Ibid., p. 75.
The Alcoholic Clinic should attempt to treat only patients who fall into the situational maladjusted or neurotic groups.\(^1\) The patients should have average or better intelligence, a non-damaged brain, emotional maturity in some life spheres, and social and business contacts in which the alcoholic's association is not continuously too great.\(^2\)

The treatment should be of a highly individualized nature. It should be undertaken with kindness and sympathy that eliminate ideas of punishment, fears of failure and attitudes of failure from the patient's mind.\(^3\)

The treatment approach involves (1) giving patients an understanding of the nature of their problem, and an insight into the cause of their drinking, while protecting them temporarily against the strains and alcoholic influences of their customary environments, (2) help them to discover other ways of dealing with life situations and emotional demands underlying their desire to drink, (3) helping them to develop a new pattern and rhythm of life through a planned routine of daily activities and by building up their morale and physical health under pleasant surroundings, good food, formal relaxation practice and outdoor exercises, (4) directing their interests and associations into new channels and diverting their thoughts from the whole problem of alcohol, (5) reeducation along the common sense lines involving certain views and attitudes and insight into the problem.\(^4\)

The Alcoholic Diagnostic Clinic should have as its functions: education, diagnosis placement, and treatment. It

\(^1\)Ibid., p. 75.
\(^2\)Ibid.
\(^3\)Ibid., p. 76.
\(^4\)Ibid., p. 77.
could be a training center for workers in this field of medical social health, through teaching doctors, nurses, social workers, students, nurses and others to educate, inform, and encourage public understanding that alcohol is a medical-psychological problem. This clinic could function the same way as our Mental Hygiene Clinic in helping to combat social problems and also to cure and prevent.¹

An Atlanta Committee on Alcoholism

What else can be done in Atlanta to provide treatment for more persons suffering with alcoholism? What measures can be taken to prevent the development of new cases of alcoholism?

An Atlanta Committee on Alcoholism could be organized to assist in developing adequate treatment facilities and measures leading to the prevention of alcoholism in the Atlanta area.

The Committee could encourage the expansion of existing services and the development of new facilities for treatment. It could disseminate factual and scientific information on the problem of alcoholism, and foster research on the causation and treatment of alcoholism. As its first step toward these objectives the Committee could establish a Consultation Center on alcoholism which would offer guidance and assistance to individuals seeking treatment. It could also provide a factual basis for developing new facilities

¹Ibid.
for treatment. The consultation center could be equipped to determine whether institutional or out-patient care is needed and it will offer complete information on facilities for the care and treatment of alcoholics in Atlanta.

In order to utilize all the resources in the community the committee could maintain effective working relationships with other social and medical agencies. It could work in especially close cooperation with the Alcoholics Anonymous.

We need to know more about the causes of alcoholism. The Atlanta Committee's Consultation Center could serve as a springboard for the initiation of a comprehensive program of scientific research. Since additional facilities for treatment are needed. Experience through the Consultation Center will serve as a basis for determining the kind of facilities to provide more adequate treatment for more people.

The activities of the Atlanta Committee and the development of an effective public education program would probably end in an increasing demand for service. The Committee could find roots for its program in the experience of local already existing agencies and services. Much could also be gained from the contributions of such organizations as the Research Council on the Problems of Alcohol and the National Committee for Education on Alcohol.

Nowhere in Atlanta has there been any correlation of effort on this problem. The differences in the varieties of therapeutic approaches that have been tried out need to be
integrated in experiments in which all types of workers can be coordinated into a cooperative unit.

Atlanta could have an Institute for the study of alcoholism where the biochemist, internist, psychologist, anthropologist, psychiatrist, minister, and social worker could cooperatively bring a common focus on the manifold problems of alcoholism. It might then be possible to remove some of the prejudice and ignorance from the alcohol problem; and give some genuine help to Atlanta's alcoholics.
CHAPTER V

SUMMARY AND CONCLUSION

The community of Atlanta, Georgia supplies for the cure and treatment of its alcoholics the facilities offered by the jail, social agencies, Alcoholics Anonymous, private sanitarium and psychiatrists. The law at the present time provides no constructive means of dealing with the alcoholics; and there is no public agency which treats them to any significant extent.

It appears that the facilities in Atlanta are inadequate and are not satisfactorily meeting this need. The alcoholic who can afford sanitarium care, particularly if he can be treated by the conditioned reflex method is the best off in Atlanta. The Alcoholic Anonymous group appear to be the most successful work. There is no provision made in Atlanta for the alcoholic in the lower economic strata.

There are hopes that a psychiatric clinic will be incorporated at the Grady Hospital, such a development would make for a far more reaching program for the Atlanta Alcoholic. It is recommended that in the event of enlargements and extensions of hospital facilities, particular consideration should be given to the establishment of facilities for treating acute intoxication and chronic alcoholism.

The main conclusion to be drawn from this study are that hospital and medical facilities are inadequate and those that
do exist are not being used to their best advantage. The placement of the patients in the few institutions here appear to be on a hit and miss basis, and depends greatly on the admission policy of the hospital or sanitarium, the economic status of patients, and how much of a nuisance he has made of himself to his family.

In Atlanta there is also a lack of appreciation for the need and necessity of research, of the need to explore new methods of treatment, and the need to educate the medically allied professions to the sound handling of the problem drinker. The diagnostic and therapeutic services offered to the alcoholic as well as research and education on alcoholism should be the function of the hospital. The fact that this job is being assumed by correctional authorities, welfare agencies, lay groups of well wishers in Atlanta shows the inadequacy of the program. It also serves to emphasize the lack of interest by the proper authorities. The hospital should be the primary point of attack due to the completeness of its facilities and also its accessibility. It appears to be the logical place for the alcoholic to turn for help.

The patient should not be denied the advantage of a thorough study of the cause or causes of his condition. When recommending that general hospitals enter into a field belonging to "alcoholic institutions" it should be pointed out that there is a growing tendency to do away with special hospitals and draw this function into the orbit of the general hospital. The problem of alcoholism need not become
an undue burden on any one hospital. All the community hospitals could share in it, and work out a cooperative arrangement.

The program outlined by this study does not pretend to offer a complete solution for the management and cure of the alcoholic problem. The proposals offered should be integrated into a much broader endeavor. Alcoholism is a public problem which Atlanta should strive to do more for and to prevent.
QUESTIONNAIRE

1. Do you give treatment to the alcoholic?

2. What are the types of treatment used?

3. How successful do you consider the treatment given?

4. What kind of follow-up service do you offer?

5. What are your sources of referral?

6. What hospital, sanitarium, and clinic facilities are available to your patients?

7. What is the cost of your service?

8. Is any free service available?

9. Do you have any Negro patients?

10. Do you have any suggestions for bettering the services offered to the alcoholics of Atlanta, Georgia?

11. How many alcoholic patients do you have?

12. Do you feel that Atlanta should offer a public service to alcoholics?

13. What value do you feel that the Alcoholic Anonymous has?

14. If there is any additional information regarding the alcoholic that I have neglected to ask, please include
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