

The psychological approach which is mirrored in society's approach to the alcoholic, puts an unbearable burden on him," Milam said. "It is a relief for these patients who have been encouraged to flagellate themselves for deep rooted personality and mental disorders to find that the reason is primarily physical."

He points out that alcoholics start drinking for the same reasons others drink. Those same common reasons are sufficient to account for why social drinkers continue to drink their whole lives. Granting the alcoholic those reasons, it is possible to fully account for his continued drinking. But there is a difference. One develops alcoholism and the other does not. The question, then, is not why the alcoholic drinks, but why his drinking initially is augmented. Milam's research supports the theory of physical susceptibility.

There is a point where psychological help and environment are needed. But that

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ABOUT 50 PER CENT OF ALCOHOLICS SUFFER FROM hypoglycemia along with the alcoholism," Milam said. "Because physical changes due to alcoholism can be permanent, the condition continues."

Milam has several consulting programs going and has been sought by business and government to help in the establishment of education and treatment programs on the disease. One recovered alcoholic who is a former Alcenas patient is beginning a treatment program for the U. S. Army at Fort Lewis using Milam's concept of treatment.

"What has happened in the past, is that the treatment focused on the symptoms, not the disease," Milam said. "The majority of alcoholics in this country are still cycling and drifting in hospitals and clinics, mental health in-patient and outpatient services and nursing homes where they are improperly diagnosed and inadequately or harmfully treated.

patients, the recovery rate is low," Milam said.

By JANET BRAN
It's a short walk from NE the door of Alcoholism Center treatment facilities.

But for the hundreds of alcoholics who made that walk since the early 1970, each step was uphill and with the courage they could muster.

Bright sun filtered through huge trees lining the driveway outlining the faces of the 20 patients on their way to an afternoon session.

They were all there: the elderly, the rich and those who maintain an existence, not content with pride. Some faces showed the disease they all have: alcoholism.

Some smiled and chatted excitedly as they meandered down the walk to the building where treatment is scheduled. Others were reserved and silent.

One, guided by a staff member, fell asleep. Her eyes wandered and her steps were slow and shuffling. A large purple bruise under her eye was prominent.

Doris Milam, executive director and founder of Alcenas, led me around the building and through the gaggle of patients to the waiting room. They called them by name as we went.

"Hi, John, how are you doing?" Millie . . ."

Red-haired and attractive Doris moves with authority. She is confident and honest. There is no deception here and what they are here and what they are here. There are no carefully chosen words, no evasive sparring with the truth.

These people are alcoholics recovering from a disease called alcoholism. Doris knows the story well. From the inside and from the outside.

She is a recovered alcoholic of Seattle University's Alcoholism Program with several years of various public and private alcoholism treatment programs.

We tour the facilities. "This is the de-tox wing," she says where we put patients when they are in. We use drugs to help get through the acute withdrawal symptoms.

The rooms are cool and quiet with large trees and overlooking the city. "This is our nursing office."

"We have several registered nurses and several licensed practical nurses who have medical staff on duty around the clock."

Mildred Price, RN, looks up at me as she takes a patient's blood pressure. Down the hall to the left we see white cloths cover the floor and a nurse is being applied.

"Here our recovering patients are ready to go home."

New alcoholism laws reflect changing ideas of treatment

Social attitudes toward alcoholism and alcoholics are changing. Along with these changes come changes in legislation.

There have been three such changes recently in Washington law. They came about through the enactment of Senate Bill 29, House Bill 1077 and House Bill 2435.

The Senate Bill "decriminalizes" alcoholism. It is basically a law authorizing the setting of alcohol treatment programs throughout the state at the county level. It also provides that no person shall be arrested for being intoxicated. It takes effect Jan. 1, 1975.

"If no other crime has been committed, if the person is simply drunk in public, he can not be apprehended," said Mylo Kurle, planner with the state Office on Alcoholism. "If he is

so intoxicated that he is a danger to himself or to others, police can take him to a treatment facility."

House bill 2435 reflects the changing approach to alcoholism. It removed the state division on alcoholism from under the control of the state Office of Mental Health and made it a separate and equal Office on Alcoholism under the Department of Health Services.

The third law stemming from House Bill 1077 already is having wide repercussions. It states that all group insurance policies, as they are written or renewed, must include coverage for treatment of alcoholism at approved treatment centers.

The Office on Alcoholism has a staff of six persons and according to Kurle, does not have the time or the staff to

fully investigate the state's treatment facilities with any speed.

"But we are doing the best we can and so far, are just trying to establish some sort of criteria for approving these facilities," Kurle said.

During the legislative process, the word "hospital" in the bill was changed to "treatment facility". This made many more private treatment centers eligible for funds from insurance companies for the treatment of alcoholics.

"They are springing up like mushrooms throughout the state," Kurle said.

Asked if this were a reflection of increased need for treatment centers, or that insurance money covering treatment would now be available, Kurle replied:

"Well, the need hasn't increased any in the past year."

County to have treatment facility

King County is gearing up to respond to the change in law decriminalizing alcoholism

federal government," Kester said. "That approval could arrive any day."

Seattle-King County Department of Public Health.