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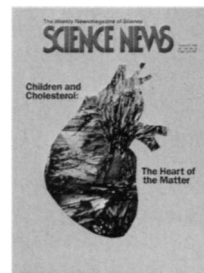
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Cover: Coronary artery disease, once considered an ailment of the middle-aged and elderly, can begin in childhood — leading researchers to test new strategies to prevent the next generation of heart attacks. Cholesterol, in a color-enhanced micrograph, is shown here in a heart-shaped structure. (Adapted from photo by Howard Sochurek/NHLBI)



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Letters

What makes an alcoholic?

The debate between environmental versus genetic factors related in "Alcoholism's Elusive Genes" (SN: 7/30/88, p.74) seems misdirected. A workable model for the development of alcoholism must be built on a series of interacting scales representing both genetic and environmental factors.

A very simplified example of such a model might include two genetic and two environmental scales. The genetic scales might consist of an inherited sensitivity to the drug alcohol and inherited predisposition to emotional/mental disorders. The environmental scales might consist of a social scale measuring societal acceptance of drinking, opportunity to drink, peer pressure to drink, and so forth; and a life experiences scale measuring the frequency and/or severity of negative life experiences such as child abuse or exposure to alcohol in the womb.

At one extreme, the individual scoring extremely high in sensitivity to alcohol but low on the other scales would be predisposed

to develop alcoholism. Conversely, an individual scoring very high on both environmental scales but low on the genetic scales could also be predisposed to alcoholism. Such a model could allow for the many different types of alcoholics as well as the different ways in which the disease develops in individuals.

Of course, any model for alcoholism is incomplete without a discussion of whether or not prolonged regular use of alcohol in low or moderate amounts can contribute to the development of alcoholism, and if so how. A "heavy drinker" in his early 20s might become the "problem drinker" by the time he is 30, and a full-blown alcoholic by the time he is 40.

Margaret McCullough
Jonestown, Tex.

"Alcoholism's Elusive Genes" reminds me that my organic chemistry professor was as early as 1920 pointing out to his classes that animal tolerance for the homologues of

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methyl alcohol is about proportional to their occurrence in partly fermented natural foods — the implications being that, but for their long consumption, all would be as toxic as wood alcohol. There must be a genetic connection somewhere.

My own observation from dealing with the problem among industrial employees has been that the most likely candidates were those on whom alcohol has a less-than-average intoxicating effect. They seem to metabolize it much more quickly, thereby reducing the amount in the bloodstream so there is less effect on the nervous system. Some even say, "Alcohol doesn't affect me." I know of at least six such persons who ultimately died of alcohol-related causes. In one case the man never took a drink until he was about 40 because of his family history, but then he got into a job where it was almost impossible to refuse. Within 10 years he had lost his job and was dead.

Although I believe that there must be a genetic reason why people metabolize their alcohol differently, it is obvious that there are differences in the learned ability to exercise self control, which is a subject that has been largely ignored by the psychological community.

Gary G. Grant
San Diego, Calif.

I find it hard to accept the idea that, according to psychologist G. Alan Marlatt, "about 15 to 20 percent . . . [of alcoholics] . . . can safely engage in moderate or social

drinking" ("Intoxicating Habits," SN: 8/6/88, p.88). Based on my personal experience as an alcoholic and drug addict, if you can do that, you aren't an alcoholic in the first place.

If you really are addicted — to alcohol, narcotics, cocaine, nicotine, whatever — in the end there is no alternative to quitting. Using whatever method works for you, you have to screw your courage to the sticking point, and simply stop.

It is part of the nature of alcoholism to be extremely inventive in making excuses to avoid stopping drinking. I guarantee that 100 percent of alcoholics are going to believe that they fall into the "15 to 20 percent" who can drink socially. Whether or not the concept is true, it will become one more excuse to be overcome for the remaining 80 to 85 percent (if you believe in the concept) or 100 percent (if you don't). It's hard to see how it adds to the general discussion.

One other point: There are certain things that rational research can deal with, but addiction is basically a nonrational process, and needs other forms of societal constraint as well. We should get practical, take a lesson from Sweden and other countries, and get serious about drunk driving penalties and enforcement.

Bruce D. Bender
Wilder, Vt.

I'm a recovering alcoholic. At one time I did manage a four-year, four-month period of abstinence on my own. I did not like it, but the desire to drink was gone. I took one drink, as an experiment, and it felt like fireworks going off in my brain. I was worse than ever before. It took five years of trying to gain control before

I finally went to Alcoholics Anonymous. Their program treats the abstinence portion as only a partial solution. I had to learn to change my outlook on life by making an honest effort to follow the 12 suggested steps.

Most alcoholics can play the game of "See, I'm not an alcoholic" by getting a handle on their drinking for a period of time; this allows the eventual reward of a real bender. I didn't relax when I drank. I flew. Alcoholics drink from a different bottle than social drinkers, and only alcoholics can know the feeling.

John C.
Passaic, N.J.

Fight, flee or freeze?

The "fight or flight" response always pops up in discussions of stress, such as "The Depression-Stress Link" (SN: 9/3/88, p.155). I wonder why a third, easily observable stress reaction, "iced," is never mentioned?

Many animals neither flee nor fight when threatened; instead, they freeze, either habitually or occasionally. Humans, too, sometimes become paralyzed (immobile, speechless or incapable of making a decision) in a crisis or following surprise. Perhaps shock, fainting, hysterical paralysis and even cataplexy are extreme forms of "icing."

Could depression be seen as a mild protracted variation of a normal, ancient stress response, i.e., "icing," rather than as a failure of archaic stress response mechanisms to fit modern life, as suggested by Gold? And, in any case, why isn't "iced" routinely considered as a stress reaction?

Robert Frye
Apex, N.C.

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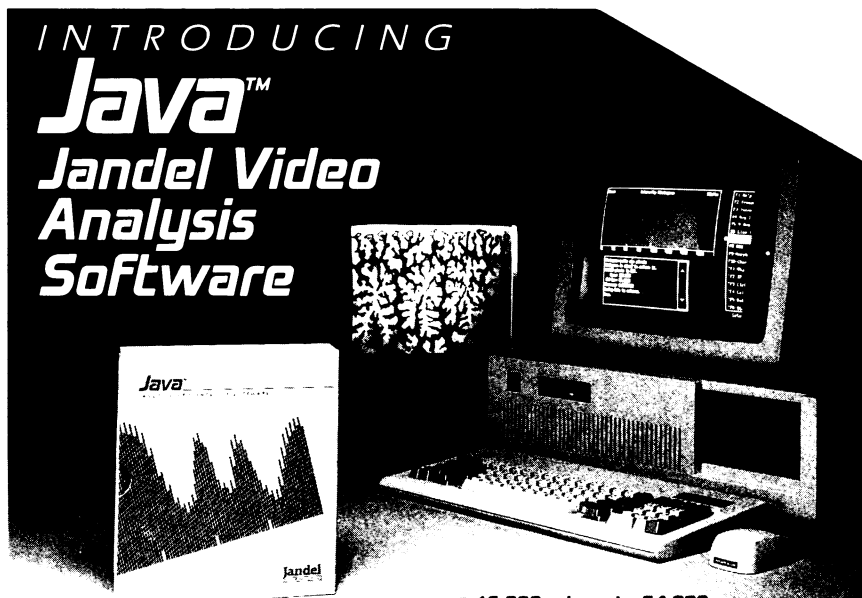
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