

Special Articles

THE "LOSS OF CONTROL" MYTH

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"Loss of control means that any drink of alcohol starts a chain reaction which is felt by the drinker as a physical demand for alcohol . . . The drinker has lost the ability to control the quantity once he has started . . ." ^{1 2} This view, expressed by Jellinek, is supported by Kessel and Walton ³: "As soon as they begin to drink again they cannot limit the quantity," and by Merskey and Tonge ⁴: "Thus, as soon as any small amount of alcohol enters the organism a demand for more is set up, which is felt as a physical demand, and which lasts until the drinker is too intoxicated or too sick to ingest more alcohol."

In view of the alleged time relation between taking the first drink and the subsequent alcoholic bout in the "loss-of-control" drinker, many workers have suggested that this response to alcohol is due to a biochemical disturbance, which, they believe, is the underlying cause of alcoholism and which can be triggered off by a small (sometimes inadvertent) intake of alcohol, such as that contained, for example, in a dessert.

Workers with experience in the treatment of alcoholics know that "loss-of-control" patients ("gamma alcoholics" ²) who take disulfiram ("Antabuse") as an aid against the temptation to drink usually omit to take the drug for some days before they actually embark on an alcoholic bout. This suggests that "loss of control" precedes the taking of the first drink and is not, in fact, due to the first drink.

I decided to test the hypothesis that a single alcoholic drink taken by a "loss-of-control" alcoholic who had been abstinent for a period would provoke craving and lead to a relapse into acute alcoholic intoxication.

METHOD

Nine alcoholic addicts of the "loss-of-control" type in the addiction unit ⁵ were invited to participate in an experiment. They were told that its purpose was to help them to remain abstinent and that this would be brought about by the daily administration of a mixture of vitamins, made after an original formula strongly flavoured to make the concentrated active agents more palatable. The patients were assured that the mixture was harmless and all agreed to take part in the experiment.

A preliminary experiment was carried out by the pharmacist, myself, and two colleagues quite unconnected with the addiction unit to devise a mixture, which though it contained 1 fluid oz. of 65.5% proof vodka in a dose, would not cause a drinker to suspect that it contained alcohol.

A satisfactory mixture (A) was devised; in a similar mixture (O) the vodka of mixture A was replaced by water. The formulas of mixtures A and O were as follows:

	Mixture A	Mixture O
Orange syrup	20 fl. oz.	20 fl. oz.
Infusion gent. co. conc.	12 fl. oz.	12 fl. oz.
Vodka (65.5% proof)	20 fl. oz.	..
Water to	80 fl. oz.	80 fl. oz.

The dose of the mixture was 4 fl. oz.; this was taken at the breakfast table in the manner of a fruit juice and by some patients on an empty stomach! During the late morning the patients were asked by the charge nurse to record any degree of craving experienced by them on a 5-point scale:

No craving	..	..	..	0 points
Slight craving	..	..	..	1 point
Moderate craving	..	..	..	2 points
Strong craving	..	..	..	3 points
Very strong craving	..	..	..	4 points

The experiment was conducted over a period of 3 weeks. Mixture O was given for 2 days; this was followed by mixture A for 2 days. This sequence was continued, except that no mixture was administered on Sundays. Thus, the mixtures and recordings covered 18 days.

The first 2 days of the experiment were used as a pilot run in order to familiarise the staff and the patients with the craving scale. The findings during these days were not taken into account.

On the 17th drinking day a mixture 2A was administered which had the same formula as mixture A, except that in 4 fl. oz. an additional fl. oz. of vodka replaced 1 fl. oz. of water—i.e., a dose contained 2 fl. oz. of vodka. The main experiment therefore covered 15 days, mixture O being taken for 8 days and mixture A for 7 days.

The true nature of the experiment was known only to the pharmacist and myself. For the first 12 drinking days only the pharmacist knew the sequence of mixtures A and O. The patients and the charge nurse who administered the mixtures and recorded the craving scale were quite unaware of the true nature and motivation of the experiment.

RESULTS

The results are summarised in tables I and II.

DISCUSSION

Table I shows that no statistical check is needed to detect any significant difference between the craving scores

TABLE I—CRAVING SCALE SCORE

Mixture	Patients	Days	Doses	Craving score (points)
O	9	8	72	33
A	9	7	63	33
2A	9	1	9	13

resulting from the ingestion of mixture O and mixture A. Table II, which records the occasions when *any* degree of craving was experienced in relation to mixtures O and A, again reveals no significant difference, the craving reactions being proportionately slightly less if anything, when mixture A was taken. Moreover, out of 63 administrations

TABLE II—DAYS ON WHICH CRAVING WAS EXPERIENCED

Mixture	Patients	Days	Doses	Craving reactions
O	9	8	72	20
A	9	7	63	15
2A	9	1	9	9

of mixture A, craving was experienced on only 15 occasions.

These results, therefore, do not bear out the established view that one drink of alcohol necessarily precipitates a hitherto abstinent "loss-of-control" drinker into a drinking bout. Also it does not support the assertion that a small amount of alcohol triggers off a biochemical

1. Jellinek, E. M. *Q. Jl Stud. Alcohol*, 1952, **13**, 673.
2. Jellinek, E. M. *The Disease Concept of Alcoholism*. Newhaven, Connecticut, 1960.
3. Kessel, N., Walton, H. *Alcoholism*. Harmondsworth, 1965.
4. Merskey, H., Tonge, W. L. *Psychiatric Illness*. London, 1965.
5. Merry, J. *Br. J. Psychiat.* 1966, **112**, 485.

abnormality assumed by some workers to be the basic cause of alcoholic addiction. Rather, the results suggest that other factors—e.g., psychological and environmental (such as the atmosphere of a pub or party)—play a part more or less important than alcohol in the “loss-of-control” reaction. This is supported by the observation that abstinent “loss-of-control” drinkers omit their antabuse for 2 or 3 days before they ingest the first drink of a bout. This suggests an already established mental set to drink before an actual relapse into acute alcoholism. Or another way of looking at it is to say that the relapse or “loss of control” begins when the alcoholic addict decides to omit the antabuse. A comparison of the craving scores and craving reactions in tables I and II and the responses to mixture 2A lend support to this view. The craving scores and craving reactions for mixture 2A are significantly different from those associated with mixtures O and A. There is no doubt that 2 fl. oz. of vodka taken under the experimental conditions described would have a strong disinhibiting effect and would allow a good opportunity for the emergence of psychological tendencies to relapse.

SUMMARY

Nine alcoholic addicts took part in a trial designed to test whether a single alcoholic drink after a period of abstinence would trigger off a relapse into acute alcoholism.

The oft-repeated assertion that “loss of control” in the alcohol addict is brought about by a single drink of alcohol was not confirmed. Psychological and environmental factors may be more important influences in initiating “loss-of-control” drinking.

I wish to thank the patients for their participation; Mr. A. Ogden for preparing the mixtures; and charge nurses G. A. Welsby and K. Wilson for recording the findings.

GENERAL MEDICAL COUNCIL

In a presidential address at the opening of the Council's 212th session on May 24, Lord COHEN OF BIRKENHEAD said that the way was now open for the Council to pursue with the Government Departments concerned the question of legislation to give effect to the proposals to charge annual retention fees for medical registration.¹ At present the Medical Register comprised three separate lists—Home, Commonwealth, and Foreign, divided according to the country where the doctor qualified. This arrangement was inconvenient. The executive committee had accordingly concluded that the three lists should be fused into one single alphabetical list in which Commonwealth and foreign doctors would be identified by a symbol. On the introduction of a system of annual retention fees a new division would be introduced into the Register. In addition to the main list a new non-resident list would contain the names of doctors who resided outside the British Isles, Isle of Man, and Channel Islands, and had applied on this ground for exemption from the annual retention fee. The names of doctors who had neither paid the annual fee for registration in the main list nor applied for transfer to the non-resident list would be removed from the Register, but they would be entitled to apply for restoration on payment of a fee and production of satisfactory evidence of identity and good character.

1. See *Lancet*, May 7, 1966, p. 1029.

Medical Dicipinary Committee

The Medical Disciplinary Committee sat from May 25 to 27, under the chairmanship of the President.

ERASURES

The committee rejected an application for adjournment of the case of *Charles Brady*, registered as of The Limes, Edwards Lane, Nottingham, M.B. N.U.I. (1948), and ordered the erasure of the name of Charles Brady. Announcing this, the Chairman said the committee thought on the whole it was a kindness to him that they should remove his name from the Register for the time being. The erasure is subject to appeal within 28 days.

Directing the erasure of the name of *Sunil Chandra Bhat-tacharya*, registered as of 109 High Road, Loughton, Essex, M.B. Patna (1944), the Chairman said: “I am to add that, although the committee have been unable to determine when your improper association with Mrs. Tye began, they have noted that, if your own version be accepted, you took Mrs. Tye on to your list for the very purpose of covering the intimacies which were in progress between you. I am asked to say that this, if it was indeed the fact, was the plainest possible abuse of your professional position.” The erasure is subject to appeal within 28 days.

CASES CONCLUDED

In view of satisfactory information concerning the habits and conduct of *Leonard Isidore Davidson*, registered as of 10 Sinclair Avenue, Bearsden, Dunbartonshire, L.R.C.P.E. (1949), the committee determined that the Registrar should not be directed to erase his name. The committee came to a similar conclusion on *Edward Hugh Stibbe*, registered as of 36 Southernhay Road, Leicester, B.M. Oxon. (1958).

JUDGMENT POSTPONED

James Oswald Shields Anderson, registered as of 30 St. John's Avenue, Chaddesden, Derby, M.B. Edin. (1944), had four convictions for driving or being in charge of a motorcar while under the influence of drink. He was stated to be under treatment. Judgment was postponed for one year.

FURTHER POSTPONEMENT

Terence Prince Shuttleworth, registered as c/o Lloyd's Bank Ltd., Broad Street, Reading, Berks, M.B. St. And. (1962), appeared for the final stage of the two years' postponement of judgment. The Chairman announced that, in the absence of any information relating to the last six months, the committee did not feel justified in discharging the case at present. It therefore determined to postpone judgment until its meeting in July.

Henry Joseph Caron, registered as of 87 Brynhefryd, Fernalde Rhondda, Glam., L.A.H. Dubl. (1949) had had judgment postponed in May, 1964, for one year to give him one final opportunity following a conviction of unlawfully procuring dangerous drugs and failing to keep a register of dangerous drugs. The Chairman told Dr. Caron that in the light of his previous record the committee regarded with grave concern the evidence which had been placed before it of his recent conviction arising from further difficulty in connection with drugs. In all the circumstances, however, and in view of the representations and evidence received, it had determined to postpone judgment for a further year.

Francis Richard Kitchin, registered as of 41 Waterloo Road, Southport, M.B. Lpool (1930), admitted a further conviction: he had been fined £40 at Southport in November for driving a motorcar when under the influence of drink or drugs, ordered to pay £13 costs, and disqualified for driving for two years. Judgment was postponed until May, 1967.

PROVISIONALLY REGISTERED PRACTITIONERS

For his second offence of driving a motorcar when under the influence of drink, *Robert MacGregor Milne*, provisionally