

With Compliments

From

ALCOHOLICS ANONYMOUS
REEF INFORMATION OFFICE

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Carl.



how

can

I

help

my

friend ?



This pamphlet is issued by the South African National Council on Alcoholism whose main objects are:

- ★ **Education on Alcoholism.**
- ★ **Promoting more and better Hospital and Clinical Facilities.**
- ★ **Establishment of Information Centres.**
- ★ **Promoting research on Alcoholism.**

How Can I Help My Friend?

By WINIFRED W. SWIFT, B.A. (Soc. Sc.)
A SANCA Social Worker

"My friend has a drinking problem . . . what can I do to help?"

Throughout the world this question is echoed and re-echoed by people whose concern is matched only by their sense of helplessness. What can they do to help? The most important requirements are:

- 1 **CONCERN:** Realise that the very fact that you do care—selflessly—is helpful to the problem drinker. Now your problem is to present this concern, not as a threat, but as a promise.
- 2 **KNOWLEDGE:** Caring is not enough. Without knowledge your chances of helping your friend are nil. It is through knowledge that your attitude will become enlightened and this will enable you to act with wisdom. Learn the facts about alcoholism, both physical and emotional. There are Societies of the South African National Council on Alcoholism in various centres throughout the country from which you can obtain the information you need. For your convenience these societies are listed at the end of this pamphlet. Branches of Alcoholics Anonymous in your community will also assist you. Find out the various sources of help available in your area and get to know respected members of your friend's circle, e.g. a doctor, a minister, or another friend whose aid and understanding you can enlist. It

may be one of these people who can approach your friend with the best chances of success.

- 3 **PATIENCE:** Understand that you are dealing with a person who has a physical abnormal reaction to alcohol and has emotional difficulties as well. These lead to severe tensions which are relieved by alcohol. Your friend knows that your offer of help involves the loss of this relief, so be patient.
- 4 **FAITH:** As an instrument of help you need—faith in the inherent worth of every individual person no matter who they may be or what they may do. Your friend's faith in God, in himself or herself, and in other people has been sadly depleted. Your consistent belief in the alcoholic's ability to recover is therefore invaluable.
- 5 **BALANCE:** Resist the temptation to dramatise the situation and to become over-anxious. Balance and a sense of proportion are essential: over-anxiety will simply prompt you to try to do what problem drinkers must learn to do for themselves. You will tend to over-protect and this is fatal, for it is in facing the realities of the drinking situation that the alcoholic will gain the motivation to tackle the problem honestly. Your realisation and acceptance of this are needed.
- 6 **UNDERSTANDING:** As your understanding of alcoholism increases, so too, will your understanding of your friend. You will begin to realise that, because the alcoholic obtains abnormal relief from

tension through alcohol, this has become a form of adjustment to the pain and stress and even the "greyness" of everyday living. Initially there is magic in this relief but, as the illness progresses, the only relief is oblivion. Let us look at some typically "alcohol" statements and seek to understand them:

(a) **"Alcoholic? Not ME!"**

The chances are that your friend does not understand himself or herself (or alcoholism) any better than most people. The ignorant think of an alcoholic as a hobo—a derelict lying in the town gardens with an empty wine bottle under his head. "That," they say quite rightly, "is not me." "That," they incorrectly presume, "is an alcoholic."
The alcoholic needs information.

(b) **"I can stop drinking for two or three days/weeks/months at a time, therefore I am not an alcoholic."**

This achievement means nothing. The test is: "How does your body react to alcohol? Can you maintain control when you do use alcohol? Or, is your control unpredictable?"
The alcoholic needs knowledge.

(c) **"I am not doing harm to anybody."**

Usually this is a piece of wishful thinking and what is meant is, "I do not want to harm anybody and so I close my eyes to what is going on." Care is needed here, for you must help your friend to be realistic in terms of the harm being done, especially to him or

herself without you yourself appearing to sit in judgment. Never seek to appear "Holier than Thou."

The alcoholic needs help in facing reality.

- (d) **"I must have a 'regmaker' before I can get going in the morning."**

If your friend is an advanced alcoholic, this statement is tragically true and your understanding of this fact is important. There is a psychological explanation for this phenomenon. It is associated with a drop in the bloodstream level of the powerful sedative toxin, or poison, resulting from alcohol. This drop occurs during a period when there is no drinking and when this "relief level" drops below a certain point, the alcoholic experiences a series of acute and painful withdrawal symptoms (viz. the shakes, nausea, butterflies in the tummy, etc.). It is only by "topping up" that the alcoholic is able to get sufficient relief from these symptoms to be able to function — a vicious circle, involving physical compulsion. Understand, too, that the two well-known symptoms of alcoholism, —the "regmaker" and drinking alone —are late symptoms and may not occur in early problem drinking.

The alcoholic needs understanding.

- (e) **"I can stop myself. I don't need help."**

This commonly-heard declaration arises out of a gross under-estimation of the complex set of problems which the

alcoholic must tackle. The goal of the recovering alcoholic is a way of life which does not necessitate the use of liquor to make it bearable. Attainment of this goal involves your friend in obtaining the facts of alcoholism, accepting them as being relevant to him or herself, and then finding a new set of emotional values and making spiritual adjustments which will help to minimise tension. This is a tough assignment which, for its success, is almost certainly dependent upon acceptance of informed outside help.

The alcoholic needs help.

(f) **"I can take it or leave it alone."**

This is a classic and again a tragic piece of wishful thinking. Your friend must be helped to view the situation as it really is—alcohol affecting home, work and social activities. In the light of the facts, the untreated alcoholic would leave it alone — if this were possible. In fact, he or she cannot. This is a hard truth to face.

The alcoholic needs compassion.

We have now examined the ingredients of help which your friend needs. This recipe is one which will produce something essential in resolving all human problems—namely LOVE; the highest and best we have to offer, summed in words recorded nearly two thousand years ago: "There is nothing love cannot face; there is no limit to its faith, its hope and its endurance . . . In a word there are three things which last forever; faith, hope and love; but the greatest of them all is love." *This is the answer.*

THE SOUTH AFRICAN NATIONAL COUNCIL ON ALCOHOLISM

Head Office:

318 Happiness House, cor. Wolmarans and Loveday
Streets, Johannesburg, P.O. Box 10134.
Tel. 22-0141/2.

Societies and Information Offices:

BLOEMFONTEIN: 15 Orange Street, P.O. Box 1408. Tel. 77271.

CAPE TOWN: 614 Namaqua House, 36 Burg Street,
P.O. Box 1324. Tel. 3-1813.

DURBAN: 907 Amsterdam House, 353 West Street,
P.O. Box 1991. Tel. 68029.

EAST LONDON: 101/2 Medina House, 40 Cambridge Street, P.O. Box 381. Tel. 2673.

EAST RAND: 8 Railway Street, Boksburg, P.O. Box 195. Tel. 52-3334.

JOHANNESBURG: 316 Happiness House, corner Wolmarans and Loveday Streets. Tel. 22-0225.

KLERKSDORP: Park Street, P.O. Box 491. Tel. 24568 (after hours 20037).

NORTHERN CAPE: 48 Dunell Street, Kimberley, P.O. Box 909. Tel. 6172.

PORT ELIZABETH: P.O. Box 863. Tel. 42206.

PRETORIA: 100 Paul Kruger Street, P.O. Box 1142. Tel. 35186.

VAAL TRIANGLE: 4 Marthinus Pretorius Building, Einstein Street, P.O. Box 95, Vanderbijlpark. Tel. 853-2055.

SANCA Clinics:

CASTLE CAREY CLINIC: 100 Paul Kruger Street, Pretoria. Tel. 35186.

CORNELIUS BEKKER CLINIC: Park Street, Klerksdorp. Tel. 24568.

HORIZON CLINIC: 8 Railway Street, Boksburg. Tel. 52-3334.

LULAMA TREATMENT CENTRE: 194 Percy Osborne Road, Durban. Tel. 33-5572.

VAAL TRIANGLE OUT PATIENTS CLINIC: P.O. Box 95, Vanderbijlpark. Tel. 853-2055.

Something of Value



for

all employers

ALCOHOLISM— man and profit destroyer



Alcoholism is undermining the efficiency of every business, industrial and service organisation. It is the forgotten factor that slows output, boosts accident rates, inflates costs and erodes profits.

Most employers are not aware that among

their key men, on both operative and executive levels, are hidden alcoholics whose lapses at least cost money and can mean disaster.

This is a typical story: "An important customer called to cancel an order for a

quarter of a million. He said he wouldn't do business with a company that employed drunks. We learned our representative had arrived at a morning meeting so intoxicated he couldn't talk sensibly. No one here guessed he was an alcoholic."

Any sizeable business can tell stories of contracts mysteriously lost, unaccountable drops in sales or breakdown on production lines.

Because alcoholism is a progressive sickness, only a small proportion of its victims at any time are in the stage of obvious alcoholism. The problem of the alcoholic in employment can be likened to an iceberg: only a small proportion is visible. The major threat lies hidden below the surface.

Alcoholics or problem drinkers are found in all occupations: among executives, skilled workers, government officials, accountants, operatives of every kind, and in every business or organisation, including your own. In fact, about one out of every 30 employees becomes an alcoholic. Apply this to your staff and size up the problem in your concern.

Executives may be more vulnerable to alcohol than other groups because of the high pressure jobs they hold. Alcohol seems to offer release from business anxieties, and plays an established role in customer contact and entertainment.

Investigation of the background of 344 patients admitted to a South African clinic confirmed the wide spread of occupations filled by alcoholics. They included university graduates, professional men, skilled tradesmen, employees in administrative and clerical posts, in commerce and the public service. By far the great majority were in the 30-50 age group in which a man usually does his most productive work.

SOCIAL DRINKING

The social drinker, even one who drinks to excess, is not necessarily an alcoholic. An alcoholic is a sick person who, without treatment, can no more stop drinking than

he can breathing: a person whose drinking affects adversely his daily life and his ability to handle his job. Progress of the disease is often slow. Alcoholism causes a man to crumble inside, to lose his drive, initiative and alertness. Long before it becomes visible, it is costing the business money.

It may take up to 18 or 20 years to become a chronic alcoholic. But long before the chronic stage you have on your staff a hidden alcoholic who all the time is losing his skill and powers of judgment — at your expense. Concealed alcoholism may be the cause of a key executive losing his grip in negotiations vital to the future of the business.

HOW TO DETECT AN ALCOHOLIC

The alcoholic can become so skilled at camouflaging his drinking that he may appear indistinguishable from his fellow workers, and this applies much more when he is a senior official or executive. But watch for these symptoms:

Behaviour: Absences *during working hours* such as frequent visits to the cloakroom, finishing off early on pay days, increased absenteeism due to ill-health or unexplained causes, careless work, misunderstanding of instructions, erratic performance, unusual thirstiness, financial difficulty, how he handles his drinking on social occasions.

Appearance: Red eyes, flushed face, hand tremors, loss of weight, increasing sloppiness of personal appearance, use of breath sweeteners.

Attitude: Personality changes, moodiness, resentfulness of criticism, irritable or aggressive behaviour, inability to get on with fellow workers, changes his attitude to drinking and drinking habits.

Detect the alcoholic in the early stages and have him treated before the disease eats up his capacity to serve your interests.

A POSITIVE APPROACH PAYS OFF

The South African National Council on Alcoholism has found a considerable range of attitudes to the alcoholic among businessmen in South Africa.

Some pretend the problem does not exist. A man employing thousands told us: "I have no alcoholics on my staff. If I saw one, I'd fire him." Men like this almost certainly have alcoholics in their employ who, helped by fellow workers and even more by senior staff, are concealing their addiction.

Other employers go to the other extreme, asserting: "What a man does in his spare time is his personal affair and none of my business." This group tends to tolerate the alcoholic for as long as possible and then to dismiss him. The end result is the same, the loss of a trained employee, often when he should be at the most productive stage of his career.

Employers in South Africa as elsewhere in the world are becoming increasingly aware that alcoholism is a widespread and crippling disease that is of vital concern to management. Statistics show that most people treated for alcoholism by private practitioners or clinics are in employment. Those seeking treatment are only a small percentage of the total needing it, for most alcoholics conceal their addiction. They fear social stigma, loss of status and opportunity for advancement; later they fear dismissal.

More and more employers are coming to realise that a positive approach to alcoholism pays off with positive results. In the first place, spare time drinking reduces efficiency and self-confidence, dulls brain power and causes loss of concentration, *in working hours*. All this spells expensive mistakes, accidents and lost business. In time, after perhaps years of private addiction, your hidden alcoholic becomes an increasingly obvious one. Then the damage he has been



doing to your affairs becomes obvious too.

All who minimize the results are indulging in costly self-delusion. They have not yet realised that this is a problem that cannot be solved by a policy of "tolerate or fire."

Big organizations such as Consolidated Edison Bell and Eastman Kodak in the United States, General Motors and the Transvaal and Orange Free State Chamber of Mines in South Africa, pioneered specific alcoholism policies which have stood the test of time and pointed the way that others are now following. Even the smallest concerns are finding that it is more profitable to help the alcoholic to recovery and renewed productivity.



A Sample Policy

- ★ The employer recognises that the alcoholic is a sick man and that most cases of alcoholism present a health problem.
- ★ Anyone suspected of alcoholism is encouraged to seek help and guidance without delay.
- ★ Any employee absent from work while undergoing treatment for alcoholism is considered to be on sick leave and is assured that his job will be kept for him.
- ★ No disciplinary action will be taken until such time as the alcoholic has refused advice or guidance and continues to drink; or treatment has been obtained with no resulting improvement.
- ★ An alcoholic who claims that he does not require treatment in a clinic or hospital and that he can help himself and wishes to do so, will be placed on probation for 12 months. If found to be drinking during the probationary period he will be given the alternative of dismissal or of undergoing treatment immediately.
- ★ This policy is applicable to all employees, including executives and is observed scrupulously in all cases.

How SANCA can help?

SANCA HELPS BY:

- ★ Supplying full information on the disease alcoholism through the media of booklets, films and papers.
- ★ Providing speakers to address managers, personnel officers or workers.
- ★ Helping you work out an alcoholism programme based on your company's alcoholism policy.
- ★ Advising you on the counselling of alcoholics.
- ★ Arranging for the treatment and after care of alcoholics at SANCA clinics or other institutions.

For information or advice write to:

SANCA Head Office, P.O. Box 10134,
Johannesburg. (Tel. 22-0141/2.)
or to one of the constituent societies listed
on the cover page of this booklet.

THE RESULTS

- ★ A positive policy and programme checks material and human losses by insisting that alcoholic employees face up to the facts of alcoholism.
- ★ It ensures earlier detection and lets the alcoholic know that he can admit his problem without fear of reprisal.
- ★ Families of alcoholics hear of the company's policy and encourage the alcoholic to seek help.
- ★ Goodwill is created between employer and employees.

Alcoholism is much easier to treat than to tolerate; and the cost of an alcoholism programme is negligible in relation to the savings that result from increase in productivity and decrease in wastage of highly trained personnel.

It has been said that "history shows that human beings avoid complex problems until it becomes easier to solve them than to tolerate them."

HOW TO HELP AN ALCOHOLIC

- ★ Have a private talk with him. Don't accuse him of being an alcoholic; simply ask him if he has a drinking problem.
- ★ List the reasons why you think he may be in trouble with alcohol. If people start talking—and this is extremely common—tell him he ought to know what's being said about him.
- ★ Tell him it's up to him whether or not he admits that he's concerned about his drinking, but stress that the company is concerned. Emphasize that help is available and that the company will do all possible.
- ★ Don't expect results from the first talk. Few alcoholics readily admit their problem. Keep watchful. If symptoms remain noticeable or worsen, have other talks with the employee.
- ★ If the employee asks for help, send him to his own or the company doctor, tell him how to contact SANCA or other agencies dedicated to helping alcoholics. Above all, treat management and non-management personnel equally with sympathetic and patient understanding.



DID YOU SAY YOU HAD NO ALCOHOLICS ON YOUR STAFF?

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NORTHERN CAPE: 48 Dunell Street, Kimberley, P.O.Box 909. Tel. 6172.

PIETERMARITZBURG: P.O. Box 26. Tel. 4-2573.

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VAAL TRIANGLE OUT PATIENTS CLINIC: P.O. Box 65, Vanderbijlpark. Tel. 853-2055.

AFFILIATED ORGANISATIONS AND TREATMENT CENTRES:

RAND AID ASSOCIATION:

NORTHLEA (Men), P.O. Box 20, Bergvlei, Dist. Johannesburg. Tel. 40-2211.

MOUNT COLLINS (Women), P.O. Bergvlei, Dist. Johannesburg. Tel. 40-3433.

TEMPERANCE UNION (S.A.R. & H.):

ELIM CLINIC, P.O. Box 88, Kempton Park. Tel. 975-2145.

D.R.C. — CAPE — DIENS VAN BARMHARTIGHEID:

RAMOT CENTRE FOR ALCOHOLICS, 54 Toner Street, Parow East. Tel. 98-2651.

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