

The Problem Drinkers Program offers help

You won't believe how some people are compelled to drink.

The Problem Drinkers Program has operated out of Penetanguishene's Mental Health Centre for 17 years now. If you go there, you can watch a video tape which depicts the effects of drinking while taking the drug "antabuse."

You take this drug to avoid drinking. Antabuse prevents alcohol from being absorbed in the stomach. You will vomit if you drink.

This video might make you sick.

It's designed as a graphic warning.

There's a 17-year-old youth, big, overweight with booze flab.

The Director of the Problem Drinkers Program, Bert Mason, remembers him.

"He would finish a mickey of vodka in two gulps," he says.

The youth volunteered to show what happens when you drink after taking antabuse. Mason says the kid didn't seriously think that a little antabuse would slow down his liquor intake.

The shocking thing is, it almost didn't.

First his blood pressure is checked by a doctor. He's okay.

Then he starts to drink. It's a four-part orange juice to one-part vodka mixture.

"I don't usually drink it with orange juice," he confesses.

He's given one drink like this every 15 minutes.

There's a haughty look in his young, pudgy face. "I can drink with the best of them," it says.

But antabuse slows him down. Red blotches begin to appear on his arms. He looks nauseated.

But he's a seasoned drinker and he perseveres.

Next to the wood chair that he's sitting on, there's a large bowl.

He throws up into this.

He throws up again. And again.

But he still reaches for that next drink.

The youth doesn't quit until he's consumed the whole 13 ounce bottle of vodka. After eight drinks, persistent vomiting and five minutes of agonized writhing on the floor he calls it quits.

Yes, antabuse works.

Mason shakes his head after it's all over. "He didn't want to give in; this was a challenge to him," he says.

People who take antabuse have to be very careful what liquids they put in their mouth or even next to their face.

There's alcohol in cough syrup.

Did you know that Geritol is a 40 proof drink?

So how does your drinking problem become so severe that you'd rather be sick than stop drinking?

It doesn't happen overnight. The disease of alcoholism is slow, steady and infinitely mendacious.

Mason says you can follow the history of an alcoholic from his first drink to his final agony. Along the way are signposts.

You get drunk at parties. You get drunk every week. You drink every day. You get drunk every day.

"Alcoholism must be self-defined. Denial is the biggest problem. It is the one sickness that no one wants treatment for."

Most people only seek help for their alcoholism when they have lost everything but their lives.

They have lost reputation, family, job, security and happiness; but booze is stronger than all of these.

But if you want to deal with your problem sooner than that, the Problem Drinkers Program might help you. Mason says all candidates are interviewed and assessed. Some may not be right for the program and the program might not be right for some.

Forty per cent of those who apply for admission to the PDP's five-week program are admitted.

In those five weeks, the alcoholic is forced to examine his life and his problem as he never has before.

The structure of the course is extremely complex.

They won't show you shocking pictures of diseased livers. They won't feed you drugs to make you sick and unable to drink. Antabuse is neither forced or necessarily recommended for the patients.

They have to ask for it. What the PDP will do is ask you why you drink.

Alcoholism isn't the problem; it is a symptom of the problem," Mason says.

What problems? Insecurity, fear, doubt: these are the demons that drive us to drink.

For five weeks, the alcoholic patients are given a chance to squeeze every last drop of booze out of their bodies. They watch films about alcoholism, listen to the testimony of famous people who beat the sickness, participate in role-playing games and drink barrels-full of coffee.

How successful are they? Mason defines success as meaning one full year of abstinence.

Other sanitariums don't have such stringent levels of success. Mason tells of some which qualify success as reduced drinking or quitting drinking on the job.

"It's a padded score card," Mason contends.

One in three passes Mason's test.

Mind you, some patients don't last the first weekend. Mason recalls one who went out for a weekend binge and returned Monday morning drunker than a Panda Bowl game.

She was ejected from the program.

Although the PDP has no affiliation with Alcoholic's Anonymous, the two groups do work closely together. During the five week course, AA visits with the PDP patients, and after leaving the program, they are encouraged to join AA.

"Our goal is the same: total abstinence," Mason says.

As the program

discourages indulgence, the PDP facilities discourage ostentation. The patient's rooms are sparse but clean. Information about alcoholism rests on the little night tables between two single beds.

The patients themselves do not "look like alcoholics." Very few alcoholics can be so identified. Only the chronic cases who are two feet removed from the grave.

They are young and reasonably energetic, they are old and kind of tired. Some are obviously poor, others might have some money.

"There's no typical alcoholic," Mason says.

The workshops are all put on video tape. These are then replayed for the patients.

Mason says this is done to show people how they actually behave. You can learn from that behaviour why you drink.

"After the initial fascination with seeing yourself on a TV screen, you begin to see yourself a little more objectively. Now it's possible for people to learn from what they see," Mason says.

The PDP Director says alcoholism itself is a learned behaviour pattern. He says he is skeptical about theories which attribute alcoholism to hereditary causes.

"Those theories are popular in Europe where genetics tends to take precedence over behaviourism. Here, you are responsible for your drinking - no one else. If your father was a drunk and you are one too, then you have simply learned to immitate his behaviour: he didn't infect you because we all have the choice to say 'No' anywhere along the way."

The Mental Health Centre's Public Relations Officer has high praise for the PDP. Jim Park says its success rate is "truly astounding" and far more impressive than those found in sanitariums across the province.



It's a large problem

Bert Mason contemplates the massive problem of alcoholism in Huronia. Mason is the Director of the Problem Drinkers Program at the Mental Health Cen-

tre. He has to turn away more people than he can receive into the five week self-help course.

Man worried about rabies

A Penetanguishene man claims there's a growing health problem on our roads.

William Ogilvie says the animals which are killed on the highways are not being consistently picked up and disposed of.

Ogilvie explains the issue came to his attention when he saw an animal on a lawn in Lafontaine. He says it wasn't picked up for "quite some time."

"Most people are skeptical about picking up the thing. You see, rabies is the problem."

Ogilvie says he made inquiries at the Animal Control Office in Midland but was told that animal pick-up "wasn't in their job description."

He says after some hankering, the animal was subsequently collected anyway.

But Ogilvie is still not happy. He says he still sees animal carcasses littering the highways in Tiny.

"One is too many," Ogilvie says "it would be very easy for a child to touch one of these infected animals and get rabies from it. I think it's a real danger to their health."

The Reeve of Tiny Council, Morris Darby, suggests Ogilvie should appeal to the Department of Highways since highways are under their jurisdiction.

The Deputy Reeve had other advice.

"I submit that if a kid is playing in the middle of the road, you'll sooner have a dead kid than a rabid one," says Dr. Peter Brasher.

Meanwhile, the Animal Control Officer in Penetanguishene says he's a bit mystified over the complaints. Pete Bidan says he never squabbles over job descriptions.

"I've never been the sort of person who says, 'Whose job is this?'" Bidan says.

He says it's not that easy

to get rabies from a dead animal anyway.

"Let me tell you, if a dog were to have rabies and you were to handle it, you would have to take an open wound and almost shove it into the dog's face."

Bidan says he always wears gloves when he picks up the roadside animals.

As for the suggestion that animals are frequently sighted along the road, Bidan only says "I don't believe it."

"It sounds sort of false to me; if someone misses a dead dog or cat, they're going to report it and we're going to pick it up."

Bidan says it's not like that in Mexico.

"Down there, no one will touch a dead animal. It might lie there on the road for days, smelling everything up. When I was there, I saw a dead dog or something which must have been lying there for almost a week - I mean it

was ripe." A Midland veterinarian confirms that it is "not that easy" to contract rabies.

Dr. B Van Toledo says the dog's saliva might be smeared on a child's open wound. Rabies has to enter the bloodstream to be infectious.

But the doctor adds that rabies is "a deadly disease and I wouldn't advise that we take chances with it."

Van Toledo says everyone at his office is routinely vaccinated against rabies because it's better than getting the disease and having to tolerate the cure.

"Why just a few days ago, I heard of this cow which died and it had rabies. Now everyone who had handled that cow during its last hours got the rabies treatment. They just weren't going to take chances with such a dangerous disease." Van Toledo says.



The Mayor remembers

Ron Bellisle, the Mayor of Penetanguishene, was one of the dignitaries who presented wreaths at the Remembrance Day ceremonies at the cenotaph. The

Mayor made special notice of the children in his speech and hoped that their generation would never know war.