THE ROAD TO LOSS OF CONTROL

The typical alcoholic or dependent on depressant drugs moves toward loss of control rather slowly. I want to emphasize that point. Loss of control is not generally a dramatic conversion experience in reverse. One day I’m in control; that night, like Count Dracula, I’m out of control.

For instance: After I ruptured a disk in 1962, at the age of 31, I was placed, for the first time in my life, on a sedative program for sleep and tranquilization. I only felt the need to increase my intake of seconal for sleeping purposes after six months. I asked for more pills and got them. After a year I went to a second doctor, complained about insomnia, and got more seconal and more Librium. After one year, however, I used seconal only at night and Librium during the day. I obtained a fairly high plateau of euphoria each day—though without risk of detection and with a clear conscience since I needed pills for continuing pain.

When I moved into my third year of regular consumption of sedatives and tranquilizers, and after the pain in my lower back and legs had subsided, I began using pills more erratically and in greater quantities to achieve higher plateaus of intoxication. It was not until the fourth year, however, that I ever used a hypnotic type drug during the day. When I began to use sedatives occasionally during the day, I believe I crossed the line from control to loss of control—though I was scarcely aware of my “loss.” I gradually became aware of this as my “plateaus” became higher and I found it impossible to function with full productivity and objectivity. I was balmy a great deal of the time—though most people didn’t realize I was taking drugs and thought, at worst, I was depressed. I made no effort to persuade them otherwise.

Eventually, when my doctors withdrew my drugs, I switched to alcohol to obtain sedative effects similar to those produced by the prescription drugs. I discovered that I had developed a high tolerance for alcohol through the intake of sedatives. However, I maintained a basic plateau pattern also in my drinking—though my plateau was out of the “normal” range.

I emphasize this point deliberately. Though the vast majority of alcoholics in this country lose control of their drug (in the sense of Keller’s description) and consume erratically in unpredictable quantities, a percentage of dependent persons consume irresponsibly by becoming too balmy each day. That percentage includes especially, in my own counseling experiences, those persons abusing hypnotic or tranquilizing drugs. They include, therefore, a high percentage of women, since women use more depressant medications than men in this