

THE ALMACAN

The most challenging problem we face in the field of occupational alcoholism is to bring about the bankruptcy of the alibi structure in the drinker long before it would occur in the ordinary course of events.

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ALMACANS EXPRESS VIEWS ON NIAAA'S 5-YEAR PLAN

ALMACA's views on future government plans for occupational alcoholism were expressed at a constituency-input meeting called by NIAAA Director Ernest P. Noble January 13 to discuss the agency's proposed five-year plan.

President Paul Sherman and Executive Director Jim Baxter joined a group that represented the field of alcoholism concern — various public organizations, labor, management, Congress and the Executive Branch — in the day-long session.

"The meeting started the process of reaching consensus from the field on the appropriate goals, and action strategy to reach them, as NIAAA develops a long-range plan that is both workable and widely supported," Baxter said after the meeting.

It was agreed, he said, that each organization would prepare a position statement for NIAAA to consider in developing a final version of the plan, a procedure much different from the "insider" process that produced the draft plan released for comment last August (See August ALMACAN).

Dr. Noble, who hopes the plan will become a centerpiece for a new partnership with the field, said all comments will be considered and that regional meetings will probably be held to obtain further grassroots opinion.

A followup Washington meeting is scheduled for April 7 to discuss the position papers received by the Institute in the interim and to formulate the plan.

ALMACA submitted initial comments in a November 1 letter to Noble that endorsed the planning effort and its intentions but pointed to what were considered "fatal flaws" (See letter sent to membership November 17, 1977).

The letter said that (1) without yearly milestones that can be measured, the five-year effort will fall of its own weight and (2) unless the long-range goals are backed up by specific plans to reach them, there is little hope of success. In addition to the general comments, there were specific suggestions concerning the occupational alcoholism goals.

Additional comments presented at the Jan-

uary meeting by Sherman and Baxter included the following topics:

Insurance — Action to insure alcoholism treatment coverage for all federal employees; expand Social Security provisions to allow payments to "for profit" treatment institutions; include full alcoholism services in health maintenance organizations; and expand outpatient and after-care coverage.

Research — Into why programs are started; prevalence and incidence of alcoholism on the job; identification of skills needed by occupa-

tional program personnel; and uniform cost-benefit data.

Training — Start now to provide training to meet the proposed goal of OA program coverage for at least 50 percent of all workers.

General — Provide more effective programs for executives; expand programs to cover families; reduce the 50 percent OA coverage objective to a more realistic level.

These comments and a re-statement of previous suggestions will be submitted in ALMACA's position paper to the Institute.

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WIDER DANGER IS SEEN FOR DRINKING MOTHERS

Drinking during pregnancy may cause damage to children far more widespread but less noted than the Fetal Alcohol Syndrome (FAS) of birth defects and other abnormalities that has been widely publicized in recent months (ALMACAN, August 1977).

That possibility was raised in testimony by science and health experts before the Senate Alcoholism and Drug Abuse Subcommittee at a one-day hearing January 31 on the FAS and proposed labeling of alcoholic beverages.

Of the three million babies born in 1978, as many as 1,500 may be "severely and irreversibly impaired—both physically and mentally—as a result of excessive consumption of alcohol by their mothers during pregnancy," said Dr. Gerald L. Klerman, Administrator of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA).

But, Klerman added, recent studies suggest that alcohol consumption during pregnancy "may also be central to the development of more subtle—and vastly more frequent—abnormalities of attention, behavior and learning which are collectively termed minimal brain dysfunction."

That dysfunction may affect some five to ten percent of the school-age population, or five to seven million children, Klerman testified.

"It is estimated," he said, "that a substantial

portion of these children are affected as a result of maternal consumption of alcohol during pregnancy."

Klerman stated emphatically that the tragedy of the situation is that "such deformities, retardation and learning disabilities can be prevented."

Klerman and the other scientists expressed conviction that alcohol consumption is a factor in causing the FAS but they were unable on the basis of current evidence to pin down an exact cutoff point of danger. Nevertheless, they indicated there could be a risk of some birth defects related to consumption of as little as one ounce of alcohol (two drinks) a day.

Dr. Ernest P. Noble, Director of NIAAA, responded to a question about a safe level of drinking by saying that one ounce or less of alcohol a day wouldn't cause the full Fetal Alcohol Syndrome but, he warned, "there is no assurance that parts of the FAS won't show up."

The "full" FAS was described to the Subcommittee as pre- and post-natal growth deficiency, small head circumference, irregularities of head and face, developmental delay or mental deficiency and irregularities in the structure of the heart, genitals and limbs.

Klerman said not all of these abnormalities continued page 3, col. 2, "FAS"

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Sherman and Baxter urged ALMACA members to submit comments to headquarters for inclusion in the position paper being drafted.

"Because we want our position on the NIAAA five-year plan to be fully representative of the organization, we will give careful consideration to all comments received," Sherman said.

A CALL FOR COMMENT

One of the main functions of ALMACA is to speak for and on behalf of the membership before official bodies that make policies affecting the field of occupational alcoholism programs. To do that job most effectively, and to make certain that the views of members are fully represented, we need your comments.

We were greatly helped recently by letters of opinions from ALMACANS in preparing our presentations, written and verbal, to NIAAA on its draft five-year plan — and, our views are leading to revisions in the plan as a result (See "Plan" this issue). President Paul Sherman and I were able to make firm statements of position and they were effective, partly because NIAAA officials knew we were speaking for a nationwide organization. In other words, your opinions give us information we need and your backing gives us clout.

From time to time, as in the NIAAA planning matter, we will ask the membership for views on a specific subject so that we can develop a policy or prepare a presentation. But I want to emphasize another point: We want your opinions at all times. At the national office, we try to keep abreast of what's going on in the field and alert to problems, but there is no way we can do that job effectively without hearing from the membership.

Consider this a request for your views at any time you have something to say about general national policies, ALMACA as an organization or specific activities or issues you believe should have attention. In my view, there are no "unsolicited" opinions or comments from members — we want and need to hear from you.

Here are some excerpts from member comments that helped to form our recent presentation to NIAAA, and which will be used by us as the process of plan revision proceeds in the coming months.

Robert W. Partridge, Columbus, Ohio, said he

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admired NIAAA Director Noble's effort to enunciate occupational goals and objectives, but that he is, "to say the least, overly optimistic. A more realistic approach is to establish meaningful and obtainable goals; don't try to do everything at once." In short, he said, NIAAA should rework the plan to assure obtainable objectives, reasonable goals and "useable in the field" research.

Einer P. Madsen, Rochester, N.Y., suggested it might be appropriate to "research the benefits of, or the adverse effects of, Fee for Service of Labor-Management Programs."

Mary H. Gallagher, Watertown, N.Y., said 1983 is too distant an objective date for expansion of insurance coverage to 50 percent. "An intensified effort in a more condensed time frame is imperative," she said.

James S. Kemper Jr., Long Grove, Ill., said that generally, "the most important single objective for NIAAA during the next five years is to achieve a unified effort within all of the miscellaneous federal activities in this field, plus a productive and hostility-free relationship between NIAAA and the reputable voluntary health agencies working in this field."

Bruce N. Davidson, Belmont, Mass., called for "some form of incentive . . . for insurance carriers to reimburse outpatient and continuing care (past hospitalization) costs." He said that evaluation and analysis of treatment programs should include a sample of certified private treatment centers that are not federally or state supported. Consideration should be given, he added, to legislation that mandates insurance carriers to reimburse 80-90 percent of alcoholism treatment.

C.F. Pilkington, East Hartford, Conn., submitted a composite response from the staff of the Pratt & Whitney Aircraft Group program and said many of the NIAAA plan objectives could be reached, given strong NIAAA leadership and unified support from the field. "We feel that ALMACA can and should be the driving force to effect unification not only within the occupational sector, but among other factions as well — most of whom rely heavily on us for their continued existence and projected growth," he said.

Jerome S. Becker, Sacramento, Calif., submitted background materials on programs in California. He also suggested that there should be continued on page 4, col. 1, "Comments"

PAPERS ARE FILED FOR CREDENTIALLING GROUP

Papers to incorporate the National Commission on Credentialling of Alcoholism Counselors were filed with the District of Columbia on January 19.

After more than a year of study and another year of discussion, that was the first formal step leading to creation of the organization recommended in the Finger Panel Report issued last February (ALMACAN, April 1977).

An essential next step is approval of a hoped-for contract with NIAAA to support the initial organization of the Commission by a technical expert.

Dr. Leonard Mitnick, Chief, NIAAA Training Branch and a member of the Finger Panel, said consideration is being given to a professional services contract for a feasibility study to implement the recommendations.

"It is important to provide legitimate credentials for counselors and we want to move as quickly as possible," said Mitnick who pointed out that Institute Director Ernest P. Noble is per-

sonally committed to this objective. He had no specifics, however, on a contract or when it might be approved within the Institute.

Mel Schulstad, President of the National Association of Alcoholism Counselors (NAAC), said he hoped NIAAA "will act quickly so that this long-delayed important step in the professional development of the field can become a reality soon — possibly by May 1."

Attorney Stephen Calkins, of Covington and Burling, said no problems are foreseen in approval of the certificate of incorporation but that the process will take some time. Calkins and Peter Barton Hutt are representing the new Commission.

According to the papers, the Initial Commissioners of the NCC will be: Margaret Rudolph, Executive Director, Association of Halfway House Alcoholism Programs; Douglas Harton, Executive Director of the NAAC; John Pinney, Managing Director of the NCA Washington office; Riley continued page 3, col. 1

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Regan, President of the Council of State and Territorial Alcoholism Authorities; A.H. Hewlett, Executive Director of the Alcohol and Drug Problems Association; and Dr. Kenneth F. Finger, Chairman of the Panel that produced the Finger Report.

Once incorporated, Calkins said, the Interim Commissioners will adopt procedures for selection of a permanent board and such matters as drafting of by-laws and other organizational documents.

Plans call for a 34-member board broadly representative of the alcoholism field, including ten counselors chosen from a pool of 100 nominees — two from each state.

An early task for the board will be to devise minimum national standards for certification of alcoholism counselors at the state level. A five-year plan for self-sufficiency is called for with a budget estimated at about \$180,000 a year.

At a December 13 meeting, members of the Finger Panel worked out a compromise on the issue of how the counselor-members would be nominated for the board. It was then agreed that state counselor associations will make nominations "in concert" with state alcoholism authorities and, if there is no consensus on a nomination, the Finger Panel would have discretion to make a choice. The compromise also calls for nominations of state alcoholism authorities to be made in concert with NAAC.

The original plan to fund organizational work called for an NIAAA request for proposal (RFP) to support creation of the new organization. In early December, however, it was found that this route did not meet federal funding regulations.

At the December 13 meeting, the Panel divided a new strategy — to incorporate the new organization and seek a professional services contract from NIAAA for an individual to facilitate initial implementation and operation.

Charles Sapp, Executive Director of the Eastern Area Alcohol Education and Training Program (EAAETP), was chosen by the panel as the prospective technical expert to perform that initial task.

NYC BARS DISCRIMINATION AGAINST ALCOHOLIC

Discrimination against recovered alcoholics in employment, insurance, welfare, credit, child custody and licenses is barred under legislation enacted last month by New York City.

The bill was drafted by the NCA-New York affiliate after a year-long study that revealed many areas of discrimination against recovered alcoholics.

Allan Luks, executive director of the affiliate and director of the study project, said he expects the New York statute to become a model for legislation elsewhere and will encourage other communities to pass similar laws.

Luks pointed out that the law will not cost the city any money but, instead, will provide new job opportunities for recovered alcoholics and make them taxpayers rather than welfare recipients.

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appear in every affected child, nor are all children born of alcoholic women affected. "Further," he said, "average alcohol consumption through pregnancy may not be as important as the maximum concentration obtained at critical periods."

Sen. William D. Hathaway (D-Maine), Chairman of the Subcommittee, asked if harm could be done before a woman knew she was pregnant. Klerman answered that some effects may occur in the first month of pregnancy and that he would recommend not drinking even one ounce of alcohol per day.

As for children showing less than the full FAS, Klerman said preliminary data from some studies "have already confirmed that babies born of women who consume between one and two ounces of absolute alcohol a day can manifest abnormalities of growth, congenital malformations and behavioral characteristics which are associated with alcohol consumption during pregnancy but are short of the full Fetal Alcohol Syndrome."

A NIAAA Health Caution, issued June 1, 1977, said that while safe levels of drinking are unknown, it appears that a risk is established with ingestion of above three ounces of absolute alcohol (or six drinks) per day. Between one ounce and three ounces, there is still uncertainty but caution is advised.

The Health Caution was a factor in sparking moves toward labeling of alcoholic beverages that was one of the subjects of the hearing. Sen. Strom Thurmond (R-S.C.) testified in support of his bill (S.1464) that would require a warning label on all alcoholic beverages.

"People must be given freedom to make their own choices about drinking," said Thurmond, but they need to be informed. His proposed warning label, required under amendment of the Food, Drug and Cosmetic Act, would state:

"Caution: Consumption of alcoholic beverages may be hazardous to your health, may be habit forming and may cause serious birth defects when consumed during pregnancy."

The bill, as re-submitted in this session of Congress, does not require a warning in related advertising but Thurmond said he would like to see it included in the final measure.

Donald Kennedy, Commissioner of the Food and Drug Administration, said his agency does not have authority to order a warning label on alcoholic beverages but that they were working with the Treasury's Bureau of Alcohol, Tobacco and Firearms (BATF) which does.

We in the FDA, said Kennedy, "are fully committed to the concept of informative labeling for all foods, including alcoholic beverages."

Regarding arguments over the effectiveness of warning labels, such as on cigarettes, Kennedy said "I see no legitimate argument against providing such warning labeling where the scientific basis for the labeled warning is sound, particularly when the given products have otherwise been exempted from more direct health regulation, as tobacco and alcohol have been."

"In my view," he added, "the only problem is one of how to do it . . . it is my duty under the (Food and Cosmetic) Act to warn the public of a scientifically valid health hazard."

Testimony by Treasury spokesmen made it clear that labeling of alcoholic beverages, if any by the BATF will be a long time coming, certainly not before 1979.

Rex D. Davis, BATF Director, noted that the agency had published a request for comment in the **Federal Register** January 16 and that the file is open until March 16. Thereafter, BATF will consider the comments and decide on whether to propose labeling then, if a label is proposed, there will be additional time for comment, possibly hearings and then, possibly, a decision to order labeling of alcoholic beverages.

Sen. Hathaway raised the possibility that Congress might act in the interim.

Speaking for the Education Commission of the States Task Force on Responsible Decisions About Alcohol, Vice Chairman Bennett Katz, Augusta, Maine, questioned the effectiveness of labeling.

He granted that legislation, rules and regulations, controls and other policies are essential to any plan for prevention of alcohol misuse.

"However," he said, "the task force urgently recommends that these policies lend themselves to reinforcing and supporting educational efforts whose goals are the development and practice of responsible decision-making skills by our nation's population."

A panel of researchers testified as to their findings on damage to unborn children because of heavy drinking and all endorsed the idea of labeling. Dr. Carrie L. Randall, of the Medical University of South Carolina, presented striking color slides of infant victims of FAS and said that human and animal studies now indicate kidney impairment along with previously noted symptoms.

Dr. Henry L. Rosett, of the Boston University School of Medicine, concluded that "the damage caused by heavy alcohol consumption during pregnancy is a problem in which primary prevention, intervening during pregnancy, has the potential to improve the health of both mother and child. A warning label informing the public of the hazards of heavy drinking should have important benefits."

HEW TO REPORT ON MEDICARE/ALCOHOLISM

Under a bill passed by Congress, HEW is to report in six months on the advantages or disadvantages of extending Medicare coverage for alcoholism and drug abuse treatment centers.

The bill would provide reimbursement under Medicare and Medicaid for services furnished in rural health clinics, including those performed by nurse practitioners and physician assistants.

It directs HEW to conduct separate evaluations of the need for Medicare coverage for mental health and alcohol and drug abuse centers.

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be "explicit job specifications" in public or civil service agencies "that make a full-time job out of an in-house coordinator in state or federal services." In addition, he said, any state or federal agency with more than 5,000 employees should have a full-time person running the program.

Jim Roth, Phoenix, Ariz., said expansion of provisions for alcoholism services in health maintenance organizations should include occupational consultation. "I believe," he said, "that the HMO has an unparalleled opportunity to implement early intervention mechanisms with subscriber employers." He included a copy of a detailed proposal on the subject submitted to the Arizona Health Plan, one of the NIAAA-funded pilot HMOs that offers alcoholism treatment.

Rev. Jerry S. Clausen, Southridge, Mass., said, in contrast to many others, that "the proposal to expand the insured population to 50 percent is a conservative one." He noted that in Massachusetts, legislation has already been signed into law requiring alcoholism services to be included in all group medical coverage. "Similar legislation in other states," he said, "could have the effect of increasing the insured population far beyond the 50 percent proposed."

William R. Williams, Toledo, Ohio, suggested that in research "it would be most important to specifically determine why companies started programs." He also suggested programs "designed to establish professional credibility for the consultants" and more attention to "the marketing process" in connection with consulting.

Howard L. McFadden, Green Mountain Falls, Colo., pointed to a "definite and desperate need to gain inclusion of alcoholism treatment at any state licensed, or JCAH accredited, non-hospital facility for a federal civilian employee or for any person on Medicare, Medicaid or SSI."

Kenlyn Meaney, Santa Barbara, Calif., noted that the federal government funds programs to enlighten the public about alcoholism but "they do not carry insurance coverage for their own employees to receive treatment in spite of their advertised policy of support in this regard."

Adan F. Tijerina, Richland, Wash., thought a 25 percent insurance coverage under Social Security and other plans would run into taxpayer resistance.

Betty Reddy, Park Ridge, Ill., said pressure should be put on federal agencies so that insurance plans cover more than detox in hospitals and that occupational programs in general should be expanded to include family members.

Robert Kauffman, Skokie, Ill., said "the direction of the NIAAA is overly biased toward the perspective of treatment centers... Prevention and early intervention... have better potential for an improved success rate and greater savings. While treatment capability is essential, bias in that direction is like waiting for the horse to escape before repairing the barn door."

Conrad V. Schmitt, Minneapolis, Minn., said that for-profit treatment centers are discriminated against by state and federal agencies. "We cannot get reimbursement for treatment for anyone by Title XIX or XX or from any federal employee." He noted that contracts under those two Social Security Titles are cost-plus and "there is no incentive to reduce costs" in non-profit institutions. "It is ironic," he said, "that our taxes are being used to pay for treatment to a competitor at a higher price."

PROGRAM CRITERIA UNDER STUDY

Criteria to evaluate all types of occupational alcoholism programs are being developed by University Research Corp., Washington, D.C., under a \$44,836 NIAAA contract awarded last September.

"Basically, we're trying to find out what has worked in establishing and maintaining programs," said Tim Mannello, URC Project Manager.

URC is assessing the function of the occupational consultant in the 18 NIAAA-funded demonstration projects and expects to complete the study next July.

The contract calls for site visits and pilot testing of criteria. Findings of the study and contact information will be published in the ALMACAN when it is released.

LAW CAREERS ARE SAVED BY CALIFORNIA PROGRAM

Lawyers in California have an alternative to disciplinary action or disbarment because of alcohol problems through a program for attorneys and judges established by the state bar two years ago.

The program is run by the bar's Committee on Alcohol Abuse and is made up of 13 judges and lawyers around the state backed up by 200 "panelists" who assist fellow attorneys with drinking problems. Program costs are low because of reliance on volunteer panelists and AA resources and the fact that participants are not relieved of responsibility for treatment and other costs.

ALMACA member Jack L. Sanow, consultant to the program, said 300 members of the bar have been helped by the program which has a success rate of about 65 percent.

"Lawyers are always giving advice to other people but resist taking it themselves. Their alibi structure is strong. They can offer a thousand excuses why they drink," said Sanow.

The program can serve as a model for other legal groups and professionals such as physicians and dentists.

Further information: Judge Leon Emerson, Downey Municipal Court, 8206 E. Third Street, Downey, Calif. 90241.

COALITION IS IMPORTANT FORUM FOR ALCOHOLISM PLANS AND ACTION

The National Coalition for Adequate Alcoholism Programs (NCAAP) is not just another alphabet organization, it is probably one of the most important groups working in support of the field of alcohol problems.

There are 23 members representing major organizations in the field and, when NCAAP speaks, it is heard. Its meetings, like that of January 30, are nuts-and-bolts sessions with only one goal: To advance the cause of alcohol treatment and prevention in the most effective way.

The book budget is small, thanks to contributions in time, people and money provided by member organizations of which ALMACA is one.

Chairman for the past two years has been Leo Perlis, head of the AFL-CIO Community Services Department, who suggested rotating the chairmanship "for the good of the organization." The recipient of an ALMACA 1977 Outstanding Service Award received an ovation from those around the seminar table, with groans in the background at the thought that the dynamic and effective chairman might step down.

Expanding activities of the organization led the Steering Committee to name a Finance Committee to develop a plan for fund raising to make the NCAAP independent and not so heavily dependent upon NCA from which it now gets most of its resource people and other support.

Charles Frazier, of the Smithers Foundation, was named chairman of the Finance Committee delegated to come to the next meeting with a projected budget (possibly \$50,000 a year) and suggestions as to how financing might be obtained.

ALMACANS can measure the range of interests of the NCAAP and its impact from these highlights of the January meeting:

-A.B. Logan, representing the American Bar Association, reported that the NCAAP resolution on alcoholism and the criminal justice system sent to all governors received widespread endorsement and expressions of support at the state level.

Perlis and a delegation of the NCAAP were continued on page 5, col. 1, "Coalition"