

THE ALMACAN

Vol. No. 12, Issue 3

Published monthly by Association of Labor-Management Administrators and Consultants on Alcoholism

March 1982

ALMACA'S Growth in First 10 Years—What We've Accomplished

The following is a text prepared for delivery by ALMACA Executive Director Thomas J. Delaney, Jr. at the Occupational Programs Conference sponsored by the ALMACA Metrolina Chapter in Charlotte, North Carolina, on February 25, 1982.

The 1981 ALMACA annual meeting in San Diego, California, last November was the 10th such meeting for the association. The current ALMACA national president, Edward Small, who is the employee assistance program administrator for the *New York Times*, decided to honor the previous four ALMACA national presidents at the annual president's luncheon. Each one of these gentlemen spoke about their tenure as president and what they foresee as ALMACA's future. In reviewing ALMACA's first 10 years, it seems appropriate to start from the vantage point of that luncheon.

The four former presidents are: Frank Huddleston, A.J. (Sully) Sullivan, Paul Sherman, and James Francek.

Frank Huddleston was director of the Hughes Aircraft EAP when ALMACA was conceived in 1971. He spent a few years in the mid-1970s developing occupational alcoholism programs for aerospace industries in the Cape Kennedy, Florida, area and then returned to Southern California to become a manager of a regional employee counseling program for Hughes Aircraft.

Sully Sullivan worked for Standard Oil of California from 1938 until his retirement in 1978. In 1970, he was appointed coordinator of special health services with responsibility for developing and implementing the new corporate alcoholism program, which he oversaw until his retirement.

Paul Sherman was with International Telephone and Telegraph from 1965 until

1979, and from 1972 until 1979 he developed and directed the ITT alcoholism and behavioral/medical programs. Since 1979, he has directed his own consulting firm, Paul Sherman and Associates, which offers services in the occupational alcoholism field.

Jim Francek was corporate coordinator of the employee health services counseling program at the Ford Motor Company from 1976 until 1981. Last year he became manager of the employee health counseling program for the Exxon Corporation, based in New York City.

These men brought a variety of personal and professional backgrounds to the presidency of ALMACA. However, there is certainly a common thread in the type of work they did. They all had responsibility for administering an occupational alcoholism program for a major organization of American industry. This continues the theme that was identified by the small group of persons who first conceived the idea of a professional organization exclusively for people who work in the occupational alcoholism field.

The group that first started ALMACA in 1971 consisted of people who worked for business and labor and organizations that provided consultation to business and labor on how to establish these programs. Examples of these included Andy Anderson from the United Auto Workers and Ross von Wiegand from the National Council on Alcoholism.

I first entered this field with the New York State Division of Alcoholism in 1970 and practically the only occupational alcoholism consultant in New York at that time was John Williams at the forerunner of what is now the New York City affiliate of the National Council on Alcoholism. More recently, John Williams has been the director

of special health services at the Morgan Guaranty Trust Company. Over all these years, he has been a most active officer and member of the New York City chapter of ALMACA.

So, you see, the leadership of ALMACA over its first 10 years has reflected the basic mission of the organization, which is to provide a national, professional organization for people who work in the occupational alcoholism field. This was continued with ALMACA's current president, Ed Small.

During these 10 years, there have been many changes in the occupational alcoholism field that have been reflected in changes in ALMACA. However, we have been able to keep our eye on the ball and promote the development of the occupational alcoholism field. While the people whom I mentioned before have been committed to the development of occupational alcoholism within the field and in their own companies, they have had to stay up with the latest developments and strive to constantly improve their own programs. This has benefited ALMACA because it has provided a model for maintenance of our commitment to occupational alcoholism while providing a forum for considering and embracing new techniques.

One of the major changes over the last decade has been the size of the field. From the original group of approximately 20 founders of ALMACA, we now have a membership of about 3,000. At best, there were about 50 programs in the country in 1970, in sharp contrast to the National Institute on Alcohol Abuse and Alcoholism's estimate that there were 5,000 programs throughout the country last year. Of course, this has meant that ALMACA has many new members who do not have the experience (or even the perspective) of the original founders or subsequent leaders in the field. So, a major responsibility of this professional organization is to provide education to newcomers to the field.

Chapter and regional sponsored conferences provide such an opportunity, and the ALMACA annual meeting is the largest, most comprehensive meeting of people in the occupational alcoholism field. It is an opportunity for people to present papers about their work, participate in workshops, listen to plenary speakers, and meet with a large number of providers who exhibit at the annual meeting. Last year, in San Diego, we had over 900 registrants and 78 exhibit booths. The 1982 meeting is in Philadelphia in November, and we expect

ALMACA Chapters Now Total 43

January 28, 1982, may prove to be a significant day in the development of ALMACA. On that day, the national office received several ballots from board members that provided the majority approval for five new ALMACA chapters. The addition of five new ALMACA chapters brings the total number of ALMACA chapters to 43.

The bylaws of national ALMACA spell out the procedure for establishing a new ALMACA Chapter. Any group of 12 or more voting members of ALMACA may petition to establish a chapter. The petition, along with the bylaws for the new chapter, are submitted to the appropriate regional

vice president who reviews them along with the chairman of the bylaws committee. The national bylaws say chapter bylaws cannot be inconsistent with national bylaws.

The regional vice president and chairman of the bylaws committee review the petitions and their recommendations are forwarded to the full national board of ALMACA, which votes whether or not to approve the new chapter and its bylaws. Since five potential chapters had submitted petitions at about the same time, they were all placed on the same ballot to the board.

The five new chapters are Maine, Erie-
(See NEW CHAPTERS, page 3)

(See 10 YEARS, page 4)

Executive Director's Comment

By Tom Delaney
ALMACA Executive Director

Since last spring, the *ALMACAN* has featured "The Washington Arena," which is written by Jay Lewis, editor of the bi-weekly *Alcoholism Report*. Jay is widely regarded as the most thorough and knowledgeable journalist covering the alcoholism scene in Washington. This column has provided our readers within the limits of a monthly newsletter, with comprehensive coverage of events in congress and the executive branch affecting the occupational alcoholism field. The decision to engage Jay to write this column reflects some of the issues that the leadership of a nonpartisan, national, voluntary membership organization must consider in reacting to political developments.

The major purposes of ALMACA are to promote educational and skills improvement among practitioners in the occupational alcoholism field, and to encourage the improvement and installation of occupational alcoholism programs. We have to make sure that we focus on those objectives no matter what happens in other arenas of our society. However, our members do not function in a vacuum and properly look to their professional organization to keep them informed about developments in these arenas. The fact that a large number of professional organizations (including ALMACA) have their headquarters in Washington says something about what people expect from their professional organization.

There is no doubt that the 1980 national elections resulted in an Administration and Senate majority committed to major changes in the role of the national government. As some of the changes were proposed, it became clear that there was a place for alcoholism services in the Administration's scheme of things, but that this place was mostly with the private and voluntary sectors, and with state and local governments. Many of the proposals were part of the President's plan for national economic recovery and his proposal for a "New Federalism."

Not surprisingly, those proposals evoked a wide spectrum of reaction from the ALMACA membership. One person's sauce is another person's poison. There are many supporters of the proposals, there are many hard core opponents; there are others who feel that whatever government does or does not do matters little anyway; and there are those who are ambivalent about the proposals or support some of them while opposing others. Some people felt that any ALMACA suggestions on how to modify the Administration proposals would be interpreted as opposition to the program for national economic recovery. They pointed out that ALMACA represents industry, which was being hurt by uncontrolled inflation. Others felt that any reduction in federal

funds or presence in the alcoholism field was a retreat from hard-won battles of the last 10 years. An argument heard often is that there had to be a strong national voice in order to avoid the "Balkanization" of the United States alcoholism policy into 50 weak state policies.

In the context of contradictory wishes of the membership, the question of ALMACA's role has come up at every meeting of your executive committee since President Reagan took office. In one arena, since there was a possibility that any material I wrote might be construed as taking one or another side of a political argument, it was decided to engage a professional reporter, Jay Lewis, who has the skills to provide the membership with a factual report that will be politically neutral. In another arena, your legislative committee is focusing its energies on issues that directly relate to the goals of ALMACA. In another arena, the federal government still is a large employer, and ALMACA believes that employers should have employee assistance programs. Therefore, Ed Small has written to the director of the Office of Personal Management to express his concern about the reduction of its staff involved in the occupational alcoholism program for federal employees. And, since we believe that adequate employee health insurance coverage is a vital component to an occupational alcoholism program, we are involved in the discussions about provision of alcoholism coverage for federal employees.

The political winds have been blowing strongly. A lot of people who have been in Washington for a while (and who may therefore suffer from Potomac myopia) feel that they are about to blow the other way. Whether we are at the beginning of a 50-year cycle to reverse the last 50 years of centralized government or whether the current Administration will be defeated at the next election, is beyond the limits of debate for a professional organization. We have to keep our eye on the ball, no matter who is pitching or what ballpark we are in. In other words, our job is to promote occupational alcoholism in all settings, including all political settings. That is the guideline ALMACA is using. As always, opinions pro and con are welcome. □

The A.A. "Big Book": A Continuing "Best-Seller"

Sales of "Alcoholics Anonymous," the basic book describing the self-help recovery program that bears its name, have climbed over the 3-million mark, ranking it among one of the most successful hardcover best-sellers of all time. Other features that make the "Big Book," as A.A. members call it, unique in book publishing are:

- Published privately (by A.A. World Services, Inc.) and anonymously (no author or editor is identified), the Big Book is generally not available in bookstores.

- First published in English in 1939, the Big Book has since been translated into other languages, including Afrikaans, Finnish, Flemish, French, German, Icelandic, Italian, Japanese, Norwegian, Portuguese, and Spanish.

- The book's title, "Alcoholics Anonymous," provided the name for a worldwide Fellowship of recovered alcoholics with an estimated million members in 110 countries.

- Priced at \$3.50 back in 1939, the Big Book now retails for only \$5.65 (\$4.65 for A.A. members), in the midst of skyrocketing book costs.

- Unlike the sales of most books, sales of the Big Book are constantly increasing — and at an ever-faster rate. It took 34 years to sell the first million copies; only five years to sell the second million; and a little more than three years to sell the third million.

Basically, the format of the Big Book has changed little over the years. It is divided into two main sections. The first part synthesizes the common recovery experiences of alcoholics in A.A. and sets them forth as a statement of principles, or guidelines; not a word of this portion has been changed from the original. The second part consists of personal recovery stories; these have been changed as the mix of people coming into A.A. has changed. (For example, the old versions carried stories of all "low-bottom" or far-gone alcoholics, mainly aged 50 or more. Later versions balance these with stories of younger, "high-bottom" alcoholics with shorter and usually less harrowing histories of drinking.)

That the Big Book ever got published in the first place is a miracle. Although A.A. was started in 1935, the Fellowship numbered fewer than 100 members by 1938, when these pioneers decided to write down their experiences in recovery from alcoholism and make them available to a wider audience.

The first printing of 5,000 was done on less than a shoestring and, for the next two years, the book attracted little attention and few sales. The financial picture was stark; only loans from sympathetic friends kept the publishing venture afloat. Then, in March, 1941, following publication of an article on A.A. by Jack Alexander in *The Saturday Evening Post*, sales finally took off. A second printing was ordered that same month — only the tip of the iceberg, as it turned out. □



THE ALMACAN
Published by:
Association of Labor-Management
Administrators and Consultants
on Alcoholism

President's Comments

By Ed Small
ALMACA President

Who settles arguments within ALMACA? Me? Our executive directors? The ethics committee? The national board? The chapter president? Or, the Supreme Court? The reason I believe the question is pertinent is that I am asked occasionally to give an opinion when someone loses a battle within a chapter. Rarely does the winner ask for an opinion from national.

And stating opinions on the right or wrong of personality clashes in a chapter could easily undo our national effort. Fiery letters from losers in elections cry for an answer but defy logic. I have yet to see a bona fide ethics problem, but I have seen a few losers look beyond their region to settle family fights and everyone knows how dangerous it is to mix in family debates.

ALMACA now has 3,000 members in 43 chapters and we are growing fast. A member asked me once what national can do for a failing chapter. I was astonished because I am not aware of any chapter I would define as failing. I am aware of chapters with dissatisfied people who repeatedly try to solve problems of anxiety by looking to national, but some of those people are not compatible with the focus of our association.

Compatibility with ALMACA is usually present when one's job title describes what one does for a salary. Program administrators or consultants from corporations or unions have never asked what national does for them. I have been quizzed about membership criteria by corporate and union people who feel pressured at meetings by outsiders, but not about what we do for them.

We do what we can for lagging chapters by sharing what lively chapters are doing and providing a worldwide identity for people who would otherwise remain out of the mainstream. But we can never act as a substitute for strong local leadership by flying in and giving a pep talk that will only satisfy a few at best and probably anger a few, if anything is said at all.

I am going to ask for your help with the membership questions because you should know the people in your area. We plan on having a busy membership coordinator in every chapter who will help us evaluate new applicants. The membership question will be resolved in two years.

I plan on asking people who want us to resolve regional problems what it is they want us to do short of arbitrating personality duels—which I won't do. Before anyone hurls stones at another member, let that person think carefully first about their motive. I have been angry a lot since I have been in this field, but never without some wrongheadedness on my own part.

Wrong as my motive has been, I have never threatened to take my ball and go home if you will not play my way. The angry resignation letter is usually the type of thing I would write and hold onto for a couple of

days . . . then tear up. That's what 99 percent of us would do, so I hope I am only describing a vocal 1 percent.

One colleague of mine once gave me a sage piece of advice. I asked him about a rumor I heard pertaining to another colleague. He chuckled and said, "Ed, unless you see a person standing over a corpse with a smoking gun, don't accuse." Smart man, my friend.

ALMACA has many smart men and women in its ranks, but occasionally even a clever person can have ego problems. The ego can look outside for solutions when things go wrong. Regional leadership solves regional problems best and then tells national what the solutions are, and we can share these experiences.

Shared experience has brought us very far, very fast, and if people leave our ranks mad, I am sorry and hope they return; but if they leave our ranks because perhaps our paths never did cross in the first place, I wish them well wherever they land.

But ALMACA continues to grow strong. □

NEW CHAPTERS (From page 1)

Ontario, TALMACA, Columbia River, and Santa Clara Valley.

The Santa Clara Valley chapter is based in the area south of San Francisco. The contact person is R. W. Sutherland of the Western Electric Company in Sunnyvale, California.

The Columbia River chapter is based in the Portland, Oregon, and Vancouver, Washington, Metropolitan area. Its president is Jim Davis of the Reynolds Metals Company in Troutdale, Oregon.

The TALMACA chapter serves the state of Tennessee. The contact person for the TALMACA chapter is John P. Mulloy, Jr. of the Mid-Cumberland Council on Alcohol and Drugs in Nashville, Tennessee.

The Erie-Ontario chapter is based in Buffalo, New York, and serves the metropolitan area in and around Buffalo and Niagara Falls. During its organizational meetings, they have had ALMACA members from nearby Ontario, also. The president is Jack Gibson, who is an employee counselor for Dunlop Tire and Rubber Corporation and Local 135 of the United Rubberworkers.

The Maine chapter president is Almon N. Young, director of employee assistance for the Central Maine Power Company. He is based in Augusta. This chapter is sponsoring a state-wide conference on employee assistance programs in Augusta on March 24. □

PHILADELPHIA

**All For
You in '82**

Organizations Pursue Counselor Credentialing

The three major organizations concerned with alcohol and drug counselor credentialing have met a second time in follow-up to their original effort to make national certification standards a reality.

The first gathering, hosted by the National Association of Alcoholism Counselors (NAAC) in South Bend, Indiana, brought together the National Commission on Credentialing of Alcoholism Counselors (NCCAC) and Certification Reciprocity Consortium/Alcoholism and Other Drug Abuse, Inc., (CRC/AODA). Both these organizations were working independently to address critical needs in the alcohol and drug counselors field.

The initial meeting resulted in 16 statements of national need for which the group would take responsibility. The most recent gathering, hosted by NCCAC at the Washington offices of Science Management Corporation, focused on the substantial progress that has already been made toward accomplishing the items agreed to earlier.

NCCAC now has more than 20 state certification boards, and is well into information gathering for a national register of certified alcohol and drug abuse counselors. NAAC has already begun to pave the way for use of the annual conference as a vehicle for certification and reciprocity information-sharing. It has also begun an in-depth investigation into a computerized job bank system for counselor placement and employment opportunities.

CRC/AODA recently published its second issue of *Network*—a national newsletter on certification information for certification boards and others interested in reciprocity issues. They are currently negotiating with Oklahoma for inclusion in the consortium as the seventh member and are in preliminary discussions with several others.

Present at the organization's second meeting were NCCAC vice chairman Bill Butynski and chairman Steve Valle; NAAC president John Brumbaugh and executive director David W. Oughton; CRC president Dan Crowe and executive director Joanne Potts. Also in attendance were Deborah Stanley, Nebraska Division of Alcoholism and Drug Abuse, and Lowell Jenkins, Wisconsin Bureau of Alcohol and Other Drug Abuse. Jenkins and Stanley, as representatives from the Drug Counselor Reciprocity Task Force, were invited to join the triad. The task force was formed by NIDA. Its inclusion in this group's activities is relevant because of its concern with drug counselor reciprocity issues. In addition, the original South Bend Group can also make use of the materials that have been or are being developed by the task force.

The South Bend Cooperative, as it is fast becoming labeled, is scheduled to meet again in conjunction with the NCA Forum in April in Washington, D.C. □

10 YEARS (From page 1)

over 1,000 registrants and over 100 exhibit booths.

The chapters are the basic element in providing professional and community education. Most chapters now have an educational program with every monthly meeting. Moreover, most chapters have a monthly newsletter, and many chapters have an annual community education project that promotes the occupational alcoholism concept in their community. The ALMACA education and training committee has developed a training module for chapter use that will be available to the chapters around April 1.

In our first 10 years, ALMACA has developed strong relationships with other national organizations. Since an active segment of ALMACA leadership and membership is based in organized labor, ALMACA has had to develop a relationship with the AFL-CIO. Although it took a few years to define the relationship, I believe it is now a strong, positive relationship that provides for on-going involvement of organized labor in ALMACA. The promotion by NIAAA of state occupational program consultants in 1973 added greatly to the number of consultants in ALMACA.

In order that these consultants could have an opportunity to discuss their unique concerns, a sister organization, the Occupational Program Consultants of America, was established. OPCA has its annual meeting in conjunction with ALMACA's annual meeting each year. ALMACA established a consulting committee whose chairman is an OPCA officer. ALMACA also has good relationships with the other national alcoholism agencies such as, N.C.A., A.D.P.A., NASADAD and the National Association of Alcoholism Treatment Centers.

ALMACAN is also reaching out to formalize its relationships with non-alcoholism agencies that are important to the employee assistance concept. President Small has designated a specific member to be liaison to the American Society of Personnel Administrators, the American Nursing Association, American Psychological Association, and the National Association of Social Workers. Much more needs to be done in this area, particularly in establishing relationships with professional organizations that represent the business community. I intend to promote ALMACA's further involvement with business schools in the next few years.

The ALMACA research committee is making in-roads with the business schools. This may be partly attributable to the fact that the chairman is Dr. Walter Reichman of Baruch College of the City University of New York. Two other active members are Dr. Harrison Trice of the School of Industrial and Labor Relations at Cornell University, and Dr. Janice Byers of the School of Business of the State University of New York at Buffalo. This committee is working on ways to promote courses and research about occupational alcoholism in schools of business as well as other profes-

sional schools. In this regard, the research committee is having a meeting in Atlanta, Georgia, on April 4 and 5 to consider methodological issues in research in the occupational alcoholism field. ALMACA has been active in the research area in the past with studies on treatment resources and background of staff in the occupational alcoholism field. The Detroit and San Francisco chapters, among others, have provided

leadership and conducted research for the field.

Several years ago, ALMACA added an International Region to go along with the four regions that we have within the United States. It has members in Canada and a number of countries outside North America as well as representatives of organizations based in the United States with occupa-
(See 10 YEARS, page 5)

Help for the Alcoholic



HIDDEN BROOK TREATMENT CENTERS

We are pleased to announce the opening of Hidden Brook at Warwick. This is a major new enlargement of our capacity for the treatment of alcoholics . . . an expansion of 20 additional beds to the 39 already at Bel Air. Beautifully situated on the waterfront of the Warwick River near Secretary, Maryland in Dorchester County . . . the total environment is peaceful and ideally conducive to rehabilitation. The program, philosophy and rates of Hidden Brook at Warwick will be identical and interchangeable in every respect with the program at Hidden Brook, Bel Air. Request our brochure. Write or phone for information.

AT WARWICK: (301) 943-8108. FROM BALTIMORE: 269-1123
ROUTE 1 - BOX 178, EAST NEW MARKET, MARYLAND 21631

BEL AIR: (301) 734-7144. FROM BALTIMORE: 879-1919
THOMAS RUN ROAD, BEL AIR, MARYLAND 21014

Accredited by the American Hospital Association and the JCAH

The 15th Annual Eagleville Conference

The Occupational Connection:

The Clergy
The Military
Union Members
Medical Professionals
Educators and Guidance Counselors
Substance Abuse & Mental Health Service Providers
Professional Athletes Performing Artists, Journalists
Business and Employee Assistance Professionals
Law Enforcement Personnel
Legal Professionals

Exploring the Interface Between Work and Alcoholism/Drug Abuse

Thursday, May 6, and Friday, May 7, 1982
Valley Forge Hilton, King of Prussia, PA

For More Information Call
(215) 539-6000, Ext. 121

Eagleville Hospital
P.O. Box 45, Eagleville, PA 19408

Keynote Speaker:
Paul M. Roman, Ph.D.
Among Featured Panelists Are:
LeClair Bissell, M.D.
Herbert J. Freudenberger, Ph.D.
Samuel B. Hadden, M.D.
Thomas J. Hudson, Jr.
The Hon. Lisa A. Richette

10 YEARS (From page 4)

tional alcoholism efforts extending to other countries. The International Region is initiating several projects that will be reported in a new column in the *ALMACAN*. A meeting is being scheduled in Ottawa in May to explore the relationship of ALMACA to its Canadian members and other persons in the occupational alcoholism field in Canada.

During Paul Sherman's tenure as president of ALMACA, a women's committee was established to consider the concerns of women working in the occupational alcoholism field. The current chairperson of the women's committee, Doris Alexander from Baton Rouge, Louisiana, is expanding this committee to include members from each region.

A review of ALMACA's first decade would be incomplete without a mention of membership. As I have stressed, ALMACA was and is an organization for people who

work in the occupational alcoholism field. Early in its history, however, ALMACA received requests for membership from persons working in the clinical area or who were just supporters of the occupational alcoholism field. In response, four categories of membership were established. These are individual, associate, organizational, and student.

As the occupational alcoholism field grows and evolves, there is a need to periodically review these categories. For example, the hospital-based industrial liaison person who assists industry in developing programs

is a new phenomena since ALMACA was first started.

The membership chairman is reviewing the current membership categories in response to a request at last November's chapter presidents' meeting.

I have not touched on all the developments in ALMACA over the past 10 years. However, I have tried to describe enough to illustrate that ALMACA has been responsive to change while remaining true to its original charter. With the support and input of the membership, this will continue. □

FOR MANY ALCOHOLICS A GENERAL HOSPITAL IS THE PLACE TO BEGIN TREATMENT

Greenwich Hospital's Alcoholism Recovery Center (ARC) provides a 21-day intensive inpatient program which includes:

- *Medical evaluation and management of the withdrawal syndrome*
- *Confrontation of the alcoholism and motivation to recovery by a caring professional staff*
- *Supportive family program*
- *12-week outpatient program designed to facilitate transition into an ongoing support system*
- *A.A. and Al-Anon orientation*

Comprehensive medical evaluation including medical history, complete physical examination and laboratory tests begin each patient's treatment course.

Per diem rates are comparable to residential treatment centers.

Hospitalization is covered by most insurance plans.

Service to Industry

In response to a need voiced by local industry, Greenwich Hospital's ARC provides evaluation and diagnostic service for troubled employees. If an employee is judged a candidate for ARC, patient response to treatment and discharge planning is shared with employer.

For more information, call Philip Hurley, M.A., ARC Director, (203) 869-7000, ext. 484.

Greenwich Hospital

Perryridge Road, Greenwich, Connecticut 06830



PORTLAND, Oregon
NEWPORT BEACH, California
SPOKANE, Washington
REDWOOD CITY, California
SACRAMENTO (Fair Oaks), Calif.
SALT LAKE CITY, Utah
LAS VEGAS, Nevada
DENVER, Colorado
OXNARD, California
DALLAS, Texas
GLENDALE, California
HOUSTON, Texas
BELLFLOWER, California
SAN FERNANDO VALLEY, Calif.
MIAMI, Oklahoma
SAN DIEGO (El Cajon), Calif.
SAN GABRIEL, California
ST. LOUIS (Ellisville), Mo.
RENO, Nevada

Raleigh Hills

Hospitals We've been proving
our methods work since 1942

The Washington Arena: A Roundup of Political News and Views

A new study—the first using a common methodology and consistent categories of cost—places the total costs of alcohol, drug, and mental disorders to society at \$106 billion. Alcohol ranked the most costly at \$49.4 billion, followed by mental illness at \$40.3 billion, and drug abuse at \$16.4 billion. The estimates are based on 1977 data.

The study was conducted for the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) by Research Triangle Institute and used recently developed Public

Health Service guidelines for cost-of-illness assessments.

The alcohol cost figure eclipses the previous official estimate of \$42.75 billion, contained in NIAAA's "Third Report on Alcohol and Health" released four years ago, using 1974 data.

ADAMHA administrator William E. Mayer said the overall estimates "as large as they are, probably err on the low side due to the many categories of cost for which no estimate or only a partial estimate could be derived from currently existing data."

Biggest single cost category for all three disorders was \$26.1 billion attributed to alcohol-related morbidity in 1977—including estimated productivity losses of \$23.6 billion for the problem drinking population and lost employment valued at \$2.5 billion. Most of the productivity losses were incurred by male problem drinkers, with an estimated 7.8 million employed male problem drinkers accounting for a total of \$20.2 billion in absenteeism and lower on-the-job performance. An estimate (See WASHINGTON ARENA, page 7)

- ALCOHOLISM
- DRUG ADDICTION
- SUBSTANCE ABUSE
- CHEMICAL DEPENDENCY
- FAMILY SURVIVAL ROLES

HARMFUL AND
DESTRUCTIVE
DEPENDENCIES FOR ALL

BAYSHORE
On the Gulf



A THERAPEUTIC COMMUNITY
FOR CHEMICALLY DEPENDENT
PEOPLE AND THEIR FAMILIES

1340 Bayshore Blvd.
Dunedin, Florida 33528

1-813-733-0421

Certified/Licensed by the State of Florida.
Department Health/Rehabilitative Services
A Blue Cross Provider and approved by
most health care plans.

BOWLING GREEN INN

Treatment for Alcoholism
and Drug Abuse

Private, confidential, affordable.
Fee includes 24-hour medical
coverage, physical exam, lab, pro-
gram materials, two-year aftercare
plan. Progress reports and dis-
charge summary to professional
referral sources. Joint discharge
conference for EAP referrals.
Individual treatment plan. Pio-
neers in family concept. Intro-
duction to A.A./Al-Anon. Champus
and most other group coverage.
Established 1971.

Del., Md., N.Y., N.J.:
800-345-8006

Florida: 1-800-282-4844
Toll free (in state)

Louisiana: 1-800-432-0877
Toll free (in state)

Pennsylvania:
800-662-2438

Bowling Green, Florida:
(813) 375-2218

St. Petersburg, Florida:
(813) 546-2261

New Orleans, Louisiana:
(504) 626-5661

Kennett Square, Pennsylvania:
(215) 268-3588

Division Office: (813) 866-2445
3000 34th St. S., B-105
St. Petersburg, Fla. 33711

ALCOHOLISM RENEWAL UNIT

Renewal means rebirth: a restoration of motivation, hopes, and attitudes.

Call or write our headquarters or one of our units
for a free brochure that explains our
program and philosophy.

National Medical Enterprises
Chemical Dependency Services
171 W. Bort St.
Long Beach, CA 90805
213/428-6800

Doctors' Hospital of Pinole
2151 Appian Way
Pinole, CA 94564
415/758-5000

Dominguez Valley Hospital
3100 S. Susana Rd.
Compton, CA 90221
213/639-5151

Century City Hospital
2070 Century Park East
Los Angeles, CA 90067
213/553-6211

Ontario Community Hospital
550 N. Monterey Ave.
Ontario, CA 91764
714/984-2201

**Alvarado Community
Hospital-East**
7050 Parkway Dr.
La Mesa, CA 92041
714/465-4411

Doctors Hospital of Lakewood
Clark Ave. Division
5300 N. Clark Ave.
Lakewood, CA 90712
213/866-9711

WASHINGTON ARENA (From page 6)

mated 1.9 million female problem drinkers accounted for \$3.4 billion in productivity losses. Of the female problem drinkers, about 1.2 million were employed, while 700,000 were housewives, according to the study.

Previous cost estimates for alcoholism and alcohol abuse have ranged up to \$60 billion. The \$42.75 billion figure used by NIAAA in its third report had been criticized as inflated by some segments of the alcohol beverage industry. Industry representatives were brought into the review process for the Research Triangle Institute study, and ADAMHA officials said some of their comments were incorporated into the final report.

• A broad alcohol and drug abuse prevention strategy, utilizing the private sector and voluntary groups, was outlined by a top White House official in testimony before the Senate Alcoholism and Drug Abuse Subcommittee. ACTION—the domestic volunteer service agency—was given the lead federal coordinating role in the campaign, which will focus on school-aged children.

Carlton Turner, senior policy advisory for drug abuse at the White House, told the subcommittee at a February 24 oversight hearing on prevention that the campaign will consist of a "broad approach without time limits—and not just a media campaign."

"It will promote creative responses on the local level to fit each community's needs, resources, and composition," said Turner.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Institute on Drug Abuse (NIDA) will be involved in the effort, according to Turner, who said ACTION was selected as the "most qualified" agency to coordinate activities of the private and voluntary sectors.

Turner said the ACTION "Volunteer Drug Prevention Program" will, among other things, develop a cadre of regional and state volunteer coordinators, make resources available for local citizens efforts, offer technical assistance to parent groups, and distribute NIAAA and NIDA educational materials, as well as develop its own literature. It will also work with the White House on meetings designed to bring leaders of the parent movement with the leadership of the corporate, entertainment and voluntary sectors. The first such meeting is scheduled for March 22, billed as the "White House Briefing on Drug Use and the Family."

Alcohol as well as drug abuse was included in the campaign, Turner said, noting that some previous federal strategies separated the two. He explained: "Because alcohol is commonly associated with initial drug experiences and its purchase is illegal by young people under the age of 18, we believe the prevention effort must include discouraging alcohol use by school-aged children."

"Few people think of beverage alcohol as a drug," said Turner. "Parents who are normally careful to keep prescription drugs

inaccessible to youngsters often fail to take the same care with their alcohol supply. Ironically, parents are frequently relieved when they find their children are intoxicated on beer instead of drugs, gin instead of heroin."

Turner said the prevention strategy "will call upon private businesses, labor organizations, and the 'influencers' of youth—mass media, the entertainment industry, and the sports establishment—to use their unique abilities to discourage drug and alcohol use among youth."

ACTION director Thomas Pauken, who testified with Turner, estimated that about 20 percent of his agency's resources would be devoted to the alcohol and drug abuse prevention project. The Administration requested \$117 million for ACTION in its fiscal year 1983 budget estimates, of which nearly \$88 million would go for "Older American" volunteer programs.

William Mayer, Administrator of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), said that although his agency has specific statutory authority for prevention, he recognizes that the "solution to the problem of alcohol and drug abuse is more complex than can be addressed by NIDA and NIAAA alone."

• A prominent citizens group called for Senate hearings on advertising of alcoholic beverages, charging that two federal agencies "totally abdicated" their responsibility in failing to act on a study they sponsored on the impact of alcohol advertising.

The charges were leveled by Citizens for Science in the Public Interest (CSPI), whose executive director, Michael Jacobson, urged the Senate Subcommittee on Alcoholism and Drug Abuse to hold "comprehensive hearings" on the advertising issue, including the effectiveness of federal agencies charged with regulating the beverage industry.

Jacobson said that the Bureau of Alcohol, Tobacco, and Firearms (ATF) and the Federal Trade Commission (FTC) failed to publicize or act on a study by two Michigan State University researchers—"Content and Effects of Alcohol Advertising." The study, among other findings, showed a link between alcohol advertising and increases in consumption by youth, and a high percentage (24 percent) of 16-18 year olds reporting driving a car while to drunk to do so.

The study was jointly funded by FTC, ATF, NIAAA and the Department of Transportation. The lead agency, ATF, released it through a notice in the Federal Register last November without any news release or press conference.

"Alcoholic beverage producers spend at least one billion dollars a year promoting their products," said Jacobson. "At a time

when alcohol consumption and alcohol problems are rising, especially among teenagers, it is urgent that the federal government help protect the public's health."

CSPI is a nonprofit citizens group with about 30,000 members. It launched a campaign last year to push for higher federal taxes on alcoholic beverages with a portion of the added revenues dedicated to support alcoholism research and rehabilitation.

• Two of the present nine NIAAA-funded National Alcohol Research Centers (NARCs) were turned down for renewal of their five-year grants at the NIAAA Advisory Council session February 1. The two were at the Rutgers Center of Alcohol Studies (RCAS) and at the University of California, Irvine.

The disapproval of the Rutgers application was the second funding setback for the Center of Alcohol Studies in the last few months. Late last year, RCAS was informed by NIAAA that its \$1.6 million cooperative agreement in support of information-documentation activities would be scaled back by two thirds.

RCAS Acting Director Robert Pandina, in a plea for approval before the council acted, called the project a "unique prospective longitudinal study of the development of alcoholism" and said that to abort it now after empanelling and testing some 1,400 youths from 12 to 18 "would be to destroy the only data base of its kind."

The Irvine NARC was funded in 1978 by NIAAA at the same time the Rutgers grant was awarded. It involves research on the effects of alcohol on the central nervous system. □

ADPA Sets Annual Conference Dates

The Alcohol and Drug Problems Association of North America (ADPA) will hold its 33rd annual meeting at the Hyatt Regency Hotel, Washington, DC, August 29 to September 1.

The meeting's theme, "Growing Together in Changing Times," is intended to reflect both the urgent need for field unity and a recognition that the field is in a period of transition at the present. The program committee desires presentations reflecting this theme, particularly those which will facilitate positive growth in programs and professionals under changing conditions.

The meeting will highlight four major concurrent tracks: Administration (including such concerns as legislation and public policy, third party reimbursement, and alternative funding sources); treatment (including that focusing on special populations); employee assistance programming; and prevention and intervention issues. Additional programming will address numerous other concerns and special topics of interest to significant constituencies within the field. Some ADPA sections will be involved in program selection, and time and space for business meetings will be provided. □

The Washington Arena is by the editors of *The Alcoholism Report*, 1264 National Press Building, Washington, D.C. 20045.