THE ALMACAN

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Alcoholism Field Faces Major Transition

By Jay Lewis, Director
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National Council on Alcoholism

The alcoholism constituency faced a major transition in top federal leadership as Richard Schweiker stepped down as Secretary of Health and Human Services (HHS) to take a job in the private sector and former Rep. Margaret Heckler was promptly named by President Reagan to succeed him.

The immediate question raised was the fate of the highly touted teenage alcohol initiative which Schweiker announced last fall. The initiative is scheduled to have its next major manifestation in a Secretarial Conference to be held in March when youth leaders from around the country gather to air the problem of alcohol abuse in their age group.

William Mayer, M.D., Acting NIAAA Director and Administrator of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), assured the constituency that the teenage initiative would continue under the new Secretary, and that the attention paid to alcohol problems under Schweiker's helmsmanship at HHS would not diminish. These assurances reportedly were transmitted by Heckler personally at a meeting with Schweiker following Reagan's announcement of his intent to nominate the former Republican Congresswoman.

At the same time, Mayer said there was no reason to expect any major reshuffling of personnel affecting his agency as a result of the transition, and that he himself intended to remain on in his dual role, while actively pursuing the search for a new Director of NIAAA.

"We have had really quite wonderful expressions of support from the highest levels—the White House," said Mayer. The new

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President's Comment

By Thomas P. O'Connor

The national ALMACA Membership Committee under Michael O'Brien, Chairman, has been busily engaged in analyzing and summarizing all of their tape recordings and conference notes from the extensive programs and meetings they conducted during the past two years. Their preliminary report was filed at the Annual Board of Directors Meeting in November, 1982, at Philadelphia; and they expect a final report for Board action at the next semiannual meeting of the Board at Akron in April, 1983.

Much of the data involves the interpretation of ALMACA requirements to be eligible for individual voting membership. ALMACA has never definitively promulgated this detail, and the committee has undertaken this task as a primary objective. They will hopefully submit to us, based on the input from the membership, and their supplementary consultations and analyses, exactly what is meant by the expression in the current By-Laws, Art. III, Sec. 2, "all persons employed in the field of occupational alcoholism".

The committee will propose to the Board how "all persons" and "employed" and "occupational alcoholism" should be interpreted for purposes of membership requirements. And the Board will then make a formal decision and so inform the membership. We can then officially respond to inquiries, such as,

- Does "all persons" really mean everyone, including secretarial and clerical staff, and custodial service?

  Or does it only refer to professional staff—counselors, physicians, psychologists, etc.?

  Or further still, does "all persons" only mean, for ALMACA purposes, program administrators and program consultants?

  And finally, what types of job tasks constitute a program administrator, consultant, etc.?

- What does "employed" mean? Does it mean any kind of employment including part-time, and self-employment?

  Or, does it only refer to full-time employees?

- What does "the field of Occupational Alcoholism" mean?

  Does this include treatment agencies that specialize in "occupational" referrals?

  How does this relate to the field of "Employee Assistance Programs?

This would obviously be an impossible task if the By-Laws provision were taken out of context, and in isolation from related ALMACA data. However, the Membership Committee has undertaken a comprehensive study utilizing

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Tabulated Results Of ALMACA Election

The final, official tabulation of votes cast in the 1982 ALMACA elections has been completed. The tabulation does not change the results announced immediately following the election.

The results of the tabulation are as follows:

For President	
Richard C. Groepper	195
*Thomas P. O'Conner	578
No votes cast	11
Vice President — Operations	
*Jack Hennessy	704
No votes cast	80
For Vice President — Administration	
Thomas J. Hudson	196
*Betty Reddy	565
No votes cast	23
For Secretary	
Daniel C. Smith	298
*Dick Stanford	464
No votes cast	22
For Treasurer	
*Jennifer L. Farmer	476
Donald W. Magruder	289
No votes cast	19
For Central Region Board Member	
*Gary Fair	187

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New Michigan Chapter Approved

ALMACA finished 1982 with exactly 50 chapters when the final approval for the Saginaw Valley, Michigan Chapter was granted on December 30. The chapter covers the Midland - Bay City - Saginaw area of Michigan. This is the fifth ALMACA chapter in Michigan.

The officers of the new chapter are W. Michael Fortin of New Day Centers in Ardmore, Michigan, as President; Jim Ramseyer of Dow Corning in Midland as Vice President; and Bob Schulty from U.A.W. in Bay City as Secretary-Treasurer. □

TABULATION (From page 1)

For Western Region Board Member
*Ida J. Ballasiotes 103

For Southern Region Board Member
*Suzanne E. Hallenberg 113

For Eastern Region Board Member
William A. Reilly 119
*William H. Yost 145

For International Region Board Member
*Robert P. Fredrick 18

*Elected by majority vote

Book Review

The Economics and Politics of Health

By Rita Ricardo-Campbell
Chapel Hill: The University of North Carolina Press, 1982

Rita Ricardo-Campbell, a noted health economist, wastes few words in a fact-packed tersely written volume, "The Economics and Politics of Health." She describes the essential elements of the health care industry, the medical care market and its submarkets (emergency, minor, chronic and preventive care). In discussing demand for medical care, the author cites the inelasticity of demand (insensitivity to changes in price) for emergency care, and the greater elasticity of demand for the other submarkets.

Distortions in the allocation of health care resources occur because of the increase in third-party payments, causing greater utilization of hospital care than would otherwise occur. Recognizing this and other imperfections in the health care market, the author argues that while it is impossible to achieve perfect competition, the competitiveness of the market can be increased sufficiently so as to decrease existing government regulation.

Because some government regulation will undoubtedly be retained for a long time, the author suggests the potential of cost-benefit analysis be explored as a guide to policy makers. Howver, Ricardo-Campbell does not offer remedies or solutions without explaining to the reader all of their associated problems or shortcomings. Cost-benefit analysis is described with all of its inherent problems, the difficulty in quantifying qualitative outcomes or placing a value on human life. The various techniques currently employed by analysts include among others, discounting potential lifetime earnings, and perhaps an imputed income for household chores. Under this system, severely and profoundly retarded persons, and many of the mentally ill, would have minimal value placed on their lives because of their inability to generate a stream of income, and thus costs for their care could not be justified.

Fortunately political decisions to fund programs are not based on strictly cost-benefit analysis decisions, otherwise Medicare would not have been enacted to fund health care for the elderly, nor Medicaid for the retarded, many of the mentally ill, the indigent and the elderly, all of whose potential lifetime earnings may be modest or minimal. As Ricardo-Campbell notes, "it is generally accepted that the value of life is greater than the value of a person's future stream of discounted earnings."

As the costs of health care continue to increase with rapid technological innovation, how should society decide who should get treatment, and who should pay the bill?

The author describes economist Alain Enthoven's "Consumer Choice Health Plan" (CCHP) which would replace the health insurance subsidy (health insurance premiums paid by employers on behalf of employees are not subject to income tax) with tax credits. The author briefly describes some of the aspects and problems of Enthoven's plan along with Martin Feldstein's (recently appointed Chairman of the Council of Economic Advisers) major risk insurance plan. The major criticism of the latter has been that once the high out-of-pocket deductible has been met, overutilization of health services is sure to follow, using expensive technology to keep people alive.

In discussing the possibility of government financing catastrophic illness, Ricardo-Campbell cites the end-stage renal disease program funded by Medicare with unanticipated numbers of elderly (19 percent) being treated with hemodialysis. She seriously questions whether government financing of catastrophic health expenses should be expanded, disease by disease and suggests that the public has to decide where to spend the additional resources, on health care, on pensions of the aged, on immunizations for children, etc. These are difficult political decisions.

Recommended are more data on health outcomes related to spending on medical care.

The author discusses two possible courses of action during the 1980s: competition or regulation. Ricardo-Campbell, senior fellow at the Hoover Institution and member of the president's

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USWA Involved

CARE Helps Chemical Abusers Keep Jobs

By SUE HIRSCH
Reprinted From the
Mon Valley (PA.) Tribune-Review

Mention drugs and alcohol, and many people simply tune out or don't read on. They feel that the information isn't important, or that they'll never need the knowledge gained in the article or story. That information can be important, however, and may help someone with a potential drug or alcohol problem.

Drug and alcohol abuse is a subject that is surrounded by many myths, such as "it won't happen to me" or "the abusers are usually young people". Chartiers Township Police Corporal Leroy Lyons said these ideas are not always true, however, pointing out that the abuser can be anybody. Abusers of both drugs and alcohol come from all walks of life; adults with marital or job problems, or possibly children from broken homes or those who simply give in to peer pressure, Lyons said.

Ben "B.C." Coleman, President of the United Steelworkers Union Local 3968 in Canonsburg, noted that drug and alcohol abuse can touch anyone and may have lasting consequences. Among the possible consequences are the loss of a job, family, and friends, as well as the possibility of a jail term that can follow a person for the rest of his life.

Canonsburg Police Chief R.T. Bell noted that any person cited for alcohol offenses, such as driving while intoxicated (DWI) or public drunkenness, has a mark on their permanent record that may prevent them from being hired for jobs such as those in law enforcement or with the government. Bell said that many job applications ask about any previous arrests, and a DWI or public drunkenness arrest is considered in that question.

When asked about how drugs and alcohol can affect a person's job, both Bell and Coleman said the problem definitely has a negative effect in this area. "The first offense an employer might understand. The second offense — that's going to affect you," Bell commented.

Coleman stated that drugs and alcohol may cause a person to repeatedly miss work, and finally lose their jobs.

In an effort to help these people, many of whom are members of the Steelworkers Union, Coleman, along with Hal Cypher and Bill Synder, started a referral program in conjunc-

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PRESIDENT (From page 1)

everything available, including interviews with key members, former members, and staff personnel. They expect to provide definitions which will satisfy 90 percent of the conditions similar to the questions listed above. And for the remainder, which will be processed on an individual case basis, they will produce an "exceptions procedure" in tandem with their basic project.

When I first became a member of ALMACA back in 1974, the original By-Laws in effect stated "individual voting membership shall be open to all persons actively and substantially employed as administrators and/or consultants on employee alcoholism programs whether employed by management or labor or independently, and only for so long as such persons are so employed". To my knowledge, the very basic underlying intent of the provision has never been changed. The various changes in subsequent By-Laws revision were only editorial in nature, and intended to eliminate redundancy, and to simplify and generalize the language. However, that is for the Board of Directors to decide based on the committee study and any other factors they wish to consider. My only major concern is to eliminate the time and effort we have expended on these "junky, housekeeping" issues; resolve them one way or another; and then get on with substantive matters.

Hopefully this goal is nearing accomplishment, and we are indebted to M. O'Brien and his committee, to Ed Marchesini, his worthy mentor, and to Ed Small, who had the courage to undertake the project when he initially took office two years ago. □

BOOK REVIEW (From page 2)

Economic Policy Advisory Board, not surprisingly argues for greater competition and a scaling down of regulatory efforts. She argues that if demand were contained by an overall reduction in third-party coverage, there would be some rational restraint on the use of new technology. In lieu of more regulations she suggests an increase in competitive marketing: more information to the consumer on the demand side, and contining use of anti-trust law on the supply side. Business should expand its role as an informed purchaser of health insurance.

Ricardo-Campbell offers her own competitive approach to cost containment through use of a voucher system, and then makes the following 10 recommendations.

1. Educate consumers about what medical care can and cannot do, and what consumers can do to improve their own health.
2. Licensing of allied health manpower should be replaced with certification. Third-party payment should directly reimburse less expensively trained substitutes for physicians and dentists.
3. Encourage growth of new HMOs.
4. Eliminate most of the fraud in government programs.
5. Retain Medicaid and Medicare.
6. Employers of more than a minimum size should be required to provide some form of catastrophic health expense coverage, subject to competitive bidding.
7. A minimum level of catastrophic health insurance should be made available to the self-employed, and those not covered by private and government plans.
8. Health insurance premiums not subject to taxes should be limited by the federal government.
9. Congress should spell out the meaning of "substantial evidence" of efficacy in order to market a new drug.
10. Deregulate the health care industry.

In closing, the author succinctly states, "Competition encourages looking for guidance or assistance in obtaining high quality and low prices; government regulation does not."

Ricardo-Campbell's arguments are reasoned, and though controversial, not demagogic. There are economists who would argue, this reviewer being among them, that the choice may not be *either* competition or regulation, but that aspects of both may be needed where the demand appears to be infinite, and the market highly imperfect.

Reviewed by Mildred B. Shapiro
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CARE **(From page 3)**

tion with the Citizens Addiction Rehabilitation and Education Inc. (CARE) program in Washington, PA. The program, which consists of one-on-one counseling along with group meetings and guidance, has already helped about 16 people keep their jobs, Coleman said.

Though many others have gone through the program, which is open to anyone, these people were about to lose their jobs due to chemical abuse, Coleman explained. Now the company management will take into consideration the employee's past performance and working record, and may give the worker a second chance if he discontinues the chemical abuse.

Cypher pointed out that often it's the threatened job loss that is the final straw in helping a person make the decision to take advantage of the CARE program. He pointed out that a person can live without his friends and maybe even without his family, but without a check "you can't go anywhere".

Lyons and Bell pointed out that a person may lose more than his job if the abuse continues, however. Should a person who has been drinking or using drugs be involved in a traffic accident where someone is seriously injured or killed, the driver may be charged with a number of offenses, including homicide by vehicle, Lyons said. Bell pointed out that the driver can be charged with different degrees of manslaughter as well, if involved in an accident after using an excessive amount of drugs or alcohol.

Many times, a person with an alcohol or drug problem won't admit such a problem exists, Coleman said. Cypher added that for any alcoholic or drug abuser, realizing that a problem exists and then admitting to the problem is the first step. Coleman said that sometimes people even complete the CARE program without admitting their problem until after they have finished the program.

Once the participant has completed the CARE program, they are more honest with themselves about the way their life was before they quit abusing drugs and alcohol, Coleman said. "Once you get there, the con game is over. If you don't get the program, the program will get you," he commented.

Noting that a person's life is completely changed by chemical abuse, Coleman stressed that early treatment of a drug or alcohol problem makes it much easier to treat that problem. That's why programs such as CARE and the Accelerated Rehabilitation Displacement (ARD) program have been started. The ARD program helps first offenders who have been cited by authorities for a drug or alcohol abuse problem, Bell commented.

The ARD program saves a person from losing his license, Bell explained. The participant is put on probation and must attend classes to learn about the problems caused by chemical abuse, he added. "This is only a first-offender program," Bell explained. What then happens to those who aren't eligible for the ARD program?

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Charlotte Groups Host Seminar

On November 18, the Charlotte Council on Alcoholism and the Charlotte Treatment Center co-hosted their first Physicians Seminar on Alcoholism at the Sheraton Center, Charlotte, NC.

The Seminar's title was: "Alcoholism: The Great Masquerader."

Faculty for the Seminar included Stanley E. Gitlow, Mount Sinai School of Medicine; Maxwell H. Weisman, M.D., Consultant, Medical Aspects of Alcoholism, Baltimore, MD; Al Mooney, III, M.D., University of North Carolina at Chapel Hill and Associated Medical Director, Willingway Hospital, Statesboro, GA.

Seminar planning committee consisted of Julian S. Albergotti, M.D.; David S. Citron, M.D.; Monroe T. Gilmour, M.D.; Ralph L. Greene, M.D.; Richard P. Stadter, M.D.; and Rex R. Taggart, M.D.

The response to the Seminar was so gratifying that the CCA and CTC have scheduled a meeting to plan a similar seminar in 1983.