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# National Institute

on

# Alcohol Abuse

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
Alcohol, Drug Abuse, and Mental Health Administration

&

# Alcoholism

# 7th Annual Report

to the United States Congress for Fiscal Year 1978 and Fiscal Year 1979

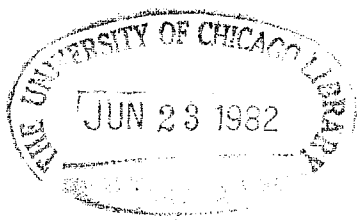
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NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

SEVENTH ANNUAL REPORT TO THE UNITED STATES CONGRESS  
FISCAL YEARS 1978 AND 1979

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## EXECUTIVE SUMMARY

### Chapter 1. Introduction

This is the Seventh Annual Report of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), submitted to the U.S. Congress as required by Public Law 91-616, section 102(1). The Report reviews fiscal years 1978 and 1979 and, with it, the review of NIAAA programs and activities is brought up to date. The Introduction provides a brief discussion of the background to NIAAA and introduces several significant new initiatives that have been implemented. The following major points are presented:

- In the years since the establishment of NIAAA we have learned that alcohol-related problems are far more extensive than was first realized. The nature of these problems, encompassing tens of millions of Americans including family members, co-workers, employers, friends, and innocent bystanders in addition to the problem drinkers, was presented in the Third Special Report to the U.S. Congress on Alcohol and Health released in June 1978.
- By fiscal year 1977 the NIAAA was proceeding with orderly, balanced, comprehensive planning and implementation of programs for research, prevention, treatment, intervention, and resource development. Thus, the stage was set for major new directions in fiscal years 1978 and 1979. These ranged in focus from the development of special alcoholism initiatives to major revisions in NIAAA procedures.
- Under the leadership of the Office of the Secretary and the direction of the Alcohol, Drug Abuse, and Mental Health Administration, a major review was undertaken of Departmental policies and programs regarding alcohol-related problems. This review culminated in the announcement of Departmental Alcoholism Initiatives. NIAAA was the focal point for many of these, including renewed emphases on youth, women, the effect of alcohol on pregnant women and the fetus, alcohol-related family violence, and occupational alcoholism programs.
- The Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism, with the Director, NIAAA, as Chairperson, provided for communication and information exchange and coordination of efforts among Federal programs and activities.

- The Office of Extramural Policy and Project Review was established in NIAAA, providing organizational separation of grant and contract review staff from program development and monitoring staff.
- NIAAA initiated a process to develop a National Strategy Plan in concert with other Federal agencies, States, national alcoholism organizations, and local communities. The primary purpose of the process was to establish common goals and priorities for alcoholism programs throughout the Nation.
- The international activities of NIAAA were reinforced by a resolution passed in May 1979 by the Thirty-Second World Health Assembly, which recognized that alcohol-related problems "rank among the World's major public health problems." Significant NIAAA collaborative activities with the World Health Organization included a long-term, multinational program to study and develop improved community responses to alcohol-related problems and a comprehensive international study of alcoholism prevention policies, programs, and activities.

## Chapter 2. Development of Knowledge

During fiscal years 1978 and 1979, the National Institute on Alcohol Abuse and Alcoholism funded a broad range of research in both the natural and social sciences. These efforts are designed to expand knowledge about the incidence and prevalence and the morbidity and mortality dimensions of alcohol use and abuse. The ultimate goal is to use research information in implementing and directing national alcohol-related social policy. To this end, the following activities have been undertaken:

- Social and psychological research activities were continued and expanded to elucidate the correlates of "normal" consumption, with particular emphasis on the social contexts of alcohol and drinking patterns within residential communities, selected populations, and occupational groupings.
- Behavioral studies were conducted on the concomitants and determinants of alcohol consumption, the application of self-control strategies to alcohol consumption, and the relationship between alcohol consumption and anxiety-reduction, aggressive behavior, and interpersonal situational factors.
- The data base of the Alcohol Epidemiological Data System (AEDS) was expanded in fiscal years 1978 and 1979 to the point where analysis could begin. The Need Allocation Matrix for NIAAA Formula Fund distribution to the States was updated through AEDS. Continuing efforts will measure the magnitude, natural history, patterns of occurrence, and trends of alcohol abuse and alcoholism in the United States.



- Physiological and biochemical research activities were continued and expanded. These were directed primarily at understanding the effects of ethanol ingestion on a variety of mammalian species including humans. Considerable research focused on developmental cell biology, effects of alcohol on the gastrointestinal and musculoskeletal systems and on neurological functioning, and the role of alcohol in endocrine functioning.
- Nine alcohol research centers were established throughout the country. These centers have various areas of specialized research emphasis and are intended to concentrate interest in alcohol investigation from a variety of disciplinary and interdisciplinary perspectives. It is hoped that with focused support, sufficient momentum will develop, not only to encourage the continuation of ongoing research efforts, but also as a magnet to attract new research talent and to enhance the training of graduate and undergraduate students in research on alcohol.

### Chapter 3. Development of Resources

Resource development means efforts to ensure a supply of money, knowledge, and people to deliver prevention and treatment services. The four major focal points of NIAAA's resource development efforts during fiscal years 1978 and 1979 were:

- Financial Resources. NIAAA recognizes the need for both greater financial access to alcoholism services and more information on utilization and cost of services. Accordingly NIAAA engaged in a variety of activities to: (1) evaluate the sources of funds and barriers to funding alcoholism treatment programs; (2) examine the feasibility of treating alcoholism within prepaid group practice Health Maintenance Organizations; (3) identify some of the major problems encountered in facilitating services to alcoholic persons under title XX and to offer recommendations for alleviating these problems; and (4) provide information that may be useful in developing a cost model of alcoholism benefits within a national health insurance package.
- Development and Training of Human Resources. NIAAA shifted its focus from support of more and different types of training to: (1) the development of curriculum and products used in training; (2) designing a system to project personnel needs; and (3) tailoring programs to specific populations. At the same time, NIAAA continued efforts to develop a credentialing organization of alcoholism counselors, to improve the training received by primary care providers, and to broaden the role of State governments in planning and facilitating the development and management of personnel working in alcoholism programs.

- Education. The National Center for Alcohol Education has taken on three main functions: (1) the design, testing, revision, and preparation of materials to be used in alcohol education programs; (2) coordination of the promotion, distribution, and use of products; and (3) evaluation of its own and other efforts to advance the state of the art in alcohol education and training. Priorities were the development of programs to: (1) provide or upgrade basic counseling skills; (2) assist personnel in dealing with special populations; (3) integrate alcohol programs into the health delivery system; (4) help volunteers and administrators; and (5) assist States in developing training programs.
- Volunteers. The NIAAA has undertaken support of State-level programs that stimulate the development of volunteer resources. Begun with awards initially granted in 1978, this program supports innovative approaches in each of 29 States in which Volunteer Resource Development Programs have been funded.

#### Chapter 4. Prevention

Since its inception, the NIAAA has sponsored and supported efforts to reduce alcohol abuse and alcohol-related problems. Using the public health model of prevention, NIAAA has directed its preventive efforts at knowledge development and information dissemination. Specifically, in fiscal years 1978 and 1979 attention was focused on the following program areas:

- NIAAA selected three alcohol abuse programs for youth as models in their replication grant program. The models were chosen as exemplary because of their program design, quality of evaluation, ability to document significant program events, and potential for generalization.
- NIAAA participated in a joint research project with three other Government agencies to determine the effects of advertising on alcohol beverage consumers. The study was designed to determine what messages are conveyed by various types of alcoholic beverage advertising and the subsequent effects on consumers.
- NIAAA sponsored a symposium on the services to children of alcoholics in fiscal year 1979. A number of experts and field programers convened to define, discuss, and review current programs, policy issues, and research matters in the area.

- The National Clearinghouse for Alcohol Information is an information service of NIAAA, established to collect and disseminate worldwide literature on alcohol, alcohol prevention, treatment, and research. During fiscal years 1978 and 1979 the Clearinghouse continued its outreach effort for NIAAA's prevention program. Services and resources offered to the three principal target audiences--women, youth, and blacks--were expanded.
- NIAAA played a key role in the work undertaken by ADAMHA in the development of national policies on prevention of alcohol, drug abuse, and mental health. This culminated late in fiscal year 1979 in a conference on prevention and will continue into fiscal year 1980 with the design of a number of specific ADAMHA policy options.

### Chapter 5. Occupational Programing

The importance of the work place for the prevention, identification, treatment, and rehabilitation of alcoholics and alcohol abusers remains a high priority for the NIAAA as well as HEW. This was reflected in the announcement in May 1979 of a major Departmental initiative in the area of occupational programing. The chapter describes the range of activities in the occupational area undertaken by NIAAA as well as the new emphases represented by the Departmental initiative. The following illustrates the array of NIAAA activities.

- Through efforts of NIAAA and the occupational community, the estimated number of programs has jumped to more than 5,000, covering 10.5 million American workers.
- Several NIAAA-funded occupational alcoholism projects are now expanding their services nationally. The International Longshoremen's Association and the National Maritime Union programs, piloted in New York City, are being implemented in the Atlantic and Gulf ports.
- Departmental initiatives have been emphasized through: (1) development of a Department-wide Employee Counseling Services Program; (2) convening of a national labor-management conference; (3) development of applied research and demonstration projects; and (4) increasing emphasis on efforts to obtain third-party payment.
- Other projects that meet the priorities of Congress and the Department were: (1) the development and implementation of the Women's Occupational Alcoholism Demonstration Project, (2) NIAAA support in the funding of a Montgomery County (Maryland) Public School project to assist personnel in the school system, and (3) the gathering of information regarding executives through the Executive Caravan Study.

- Efforts were made to develop new resources through the National Center for Alcohol Education and the National Clearinghouse for Alcohol Information.

## Chapter 6. Treatment of Alcohol-Related Problems

During fiscal years 1978 and 1979 NIAAA's efforts in the area of treatment and rehabilitation have taken on new dimensions, with the goal of improving the effectiveness and management of programs. The following significant points are presented:

- Because they generate information about specific treatment methods and their effect on clients treated, demonstration projects best exemplify efforts to improve programs.
- Several activities have been directed toward improving NIAAA's management capabilities through (1) an assessment of the National Alcoholism Program Information System (NAPIS), (2) efforts to develop NIAAA participation in the Management Initiative Tracking System, and (3) the establishment of a centralized peer review system within NIAAA.
- Several studies were undertaken during fiscal years 1978 and 1979 to provide information on clients who received treatment.
- Steps were taken to increase State participation in and coordination of treatment projects directly funded by NIAAA through the initiation of the State Alcoholism Services Demonstration Program. Knowledge of available treatment facilities within States was obtained through NIAAA's participation in the National Drug and Alcoholism Treatment Utilization Survey.
- Data from NAPIS indicate positive benefits for the support of project grants. Generalized data are presented for calendar year 1978 showing client activities and characteristics, program referrals, services received by clients, staffing, funding, and client changes and outcomes relating to alcohol consumption, behavioral impairment, reductions in the mean number of days drinking, abstinence, and employment rate.
- Eighty-eight (88) mature American Indian/Alaskan Native (AIAN) project grants were transferred from NIAAA responsibility to the Indian Health Service, (Health Services Administration) during fiscal years 1978 and 1979.

## CHAPTER 1 INTRODUCTION

This is the Seventh Annual Report of the National Institute on Alcohol Abuse and Alcoholism, submitted to the U.S. Congress as required by Public Law 91-616, section 102(1). The report reviews fiscal years 1978 and 1979. The Sixth Annual Report, which covered fiscal year 1977, was submitted to Congress in June 1979; with this report, the review of NIAAA programs and activities is brought up to date.

### EXTENT OF ALCOHOL-RELATED PROBLEMS

Although alcoholism has always been seen as a problem for individuals, alcoholism has not always been viewed as a national problem. We are now learning that alcoholism (in the sense of a compulsion to take alcohol, as well as a variety of other problems associated with alcohol consumption) represents a tremendous burden on our Nation. In June 1978, the Third Special Report to the U.S. Congress on Alcohol and Health was released by the Secretary of HEW. That report reviewed current information on the extensive nature of alcohol problems and stated:

We now know that the problems are far more extensive than we realized at the time of the First Special Report. We currently estimate that there are 10 million problem drinkers (including alcoholic people) in the United States, and each of them directly affects the lives of many others--family members, coworkers, employers, friends, innocent bystanders--so that literally tens of millions of Americans face some form of negative consequences due to alcohol misuse. In purely economic terms, the alcohol-related cost to our society in 1975 is estimated at nearly \$43 billion in lost production, medical expenses, motor vehicle accidents, violent crime, fire losses, and the maintenance of social mechanisms to deal with the problems--and that figure covers only the losses we can measure. Alcoholism shortens life expectancy by an estimated 10 to 15 years. It also contributes significantly to such serious conditions as heart disease, cancer, and diseases of the liver. Patients with alcohol-related problems occupy an unwarranted proportion of the Nation's hospital beds. Alcohol may be involved in as many as one-third of all suicides, half of all homicides, half of all traffic

fatalities, and one-quarter of all nontraffic accidental deaths. Furthermore, alcohol is now suspected to be a major factor in child abuse and marital violence. In total, more than 200,000 premature deaths each year may be associated with alcohol misuse and hundreds of thousands more people suffer alcohol-related illnesses or injuries. (Introduction, p. xix)

Preparation of the Fourth Special Report on Alcohol and Health, which will update this information, was begun during fiscal year 1979.

#### BACKGROUND OF NIAAA

Growth in the response to alcohol-related problems has paralleled the increase in knowledge about their magnitude. Since its inception, NIAAA has supported the understanding of alcoholism as a disease, and recognition of the disabilities related to this disease has provided impetus for moving alcohol-related services into the mainstream of health and social services.

When NIAAA was established in 1971 by the Congress, the general public did not acknowledge alcoholism as a serious national problem. Within the Federal Government there was little activity and outside the Government the problems of alcoholism generally were ignored or deliberately concealed by the medical community, the families of alcoholics, and others. The needs of alcoholics at that time largely were recognized only by Alcoholics Anonymous and the National Council on Alcoholism.

Six years later, by fiscal year 1977, alcoholism was widely recognized as a major, costly health problem; it was acknowledged by victims and the general public alike as a matter deserving prevention efforts, treatment, and research rather than ridicule or rejection, and alcoholism treatment had progressed to the point that treatment for special high-risk populations, rather than quantity of resources per se, became a paramount concern. The NIAAA was proceeding with orderly, balanced, and comprehensive planning and implementation of programs for research, prevention, treatment, intervention, and resource development.

Thus the stage was set for major new directions in fiscal years 1978 and 1979 ranging in focus from the development of special alcoholism initiatives to major revisions of NIAAA procedures. Some of these are discussed briefly in the remainder of this chapter.

#### DEPARTMENTAL ALCOHOLISM INITIATIVES

In 1978, under the leadership of the Office of the Secretary of the Department of Health, Education, and Welfare, a major review of Departmental policies and programs concerned with alcohol-related problems was

initiated. Directed by the Administrator of ADAMHA, this review involved key people throughout the Department; primary staff work was performed by NIAAA. The culmination of this effort was the announcement in May 1979 of a series of Departmental alcoholism initiatives.

The initiatives were designed in part to reflect a shifting of focus to a broad concept of health promotion. This generally entails moving away from the health care systems approach which treats disease to the health status approach which promotes good health. This view has been articulated in Healthy People, 1979, a report published by the Surgeon General to which NIAAA contributed.

Although the full range of activities that comprise the initiatives is broad, involving other organizations within and without HEW, the NIAAA is the focal point for many of these efforts, including:

- Expanded research, prevention activities, and services directed toward young people who exhibit alcohol-related problems, to increase their awareness of the risks associated with alcohol use and to reduce the number of fatalities and injuries sustained by youth in alcohol-related automobile accidents;
- Intensified efforts to prevent alcoholism and alcohol abuse among women and to make referral and treatment services more effective and more available to them;
- Increased knowledge, through research, of the effects of alcohol on pregnant women and the fetus and a reduction in the occurrence of the fetal alcohol syndrome;
- Development of appropriate model programs to deal effectively with alcohol-related family violence; and
- Support of occupational alcoholism demonstration projects to gain knowledge and develop new approaches to reaching employed persons who exhibit alcohol-related problems, in a variety of work settings.

By the end of fiscal year 1979, substantial progress had been made in implementing the initiatives. For example, special notifications for all of the grant programs involved were mailed to prospective applicants. To aid these people, 40 technical assistance seminars attended by approximately 2,500 individuals were conducted throughout the country, and NIAAA provided help to another 1,500 on an individual basis. In another area, concept clearance was obtained from the Office of the Assistant Secretary for Public Affairs for the Multi-Media Prevention Campaign for Women, Fetal Alcohol Syndrome, and Youth.

The President's budget for NIAAA in fiscal year 1980 proposed increased monies to fund programs to further these initiatives. Additional activities regarding the initiatives are mentioned in relevant sections throughout this report.

INTERAGENCY COMMITTEE ON FEDERAL  
ACTIVITIES FOR ALCOHOL ABUSE  
AND ALCOHOLISM

The Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism, originally established in February 1975, became fully operational during fiscal years 1978 and 1979, holding four meetings each year as required by law. The Committee's functions are to evaluate the adequacy and technical soundness of all Federal programs and activities related to alcohol abuse and alcoholism and to provide for the communication and exchange of information needed to maintain the coordination and effectiveness of these programs and activities. The Committee also works to coordinate efforts to deal with alcohol abuse and alcoholism in carrying out Federal health, welfare, rehabilitation, highway safety, law enforcement, and economic opportunity laws. In addition, the Committee is responsible for developing reports and recommendations regarding these functions on an ongoing basis.

The Interagency Committee is composed of: the Secretary of HEW or the Director of the National Institute on Alcohol Abuse and Alcoholism, as Chairperson; appropriate scientific, medical, or technical representatives from the Departments of Transportation, Justice, and Defense, from the Veterans Administration, and other Federal agencies and offices that administer programs directly affecting alcohol abuse and alcoholism; and five individuals from the general public who, by virtue of their knowledge or experience, are particularly qualified in the field of alcohol abuse and alcoholism (these members are appointed by the Secretary of HEW).

A number of working groups within the Committee, each with a specific function and support staff, facilitates the overall functions and goals of the Committee. These working groups focus on Federal Employee Alcoholism Programs, treatment and rehabilitation, research, manpower and training, and prevention, education, and information.

During the period covered by this report the Interagency Committee:

- Aided NIAAA in its efforts to report on all Federal programs and resources related to alcohol abuse and alcoholism. Data collected and assimilated, under contract to NIAAA, were used to assess the extent of current Federal alcoholism efforts and provide the basis for NIAAA's annual report to Congress on Federal alcoholism program efforts.
- Adopted nine recommendations designed to improve Federal Employee Alcoholism Programs. The first recommendation, which passed unanimously, was the adoption of an Executive Order to implement alcohol and drug abuse programs in all Federal agencies.



- Developed a resolution which led to the development of a contract to study the impact of commercial alcoholic beverage advertising on certain markets, particularly the youth market.
- Adopted a resolution which resulted in a study of title XX funding as it relates to alcohol abuse and alcoholism treatment programs.
- Adopted a resolution regarding the implementation of section 504 of the Rehabilitation Act of 1973, as amended, as it relates to alcoholic persons and another resolution regarding Civil Service Commission implementation of Federal Employee Alcoholism Programs.

#### CENTRALIZED PEER REVIEW

Until 1967, when the National Institute of Mental Health (NIMH) (subsequently one of the three institutes in ADAMHA) became organizationally separate from the National Institutes of Health (NIH), NIMH projects were subject to the NIH peer review system, which was based on the principle of organizational separation of the review function from the program management function. After that NIMH carried out peer review within the particular branches and divisions concerned with individual programs. NIAAA and National Institute on Drug Abuse (NIDA) have followed this pattern since their establishment in 1971 and 1973, respectively. In ADAMHA, initial review was carried out in 30 sections or branches in 10 different divisions of the three institutes.

However, several important reviews of ADAMHA programs led to recommendations for separating the review and program management functions within ADAMHA. Such action was recommended by the President's Biomedical Research Panel (1976) and the Research Task Panel of the President's Commission on Mental Health (1978). Both groups pointed to the opportunity for an increased objectivity through isolation of the review process from bias that may result from having the same staff manage the review process as well as develop programs and make award decisions. As a result the review function was centralized in a new office in each of the three ADAMHA Institutes. The new offices were to report directly to the Institute Director and to be responsible for the entire grant application and contract proposal review process.

In June 1979 the Office of Extramural Policy and Project Review (OEPPR) was established within NIAAA to provide organizational separation of program staff and review staff. The benefits to be gained from the new office are that it will (1) provide improved direction and monitoring of the review process and ensure quality, objectivity, and accountability; (2) ensure consistent implementation of review procedures within NIAAA; (3) provide consistent training and supervision of staff responsible for peer review functions; (4) facilitate and improve the orientation of review committee members as to their roles and responsibilities; (5) provide guidance and monitoring to ensure that no conflict

of interest or the appearance of conflict of interest enters into the review process; (6) ensure consistent advice and guidance to potential applicants concerning the review process; and (7) ensure more consistent application of criteria for the selection of members of the initial review committee.

#### NATIONAL STRATEGY PLAN TO COMBAT ALCOHOL ABUSE AND ALCOHOLISM

Congress gave NIAAA a leadership role in the development and implementation of a national strategy to combat alcohol abuse and alcoholism. The 1977 GAO Report to Congress (Progress and Problems in Treating Alcohol Abusers) emphasized that one of NIAAA's functions was "to develop a national plan for attacking the alcohol abuse problem." In response, NIAAA initiated a process to develop a National Strategy Plan.

Since the primary purpose of that Plan was to establish common goals and priorities for alcoholism programs throughout the Nation, it could be developed only in concert with other Federal agencies, States, national alcoholism organizations, and local communities. Accordingly, a Steering Group was formed to advise during development of the Plan and ensure involvement of all sectors of the alcoholism field.

Following the recommendations of the Steering Group, five papers were developed: "Analysis of State Plan Priorities," "Flow Chart of the Planning Process," "NIAAA Issues Paper," "NIAAA Role Paper," and "Summary of Issues Derived from Correspondence from Various Members of the Steering Group." These documents were circulated among Steering Group members for comment.

A National Strategy Working Paper, developed by synthesizing these five documents and integrating contributions from various sources in addition to the Steering Group--Federal agencies, State Alcoholism Authorities, national associations, voluntary and local groups, private individuals, and NIAAA--was presented to the field as a draft plan. Distribution of the final Plan is scheduled for January 1980.

#### INTERNATIONAL ACTIVITIES

Two principles guide NIAAA's international activities: (1) furtherance of NIAAA's domestic goals through international collaboration, and (2) support of U.S. foreign policy objectives. NIAAA recognizes that since alcohol consumption and its attendant problems are universal, societal phenomena, and since true understanding of them must account for international and intracultural variation, its goals can be advanced through international collaboration.

This interest in international activities was reinforced by recent actions of the World Health Organization (WHO). In May 1979, the Thirty-Second World Health Assembly, responding to considerations developed by

the Executive Board of WHO, passed a resolution addressing alcohol-related problems.

In brief, this resolution recognizes that alcohol-related problems "rank among the world's major public health problems," urges WHO's member states to take a number of actions in the fields of prevention, training, treatment, and research, and requests the Director-General to do all he can to promote greater international collaboration in this area.

The NIAAA sponsors a variety of activities in the international arena, including information exchange, support of international studies by U.S. investigators, support of foreign investigators, and cooperative ventures with other countries and international organizations. In light of the World Health Assembly resolution, NIAAA activities with WHO are of particular interest.

In September 1976 NIAAA initiated a long-term, multinational collaborative program with WHO to study and improve community responses to alcohol-related problems. The primary objective of the first phase, to be completed in May 1980, is to develop community-wide plans for more effective response to identified problems in each of several participating countries. Thus, by early 1980, data will have been collected and analyzed regarding alcohol-related problems in disparate communities in Zambia, Scotland, and Mexico. Comparable data from communities in Canada and the United States will also be available as a result of those countries' participation in the project on an informal basis. In addition, the products of these analyses will have been used by early 1980 to develop recommendations for responses on the part of each of the participating communities. The NIAAA and WHO are observing the processes used in the development of these community responses and synthesizing the various approaches into a general set of procedures that should be of interest both within the United States and elsewhere.

In another significant project, the WHO, under NIAAA contract, in 1979 completed a comprehensive international study of alcoholism prevention policies, programs, and activities.

Specific objectives were to stimulate widespread critical scrutiny of measures, policies, and programs aimed at, or of possible value for, preventing alcohol-related problems; to review such preventive activities on a national and international level and to assess their impact, both currently and in a historical perspective, within relevant social, cultural, and economic contexts; and to propose methods of monitoring and assessing preventive activities at both national and local levels.

The work of this study was coordinated with the WHO community-response project so that the prevention components of the community plans will reflect the international review.

## CONTENTS OF SEVENTH ANNUAL REPORT

The remainder of this report addresses the major themes discerned in the mission of NIAAA during fiscal years 1978 and 1979--developing knowledge, developing resources, prevention, occupational programing, and treatment of alcohol problems. The report is organized so as to reflect the thrust of NIAAA programs rather than NIAAA structure.

The main body of the report describes NIAAA's major efforts in the field of alcohol abuse and alcoholism; background information about NIAAA operations, including budgetary information, is given in the appendixes. Further details regarding NIAAA programs, projects, organization, or staff are available upon request.

## CHAPTER 2

### DEVELOPMENT OF KNOWLEDGE

The research effort of the National Institute on Alcohol Abuse and Alcoholism is designed to achieve two long-term goals: to reduce the incidence and prevalence of alcohol abuse and alcoholism and to reduce the morbidity and mortality associated with the consumption of alcoholic beverages. To these ends, NIAAA supports basic and applied research in the social and natural sciences, with encouragement to address the problems associated with alcohol consumption from a variety of interdisciplinary perspectives. Research is conducted both within the Institute and in universities and research institutions throughout the United States.

#### SOCIAL AND PSYCHOLOGICAL RESEARCH

##### Descriptive Studies

Much of the social and psychological research undertaken by NIAAA during fiscal years 1978 and 1979 focused on descriptions of the conditions of drinking in the general population. Several new and ongoing research projects are seeking to elucidate the correlates of "normal" consumption. One such study is looking at drinking behaviors within residential communities, with particular interest in the relationships between spatial residential patterns and physical community planning and resulting behavior. Another study is seeking to determine the nature of drinking in bars and other public establishments.

A major effort has been the completion of a longitudinal study of the social and psychological factors associated with drinking among college students. Begun nearly 30 years ago, the project entailed re-interviewing a national sample of young adults, approximately 25 years after their initial participation as respondents, to determine changes in drinking behavior and attitudes. The study also attempted to account for changes in society's values, mores, and norms concerning drinking, independent of the respondents' aging.

A third set of studies concerned with description of contexts focuses on the objective and subjective occupational characteristics associated with alcohol consumption. Data have been collected on a representative sample of full-time workers in Detroit, and analyses will focus on the relationship between work activities and consumption patterns.

## Behavioral Research

Behavioral studies have investigated a number of areas. One set of studies has been concerned with training alcoholics to regulate and monitor their alcohol consumption by using internal cues to recognize changes in levels of alcohol in the blood. Another set of studies addresses the application of self-control strategies to alcohol consumption. Behavioral therapy has been successful in helping to control other problems such as excessive eating and tobacco smoking. These particular studies are investigating the benefits of employing the social-learning model to help subjects curb alcohol intake. In particular, investigations into self-control processes and expectancies are being undertaken. A third series of studies is attempting to ascertain the relationship between alcohol consumption and anxiety reduction, aggressive behavior, and interpersonal situational factors.

Other behavioral research supported by NIAAA has been concerned with effects of alcohol consumption on pregnancy outcome. Studies using data from medical records are being conducted to elucidate the relationship between alcohol consumption during pregnancy and developmental variables seen in children of mothers who drink varying amounts of alcoholic beverages. The role played by the mother's use of caffeine and tobacco, as well as the effects of the mother's age and number of children, are also being examined.

## EPIDEMIOLOGIC ACTIVITIES

A major effort has begun with the establishment in the NIAAA intramural research program of the Alcohol Epidemiological Data System (AEDS). This represents an attempt to gather all data available in the United States that pertain to the incidence and prevalence of alcohol use and abuse. During fiscal year 1978 the AEDS began to identify the existing data universe and was responsible for the acquisition, indexing, cataloging, storage, and retrieval of approximately 800 sets of epidemiologic data in either hard copy or machine-readable form in the following areas:

- Health (including mortality, morbidity, and treatment data for various population subgroups and geographic locations);
- Consumption (including data on alcoholic beverage sales and taxes and surveys of drinking practices, contexts of drinking, and per capita drinking rates);
- Casualties related to alcohol consumption (including data on child abuse, marital violence, suicide, accidents, and family abuse in general);
- Crime (including data on alcohol involvement of perpetrator and victim);

- Highway traffic accidents (including data on alcohol-related accidents, injuries, and fatalities);
- Legal (including data on legal purchasing age and sales regulations); and
- Population data for discrete demographic and geographic subgroups, minimally at the State level, optimally at the county level.

Substantial analytic work within the AEDS began during fiscal year 1978, and continued in 1979, including the production of a series of working papers on recent prevalence estimates, an update of State level alcoholism estimates (using the Jellinek formula) based on current population and cirrhosis mortality data, and exploration of cirrhosis mortality rates and ratios among American Indian women. The most critical analytic task performed by the AEDS was updating the Need Allocation Matrix for NIAAA formula fund distribution to the States for alcohol prevention, treatment, and rehabilitation services. Apropos of the identification of high-risk populations, the AEDS has also examined the rates of cirrhosis mortality among different subpopulations (blacks, whites, and Native Americans) and different geographic locations (major Standard Metropolitan Statistical Areas) within the United States. Other ongoing projects initiated during fiscal year 1978 include analyses of highway fatalities and their relationship to minimum legal drinking age, development of a national alcohol-problems index, and characterization of persons in treatment.

In conjunction with the development of the AEDS, NIAAA has initiated data-sharing relationships with public and private organizations as well as with other Federal agencies such as the National Center for Health Statistics (NCHS). An interagency agreement between NCHS and NIAAA, signed in fiscal year 1977 and continuing through fiscal year 1979, provides for examination of all data-collection systems within NCHS, including the Health Interview Survey, to identify information on the use and abuse of alcohol. The agreement also calls for NCHS to conduct analyses in such areas as alcohol-related causes of death. Extensive data analysis was conducted during the fiscal year 1979 portion of the agreement.

Collaborative efforts were also initiated with the Natality Statistics Branch of NCHS and with the Law Enforcement Assistance Administration (LEAA) whereby the NIAAA would assist in developing a set of alcohol-consumption questions for inclusion in the LEAA Survey of Inmates of Local Jails and the NCHS National Natality and Fetal Mortality Surveys. The objective of these and other involvements in fiscal year 1979 was to promote, through the use of parallel data items, standardization of variables across surveys and therefore the assessment of relative consumption and problems related to consumption among disparate and important subpopulations.

Fiscal year 1978 saw the continuation of a project aimed at developing alternative methods for estimating the incidence and prevalence of alcoholism in the United States. Significant advances have been made in development of an incidence/prevalence flow-model methodology. The model was field tested at the State level during fiscal year 1978, and the analysis of results became available in fiscal year 1979.

#### PHYSIOLOGICAL AND BIOCHEMICAL RESEARCH

NIAAA-supported research in the natural sciences focuses primarily on understanding the etiology of alcoholism and alcohol-related problems; the role of genetics; the fetal alcohol syndrome; pathogenesis of cirrhosis; the development and assessment of diagnostic and clinical treatment for hepatitis, cirrhosis, and other liver and gastrointestinal diseases; and neuropathologies associated with alcohol consumption. To this end, the following research projects were begun or continued during fiscal years 1978 and 1979:

##### Developmental cell biology

- Cellular mapping of behavioral traits

##### Effects of alcohol on the liver and intestine

- Effects of hepatitis on ethanol metabolism
- Alcohol and collagen metabolism
- Effects of alcohol on calcium transport by the intestine, in particular the effects of impaired absorption of calcium with administration of alcohol
- Effects of alcohol on choline metabolism and on serum amino acids
- Effects of alcohol-induced liver disease on disposition and elimination of analgesics and sedatives
- Mechanisms of thiamine transport in the normal and diseased intestine
- Biochemistry of alcohol metabolism

##### Alcoholism and disease of the muscles

- Elucidation of the production of myocardial injury in chronic alcoholism, including role of lipid metabolism
- Role of phosphorus and intracellular metabolites in alcoholic muscle injury



### Neurobiological correlates of chronic alcohol consumption

- Relationship between learning impairment and chronic alcohol consumption
- Establishment of alcohol withdrawal syndrome in rats
- Electroencephalographic correlates of alcohol consumption
- Role of alcohol in brain neurotransmitters and neuropathology

While the basic research supported by NIAAA ultimately is concerned with the role of alcohol consumption in humans, the use of human subjects is increasingly difficult, for both ethical and experimental reasons. Therefore, most of the research conducted during fiscal years 1978 and 1979 has used animals, primarily rats and mice. It is hoped that these animal studies will capture the kinds of information necessary to transfer knowledge to the biology of humans as well.

### ALCOHOL RESEARCH CENTERS

In addition to supporting a variety of investigator-initiated research efforts, NIAAA has increased the number of research centers throughout the country to nine. The role of these centers is to concentrate interest in alcohol investigations from a variety of disciplinary and interdisciplinary perspectives. It is hoped that with focused support a considerable momentum will develop, not only to encourage the continuation of ongoing research efforts, but also to serve as a magnet to attract new research talent and to enhance the training of graduate and undergraduate students in research on alcohol.

The nine centers and their research focuses are:

University of California, Berkeley: Social epidemiology of alcohol problems

The Social Research Group at Berkeley is investigating the nature of alcohol consumption in a variety of social contexts. In particular, the group is studying the community networks, including both formal agencies and informal arrangements, that emerge in response to problems of alcohol. This study is associated with a World Health Organizational effort to examine the identification and treatment of alcohol abuse (and its associated problems) in a cross-cultural perspective.

Other activities are an examination of the history of alcohol-control policies, a study of the social structure and political economy of the alcoholic beverage industry since the end of Prohibition, and a large project concerned with the interrelationships between patterns of

drinking and adverse health, casualty, and social consequences of alcohol consumption. The Social Research Group is also actively involved with the training of evaluative researchers and persons doing research on public health issues.

Washington University, St. Louis, Missouri: Neurobiological, neurochemical, and genetic, social, and psychological factors related to alcoholism

Specific efforts include biochemical investigations of the relationship between ethanol and lithium on inositol metabolism, the characteristics of cerebral atrophy in chronically alcoholic patients, including the physiological and psychological dysfunctioning associated with cerebral atrophy, and immunohistochemical investigations of the proteins in the nervous system and their response to high alcohol consumption.

Other projects include a 10-year followup study of women admitted to psychiatric hospitals for treatment of depression and alcoholism and an examination of the genetic and social transmission of alcoholism in families.

University of Colorado, Boulder: Pharmacogenetic approaches to the neuropharmacology of alcohol

A variety of studies is being conducted to elucidate the neurochemical and neurophysiological basis for behavioral responses to alcohol in mice. Particular research efforts include investigations of the genetic response to addictability of ethanol, behavioral characterizations of ethanol consumption, effects of chronic alcohol ingestion on brain aldehyde metabolism, changes in neurotransmitter receptors as a consequence of alcohol administration, and the effects of alcohol on neuronal and non-neuronal membranes.

Rutgers, The State University of New Jersey, New Brunswick: The etiology of alcoholism (longitudinal study)

This alcohol research center is conducting a replicated, cross-sectional, multiple-cohort longitudinal study to ascertain the socio-cultural, psychological, and clinical characteristics of a statistically representative sample of New Jersey residents. Four groups of respondents, aged 22, 19, 16, and 13 at the start of the study, will be followed for a number of years. At the same time, new respondents will be introduced into the study in each succeeding year. The primary research goal is to describe the nature of drinking behavior from psychological, sociological, and biochemical perspectives before the onset of diagnosed alcoholism and then to trace patterns that may predict the onset of alcohol problems.

University of Connecticut, Farmington: Predictive models of treatment outcome

Studies at this research center are concerned with the development of typologies of alcoholism and the design of different types of treatment to address those different typologies. Specifically, investigators are attempting to describe factors that will predict problems related to alcohol and to design treatments based on those predictors so as to make treatment as beneficial as possible.

University of California, Los Angeles: Effects of alcohol on the central nervous system

At this center the acute and chronic effects of alcohol, including the developmental aspects and the phenomenon of alcohol withdrawal, are being explored. Investigators also are observing the peripheral and behavioral consequences of alcohol on the central nervous system.

Mount Sinai School of Medicine of the City University of New York, New York City: Pathological and toxic effects of alcohol

This center is continuing to explore the role of alcohol consumption in liver disease and injury. Major findings to date suggest that adverse effects result from chronic levels of alcohol ingestion regardless of nutritional levels of the diet. Nonhuman primates are continuing to be used to ascertain the pathophysiology and biochemistry of liver disease.

University of California, Irvine: Clinical and basic science studies of effects of ethanol on the central nervous system

Using biochemical, neurophysiological, and clinical approaches, investigators at this center are studying the effects of ethanol on the central nervous system. Representative of these efforts are studies of the effects of ethanol on cerebral protein metabolism, on herpes simplex virus infection, on changes in RNA transcripts of chromosomal and mitochondria DNA, and on auditory brainstem potentials. Clinical research activities include studies of alcohol-induced dysfunction of the central nervous system among male chronic alcoholics, of the detection of alcohol abusers by biochemical tests, and of the role of alcohol consumption in the processing and recall of information.

Salk Institute for Biological Studies, San Diego, California: Cellular neurobiology of alcohol

Specific studies at this center include investigations of the role of chronic alcohol consumption on the pathogenesis of fetal alcohol syndrome, the neurological bases for tolerance and dependence, and effects of alcohol on evoked cortical potentials and behaviors in humans.



### CHAPTER 3 DEVELOPMENT OF RESOURCES

Ensuring a supply of money, knowledge, and people to provide prevention and treatment services has been a major concern of NIAAA since its inception. This chapter focuses on significant NIAAA programs to develop financial and human resources.

#### FINANCIAL RESOURCES

The trend in health care financing has been toward comprehensive coverage using prepayment or insurance mechanisms. In many instances, however, the concept of comprehensiveness has not carried over into the area of alcoholism.

For many years alcoholism was regarded as a psychiatric disorder manifested by excessive drinking, to be treated by detoxification and an admonition to "go and sin no more." With the establishment of the National Institute on Alcohol Abuse and Alcoholism in 1970, alcoholism began to be perceived as a nonpsychiatric, highly treatable disorder.

With the advent of NIAAA, many treatment and rehabilitation programs were launched to meet the needs of people typically ignored by traditional health care delivery systems. Alcoholism Treatment Centers sprang up throughout the Nation. Most of these programs were based on the seed-money concept: Federal funds would help establish programs and nurture them through their most difficult and expensive formative years; after a period, it was anticipated, these programs would demonstrate their viability and importance and would be able to compete for the health care dollars available from third-party sources, States and localities, and clients themselves. From this concept came the goal of "financial self-sufficiency."

Unfortunately, these expectations were not fulfilled. Many alcoholism programs floundered financially and fell short of goals of self-sufficiency. This failure was attributable partly to poor management and planning by grantees and their assumption that the Federal well would not run dry. But a significant portion of the deficit resulted from factors largely beyond the control of grantees.

Many alcoholism programs were excluded categorically from participation in some reimbursement programs. Whereas most traditional health

care delivery organizations served clients who had wide access to traditional payment programs, grantee alcoholism programs served many disenfranchised clients. Few grantee clients had employment-related health insurance. The plans of those who did have insurance frequently did not cover alcoholism treatment beyond detoxification. Traditional payment plans were designed for the express purpose of paying for traditional medical services. By definition, the grantee programs provided non-traditional services. As a result, their clients were often excluded from reimbursement by major insurance payors.

Since its early years, NIAAA's position has been that while alcoholism services extend beyond the traditional concept of health care, they are an important part of a comprehensive health care system. Moreover, not only can alcoholism result in disability that can tax the service capacity of the health care system; it is generally agreed that untreated alcoholism places even greater strains on the system.

Recognizing the need for greater financial access to alcoholism services and appreciating the problem posed by making policy while lacking adequate information on the impact of various approaches on utilization, cost, and delivery of alcoholism services, NIAAA engaged in a number of studies during fiscal years 1978 and 1979.

#### Alcoholism Funding Study

The purpose of the Alcoholism Funding Study, sponsored by the Office of the Secretary, DHEW (1978), was to evaluate sources of funds and barriers to funding Alcoholism Treatment Programs. The study focused on the Special Treatment and Rehabilitation Program supported by special project grants from NIAAA.

Background. The special project grants initially were intended to increase the overall availability of alcoholism treatment services, particularly to "special need" population groups. Special projects, numbering 330, account for an estimated \$40 million in Federal funds, or approximately 24 percent of NIAAA's fiscal year 1978 budget of \$168.2 million. In addition, NIAAA supported approximately 113 American Indian and 28 Occupational Programs.

Originally, special project grants were awarded for a 12- to 24-month period and were renewable up to 3 years. As noted earlier, it was expected that projects would use the grant awards as startup funds and, once established, would attract other ongoing financial resources. When the non-NIAAA funds did not materialize, NIAAA extended the renewable period for an additional 3 years and established a matching-rate policy. This policy provided for decreasing NIAAA support during this second 3-year period and instituted an initial 20 percent reduction in grant awards renewed after October 1976. The matching-rate policy created considerable controversy, particularly among the projects. In August 1977 the Secretary of HEW suspended further implementation of the policy pending a study of its impact and extended the renewable grant period up to 8 years.

The issue of the future financial viability of NIAAAA's special projects, illustrated by the need for continued Federal funding, prompted the Public Health Service to award a contract for the Alcoholism Funding Study, completed in fiscal year 1978. The study addressed the following questions:

- To what extent can NIAAAA projects be expected to become viable and self-supporting beyond the lapse of Federal support?
- What are the institutional (environmental) or organizational (internal to the project) factors that appear to be likely impediments to these projects becoming self-supporting?
- What changes should be made in current Federal policy to assist these projects in becoming self-sufficient?

Findings. The study found that while non-NIAAAA financial resources are available in all States, the funding of any particular NIAAAA special project by a non-NIAAAA source is unpredictable. Such funding is determined by very specific factors, but these factors may not have the same effect on similar projects. Some of these factors are: type of grantee agency (e.g., hospital, Community Mental Health Center, or public agency); quality of program; level of integration into treatment network; quality of project director; availability of State Alcoholism Authority resources; and State policy.

Recommendations. The Alcoholism Funding Study resulted in the following recommendations:

1. The Federal Government's role in funding alcoholism treatment programs should be reconsidered in view of shifting responsibilities and emerging issues.
2. The purpose of the special project grants should be redefined.
3. NIAAAA should develop and implement a policy for stable funding of special projects.
4. Special projects should be funded in the context of their treatment and funding environments; more complete and objective information on applicants for Federal funds should be obtained.
5. Projects should be required to provide more complete and accurate information on their program and financial situation, even submitting to periodic independent audits.
6. A bell-shaped rather than a linear funding pattern should be considered, to avoid return of unobligated funds during startup and to increase non-Federal funding responsibility in established programs.

7. Modification of program categories should be considered, to define more clearly and consistently the type of treatment program provided and clientele served.
8. The value of independent outreach programs should be reexamined; and establishment of specialized outreach programs for poverty clientele as components of larger treatment programs should be considered.
9. Standards of performance should be instituted, and Federal support should be withdrawn from marginal performers who do not improve with technical assistance.

NIAAA currently is conducting an overall review of its long-term funding policy. These recommendations are being considered as part of that review.

#### State Alcoholism Demonstration Program

This program, which is discussed in detail in chapter 6, resulted from the Alcoholism Funding Study. Its purpose is to demonstrate the feasibility of utilizing the State Alcoholism Authority to improve the degree of coordination and assistance in the planning and development of treatment programs. Specifically, in relation to financing, the program is designed to improve the cost effectiveness of alcoholism treatment and ancillary services, to demonstrate shared responsibility for the financing of community-based alcoholism services, and to increase revenues from non-NIAAA sources of financial support for alcoholism treatment projects under the grant.

#### Title XX Report

Title XX is a program of Federal and State matching funds which provides social services to the aged, blind, disabled, and to families with dependent children and low-income individuals. NIAAA conducted a study to assess the role that title XX plays in the rehabilitation of alcoholic persons in need. The purpose of the study was to identify some of the major problems encountered in facilitating services to alcoholic persons under title XX and to recommend ways to alleviate those problems.

The report, encompassing the period June 1977-June 1978 and released in April 1979, does not purport to give a comprehensive analysis of the issues related to title XX programs in all States. It is based on information from the 15 States that met one or more of the following criteria: (1) significant use of title XX funding for alcoholism services; (2) diversity of service delivery methods; (3) availability and probable cooperation of information contacts; and (4) unique utilization of title XX in meeting the needs of alcoholic persons. In addition, the States were chosen to represent diverse geographic locations. States included were California, Florida, Indiana, Iowa, Kentucky, Maine,



Minnesota, Missouri, New Jersey, North Carolina, Ohio, Pennsylvania, South Carolina, Vermont, and Wisconsin.

Information was obtained through telephone inquiries to State title XX agencies, State Alcoholism Authorities, local providers, and HEW's Administration for Public Services. Questions focused on availability of service, methods of service delivery, and issues faced by State and local agencies. In addition, suggestions for enhancing social services for alcoholic persons were solicited.

Also contributing were various constituent members of the National Coalition for Adequate Alcoholism Programs, who reviewed a draft of the report, commented on their experiences with the title XX program, and suggested areas for further policy and program development.

Recommendations based on information from the selected States are included in the report. These recommendations identify policy and program areas that should be examined in the effort to enhance the use of title XX to meet the needs of alcoholic persons.

Inasmuch as one of the objectives of the title XX program is to afford greater State and local autonomy in the selection of services to be included in the State's title XX plan, experience within the reporting States demonstrates the compelling need for the alcoholism community to become heavily involved in such statewide planning. However, even with such involvement, in some States the limited amount of Federal and State title XX funding has made it difficult for the social services to play an optimal role in the rehabilitation of alcoholic persons. This report identified a number of barriers obstructing the use of social services for alcoholic persons. These barriers occurred in such areas as the State planning process, expenditures and matching requirements, services delivery methods, client eligibility, fees and family coverage, service coverage, and cost reimbursement.

Social services for alcoholic persons are basic to the recovery process. Such crucial services as detoxification, outpatient care, residential care, homemaker services, transportation, vocational training, and educational assistance contribute to the development of community alcoholism efforts. Thus, social services are vital links in the concept of a totally integrated system.

#### Efforts Related to National Health Insurance

Recognizing the tremendous health, social, and economic costs related to alcohol abuse and alcoholism, NIAAA believes that benefits for treatment of alcohol abuse, alcoholism, and related health problems should be part of all considerations in the development of a national health insurance program. These considerations should include a range of service components to ensure a minimum level of continuity of care for alcoholism treatment.

To that end, during fiscal years 1978 and 1979 the staff of NIAAA were involved in a number of efforts related to national health insurance. Central to these efforts was the establishment of a National Health Insurance Workgroup comprised of staff from ADAMHA, NIAAA, NIDA, and NIMH. The results of an NIAAA study of the cost of alcoholism treatment under various benefit options were included in a Workgroup paper on projected costs of national health insurance. Less central but related data-gathering activities included studies of State insurance regulations and Medicare, CHAMPUS, and other health insurance plans.

Survey of State Regulatory Activities. Since State insurance departments are empowered by statute to regulate the extent and cost of insurance contracts and the conduct of insurance carriers, State legislative actions have become increasingly important in influencing the extent to which the private third-party sector contributes to the financing of alcoholism treatment. A 1978 survey of State legislative activities showed that insurance coverage for alcoholism treatment had increased considerably since 1974. Unfortunately, the enacted legislation often emphasizes inpatient care and limits outpatient treatment, although recently some States have mandated more extensive outpatient benefits. By the end of 1978, 24 States had enacted legislation into law.

Report on Desirability of Extending Medicare Coverage. As part of the Rural Health Clinic Services Act, the Congress directed the Department of Health, Education, and Welfare to prepare a report on the advantages and disadvantages of extending Medicare to urban or rural comprehensive mental health centers and to centers for treatment of alcoholism and drug abuse. The report contains data on the needs of the elderly for mental health and alcoholism treatment and on the difficulties they face in using such services. It appears that elderly individuals are not receiving adequate mental health and alcoholism treatment and that restricted Medicare coverage is a major stumbling block.

While the report discusses at length the advantages and disadvantages of extending coverage, it is difficult to predict accurately the effects of extended coverage on use of services, on overall costs, and on providers and practitioners. Thus the discussion focuses on the anticipated impact. The report makes no recommendations concerning extension of coverage. The Department will prepare recommendations after it fully considers the report of the President's Commission on Mental Health.

Study of Civilian Health and Medical Plan of the Uniformed Services (CHAMPUS). This insurance program for retired military personnel and dependents of active duty personnel provides for inpatient and outpatient care for alcoholism; it covers an estimated 6-8 million persons. During fiscal years 1978 and 1979 NIAAA staff began collecting information on use of CHAMPUS by persons diagnosed as alcoholics or having other health problems commonly related to alcohol misuse. This information will be used in development of cost models related to use of alcoholism benefits.

Study of Alcoholism Treatment Within Prepaid Group Practice/Health Maintenance Organizations. This study of three demonstration sites, begun in 1974, was discussed in the fiscal year 1977 NIAAA Annual Report. During fiscal year 1978, it began to yield data indicating trends.

- The typical patient receiving treatment for alcoholism is a married, middle-aged, employed male of middle socioeconomic status. The mean age of patients is approximately 43 years; the male/female ratio is approximately 4:1; 64 percent are married and living with a spouse; 92 percent of those in the labor force are employed, in a variety of occupations; mean family income is approximately \$13,000 a year.
- Based on mean figures, the "average" patient had been drinking heavily for more than 15 years, was consuming nearly 6 ounces of alcohol a day prior to intake, and had missed more than 32 days of work per year (compared with approximately 9 days for the typical American worker, according to the Bureau of Labor Statistics). Only 7 percent had experienced detoxification during the 6 months prior to intake.
- The data show a distinct and consistent pattern of improvement among patients who remain in treatment. Seven out of 10 patients (72 percent) showed noticeable improvement at 6 months. Improvement was strongly correlated with number of treatment encounters. For instance, through the first 18 months, patients as a group reduced alcohol consumption by 75 percent, extended their longest period of abstinence by 60 percent, reduced absenteeism at work by 55 percent, and received 90 percent fewer reprimands at work.
- The data clearly indicate that the alcoholic population as a group used comprehensive health care services extensively prior to treatment (.93 visits per month); high utilization characterized family members as well.

The rate of utilization decreased from .93 visits per alcoholic patient member per month during the pretreatment period to .82 visits at 6 months after intake and .64 visits at 12 months. The subsequent increase to .72 visits per month at 18 months indicates some regression to the 6-month level and underscores the need for more long-term followup. Visits for emergency service decreased from 31 to 9 percent of all visits; scheduled visits increased from 59 to 71 percent; and physician encounters decreased from nearly 70 to 51 percent. These figures clearly indicate more appropriate and less costly utilization across sites following entry into treatment. Furthermore, available family data reveal a sharp and consistent reduction in overall utilization, from .58 to .21 encounters per member per month following the initiation of treatment by the alcoholic family member.

Final evidence of feasibility is the fact that all three demonstration sites have extended comprehensive alcoholism services as a basic subscriber benefit following termination of NIAAA program funding.

### Conclusion

NIAAA has only begun to scratch the surface in its attempt to address the many varied issues and close the knowledge gaps that serve as barriers to (1) routine inclusion of alcohol-related treatment in health insurance plans, (2) establishment of long-term, stable funding, and (3) early utilization of services for the treatment of alcoholism and its attendant problems.

### HUMAN RESOURCES: DEVELOPMENT AND TRAINING

Fiscal year 1978 was pivotal for NIAAA's programs to develop and train human resources. NIAAA shifted the focus of programing from support of more and different types of training to development of the curriculum and products used in training, to designing a system to project needs for human resources, and to tailoring programs to specific populations. As a result, guidelines for training-grant programs (specifically, for clinical and research training) have become more strict and more focused.

This policy shift reflects an NIAAA emphasis on assuming a lead (but not a solitary) role in alcohol programs. Recognizing that State and local governments, private and public agencies, universities, associations, and many other groups have much to contribute, NIAAA has assumed the role that appears best to complement those already being filled by other interested parties. Pursuit of this strategy furthers the goal of developing linkages and systems through which alcohol prevention, research, and treatment activities can be coordinated. The impact of the separate efforts of many groups is increased by integration, which NIAAA sees as one of its major responsibilities.

A discussion of progress in major NIAAA programs to develop and train human resources follows.

### Credentialing of Alcoholism Counselors

In its final report, dated March 1977, the ADAMHA/NIAAA Planning Panel on Credentialing Alcoholism Counselors recommended that a national organization for credentialing alcoholism counselors be established. The NIAAA Advisory Council endorsed this recommendation. In January 1978 representatives of the five organizations whose Executive Directors had comprised the Panel (National Council on Alcoholism, Alcohol and Drug Problems Association of North America, Council of State and Territorial Alcoholism Authorities, Association of Halfway House Alcoholism Programs of North America, Inc., and National Association of Alcoholism

Counselors) incorporated the National Commission on Credentialing of Alcoholism Counselors (NCCAC). In accord with the Planning Panel's recommendation, NIAAA initiated a contract procedure in fiscal year 1979 to assist in the development of a voluntary system for credentialing alcoholism treatment counselors which will meet acceptance and use by the States. A contract award is scheduled for early 1980.

#### Career Teacher Program

Physicians' attitudes and practices frequently have great impact on treatment of problems associated with alcohol and drug abuse. Recognizing this, the NIAAA and the National Institute on Drug Abuse (NIDA) provide grant support, through the Career Teacher Program, to improve the alcohol and drug abuse training of medical students and others trained by schools of medicine, public health, and osteopathy. Career Teachers are intended to design curriculums for medical and other students and to provide advice to the university and faculty on the treatment, education, prevention, and research aspects of drug and alcohol abuse.

To date, awards have been made to 56 Career Teachers. It is anticipated that a maximum of 10 to 15 of the applications recommended for approval each year will be funded. Although staff of NIAAA and NIDA collaborate in funding decisions, awards are made separately by each Institute.

An independent evaluation of the Career Teacher Program indicates that it has had a positive impact on the development of human resources. Knowledge, interest, and time spent on alcoholism and drug abuse have increased, and there have even been positive changes in the faculty rank of Career Teachers. But the major contribution in terms of human resources has been the number of "converts" to the fields of alcoholism and drug abuse. Whereas 12 of the 40 Career Teachers responding to a survey evaluating the program had, prior to the grant award, no intention of pursuing a career in alcoholism or drug abuse, 9 now expect to spend a significant portion of their career working in these areas. In addition, 15 Career Teachers now rate medical education rather than clinical service or research as their primary emphasis, while only 10 did previously. This shift obviously is congruent with the long-term goals of the program.

The Career Teacher Program also has resulted in increasing the number of curriculum hours devoted to alcoholism and drug abuse. Among the 35 institutions reporting, the average number of hours of substance-abuse curriculum before the grant was 18.5; after the grant it was 123.6, of which 122.3 reportedly either were developed by Career Teachers or followed from the Career Teacher grant. Moreover, 16 of the 35 schools reported an increase of at least 16 hours of required undergraduate curriculum, and another 16 reported an increase of from 1 to 15 hours. Through the Career Teacher Program, primary care providers are receiving more and higher quality training in the area of alcohol and drug abuse. Better health care to patients with these problems should result.

## State Manpower Development Program

The State Manpower Development Program is designed to increase State and Territorial capacity to plan and facilitate the development and management of personnel working in alcoholism programs.

Purpose. In the past, Federal and State programs focused primarily on training. It was assumed that the major goal was to increase the supply of qualified personnel providing alcoholism services through support of training programs. While such support continues to be an important function of NIAAA, the State Manpower Development Program will emphasize the broader issues of manpower analysis, planning, and development as a means of linking development activities to the requirements of treatment services systems.

Specifically, the NIAAA State Manpower Development Program proposes to provide assistance to State and Territorial Alcoholism Authorities to accomplish the following objectives:

- Improve the overall management of the human resources of the alcohol service delivery system in each State by preparing an annual human resources development plan that is vitally linked to services issues.
- Increase the capacity to determine the overall human resources development and training needs of the treatment services delivery systems.
- Collect current information from treatment providers on the need for additional trained personnel for use in refining Federal policies and programs.
- Expand capacity to plan, coordinate, and/or provide continuing education and training for the alcohol services work force in response to the needs of the service delivery system.
- Develop the capacity to identify exclusion and inappropriate representation of females and racial and ethnic minorities in the work force and conduct corrective recruitment and placement activities.

Awards. In the latter part of fiscal year 1979, 43 grant applications from the States for support of State Manpower Development activities were recommended for approval. This represented a financial commitment of \$1,295,000 of the \$1.5 million budgeted for the program.

Related Activity. A related activity has been NIAAA participation in the National Drug and Alcoholism Utilization Survey (NDATUS, described in more detail in the chapter on treatment). Data from this survey will provide information on facilities and human resources not

otherwise available from the public and private sectors. The States participate in the collection of those data and will use them, with technical assistance from NIAAA, in the development of their manpower programs.

## HUMAN RESOURCES: EDUCATION

### National Center for Alcohol Education

In the area of education and training, a key NIAAA initiative was the creation in May 1973 of the National Center for Alcohol Education (NCAE). The primary mandate of NCAE has been to develop and distribute well-researched and thoroughly tested training and education materials for educators and trainers in the field of alcoholism.

The NIAAA envisioned the NCAE as having two primary goals: advancing the state of the art in alcohol education and training and providing leadership in the field. It was anticipated that NCAE would: emphasize developmental rather than delivery activities; respond to existing field needs, yet anticipate future needs; capitalize on, rather than duplicate, existing resources and capabilities; and offer new perspectives on improving alcohol education and training activities.

To fulfill these expectations, NCAE worked to increase the availability, accessibility, quality, and demand for alcohol education and training, to increase the numbers and capabilities of alcohol trainers and educators, and to promote the adoption and spread of sound education and training principles and approaches.

For operations purposes, NCAE is organized into three divisions, each responsible for specific yet interdependent activities:

1. Materials Development Division--Designs, tests, revises, and prepares materials for production.
2. Field Services Division--Coordinates the promotion, distribution, and use of NCAE products in the field as well as the information-gathering and field-liason functions that support all NCAE activities.
3. Evaluation Division--Ensures the quality performance of NCAE tasks and of NCAE as a whole. This division designs and monitors NCAE's various performance review systems, develops evaluation instruments and data-processing systems, and collects and analyzes data gathered during the pilot tests of products and Training-of-Trainers events (described later). Additionally, in support of NCAE's efforts to obtain more widespread use of its materials, the Evaluation Division has devised and continues to monitor a tracking system that informs NIAAA of how NCAE

packages are received in the field and how well NCAE marketing and utilization plans and procedures are functioning.

NIAAA's regular periodic evaluations of NCAE performance indicate that it has established a creditable record in support of the goals of anticipating and responding to education and training needs of the field. During fiscal years 1978 and 1979 NCAE undertook a variety of contract tasks, including the development and packaging of education and training curriculums, its foremost area of specialization.

In carrying out these contract tasks, NCAE participated in activities or developed products that directly relate to most of the training priorities identified by NIAAA for allocation of fiscal years 1978 and 1979 training monies (exceptions being Research Training and Family Therapy). The training priorities and NCAE's work in these areas are as follows:

- Programs to provide basic counseling skills and to upgrade counseling skills: NCAE's publications Counseling Alcoholic Clients and Planning Alcoholism Services address desirable job behavior for alcoholism counselors in their two primary roles, client treatment and community-program development.
- Programs for personnel who work with special populations such as racial and ethnic minorities, women, and youth: NCAE's series Decisions and Drinking includes materials for three special populations--blacks, women, and youth. In addition, You, Youth, and Prevention is aimed at individuals who work with persons aged 12 to 18 years.
- Efforts to help achieve the integration of alcohol treatment into the overall health care delivery system: The Community Health Nurse training program is an example of NCAE activities in this area.
- Continuing education programs for alcohol program personnel and other health providers to obtain information on alcoholism service gatekeepers: Again, the Community Health Nurse package, which incorporates information on the children of alcoholic parents and on the fetal alcohol syndrome, is an example of NCAE's efforts in this area. (This package was designed to meet the guidelines for continuing education programs established by the American Nurses' Association,) an important strategy for encouraging nurses to take advantage of the curriculum.
- Efforts to develop leadership capability in volunteers in alcohol service delivery programs and in persons who manage and train alcoholism personnel: The training program Using Volunteers in Your Agency helps participants start or upgrade their



programs with the aid of volunteers. Management Skills and Programming Community Resources train program administrators to obtain maximum use from internal and community resources.

- Efforts to institutionalize a system by which to develop, distribute, and effect the use of material for specific training programs: Since mid-1973, the primary function of NCAE has been to develop materials for use by educators and trainers. More recently, through its Field Services and Evaluation Division, NCAE has developed, implemented, and monitored a tracking system by which to follow the diffusion of NCAE materials in the field and to obtain feedback on the effectiveness of strategies designed to result in widespread use.
- Activities that relate to State capacity-building to facilitate State efforts to develop sound training programs and to meet local and intrastate needs: Through its field liaison function, NCAE has worked with State and local program directors to ascertain their needs for training and jointly to develop and field test programs to meet those needs. Additionally, NCAE has conducted various activities, including the Training-of-Trainers events, to familiarize field trainers with NCAE materials and to enable them to train other trainers in their use, thus building a cadre of expert local trainers.
- Activities that facilitate development of a network for exchange of information and materials relative to training programs: Through the Training-of-Trainers events and the Alcohol Education Materials Information Exchange, NCAE gathers information about qualified trainers and worthwhile training programs which can be readily disseminated to the field.

In addition to these many activities, NCAE has made investments that hold promise for the future. For example, in the course of materials development NCAE also laid the groundwork for new materials directed at audiences other than those for which the materials initially were designed. The Decisions and Drinking series, designed for women, parents of young children, and blacks, can be adapted to such other audiences as the aging and youth.

The Community Health Nurse package can be used as a model for preparing programs for other "gatekeepers" such as clergy, physicians, and courts and other criminal justice workers. The initial challenge of translating concepts into purposeful action has been met, and insights borne of experience and experimentation have been gained.

#### VOLUNTEERS

Volunteers have played, and are playing, special roles by providing support and assistance to those suffering from problems of alcohol abuse

and alcoholism. Recovering alcoholics, family members, and other concerned individuals often have volunteered their help. With empathy and dedication these individuals have contributed greatly, through both their support for the provision of services and their performance of tasks essential for the prevention and treatment of these problems.

Volunteers are capacity-builders in the sense that many programs otherwise would be unable to provide all the necessary services; they provide information and referrals, maintain facilities, and perform a wide variety of other services, many of which would otherwise require costly professional assistance.

#### National Council on Alcoholism Grant

NIAAA has actively encouraged and supported the development of voluntary agencies throughout the country. In 1974, it awarded a grant of \$629,138 to the National Council on Alcoholism (NCA) for first-year support of a 3-year proposal to establish 15 State alcoholism associations. Five associations were to be established each year. The total cost was \$2,416,639.

In the meantime, Congress asked NIAAA to submit a detailed report on all grant and contract activities involving national organizations. One of the activities to be examined was the grant to NCA. This grant was approaching the final year of support. When NCA sought renewal to continue and expand activities, the National Advisory Council on Alcohol Abuse and Alcoholism rejected the request on the basis of weak evaluation activities and the need for better documentation of specific accomplishments. Despite these noted deficiencies, much was learned from this endeavor, which was used by the NIAAA to continue its commitment to and involvement of the voluntary sector in alcoholism activities.

#### Volunteer Resource Development Program

In November 1977 NIAAA announced the Volunteer Resource Development Program (VRDP). Founded on knowledge gained from previous experience, the program was designed to (1) encourage growth and development of volunteer activities in States; (2) document and assess the impact of these activities; and (3) demonstrate improved techniques and principles that enhance the contribution of volunteers in the delivery of alcohol-related services. The program is a demonstration effort limited to 3 years' support for one program per State. The amount of each grant may not exceed \$50,000. Funds have been committed and programs are underway in 29 States. State Alcoholism Authorities are involved in the effort and in many cases have committed additional State funds to assist in carrying out specific goals and objectives.

An evaluation contract was awarded to assess the impact of the overall program as well as each project and to compare the project activities and results with their stated objectives. In addition, the contractor will develop a model system that may be used by funded programs

and similar projects to monitor achievements and trace progress. Knowledge gained from ongoing programs and their evaluation will be used to enhance the development of similar projects in other States.

#### Technical Assistance Contract

In recognition of the need to help funded programs and expand efforts, a contract was awarded in March 1979 to provide technical assistance to grantees and agencies in nonfunded States interested in developing a single statewide voluntary service system. The NIAAA expects this to increase and enhance the involvement and effectiveness of volunteer resources and voluntary efforts.



## CHAPTER 4 PREVENTION

Since its inception in 1970 NIAAA has sponsored and supported efforts to reduce alcohol abuse and alcohol-related problems. In 1972 NIAAA began to develop and implement a program to carry out studies of the etiology of alcoholism and alcohol-related problems of various sex, age, and cultural groups.

Approach to Prevention. NIAAA's approach to alcohol-related problems is based on the public health model. Alcohol-related problems are seen as stemming from the interaction of three factors: host, agent, and environment.

- The host is the individual at risk of having alcohol-related problems. The individual's beliefs about and attitudes toward alcohol may affect his or her behavior. Youth, the elderly, women, and various ethnic groups are among the "host groups" NIAAA has studied in its prevention efforts.
- The agent is the alcohol--its content, distribution, and availability. These factors and their effects on individual consumers have been the subjects of a number of NIAAA grants and contracts. An example is the study contracted in 1974 of the structure, operation, and effects of alcoholic beverage control (ABC) laws and regulations in the United States. The research findings and recommendations aimed at effectuating changes in the ABC system can be found in the final report published through NIAAA, A Study in the Actual Effects of Alcoholic Beverage Control Laws. Two more recent examples are the advertising and marketing studies which are discussed in more detail later.
- The environment is the setting or context in which drinking occurs. Public elementary schools, colleges, communities, and places of work have been the focuses of NIAAA environmental investigations during fiscal year 1979.

In the past NIAAA preventive efforts have concentrated primarily on the host and the environment. Specifically, efforts have been directed at education about alcohol and its effects and alcohol-related problems. To that end, functions have been organized into two broad categories--knowledge development and technology transfer. (These functions and their implementation are discussed later in this chapter.)

While progress has been made in informing and educating the public about alcohol and its related problems, with emphasis on the individual and the environment, little attention has been given to the agent--alcohol itself. Efforts aimed at preventing specific alcohol-related problems (as opposed to alcohol abuse in general) are planned for the future.

Prevention Functions. NIAAA sees its efforts in the area of prevention as involving two broad functions: development of knowledge and transfer of technology. The former involves gathering information, including efforts to determine which prevention strategies work for what population, while the latter refers to dissemination of knowledge regarding prevention of activities.

Funding grants and contracts is one way NIAAA seeks to develop knowledge. From fiscal year 1972 through the end of fiscal year 1979, NIAAA obligated \$39 million for grants and contracts in the area of prevention. Funds have supported such activities as demonstration grants, projects to increase public awareness of the dangers of alcohol abuse, and development of prevention efforts at State and community levels. In addition, NIAAA has obligated \$22 million for the National Clearinghouse for Alcohol Information to advance dissemination of knowledge.

#### DEVELOPMENT OF KNOWLEDGE

##### Demonstration Grants

NIAAA has funded a number of demonstration projects aimed at reducing the consequences of alcohol misuse. Of particular interest have been the low-cost programs based on replicable models that use a comprehensive approach, focusing not only on the drinker or potential drinker but also on the drinker's environment (e.g., the physical environment, the social milieu, and local drinking customs).

Several of the demonstration grants that continued during fiscal years 1978 and 1979 were directed at youth, communities, schools, minorities, and women. The projects described below are representative of these areas of special interest. The first three are particularly important because they were selected as models for replication (see later section on the model replication project).

University Education Project. The University of Massachusetts has developed a project to foster increased individual and collective responsibility for drug use among students and their families. Among the techniques used to accomplish this have been the training of resident hall advisers, educating peers, and running radio spots and print ads.

Project To Mobilize Community. This project involves designing, implementing, and evaluating a program to mobilize community support for an in-school effort. The training of parents, teachers, students, and school administrators is involved.

K-12 Curriculum Project. Education Service District 121 in Seattle, Washington, has developed a kindergarten-through-12th-grade (K-12) alcohol education curriculum with special activities for various age levels. Training and instructional manuals for teachers were tested and designed.

Mass Media and Public Education Project. This project, in San Francisco, California, is seeking to change the way the media portray alcohol and drinking by gathering data on how alcohol is portrayed and working with media personnel toward change.

Indian Youth Education Project. The Institute for Scientific Analysis is supporting the efforts of the California Coalition of Indian Controlled Education to make Indian youth aware of the dangers of alcohol abuse and to develop culturally relevant materials for use in alcoholism-prevention education.

Program in Spanish-Speaking Communities. The Spanish-speaking population in two counties in California is attempting to use mass media to increase community awareness and change attitudes toward alcohol.

Fetal Alcohol Syndrome Project. The California Women's Commission has attempted to reduce the occurrence of fetal alcohol syndrome by a public education campaign in Los Angeles County. Main targets have been women of childbearing age, females about to enter childbearing age, physicians, and other health care providers.

Facility for the Elderly. Washington Center for Addictions has studied practices related to alcohol use in a sample of nursing homes in the Boston area, for the purpose of increasing knowledge about elderly persons who live in semiprotected settings and determining ways such settings can be changed to include more humane policies and practices. Information on how to modify policies and practices will be provided upon completion of this project.

#### Model Replication Project

The NIAAA currently is implementing a plan to field test the replicability of three programs for prevention of alcohol abuse among youth (the university, community, and K-12 programs described at the beginning of the previous section). The models were selected from demonstration programs chosen as exemplary because of their design, the quality of evaluation, their ability to document significant program events, and their potential for generalization. If field testing indicates replicability, these models will be disseminated throughout the Nation.

In fiscal year 1978 all State Alcoholism Authorities were given an opportunity to express interest in testing the model programs in their States. Of the 21 States that applied for the grant, 8 were selected to participate. A ninth State will replicate one of the models with State funds.

Replication of the model programs undoubtedly will answer questions about what works in preventing alcohol abuse among youth--and may help shape future decisions in prevention policy. In addition, the project has a long-term goal of providing an effective means of disseminating alcoholism prevention and treatment strategies to State alcoholism units. Other Federal agencies providing technical assistance to States and communities also may benefit from this model of information transfer.

### Advertising and Marketing Studies

Two studies initiated during fiscal year 1979 provide excellent examples of NIAAA's efforts to understand the health and social consequences of alcohol consumption via the public health model. Both focus on the agent, alcohol, its distribution and availability--specifically, on the advertising and marketing of alcohol.

Advertising. Four government agencies--NIAAA, FTC (Federal Trade Commission), BATF (Bureau of Alcohol, Tobacco, and Firearms), and DOT (Department of Transportation)--all as members of a subcommittee of the Interagency Committee, have undertaken a joint study of the impact of alcohol advertising on attitudes and perceptions of consumers, particularly young people. Of special interest are the messages being conveyed by various types of alcoholic beverage advertising, particularly print advertising. Questionnaires are being used to ascertain respondents' perceptions of advertising messages.

From this study NIAAA hopes to learn (1) consumers' attitudes toward advertising and its content, (2) consumers' attitudes toward various alcoholic beverages and brands, and (3) consumers' intentions to consume alcohol in several hypothetical situations. The impact of those variables found to be important in alcohol advertising will be tested in a later part of the study.

Marketing. NIAAA is funding a study on the marketing of alcoholic beverages that will complement the advertising study by providing a broader, more comprehensive view of the sale of alcohol.

The long-range goal of the study is to gain an understanding of how marketers conceptualize and influence the knowledge, attitudes, and behavior of people who purchase and consume alcohol. To assess the feasibility of this program, researchers will analyze available information on the state-of-the-art in alcoholic beverage marketing, with particular attention to the effect of marketing strategies on consumer knowledge and attitudes toward consumption. They also will formulate alternatives for current Federal policies relating to the marketing of alcoholic beverages.



## TRANSFER OF TECHNOLOGY

### The National Clearinghouse for Alcohol Information

The National Clearinghouse for Alcohol Information is an information service of NIAAA. Its operations are contracted for by using the competitive bid process.

Information Collection and Dissemination. The Clearinghouse collects information on alcohol, prevention, treatment, and research from a variety of sources--books, journals, newsletters, conference proceedings, audiovisual materials, and others. The information is indexed, abstracted, and maintained in the Clearinghouse's computer data base and library. The Clearinghouse answers approximately 10,000 inquiries per month from professionals and researchers as well as the general public.

Under joint arrangement, both the Rutgers Center of Alcohol Studies and the Clearinghouse contribute to this system. Rutgers is responsible for developing and maintaining the scientific and technical portions of the data base. The Clearinghouse is responsible for information on programs and happenings in the field. It publishes "News and Program Reports," containing legislative reports, grant and contract information, newsclippings, conference announcements, for 50,000 subscribers. The Clearinghouse also publishes Alcohol Health and Research World, a quarterly magazine containing articles on prevention, treatment, and research to which approximately 5,000 people subscribe.

In addition to collecting and distributing information the Clearinghouse also develops reference materials on topics related to alcohol. Among these are a directory of treatment facilities in the United States and news summaries that abstract alcohol-related articles from major city newspapers.

Outreach. The objective of the Clearinghouse's outreach effort, started in 1974 to support NIAAA's prevention program, is to provide technical assistance to voluntary associations and groups to encourage them to establish prevention programs using their own resources. Projects have focused on working with organizations that serve three audiences--women, youth, and blacks. Recent outreach efforts are described in the following sections.

- Women. The Clearinghouse provided information kits and technical assistance to women's centers and national professional women's associations (e.g., the American Nurses' Association). Dissemination of information on the fetal alcohol syndrome is continuing. Plans are being made to disseminate information to women in the work force through business and industries having a high concentration of women employees.

- Youth. During fiscal year 1978 an idea book for projects concerning alcohol abuse prevention was developed for junior and senior high school youth and disseminated through the National Association of Secondary School Principals. Revision and updating of a 1975 project provided technical assistance to stimulate the establishment of alcohol abuse prevention projects on college campuses.
- Blacks. The Clearinghouse developed a series of posters and brochures for black audiences that were distributed through local Opportunities Industrialization Centers, the Urban League, community health centers, and other minority organizations. Technical assistance also is provided these and other organizations to encourage them to develop more substantive prevention activities for members. A new focus in fiscal year 1979 was development of a series of pilot workshops to help community-based organizations deal with the problem of alcohol-related violence among black youth.

### Interagency Coordination

Efforts to prevent and reduce alcohol-related problems are enhanced by NIAAA's cooperation and collaboration with several Federal agencies, including the National Institute on Drug Abuse (NIDA), the Office of Education, the Bureau of Alcohol, Tobacco, and Firearms, and the Food and Drug Administration.

The Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism (described in the introduction to this Report), is chaired by the Director of NIAAA. This Committee is a useful mechanism for exchange of information and policy coordination. Workgroups have been formed in several areas of special interest.

The Office of Education, DOT, and NIDA are on the Prevention, Education, and Information Workgroup, which serves as a forum for the assessment of the direction and focus of all supported alcohol prevention programs.

Beginning in fiscal year 1978 NIAAA actively participated in a major review undertaken by the Surgeon General of prevention activities in all health and health-related fields. A report is expected in the near future.

In fiscal year 1978 NIAAA joined NIDA in an effort to pilot test a National Prevention Education Resource Network (NPERN). Jointly, they financed a contract to provide States with prevention evaluation information, technical assistance, and evaluation capability needed to assess their alcohol and drug abuse program.

NIAAA presently is involved in ongoing collaborative efforts with the Bureau of Alcohol, Tobacco, and Firearms and the Food and Drug Administration regarding the fetal alcohol syndrome and related issues such as product labeling and public education.

These activities outside the NIAAA underscore the pervasiveness and complexity of alcohol-related problems in the society, the alcohol beverage industry, corporations, labor unions, and State and local governments.

#### NIAAA Symposium

In fiscal year 1979 NIAAA sponsored a symposium on services to children of alcoholics. These children have been identified as an "at risk" population and thus are a logical target for prevention and education.

An objective of the symposium was to convene a number of experts and field programmers to define, discuss, and review current programs, policy issues, and research matters. Through identification of strengths and weaknesses of current programs, participants were able to prepare recommendations for future program planning.

A monograph derived from the symposium and describing the current state-of-the-art in providing services to children of alcoholics is currently being produced. It is hoped that the information collected will stimulate wider, but orderly, development of services to children of alcoholics across the country.

#### ADAMHA CONFERENCE ON PREVENTION

The NIAAA played a key role in the work undertaken by ADAMHA in the development of national alcohol, drug abuse, and mental health prevention policies. This activity culminated in fiscal year 1979 in a conference on prevention attended by approximately 150 leaders in the field. Its purpose was to help raise and clarify a number of prevention policy matters which include: (1) the relative emphasis that should be given to health promotion as opposed to disease prevention; (2) the common factors in prevention programs to reduce alcohol and drug abuse, and mental health problems among children and youth; and (3) multicultural approaches in prevention programming.

The followup to this conference includes a series of staff-level meetings leading to a retreat early in fiscal year 1980 at which ADAMHA prevention policy options will be reviewed.

## SUMMARY

NIAAA prevention activities represent a concerted effort to implement the theoretical elements of the public health model. Progress has been made in developing models for alcohol prevention programs and in reaching groups of special interest--youth, women, the elderly, ethnic groups, and community organizations. These programs are contributing to efforts to educate the public by dissemination of information.

Sharing newly acquired knowledge on alcohol (from Institute research) has also met with success in fulfilling NIAAA's efforts to implement all aspects of the public health model. Interagency research projects, the Interagency Committee, and the National Clearinghouse for Alcohol Information are facilitating this goal.

CHAPTER 5  
OCCUPATIONAL PROGRAMING

Title II of Public Law 91-616 mandates that the Secretary of Health, Education, and Welfare, acting through NIAAA, assume responsibility for fostering appropriate alcohol prevention, treatment, and rehabilitation programs and services for employees in State and local governments and in private industry.

As part of its continuing efforts to foster such programs, NIAAA, during fiscal years 1978 and 1979, encouraged:

- Collection and refinement of data concerning the cost benefits of occupational alcoholism programs;
- Promotion of research examining key issues in occupational program development and marketing;
- Demonstration of a variety of approaches for identification and referral of women, minorities, executives, and professional groups;
- Efforts to promote the profession of occupational consultants and programers;
- Development of a national resource network to assist organizations involved in program development; and
- Participation of unions in the development and implementation of occupational alcoholism programs.

Through efforts of NIAAA and the occupational community, the estimated number of programs has jumped to more than 5,000, covering 10.5 million American workers. Organizations such as the Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA) have grown into recognized professional associations representing State, private, and labor consultants, program administrators, local program coordinators, and treatment outreach workers.

Several NIAAA-funded occupational alcoholism projects are now expanding their services nationally. The International Longshoremen's Association and the National Maritime Union programs, piloted in New York City, are being implemented in the Atlantic and Gulf ports. Ultimately

services will be available to all members of these organizations. A grant to the Airline Pilots Association to create and implement a peer-intervention approach to alcoholic airline pilots was first funded in 1974. This union-based project was so successful that its original goals were expanded, and now all major U.S. commercial air carriers are affected by the project. To date more than 250 airline pilots have been identified, treated, and returned to the cockpit under the joint sponsorship of airline management, the Airline Pilots Association, and the Federal Aviation Administration.

Efforts also have been made to develop new resources. NIAAA has been working with the National Center for Alcohol Education to develop training materials for personnel in the field of occupational programming. These materials will be distributed through a nationwide network of occupational programmers. In addition, the National Clearinghouse for Alcohol Information is working to provide materials responsive to varied requests from the occupational community.

#### DEPARTMENTAL INITIATIVES

NIAAA and the Department continue to regard the place of work as an important setting for the prevention, identification, treatment, and rehabilitation of alcoholics and alcohol abusers. Accordingly, in May 1979, the Department announced a major initiative which calls for:

- Developing a Department-wide Employee Counseling Services Program to serve all Department employees;
- Convening a national labor-management conference for major companies and labor organizations at which the Department will promote occupational alcoholism programs;
- Developing a number of applied research and demonstration projects that will expand and refine techniques for development of marketing and operation of occupational alcoholism programs; and
- Placing increased emphasis on efforts to obtain third-party payment for alcoholism treatment, with coverage for Federal employees.

NIAAA has adapted its long-range plans to support full implementation of these objectives as well as ongoing efforts that reflect the Department's priorities.

#### PUBLIC HEALTH SERVICE EMPLOYEE ASSISTANCE PROGRAM

Since 1974 NIAAA has provided leadership within the Public Health Service (PHS) in the development of the Public Health Employee Assistance Program (PHEAP). This program, initiated as a result of Federal

legislation mandating alcoholism and drug abuse programs for Federal civilian employees, assists any PHS employee whose job performance is impaired by a medical or behavioral problem.

- During fiscal years 1978 and 1979, 1,530 employees were referred to the PHS agency programs. NIAAA sponsored bimonthly meetings of agency PHEAP administrators to provide an opportunity for sharing approaches to problems and new information. Final guidelines for PHEAP, developed by NIAAA, were published in the PHS supplement to the DHEW General Administration Manual in January 1979.
- In fiscal year 1979, NIAAA collaborated with PHS in writing a status report on PHEAP and will consult with PHS in its recommendations to the Assistant Secretary for Health regarding optimal configurations for programs for PHS employees.

#### APPLIED RESEARCH AND DEMONSTRATION PROJECTS

At the request of many segments of the occupational constituency, NIAAA conducted 19 technical assistance workshops around the country to inform the public about the Department's initiatives and to stimulate development of innovative research and demonstration projects. At the request of workshop participants NIAAA subsequently participated in the development of a number of innovative projects that stress demonstration and data gathering. The following programs are representative:

##### Association of Flight Attendants

The Association of Flight Attendants is an 18,000-member labor organization; 90 percent of its members are female. The project uses a peer-intervention model for reaching alcoholic flight attendants similar to that used in the Airline Pilots Association program. Through training of Master and Local Executive Council members, selected flight attendants will be taught how to conduct motivational interviews with members identified as having alcohol-related problems and how to get these members into treatment. The project also will promote program adoption by airline management and conduct an extensive evaluation of the benefits of the program.

##### Amalgamated Clothing and Textile Workers Union

The Amalgamated Clothing and Textile Workers Union has developed a union-based occupational program that will serve approximately 35,000 members who are predominantly females of ethnic minorities. Initially the project will be demonstrated in Union locals in New York City, but there are plans for expansion nationally in the future.

### California State Bar Association

This demonstration project will establish a statewide occupational alcoholism program serving 60,000 lawyers. The expectation that this program will be successful is based on an observation that professional peers are uniquely able to apply leverage to their sick colleagues and that attorneys are reluctant to seek help outside their own profession.

### OTHER SIGNIFICANT PROJECTS

Other projects were developed during fiscal years 1978 and 1979 to meet previously existing priorities of the Congress and the Department. Significant among these are the following:

#### Occupational Women's Alcoholism Demonstration Project

In 1976 NIAAA developed a demonstration effort for employed women to be conducted under the contracting mechanism. Three contracts have been awarded; the sum of their individual efforts comprises the national scope of the demonstration.

The project is designed in three phases. Phase I consists of re-search concerning the prevalence of alcoholism among female employees, barriers to their identification and referral, and factors contributing to effective treatment for this group. During phase II this information will be used to plan and implement special program components designed to reach and refer employed female alcoholics. All project activities will be evaluated during phase III.

The contract is currently nearing the end of phase I. The efforts described above are being conducted in Federal, State, and local government agencies, private manufacturing firms, banking and education institutions, and not-for-profit organizations.

#### Montgomery County Public School System

The Montgomery County (Maryland) Public Schools have developed a program to operate and evaluate an employee assistance program for all staff, faculty, and employees of the school system. This program has been established as a new Department reporting directly to the Superintendent of Schools. The program recognizes the important role of labor unions in its implementation. Since industry has taken the lead in developing this type of pretreatment and early diagnostic/referral assistance, this program in the field of public education is highly innovative.



## Executive Caravan Study

An Executive Caravan Study is presently under way to survey executives of Fortune 500 companies to ascertain their knowledge of, attitudes toward, and behaviors regarding alcohol consumption, problem drinking, and occupational alcohol programs. Similar surveys of this sample were conducted in 1972, 1974, and 1976. This effort will update the previous surveys and enable NIAAA to determine trends and significant changes over the years. It also will supplement other NIAAA efforts to assess the magnitude of the alcohol-related problems in the United States. Data collected will be used to support decisions concerning NIAAA's occupational alcoholism programs and indicate strategies to encourage executives to adopt programs.

## EVALUATION OF OCCUPATIONAL ALCOHOLISM PROGRAMS

Occupational Program projects supported by NIAAA grants have been reporting through the National Alcoholism Program Information System (NAPIS). However, the treatment-based monitoring and evaluation process incorporated in the NAPIS design cannot capture the diversity of objectives and procedures of these programs. Therefore, in fiscal year 1978 a study was completed on the nature and extent of Occupational Program activities and a classification scheme based on those activities was developed.

Four functional program types were identified:

- Consultation-Only Model: Programs that provide information and technical assistance that support the establishment and maintenance of effective employee assistance programs;
- Assessment/Referral Model: Programs that verify the existence of general problems, typically refer out all cases to treatment (except when crisis intervention is required or referral is impossible), and maintain contact with treatment programs to which clients have been referred;
- Diagnostic/Referral Model: Programs that determine the specific nature of problems using diagnostic instruments, refer clients to appropriate treatment resources, and maintain contact with treatment programs to which clients have been referred; and
- Diagnostic/Treatment Model: Programs that determine the specific nature of problems, treat clients on an inpatient or outpatient basis, and provide additional counseling or other client services to maintain gains made in treatment.

The contractor was also required to develop criteria for evaluating Occupational Programs and to pilot test those criteria.

Work in this area continued during fiscal year 1979. Another contract was let for development of an instrument for monitoring Occupational Program grants within NAPIS. This project, which is continuing in fiscal year 1980, is reexamining the earlier work to ensure that the typologies accurately reflect the grant functions and that the developed criteria are useful in assessing Occupational Program activities.

#### SUMMARY

NIAAA has continued to expand and refine Occupational Programs through the activities described in this chapter and others. In addition, there are plans to extend these activities to other professional groups, consortia of small businesses, hospitals, universities, and government agencies. Since the workplace provides a unique research arena, NIAAA has redirected a major thrust into occupational research and demonstration projects which remains paramount in the determination and development of occupational concepts to be tested. As new information is gleaned in the occupational field, NIAAA priorities will be adjusted to maximize program development and coverage of the national work force.

CHAPTER 6  
TREATMENT OF ALCOHOL-RELATED PROBLEMS

During fiscal years 1978 and 1979 NIAAA's efforts in the area of treatment and rehabilitation have taken on new dimensions, with the goal of improving the effectiveness and management of programs, the results of treatment on alcoholics, and relationships with States. In addition, NIAAA continued to support treatment indirectly through formula grants to the States and incentive grants under the Uniform Alcoholism Intoxication and Treatment Act, and directly through funding of community alcoholism treatment programs. Each of these efforts is described briefly in the next section and in more detail later in this chapter.

OVERVIEW

Because they generate information about specific treatment methods and their effect on clients treated, demonstration projects best exemplify efforts to improve programs. During fiscal years 1978 and 1979 NIAAA initiated several special demonstration projects aimed at improving services to women and youth. This was in direct response to HEW's Departmental initiatives concerning increased focus on those groups as well as legislation (Public Law 94-371) mandating such action. In addition, an ongoing demonstration project with Group Health Association of America has been assessing the outcome of treatment within Health Maintenance Organizations.

Several activities have been directed toward improving NIAAA's management capabilities. A contract completed during fiscal year 1979 assessed the reliability of a major management tool, the National Alcoholism Program Information System, which is a program-monitoring system used to collect information on NIAAA-funded community treatment projects and client activities. Preliminary efforts to develop NIAAA participation in the Management Initiative Tracking System are underway; NIAAA projects that relate to the Department of Health, Education, and Welfare's initiative regarding special populations will be tracked for their ability to meet specific management goals. Management was also aided by the establishment during fiscal year 1979 of a centralized peer review system within NIAAA. This system, which provides for a more objective approach in the grant/contract selection process and the separation of that process from undue programmatic influence, should improve both the quality and accountability of programs.

Several studies were undertaken during fiscal years 1978 and 1979 to provide information on clients who received treatment. Two of the projects involve longitudinal analyses of client drinking behaviors following treatment; another assessed treatment effectiveness on the basis of the clients' abilities to increase their yearly earnings following treatment. These studies provide information about and insight into alcoholism and help determine the parameters involved in the measurement of "success" for both the programs and the clients.

Finally, steps were taken to increase State participation in and coordination of treatment projects directly funded by NIAAA. As a result of the findings of the Alcoholism Funding Study conducted under contract, NIAAA initiated the State Alcoholism Services Demonstration Program to expand the role of the State Alcoholism Authorities in assisting the Institute in planning, developing, and managing treatment projects within the States. The National Drug and Alcoholism Treatment Utilization Survey, formerly a NIDA project, was applied to alcohol treatment facilities. NIAAA's participation in this survey will increase knowledge of available treatment facilities, both public and private, in the States.

To reduce misuse of alcohol and promote responsible drinking, the NIAAA supports treatment and rehabilitation services in local communities by means of formula and project grants. Incentive grants are awarded to States that adopt the Uniform Alcoholism Intoxication and Treatment Act, which calls for the decriminalization of public intoxication and mandates services rather than incarceration for alcoholic-intoxicated persons. Appendixes C, E, and F show the funds expended in these areas for fiscal years 1978 and 1979.

#### DEMONSTRATION PROJECTS

During fiscal years 1978 and 1979 special demonstration projects were initiated by NIAAA with the goal of improving services to women and youth. As noted earlier, these projects are in keeping with both legislation mandating services for these populations and the Department initiative aimed at providing a full range of programs for these groups, both within and outside HEW, with NIAAA being the focal point for many of the efforts. The projects were designed to be contract rather than grant activities so that greater control could be exercised over the content and monitoring process. The intent of these projects is to provide women and youth programs of a more experimental or demonstration nature, with evaluation being an integral part of the project. When their effectiveness becomes known, these projects should serve as models for other programs for these high-risk populations.

##### Projects for Women

Four contracts were awarded during fiscal year 1978 to provide treatment services for alcohol-abusing women in four demographic areas:

Phoenix, Arizona; Silver Spring, Maryland; Belfast, Maine; and Detroit, Michigan. The objective of these programs is to provide integrated, innovative, direct treatment and rehabilitation services of high quality to meet the needs of women whose social functioning is impaired by alcohol abuse or alcoholism. Achievement of this objective requires that the contractor:

- Provide new approaches to referral and treatment of alcoholic women;
- Increase the quantity and quality of alcoholism services to women and their families or significant others;
- Provide information concerning the effectiveness of special efforts to bring hard-to-reach women alcoholics into treatment;
- Identify and break down barriers to services for women;
- Stimulate the development of well-integrated and nonstigmatizing treatment services within a community service system;
- Encourage community-based, multipurpose women's service agencies to develop their capabilities to serve alcohol-abusing clients--especially those regarded as hard to reach--as part of their normal casework and outreach activities; and
- Provide new knowledge concerning concepts, methods, processes, and techniques on which to build even more effective treatment programs and environments for women.

Although the four demonstration projects have similar objectives and plans, each has a separate evaluation mechanism that generates client-oriented data, and the parameters involved in determining successful client outcome.

Another contract-related demonstration effort directed toward women in the work force undertaken during fiscal year 1979 is discussed in chapter 5.

#### Projects for Youth

Demonstration projects for youth initiated in fiscal year 1978 are similar in objectives and design to those for women but are designed to meet the special needs of youth whose social functioning is impaired by abuse of alcohol. Services are directed toward youth who are disaffiliated from family, school, and work--especially those regarded as hard to reach. Although the adolescent is considered the primary client, counseling services are also provided for family members. Most importantly, the contracts require evaluation of the extent to which youth in the program have eliminated or reduced their alcohol abuse and the social

dysfunctions attributed to that abuse, the extent to which programs have contributed to the learning competence of the youth, and the extent to which the goals and objectives for both the project and the client have been achieved.

#### Projects in Prepaid Group Practice/ Health Maintenance Organizations

In 1974 NIAAA awarded the Group Health Association of America, Inc. (GHAA), as the national organization representing prepaid group practice/Health Maintenance Organizations throughout the country, a 4-year research and demonstration grant to do the following:

- Implement and document comprehensive alcoholism treatment services in three representative prepaid group practice plans in different regions of the country;
- Collect and analyze data on socioeconomic characteristics of clients and results of treatment as well as utilization for identified alcohol abusers at each plan (including family members at one site), going back 2 years and continuing through the present.

To date, the feasibility of providing comprehensive alcoholism treatment services in HMO settings has been documented throughout the GHAA project. The functioning and health of clients have improved. All three demonstration sites have extended comprehensive alcoholism services as a basic subscriber benefit and have been able to accommodate demand. Following termination of NIAAA/GHAA program funding, the sites have assumed the program costs of providing direct treatment services. The work with GHAA is continuing in order to assess over a longer period the status of individuals treated in HMO settings and to develop additional mechanisms for inclusion of comprehensive alcoholism treatment services by HMO's. This project is discussed in more detail in chapter 3.

#### EFFORTS TO IMPROVE MANAGEMENT

Effective inhouse management contributes to quality treatment and rehabilitation programs that respond to the needs of problem drinkers. This requires (1) that NIAAA receive accurate information about NIAAA-supported treatment and rehabilitation services and the effect of these services on clients; (2) that goals for the programs are defined and results are measured in terms of attainment of those goals; and (3) that programs are selected through an objective review process that ensures funding of quality programs.

Gathering and Evaluating Data:  
National Alcoholism Program  
Information System

The primary tool for assessing the operations and effectiveness of NIAAA-funded treatment programs is the National Alcoholism Program Information System (NAPIS). In fiscal year 1979, NIAAA commissioned a study of the reliability of the NAPIS system, and recommendations were made for some improvements. Overall, NAPIS was endorsed as a useful management tool for determining the effectiveness of individual treatment projects and providing the data needed for effective and efficient program management, decisionmaking, and evaluation.

Among the recommendations for improvement were reexamination of the means for gathering accurate information about the services provided, development of materials and/or procedures for providing technical assistance to programs, elimination of specific questions that had a low reliability, refinement of both the quantity-frequency and impairment indexes, and increase in the number of computer-processing edit checks performed on NAPIS forms. The contractor also recommended an increase in State participation, with programs reporting directly to the State Alcoholism Authority (SAA) so that the State can participate in the management of programs and develop a comprehensive State alcoholism effort.

The NIAAA is reviewing these recommendations and will implement changes in the NAPIS reporting system where necessary to improve program reporting.

Evaluating Attainment of Goals:  
Management Initiative Tracking System

In response to the Department of Health, Education, and Welfare's initiative to increase treatment services for women, youth, and Indians, during fiscal years 1978 and 1979 efforts were begun to include specific NIAAA programs in the Management Initiative Tracking System. Established to ensure the achievement of major operational priorities of the Public Health Service and the Department of Health, Education, and Welfare, this internal system provides for a management-by-objectives approach whereby objectives are based on well-defined goals and progress is measured against those goals. MITS will be employed in meeting the objective of expanding treatment services for women, youth, and Indians and measuring the clinical effectiveness and administrative efficiency for those populations in both new and currently funded programs. The tracking of programs in relation to this initiative will lead to a pilot management program to increase productivity to these three populations. In addition, NIAAA has submitted a plan to establish MITS performance indicators, both clinical and administrative, for other NIAAA projects.

## Centralizing Peer Review

NIAAA initiated a centralized peer review process in fiscal year 1979. In conjunction with this, a comprehensive set of program announcements and guidelines for all programs was developed. These comprehensive materials specify program purposes and requirements, applicant eligibility requirements, review and award schedules and criteria, and other pertinent information for potential grant applicants. The preparation of the program announcement and guidelines was a major NIAAA effort designed to improve the program development and the review and monitoring processes for all NIAAA programs. A more detailed discussion of the centralized peer review system appears in the introduction to this report.

## ASSESSMENT OF THE RESULTS OF TREATMENT

NIAAA continues to fund studies of the effects of treatment and rehabilitation on clients. New information on client outcome allows NIAAA to focus on funding programs that best meet the needs of persons who come in contact with treatment and rehabilitation facilities. Two longitudinal studies of sample treatment populations conducted under contract to NIAAA were reported on in fiscal year 1979.

The final report of one study, The Course of Alcoholism: Four Years After Treatment, constitutes the latest in a series of publications from ongoing studies of alcoholism sponsored by NIAAA. The principal source of data was a 4-year followup study on a sample population of alcoholics treated at NIAAA-funded Alcoholism Treatment Centers. The study was a sequel to an earlier 18-month followup report on the same sample population. Information was gathered through extensive interviews, psychological tests, self-reported psychiatric and medical histories, measures of alcohol concentration in the blood, validation interviews with other family members and employers, and records of official causes of death. The analysis indicates that alcoholism is a chronic condition. Although many alcoholics experienced extended periods of remission, relatively few remissions lasted throughout the study period.

The second study, conducted by the Texas Department of Mental Health and Mental Retardation, was a longitudinal analysis of a sample of clients treated for alcoholism in the Department's facilities. Drinking behavior of clients at the conclusion of treatment was compared with behavior 1 year and 4½ years later. Information was collected primarily by means of a 54-question survey instrument, administered by trained interviewers who had extensive experience in treating alcoholism; areas explored ranged from employment status to involvement in Alcoholics Anonymous. Findings were similar to those of the longitudinal study cited above.



Both studies indicate that the drinking behavior of alcoholics proceeds in cycles, from heavy drinking to abstinence, back to heavy drinking and so on. The implications are that NIAAA needs to continue developing mechanisms for assessing effects of treatment and to increase efforts in research focusing on the pre-alcoholic stage of alcoholism, especially the development of alcohol dependence. NIAAA's main task is to formulate policies that ultimately will lead to intervention before alcohol dependence results in chronic alcoholism.

A third study, conducted under contract to the NIAAA and completed in fiscal year 1979, focused on the relationship between treatment and ability of treated individuals to become economically productive after treatment. It was assumed that increased income following treatment can be measured as a benefit both of the treatment program and the effects of treatment on individual productivity. Two populations were studied: a sample of clients admitted to the Fort Logan (Colorado) Mental Health Center Alcoholism Division and a sample of clients receiving alcoholism treatment in Hennepin County (Minneapolis). (It should be noted that neither program serves middle- or upper middle-class populations, who generally have access to private or employer-operated treatment programs.)

Income data were analyzed in the following categories: pretreatment earnings, during-treatment earnings, posttreatment earnings, change in pretreatment earnings, and change in posttreatment earnings. The relationships between income and race, sex, marital status, and occupation also were analyzed.

The analysis showed that the annual income of clients admitted to these Alcoholism Treatment Centers generally had declined over the 5 years preceding treatment, with this decline more dramatic for males than for females and least for younger patients.

Pretreatment and during-treatment earnings were the best predictors of posttreatment earnings. This suggests that clients previously employed in better paying jobs had acquired adequate job skills which allowed them to continue working during treatment or obtain a skilled or professional job after treatment.

Marital status appeared to be consistently related to earnings level. Married males and never-married females had the highest yearly earnings before, during, and following treatment. It can be argued that these clients are motivated to overcome their illness because they are responsible for the financial support of themselves or their families.

This study indicates a need for increased attention to all facets of an alcoholic's life. It also shows that clients who have good income histories, who are young, or who are heads of households will return benefits to society well in excess of treatment costs.

## COORDINATION WITH THE STATES

### State Alcoholism Services Demonstration Program

During fiscal years 1978 and 1979 NIAAA took steps to solidify State relationships, and, at the same time, to improve the effectiveness of programs that involve the direct delivery of services for problem drinkers in the community. Although many programs are well integrated into existing community systems, many others have remained independent of community services and have not developed linkages with State governments. Integration into the community network and development of interconnections with the States are directly related to a program's success at becoming independent of Federal support and at providing effective services. NIAAA's concern over the success of funded projects and the findings of the Alcoholism Funding Study completed in fiscal year 1978 led to the development in fiscal year 1979 of the State Alcoholism Services Demonstration Program.

Background. The Alcoholism Funding Study, using primarily a case-study approach, examined a sample of NIAAA projects within the context of their State and community environments. (The study is discussed in greater detail in chapter 3.) The report of the study addressed the relationship between NIAAA projects within a State and the State Alcoholism Authority (SAA), who controls State-appropriated funds, who controls title XX resources allocated for alcoholism services, and who may influence, through lobbying, the availability of health insurance reimbursement. Knowledge of the service delivery system within the State and available resources make initial and continuing SAA participation in NIAAA projects important to their success.

Purpose of Demonstration Program. The purpose of the State Alcoholism Services Demonstration Program (SASDP) is to demonstrate the feasibility of using the State Alcoholism Authority in the planning and development of treatment programs. The demonstration program should lead to increased State management of and involvement in NIAAA treatment programs and integration of treatment programs into the State's overall alcoholism program. Specifically, the following objectives are to be achieved:

- Improved quality and increased quantity and cost-effectiveness of alcoholism treatment and ancillary services being provided.
- Improved effectiveness of the entire system of services available to the residents of the State through coordinated planning and new relationships among health- and social-services providers.

- Increased sharing of responsibility and accountability between Federal and State governments for the creation, financing, and continuing administration of community-based alcoholism services that are responsive to the needs of defined populations.
- Continued implementation of Federal priorities for the provision of services to underserved populations.
- Attainment of proportional representation of underserved populations on staffs and advisory groups of alcoholism services projects, when appropriate.
- Increased financial support for alcohol treatment projects from sources other than NIAAA.
- Development of innovative approaches to the provision of alcoholism treatment services and adaptation of existing models to unique community problems and target populations.

Full implementation of this demonstration program will occur in fiscal year 1980. If the planned large-scale evaluation indicates that effort is successful, the demonstration program will serve as the basis for establishing State alcoholism services grants similar to the National Institute of Drug Abuse's State Services Grants Program throughout the country.

National Drug and Alcoholism  
Treatment Utilization Survey

During 1979 NIAAA participated in the National Drug and Alcoholism Treatment Utilization Survey (NDATUS), a project formerly sponsored solely by NIDA. NIAAA's involvement has increased the original scope of the project, gathering data on drug abuse facilities, to include collection of data on alcoholism treatment facilities and combined alcoholism and drug abuse facilities. By collecting information on private as well as public, non-NIAAA-funded treatment facilities and personnel, NDATUS will supplement client-oriented data collection systems such as NAPIS, which, as noted previously, reports on NIAAA-funded treatment programs. This information will provide verification of the numbers of treatment facilities in operation within a given State in relation to NIAAA's State Alcoholism Profile Information System.

Information collected by NDATUS was used in fiscal year 1979 to compile a directory of drug abuse and alcoholism programs that lists approximately 9,100 Federal, State, local, and private agencies responsible for the administration or provision of services throughout the United States and its territories. This directory should prove a useful resource for program managers, treatment personnel, and others interested in alcohol and drug abuse service units.

## FORMULA GRANTS TO STATES

To encourage State efforts against alcohol abuse, Public Law 91-616 authorized formula grants "to assist States in planning, establishing, maintaining, coordinating, and evaluating projects for the development of more effective prevention, treatment, and rehabilitation programs to deal with alcohol abuse and alcoholism." These grants are awarded to States on the basis of relative population, financial need, and the need for more effective alcohol-related services. To apply for funds, the State agency must submit a plan that includes a survey of need for programs and facilities for the prevention and treatment of alcohol abuse and alcoholism and identify the need for such programs among women and individuals under 17 years of age; the State plan must be approved and reviewed and updated annually. During both fiscal years 1978 and 1979, States were awarded \$56.8 million in formula grants.

## INCENTIVE GRANTS TO STATES

In fiscal year 1978 \$9.6 million, and in fiscal year 1979 \$10.5 million, were made available through Public Law 91-616, as amended by Public Law 93-282, to assist States in implementing the provisions of the Uniform Alcoholism Intoxication and Treatment Act. These special grants have funded training and other activities necessary to shift emphasis from the handling of alcohol intoxication by the criminal justice system to treatment in the health care system. These grants also enable States to expand services to accommodate the increased demand for health care treatment produced by the Act.

## PROJECT GRANTS TO COMMUNITY PROGRAMS

### Grants Awarded During Fiscal Years 1978 and 1979

During fiscal years 1978 and 1979 NIAAA continued direct funding of existing and new community treatment, rehabilitation, and occupational programs. The long-range goals of these programs are to provide services to underserved groups identified as especially vulnerable to alcoholism, to reduce the incidence of alcoholism nationwide, and to improve the quality and cost-effectiveness of programs. Funded projects included: programs to meet the special treatment and rehabilitation needs of women; youth treatment programs designed to provide community education, early intervention, and treatment; projects serving blacks, Spanish-speaking Americans, Indians, and migrant workers; and programs to meet the unique needs of employed alcoholics, drinking drivers, public inebriates, the elderly, and criminal justice populations. The number and amounts of categorical treatment project grants funded are given in appendix C.

Calendar Year 1978 Data on  
the Community Grant Program

A great deal of information about the Community Treatment Grant Program--services, staff, revenues and expenditures, clients, and changes in client behavior--is available through the National Alcoholism Program Information System (NAPIS). Calendar year summaries of the NAPIS data are published annually in the Statistical Report--NIAAA-Funded Treatment Programs. Information presented in this section is based on the Statistical Report for calendar year 1978; information pertaining to the last three quarters of fiscal year 1979 will be reflected in the Statistical Report for calendar year 1979.

Activities. At the end of calendar year 1978, 464 projects were actively reporting on the NAPIS system; this accounted for nearly all of the NIAAA-funded direct treatment grants. These 464 projects reported serving 245,915 persons. Extrapolating, it is estimated that 268,000 persons were served by the NIAAA-funded treatment projects during calendar year 1978.

Looking only at reported data, a total of 157,786 persons contacted the treatment projects during calendar year 1978; of these, 68,926 persons (43.7 percent) were intake clients (clients admitted into treatment). Alcohol constituted the primary problem of approximately 64,840 (94.1 percent) of the intake clients (these "alcoholic clients" comprise the group on which most of the following data are based). Nearly three in ten clients (28.8 percent) were entering the treatment programs for reasons related to drinking-while-intoxicated offenses.

Characteristics of Clients Entering Programs. Eight out of ten (82.5 percent) of the alcoholic clients entering the treatment programs in calendar year 1978 were male. Ages of these alcoholic clients were:

Under 19	2.6 percent
19-35	44.4 percent
36-64	50.3 percent
Over 64	2.6 percent

The reported ethnicity of alcoholic clients entering treatment was:

White	62.0 percent
Black	16.6 percent
Hispanic	11.4 percent
American/Alaskan Native	9.8 percent
Asian/Pacific Islander	0.2 percent

Of the 64,840 alcoholic clients, 29.8 percent were married, 36.5 percent were divorced/separated, and 33.7 percent were widowed or had never married. Of the 54,033 employable alcoholics, 26,474 (49.0 percent) were unemployed at the time of admission to the treatment programs. The mean education level was reported as less than 12.0 school years completed.

Nearly one-third (32.3 percent) of the alcoholic intake clients reported having received prior treatment for alcoholism. The mean number of years of heavy drinking prior to intake ranged from 7.7 years in the Youth Program to 15.5 years in the Public Inebriate Program. The average mean number of ounces of alcohol (absolute alcohol equivalent) consumed per day, as reported by all clients treated, ranged from 2.9 ounces in the Problem Drinking Driver Program to 8.8 ounces in the Public Inebriate Program.

Referrals to Programs. Overall, the most frequently reported source of referral to treatment was through self-referral (28.2 percent). Referrals from courts for driving-related offenses accounted for 19.6 percent of the clients entering treatment. The combined referral sources of court/driving-related, court/non-driving-related, and police accounted for more than one-third (36.3 percent) of all clients entering NIAAA-funded treatment programs during calendar year 1978.

Referrals by Programs. At the time of initial contact with the treatment programs many persons were referred to another agency for some type of care not provided by the agency contacted; this outside care may be in addition to the services provided the client by the NIAAA-funded programs. Overall, during calendar year 1978, 44.0 percent of alcoholic clients who contacted the NIAAA-funded programs were referred to Alcoholics Anonymous, Al-Anon, or Alateen. Of all clients referred during treatment, more than half (52.0 percent) were referred to Alcoholics Anonymous, Al-Anon, or Alateen.

Services Received by Clients. In most categorical programs, the majority of the services provided to alcoholic clients were outpatient services; 190,311 clients (77 percent of all clients served) received outpatient services. Over one-half of the alcoholic outpatient clients (59 percent) received individual counseling or therapy averaging 5.2 visits per year and approximately 1 hour per visit.

A total of 58,973 alcoholic clients received inpatient services in 1978, averaging 20.5 days of care per person per year. Of these, 35 percent received medical model detoxification, and 34 percent were provided social setting detoxification services. Only 8 percent of the clients received inpatient hospital care (averaging 9.2 days per year), while 21 percent received intermediate long-term care and 6 percent received residential care services.

Staffing. Alcoholism counseling personnel accounted for the largest single group of project staff across all programs--1,884.5, or 36.6 percent of all reported full-time-equivalent (FTE) staff of 5,149.6 persons serving NIAAA-funded treatment programs. Administrative and other non-health-related staff numbered 1,491, or 29.0 percent of all FTE staff. Volunteers added another 1,323 persons supporting the programs.

Staff Hours. The projects reported a total of 10.7 million hours of staff time directed to treatment program operations, including approximately 5.1 million staff hours devoted to direct activities and 5.6 million hours directed to indirect activities. Inpatient services consisting of emergency care, medical and social-setting detoxification, and inpatient hospital, short- and long-term intermediate-care, and residential-care services accounted for 2.86 million staff hours (26.7 percent of the total staff hours). Outpatient services staff hours accounted for approximately 1.89 million staff hours (17.6 percent of the total staff hours). In the outpatient services category, the largest block of staff hours (35 percent) was devoted to individual counseling/therapy; group counseling/therapy and initial screening/evaluation functions each accounted for 10.1 percent of the total outpatient staff hours.

Indirect activities accounted for more than half (52.7 percent) of the total hours reported across all programs. Of the 10.7 million hours spent on all activities, 29.1 percent were devoted to administration, including secretarial and clerical support functions, and 14.0 percent to other indirect services including consultation and education, community development and outreach, occupational programming activities, inservice training, professional development, and transit time to and from indirect facilities.

Funding. Many of the projects surveyed by NAPIS received funds from sources other than NIAAA. Of the total program funds, 73.8 percent (\$63,828,600) came from government sources at all levels and 46.2 percent (\$39,989,600) came from NIAAA grants. Total Federal funding amounted to 50.0 percent (\$4.3 million) of total program receipts, down from the 1977 level of 53.6 percent (based on \$92.1 million reported receipts). The decrease in Federal funding was offset by an increase in State funding (14.5 percent in calendar year 1978 compared with 9.4 percent reported in 1977). Total fees for services, amounts obtained through fund raising activities, and other receipts accounted for \$22.9 million in calendar year 1978 or approximately 26.2 percent of all funds received by the programs. Medicaid fees accounted for the largest single portion of fees for service (6.0 percent of the total receipts).

Client Changes and Outcomes. An important subset of data collected from all treatment projects reporting on the National Alcoholism Program Information System is the set of indices related to treatment effectiveness or client outcomes. The outcome of treatment is assessed by means of followup interviews with clients routinely conducted 180 days after admission (intake) to the treatment program. The followup procedure provides for client response and interviewer assessment of client condition between intake and the time of followup with particular emphasis on level of alcohol consumption, behavioral impairment, and other socioeconomic indicators.

Clients followed up during calendar year 1978 demonstrated benefits of treatment in the following areas:

- Alcohol consumption. Clients in all programs reported a reduction in the mean ounces of alcohol consumed per day over the 6-month treatment period.
- Behavioral impairment. Clients in all programs reported a decrease in behavioral impairment 6 months following admission to treatment. On a scale of 0-42, clients in the Non-Categorical Program reported the highest level of behavioral impairment (19.5) at intake, and clients in the Public Inebriate Program the next highest (18.8).
- Mean number of days drinking during previous 30 days. Across all treatment programs, the mean number of days drinking in the previous 30 days decreased substantially from intake to the 6-months followup. The average reduction ranged from 13.4 days in the Occupational Program to 3.7 in the American Indian/Alaskan Native Program.
- Abstinence. Clients in all programs reported an increase in abstinence at the 180-day followup point. The percentage increase in abstinence varied from program to program, with a range of 26.8 percent increase for clients in the American Indian/Alaskan Native Programs to a 53.5-percent increase for clients in the Occupational Program.
- Employment rate. The employment rate for clients in the labor force was greater at the 6-month point, with the increases ranging from 2.1 percent among clients in the Occupational Program to 37.1 percent for those in the Migrant Worker Program.

#### Transfer of American Indian/ Alaskan Native Project Grants

In accordance with an interagency agreement between the Health Services Administration (HSA) and the NIAAA, 88 mature American Indian/Alaskan Native (AIAN) project grants were transferred from NIAAA responsibility to the Indian Health Service (Health Services Administration) during fiscal years 1978 and 1979. That Act provided that NIAAA be responsible for the development and funding of new Indian project grants for the first 6 years of the grants; after that, the grants are transferred to the Indian Health Service for permanent long-term support. NIAAA also is responsible for supporting new operations in mature projects.

NIAAA initiated 11 new AIAN projects in fiscal year 1978 and 4 new projects in FY 1979. A reduction in the number of new projects begun during these years compared with previous years allowed NIAAA to increase the level of technical assistance provided ongoing AIAN programs and to strengthen the management and technical quality of existing programs. During fiscal year 1979 improved management objectives and performance



indicators for NIAAA Indian projects were developed and planning for inclusion in the Management Initiatives Tracking System (MITS) in fiscal year 1980 was begun. Also during fiscal year 1979 NIAAA provided intensive technical assistance through site visits to 30 prospective American Indian project grantees to improve the quality of new programs anticipated to start in fiscal year 1980.

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## APPENDIX A: LEGISLATION

The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act established the National Institute on Alcohol Abuse and Alcoholism and authorizes the research, State assistance, prevention, and treatment programs administered by the Institute. (Training programs administered by NIAAA are authorized by the Public Health Service Act.) The authorities provided by the Act demonstrate the commitment of the Federal government to the reduction of alcohol-related problems and its concern for integrating Federal, State, and local alcohol activities.

The major provisions of the Act, as adopted in 1970 and subsequently amended, are set forth below.

### 1970 Public Law 91-616

- Established NIAAA within NIMH
- Authorized project grants and contracts for the prevention and treatment of alcohol abuse and alcoholism
- Authorized formula grants to the States to develop more effective alcohol programs
- Prohibited hospitals that receive Federal funds for alcoholism treatment programs from discriminating against alcohol abusers and alcoholics in admission and treatment
- Safeguarded the confidentiality of alcohol patient records
- Established the National Advisory Council on Alcohol Abuse and Alcoholism

### 1974 Public Law 93-282

- Placed NIAAA within a newly established Alcohol, Drug Abuse, and Mental Health Administration
- Authorized special grants to States that adopt the Uniform Alcoholism and Intoxication Treatment Act or similar legislation

- Extended nondiscrimination provisions to hospitals that receive support in any form from any Federal program
- Amended the provisions safeguarding the confidentiality of alcohol patient records
- Established an Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism

1976

Public Law 94-371

- Provided specific authority for alcohol research (both intramural and extramural) and for the support of National Alcohol Research Centers
- Required special consideration of applications for alcohol abuse prevention and treatment programs serving women and youth
- Extended nondiscrimination provisions to outpatient facilities
- Raised the ceiling on special grants to States that adopt the Uniform Act
- Provided for increased coordination among State and local alcohol and health planning agencies
- Required that State plans incorporate assurances that State programs will respond to the special needs of women and youth

1977

Public Law 95-83

- Ensured that in any year in which the total State formula grant appropriation is equal to or greater than that in FY 1976, no State's formula grant allocation will be less than the greater of \$200,000 or its FY 1976 allotment

1978

Public Law 95-622

- Required that the Secretary (to the extent practicable) approve applications for alcohol research centers in a manner that results in an equitable geographic distribution of centers
- Added to the survey requirement of State plans the identification of the need for education, counseling, and

treatment of the families of alcoholic abusers and alcoholics

- Required that the Secretary conduct research into "the impact on families" of alcohol abuse and alcoholism

1979 Public Law 96-79

- Required that the State plan developed pursuant to section 303(a) of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act, be consistent with the State health plan in effect for the State under section 1524(c) of the Public Health Service Act.

1980 Public Law 96-180

- Established a National Commission on Alcoholism and Other Alcohol-Related Problems
- Required the Secretary of Health, Education, and Welfare and the Secretary of the Treasury to jointly report to the President and the Congress on the extent and nature of birth defects and other health hazards associated with alcoholic beverages and on the actions which the Federal Government should take to inform the general public of these hazards
- Raised the ceiling on awards to National Alcohol Research Centers from \$1 million to \$1.5 million annually
- Required that of the funds appropriated for project grants and contracts, not less than 8 percent during FY 80 and 10 percent during FY 81 be obligated for grants for prevention
- Required the Secretary to develop a variety of models for occupational programs suitable for replication on a cost-effective basis
- Amended the Act to place increased emphasis on the needs of the elderly, the handicapped, families of alcoholics, and victims of alcohol-related domestic violence

APPENDIX B: NIAAA PROGRAM OBLIGATIONS

	FY 1978 Obligations		FY 1979 Obligations	
	No.	Amount	No.	Amount
<b>Research</b>				
Extramural grants & contracts	154	\$ 13,593,000	175	\$ 18,297,000
Intramural.....	---	2,572,000	---	3,899,000
Total.....	154	16,165,000	175	22,196,000
<b>Training</b>				
Clinical.....	63	6,119,000	95	6,017,000
Research.....	28	1,079,000	26	1,183,000
Total.....	91	7,198,000	121	7,200,000
<b>Community programs</b>				
Project grants & contracts..	593	78,706,000	536	78,706,000
State formula grants.....	57	56,800,000	57	56,800,000
Total.....	650	135,506,000	593	135,506,000
<b>Program support.....</b>	---	9,812,000	---	10,167,000
<b>Total obligations.....</b>	<b>895</b>	<b>\$168,681,000</b>	<b>889</b>	<b>\$175,069,000</b>

APPENDIX C: NIAAA COMMUNITY PROJECT GRANTS AND CONTRACTS

	FY 1978		FY 1979	
	<u>Obligations</u>		<u>Obligations</u>	
	<u>No.</u>	<u>Amount</u>	<u>No.</u>	<u>Amount</u>
Treatment and rehabilitation grants				
Occupational.....	28	\$ 4,437	28	\$ 3,849
Women.....	24	3,468	25	3,787
Youth.....	9	1,420	9	1,299
Staffing.....	37	6,674	28	6,414
Indian.....	113	11,430	64	7,882
Drinking Driver.....	13	1,782	14	1,960
Poverty.....	153	8,570	137	8,375
Public Inebriate.....	21	5,594	20	4,751
Cross Population.....	37	7,359	41	8,827
Criminal Justice.....	8	886	6	584
Blacks.....	15	2,922	16	3,313
Spanish-Speaking.....	14	2,189	15	2,204
Aging.....	2	445	2	503
Migrant Worker.....	2	457	2	454
Treatment Demonstrations.....	---	---	2	438
Noncategorical.....	5	803	6	1,055
Subtotal.....	481	58,436	415	55,695
Prevention grants.....	26	2,563	25	2,591
Chairman's grants for initial review....	1	107	2	200
Volunteer Resource Development grants...	30	1,490	29	1,450
Uniform Act grants.....	29	9,534	32	9,974
Subtotal, grants.....	567	72,130	503	69,910
Contracts.....	26	6,576	33	8,796
Total, grants and contracts.....	593	\$78,706	536	\$78,706

**APPENDIX D: BUDGET TREND CHART**

Percent of Total Obligations by Budget Line Item  
FY 1971-FY 1979

	<u>FY</u> <u>1971</u>	<u>FY</u> <u>1972</u>	<u>FY</u> <u>1973</u>	<u>FY</u> <u>1974</u>	<u>FY</u> <u>1975</u>	<u>FY</u> <u>1976</u>	<u>FY</u> <u>1977</u>	<u>FY</u> <u>1978</u>	<u>FY</u> <u>1979</u>
Research.....	35	9	9	7	7	8	9	10	13
Training.....	8	6	7	4	7	5	5	4	4
Community programs									
Project grants & contracts...	47	45	33	45	49	45	46	46	45
State formula grants.....	<u>---</u>	<u>34</u>	<u>39</u>	<u>38</u>	<u>31</u>	<u>37</u>	<u>35</u>	<u>34</u>	<u>32</u>
Subtotal.....	<u>47</u>	<u>79</u>	<u>72</u>	<u>83</u>	<u>80</u>	<u>82</u>	<u>81</u>	<u>80</u>	<u>77</u>
Program support.....	<u>10</u>	<u>6</u>	<u>12</u>	<u>6</u>	<u>6</u>	<u>5</u>	<u>5</u>	<u>6</u>	<u>6</u>
Total.....	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>



**APPENDIX E: GRANTS TO STATES FOR IMPLEMENTING  
THE UNIFORM ALCOHOLISM INTOXICATION AND TREATMENT ACT  
FY 1975-1979\***

	<u>FY 1975</u>	<u>FY 1976</u>	<u>Transition Quarter**</u>	<u>FY 1977</u>	<u>FY 1978</u>	<u>FY 1979</u>
Alabama.....	---	---	---	---	---	---
Alaska.....	\$ 120,000	\$ 120,000	---	\$ 190,000	\$ 190,000	\$ 190,000
Arizona.....	150,901	156,637	---	263,275	263,275	263,275
Arkansas.....	---	---	---	---	---	---
California.....	---	---	---	---	---	---
Colorado.....	157,783	162,729	---	275,457	275,457	275,457
Connecticut.....	---	---	289,059	289,059	289,059	289,059
Delaware.....	---	---	---	---	---	---
District of Columbia...	120,000	120,000	---	190,000	190,000	190,000
Florida.....	287,323	307,445	---	564,889	564,889	564,889
Georgia.....	---	---	---	---	---	---
Hawaii.....	---	---	---	194,542	197,193	197,026
Idaho.....	---	---	---	195,279	195,279	195,279
Illinois.....	---	---	664,793	664,793	664,793	664,793
Indiana.....	---	---	---	---	---	---
Iowa.....	---	---	---	---	---	---
Kansas.....	---	---	---	263,538	263,538	263,538
Kentucky.....	---	---	---	---	---	---
Louisiana.....	---	---	---	---	---	---
Maine.....	128,051	130,507	---	211,013	211,013	211,013
Maryland.....	191,457	197,161	---	344,322	344,322	344,322
Massachusetts.....	230,388	240,576	---	431,152	431,152	431,152
Michigan.....	---	---	---	---	583,603	583,603
Minnesota.....	194,515	200,047	---	350,094	350,094	350,094
Mississippi.....	---	---	---	---	---	---
Missouri.....	---	---	---	---	398,221	398,221
Montana.....	---	---	190,000	190,000	190,000	190,000
Nebraska.....	---	---	---	---	---	228,078
Nevada.....	---	---	190,000	190,000	190,000	190,000
New Hampshire.....	---	---	---	---	---	---

	FY 1975	FY 1976	Transition Quarter**	FY 1977	FY 1978	FY 1979
New Jersey.....	---	---	---	\$ 518,086	\$ 517,333	\$ 515,664
New Mexico.....	---	---	---	---	217,655	217,655
New York.....	---	---	\$ 980,922	1,059,279	1,063,321	1,054,655
North Carolina.....	---	---	---	---	---	453,506
North Dakota.....	\$ 120,000	\$ 120,000	---	190,000	190,000	190,000
Ohio.....	---	---	---	---	---	---
Oklahoma.....	---	---	---	---	---	---
Oregon.....	154,689	158,902	---	268,327	267,805	267,805
Pennsylvania.....	---	---	---	---	---	---
Rhode Island.....	123,056	123,871	---	197,742	197,742	197,742
South Carolina.....	---	---	---	---	---	---
South Dakota.....	120,000	120,000	---	190,000	190,000	190,000
Tennessee.....	---	---	---	---	---	---
Texas.....	---	---	---	---	---	---
Utah.....	---	---	---	---	---	---
Vermont.....	---	---	---	---	190,000	190,000
Virginia.....	---	---	---	---	---	---
Washington.....	180,998	186,754	---	332,571	329,169	332,295
West Virginia.....	---	---	---	---	---	---
Wisconsin.....	211,773	219,542	---	389,084	389,084	389,084
Wyoming.....	---	---	---	---	---	---
American Samoa.....	---	---	---	---	---	---
Guam.....	---	---	---	---	---	---
Puerto Rico.....	188,229	195,951	---	361,000	344,899	349,126
Trust Territory.....	---	---	---	---	---	---
Northern Mariana Islands.....	---	---	---	---	---	---
Virgin Islands.....	---	---	---	---	---	155,897
Total.....	\$2,679,163	\$2,760,122	\$2,314,774	\$8,313,502	\$9,688,896	\$10,523,228

\* Amounts reflect total funds available to the State during the fiscal year. Unexpended balances in grant accounts were applied to FY 1978 and FY 1979 awards, reducing actual obligations to \$9,534,000 in FY 1978 and \$9,974,000 in FY 1979.

\*\* July 1, 1976, through September 30, 1976.

APPENDIX F: FORMULA GRANTS TO STATES

	<u>FY 1978</u>	<u>FY 1979</u>
Alabama.....	\$ 1,085,850	\$ 1,085,850
Alaska.....	200,000	200,000
Arizona.....	566,373	566,373
Arkansas.....	633,060	633,060
California.....	5,284,360	5,316,546
Colorado.....	627,287	627,287
Connecticut.....	695,294	695,294
Delaware.....	200,000	200,000
District of Columbia.....	200,000	200,000
Florida.....	2,074,445	2,074,445
Georgia.....	1,353,533	1,353,533
Hawaii.....	235,963	235,132
Idaho.....	226,395	226,395
Illinois.....	2,573,966	2,573,966
Indiana.....	1,368,101	1,368,101
Iowa.....	730,919	730,919
Kansas.....	567,692	567,692
Kentucky.....	987,606	987,606
Louisiana.....	1,146,455	1,147,037
Maine.....	305,067	305,067
Maryland.....	971,608	971,608
Massachusetts.....	1,405,761	1,405,761
Michigan.....	2,168,016	2,168,016
Minnesota.....	1,000,471	1,000,471
Mississippi.....	755,548	755,548
Missouri.....	1,241,105	1,241,105
Montana.....	200,000	200,000
Nebraska.....	390,391	390,391
Nevada.....	200,000	200,000
New Hampshire.....	212,211	212,211

	<u>FY 1978</u>	<u>FY 1979</u>
New Jersey.....	\$ 1,836,663	\$ 1,828,322
New Mexico.....	338,273	338,273
New York.....	4,566,607	4,523,276
North Carolina.....	1,517,529	1,517,529
North Dakota.....	200,000	200,000
Ohio.....	2,693,046	2,693,046
Oklahoma.....	761,376	761,376
Oregon.....	589,023	589,023
Pennsylvania.....	3,094,870	3,065,706
Rhode Island.....	238,710	238,710
South Carolina.....	842,797	842,797
South Dakota.....	200,000	200,000
Tennessee.....	1,200,642	1,200,642
Texas.....	3,400,400	3,406,032
Utah.....	339,428	339,428
Vermont.....	200,000	200,000
Virginia.....	1,268,648	1,268,648
Washington.....	895,847	911,476
West Virginia.....	530,308	530,308
Wisconsin.....	1,195,419	1,195,419
Wyoming.....	200,000	200,000
American Samoa.....	9,128	9,350
Guam.....	32,271	32,271
Northern Mariana Islands...	4,632	4,877
Puerto Rico.....	974,494	995,629
Trust Territory.....	32,510	38,965
Virgin Islands.....	29,902	29,483
Total.....	<u>\$56,800,000</u>	<u>\$56,800,000</u>

## APPENDIX G: INTERAGENCY AGREEMENTS

During FY 1978 and 1979 NIAAA was engaged in a number of interagency agreements. These were important for the collaborative utilization of each agency's resources in program areas of mutual interest and benefit. The following funded interagency agreements occurred during FY 1978 and 1979:

### Fiscal Year 1978

Agency: Health Services Administration  
Indian Health Service

Purpose: Support for Indian alcoholism treatment programs

Agency: Health Resources Administration  
National Center for Health Statistics

Purpose: Identification of data sources for information  
pertaining to alcohol consumption and related analyses

Agency: Department of the Treasury  
Bureau of Alcohol, Tobacco, and Firearms

Purpose: Study of the effects of alcohol advertising on consumer  
perceptions and attitudes

### Fiscal Year 1979

Agency: Health Resources Administration  
National Center for Health Statistics

Purpose: Identification of data sources for information  
pertaining to alcohol consumption and related analyses

Agency: Center for Disease Control

Purpose: Study of genetic and metabolic factors in the etiology  
of alcoholism in male subjects

Agency: Veterans Administration

Purpose: Study of the correlation of biochemical and hematological laboratory data with patients having alcoholic and nonalcoholic liver disease

Agency: Health Services Administration  
Bureau of Community Health Services

Purpose: The inclusion of 93 NIAAA-funded alcoholism treatment projects into the National Migrant Services Directory, as services facilities for the referral of individuals for alcoholism services

Agency: Health Services Administration  
Indian Health Services

Purpose: Support for Indian alcoholism treatment programs

Agency: Health Resources Administration  
National Center for Health Statistics

Purpose: National natality survey and national fetal mortality survey

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Public Health Service  
Alcohol, Drug Abuse, and Mental Health Administration  
National Institute on Alcohol Abuse and Alcoholism  
5600 Fishers Lane  
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