



VOL. 11, NO. 2

# Physician's Alcohol NEWSLETTER



MAY 1976

## Noble outlines NIAAA priorities at National Drug Abuse Conference

Looking hopefully toward better funding of alcoholism programs, Dr. Ernest Noble, new director of NIAAA, told the 1976 National Drug Abuse Conference that we can be encouraged by current results of treatment, with 70% improvement reported at the government-funded alcohol treatment centers. The conference was held in New York City March 25-29. He noted that 43 centers are now accredited by the Joint Commission on Accreditation of Hospitals, and pledged to continue high-priority programs for women, blacks, the aged and Indians.

However, Dr. Noble continued, we must not look exclusively to treatment-oriented approaches. The door must be opened to the nation's laboratories and the best minds recruited to solve the problems of alcoholism. We must know more about alcohol use—light, moderate, and heavy—and the actions of alcohol on the brain, liver, and gastrointestinal tract, and the effects of the genetic environment. Are the offspring of alcoholics a high-risk group or are the grandchildren more likely to be affected? We must know more about the effect of maternal alcohol consumption on the unborn child (see PAN, Vol. 10:3). In the psychological area some evidence now points to the possibility that peer pressure may after all account for less than direct parental sanction. In addition to treatment of the visibly ill, we must create public policy and in particular, the alcohol beverage industry must start looking at the effect of its advertising.

In order to accomplish prevention, we must know more about the incidence and prevalence of alcoholism, he said. A final goal of NIAAA should be the maintenance of quality assurance in alcoholism treatment.

Brief reports from the conference follow:

## Maryland General Hospitals Agree to Nondiscriminatory Policy in Alcohol Admissions

All general hospitals in Maryland have signed a Certificate of Compliance, indicating their agreement to admit alcohol abusers and alcoholics without discrimination. This action was the result of a memorandum from Neil Solomon, M.D., Ph.D., Secretary of Health and Mental Hygiene, that warned general hospitals that they were in danger of losing federal funding if they did not comply with Section 321. (a) of the Comprehensive Alcohol Abuse and Alcoholism, Prevention, Treatment, and Rehabilitation Act of 1970.

### Highlights of 7th Annual Medical Scientific Session of National Alcoholism Forum

#### WORK IN PROGRESS ON ALCOHOLISM II

May 6-8, 1976, Washington, D.C.

- Plenary sessions on psychiatric diagnosis and treatment, evaluation of treatment, permanent brain damage
- Workshops on alcohol metabolism, status of lithium in treatment, fetal alcohol syndrome, "my most unusual case," ethical issues, longitudinal studies, alcohol education for physicians

#### Assertive training in alcoholism treatment

Assertive training enables the alcoholic to experience his anger when sober while learning to express these feelings in an effective and socially acceptable manner (assertive rather than aggressive), said John S. Tamerin, M.D. of Greenwich, Conn. The alcoholic's feelings of self-esteem are increased and his relations with others are improved.

#### Pocket breathalyzer monitors alcohol abuse in outpatients

A pocket-size breathalyzer has recently been developed which can accurately

The act states: "Alcohol abusers and alcoholics who are suffering from medical conditions shall not be discriminated against in admission or treatment, solely because of their alcohol abuse or alcoholism, by any private and public general hospital which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency."

Dr. Maxwell N. Weisman, Director of the State Division of Alcoholism Control and Immediate Past President of AMSA, provided consultation and technical advice in connection with criteria for admission and treatment of alcoholic patients in the interests of compliance with the law.

Dr. Weisman has recommended that similar actions be taken in other states.

analyze alcohol content of breath in about one minute at a cost of less than 10¢ per test. This development, said Forrest S. Tennant, Jr., M.D. et al of the Community Health Projects, Inc., W. Covina, California, makes it possible to monitor alcohol use, abuse, and relapse in ambulatory treatment of alcoholics; avoids long-term monitoring of persons arrested for drunk driving, management of acutely intoxicated persons, and detects occult alcohol abuse in methadone maintenance patients. The use of the pocket breathalyzer has resulted in longer patient retention in outpatient programs and enhancement of the therapeutic process.

(Continued on page 4)

## EDITORIAL

One of AMSA's major goals is to involve all parts of the medical profession in the fight against alcoholism. PAN is pleased to note a significant step in this direction.

The 1975 Congress of Delegates of the American Academy of Family Physicians adopted two policy statements regarding alcoholism.

Recognizing the widespread incidence of the disease of alcoholism, the Academy "strongly urges its members to educate themselves in the diagnosis, treatment, and prevention of alcoholism, and the rehabilitation of those stricken with alcoholism; and to educate the public, especially those of school age, about this disease and its devastating effects on the lives of those afflicted, their family members and other innocent victims."

The Academy also urged its members "to recommend that their state and federal legislators enact legislation to provide strong deterrent measures against drunken drivers. The Academy also believes that drunken drivers should be recognized as having a personal medical problem and that they should be referred to suitable medical facilities for evaluation and treatment."

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## BOOKS

**Confidentiality of Medical Records in Alcohol-Related Problems.** By Sheila B. Blume, M.D. 8 pp. \$40. Order from NCA, 733 Third Avenue, New York, N.Y. 10017.

This booklet explains the federal rules and regulations on confidentiality of alcohol and drug abuse records.

**Alcohol, Drugs and Brain Damage.** Edited by James G. Rankin. Toronto: Addiction Research Foundation of Ontario, 1975. 101 pp.

The proceedings of a symposium, "Effects of Chronic Use of Alcohol and other Psychoactive Drugs on Cerebral Function," held in October 1973.

**Drinking Habits Among Alcoholics.** By Dr. Salmé Ahlstrom-Laakso. Helsinki: The Finnish Foundation for Alcohol Studies, 1975.

A study of the changes in drinking habits of three populations of alcoholics as a result of new licensing laws for the sale of medium beer in Finland. The author concludes that local "alcohol culture" is more important than official policy.

## Increased Teenage Alcohol Use Creates Worldwide Problems

The increased use of alcohol by teenagers is a worldwide problem, recent reports suggest:

- In the USSR a poll reported by the deputy chief-justice of the Supreme Court, S. G. Bannikov, to a plenary session of the Court devoted to "intensifying the struggle against alcoholism and alcohol abuse," showed that 75% of all 15-year-old boys, 80% of all 16-year-old boys, and 95% of all 17-year-old boys use alcoholic beverages regularly. Also at the meeting E. A. Babayan of the Soviet ministry of health read a letter from a teacher in Kiev whose 13-year-old students reported getting drunk on champagne at a birthday party, with the parents pouring the drinks.

- In Canada, Dr. Richard R. Gilles, a gastroenterologist from the University of Ottawa, has warned that increased teenage drinking may lead to a higher incidence of alcoholic pancreatitis in future years. Teenagers account for much of the 80% increase in alcohol consumption in Canada since 1968, and alcoholic pancreatitis is age-related.

- In West Germany, the federal health ministry has estimated that 10% of the country's one million alcoholics are under 25 years of age. The government has allocated about \$9 million in the budget for the fight against alcohol and other drug addictions.

- In Czechoslovakia, nearly 40% of all juvenile crimes are committed under the influence of alcohol. There has been a 250% increase in juvenile delinquency from 1968-1972, a period in which alcohol consumption rose steadily.

## MEETINGS

MAY 12-14—Great Lakes Forum on Primary Prevention, Peek 'N Peak Resort, Clymer, N.Y. Information from Richard W. Loring, Room 204, Medical Arts Building, 225 West 25th Street, Erie, Penn. 16502.

JUNE 7-11—"Effects of Alcohol: Experimental Studies of Intoxication and Withdrawal," 3rd Biennial International Interdisciplinary Symposium of the Biomedical Alcohol Research Section, International Council of Alcohol and Addictions, Lausanne, Switzerland. Information from Dr. Milton M. Gross, Downstate Medical Center, Brooklyn, N.Y. 11203.

JUNE 7-12—22nd International Institute on the Prevention and Treatment of Alcoholism, Vigo, Spain. Information from ICAA, Case Postale 140, Ch-1001 Lausanne, Switzerland.

AUGUST 5-8—International Doctors in Alcoholics Anonymous, Annual Meeting at Los Angeles Marriott Hotel, California 90045. Information from Lewis K. Reed, M.D., Secretary, IDAA, 1950 Volney Road, Youngstown, Ohio 44511.

OCTOBER 4-10—Sixth International Congress of Social Psychiatry, Opatija, Yugoslavia. Theme will be "The Future of the Family." Information from John L. Carleton, M.D., Secretary-General, IASP, 2323 Oak Park Lane, Santa Barbara, California 93105.

OCTOBER 31-NOVEMBER 3—20th Annual Conference of American Association for Automotive Medicine, Marriott Hotel, Atlanta, Georgia. For information, write James Fell, National Highway Traffic Safety Administration, N 43-32, 400-7th Street, S.W. Washington, D.C. 20590.

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# RESEARCH AND REVIEW

## Breath alcohol procedures validated in study

Research on breath alcohol analysis conducted by Kurt Dubowski of the University of Oklahoma refutes suggestions that alcohol in the mouth may be affecting the results of breath tests for drunk driving under present law enforcement procedures.

The study confirmed that the present 15-minute waiting period, during which no alcohol is ingested or regurgitated, is adequate. Subjects kept alcohol in their mouths for one minute without swallowing, and then expelled it. Breath tests were taken immediately and continued at one-minute intervals for 20 minutes for each subject. After 11 minutes, prior alcohol retention in the mouth had no effect on breath alcohol analysis. Any effects had ceased after 8 minutes when the mouth was rinsed with water.

The research also indicated that the average volume of breath that had to be discarded to avoid underestimating actual blood alcohol concentrations was about 1800 milliliters. Most disposable breath screening devices, however, allow for discarding only 500 to 700 ml. or less. (*Z. Rechtsmedizin, Journal of Legal Medicine*, vol. 76, 1975, pp. 93-117).

## Behavioral intervention program succeeds with chronic inebriates

A reinforcement contingency management system for ten chronic public drunkenness offenders showed successful short-term results, said Peter M. Miller, M.D., of the VA Center and Department of Psychiatry and Human Behavior, University of Mississippi Medical Center, Jackson. Chronic inebriates were provided with goods and services

through skid row community agencies, contingent on their sobriety. Intoxication resulted in a five-day suspension of all goods and services. Excessive drinking behavior was assessed by direct observation of intoxication and by randomly administered breath alcohol analyses.

As a result of this intervention, subjects substantially decreased their number of public drunkenness arrests and their alcohol consumption, and increased the number of hours employed. No such changes were observed in a control group that received services on a noncontingent basis. However, said Dr. Miller, longer-term research studies of one to two years rather than a few months would be required before any widespread use of this approach would be warranted. (*Archives of General Psychiatry*, Vol. 32, July 1975, pp. 915-18).

## Alcohol more socially disruptive than cannabis

Alcohol is significantly more socially disruptive than cannabis, according to a study of delinquent adolescents conducted by Dr. Jared Tinklenberg at Stanford University School of Medicine and the VA Hospital at Palo Alto. Even though the two drugs were used with the same frequency, alcohol use had been involved in more difficulties with police and other authorities, more automobile accidents and fights, and more trouble with family and friends.

Alcohol was used by the youths to "bolster courage," while cannabis was used to avoid difficulties. The study was reported to the meeting held by the New York Academy of Sciences in New York, January 26-28. (*The Journal*, March 1, 1976)

## Biological effects of alcohol affect psychotherapy

Basic knowledge about the biology of alcohol has important implications for psychotherapy, Henry L. Rossett, M.D., of the Boston University Medical Center, told the 9th Annual Symposium of Psychodynamic Studies of Physiological Phenomenon in Psychiatry, sponsored by the Department of Psychiatry of the Medical College of Pennsylvania in November 1975.

Impairment of autonomous ego functions may be one of the earliest signs of the syndrome phase. The alcoholic's ability to utilize psychoanalysis or psychoanalytic psychotherapy is limited when the autonomous ego functions are impaired. The stability of secondary process thinking may be threatened, and may result in more rigid defenses. Experimental data indicates that verbal performance may remain relatively intact while other aspects of cognition and memory are impaired. An articulate individual may be able to conceal these limitations while at the same time have great difficulty with the integration of interpretations.

If drinking behavior brings the patient into treatment, said Dr. Rossett, abstinence cannot be a prerequisite for psychotherapy. Some patients cannot accept the sudden deprivation of the relief and support from alcohol. A therapeutic alliance must be developed in the initial stages of therapy in order to understand the multiple meanings of the drinking.

Also at the meeting Dr. Henry Krystal spoke on alcoholics who developed affect disturbances as children, and Dr. Austin Silber described the use of alcohol to achieve altered states of consciousness.

## MEMBERSHIP APPLICATION

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# FURTHER REPORTS FROM DRUG ABUSE CONFERENCE

## **Methadone maintenance and increased alcoholism and polydrug use**

A study of 12,500 patients on methadone admitted between 1964 and 1972 in two age cohorts (under and over 30) and three ethnic cohorts (white, black, and Hispanic) indicated that alcohol problems do not increase with time but rather with age, for both women and men. The data, compiled by Frances Gearing, M.D. et al of the Columbia University School of Public Health, tested the hypothesis: "Do patients continuing in methadone maintenance treatment switch to alcohol and multiple drug use in greater numbers than would be expected in the population from which they come?" Alcohol problems appear to be more prevalent among the blacks, whereas problems with repeated drug abuse are slightly higher among the women in all ethnic groups; white men appear more likely to have drug abuse problems than black or Hispanics.

## **Multi-hospital program of drug and alcohol referrals**

Marc Galanter, M.D. et al of Albert Einstein College of Medicine reported on a hospital-based program of drug and alcohol-abusing patient referrals to long-term treatment initiated three years ago by the Addiction Services Agency of New York. It constitutes one component of a Central Referral System and ultimately yielded 41% of the clients placed into long-term treatment through the system.

Teams of paraprofessionals operate in seven general hospitals, generating referrals from emergency and ward services. Last year 6666 patients were seen, and 4204 referred to a variety of treatment modalities: 46% to drug abuse programs, and 54% to alcoholism treatment, including detoxification and long-term ambulatory therapy.

## **Problem drinking by drug addicts**

The first report of a prospective study of problem drinking in drug addicts was reported by Harriet L. Barr, Ph.D., et al. of Eagleville Hospital and Rehabilitation Center (Pa.). The sample consists of 851 subjects interviewed at the time of admission to methadone treatment (596), or abstinence (255), and at 2, 7, 12, and 18 months later. A third of the sample report a history of both alcohol-related symptoms and alcohol ingestion at levels comparable to those reported by a comparison sample of 238 alcoholics; half report at least one of these features. Pretreatment histories of problem drinking are predictive of heavy drinking during methadone maintenance treatment.

## **Ex-felon addicts and alcoholics trained to work as paraprofessionals**

Special Alcohol and Narcotics (SPAN), a project that enrolls released addicts and alcoholics from California penal institutions into a college-credit, supervised, 20-hour week internship at a community social agency, has completed its fourth year, said Theodore Nissen and William K. Lombardo of the California State Polytechnic University, Pomona. A therapeutic community model involving group and individual confrontation is employed for training the members as mental health paraprofessionals. Overall program retention rate is 51.9%, ranging from the first class (20%) to the last class (70%). At present 67% of the graduates are involved with a community service agency.

## **Combined treatment of alcohol and drug abuse in VA hospitals**

Reporting on the progress in a 24-hospital project run by the VA to determine the relative effectiveness of treating alcohol and drug abuses in combined settings, Stewart L. Baker, Jr., M.D. et al. said that ten hospitals offer the combined approach with seven alcohol and seven drug centers serving as controls. The intake period of six months will yield samples of 500 for combined care and 350 each for alcohol and drug care. A random sample will be field-interviewed six months after admission to assess progress toward eight treatment objectives.

## **Role of work in halfway house for alcoholics**

Project Renewal, a 15-person halfway house for disaffiliated alcoholics in New

York City, has developed a unique job/therapy program, said Steven S. Manos. The project is probably the first supported work program, a form of rehabilitation now being widely developed for other deviant populations. Project Renewal's program includes a contract to perform city jobs, substantially independent community living for residents, and a supportive program.

## **History of opiate use reduces success in alcoholism treatment**

Comparing 85 alcoholics with a history of opiate use with a control group who had never used opiates, Enoch Gordis, M.D. and George Sereny, M.D. of Mount Sinai School of Medicine found that only 4 of the opiate users became abstinent for their entire time in the Elmhurst Alcoholism Treatment Program, and 4 for at least half the time. Methadone maintenance treatment did not affect the length of sobriety. Alcohol use, often heavy, began before heroin use in at least half the addict group. The authors conclude that a history of opiate use reduces the chance of success in conventional alcoholism treatment, but that alcoholism and opiate addiction may develop in a patient independently of each other.

## **Test screens persons on methadone for potential alcohol abuse**

An alcoholism screening test previously confirmed to identify "hidden alcoholics" in a general non-narcotic-using population was used to identify potential alcoholics and potential tranquilizer abusers in a group of persons enrolled in a methadone maintenance program. Aaron Cohen et al. of the Mount Sinai School of Medicine found that the test distinguished the alcoholic as well as the nonalcoholic narcotic user.

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