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# Physician's Alcohol NEWSLETTER



MARCH 1977

## HMOs add alcoholism services; studies underway

Certain alcoholism services—provisions for emergency, referral, and follow-up care—must be included as part of the basic benefits package for any federally qualified Health Maintenance Organization (HMO), according to the HMO Act of 1973. The current status of alcoholism treatment in prepaid group practice/HMO plans was the subject of a meeting in Boston February 24-25, sponsored by the Group Health Foundation. The second in this series of regional meetings will be held in Chicago May 12-13.

Gary Jacobs of GHI reported on a project to implement and document alcoholism services in four contrasting PPGP/HMOs: Arizona Health Plan in Phoenix; Metro Health Plan in Detroit; Kaiser-Permanente Medical Care Program in Portland; and Genesee Valley Group Health Association in Rochester, N.Y. Client demographics; social, economic, and vocational functioning; drinking behavior; and patterns of referral will be documented and compared with a representative control group from the total prepaid group plan membership.

The study is expected to demonstrate the feasibility of alcoholism treatment in a general health delivery setting, to examine patient profiles and utilization patterns before, during, and after treatment of alcoholism; to measure marginal costs of alcoholism treatment with the PPGO/HMO delivery system; and to document the programmatic components of alcoholism treatment within the study sites.

In conjunction with this effort, the GHI staff recently surveyed 18 PPGP/HMOs to determine the scope of alcoholism treatment being offered. Among their findings:

- While 94% extend coverage for alcoholism treatment, 55% include a full range of services as part of the basic benefit but have a copayment feature for extended treatment.

- 75% cited federal qualification and state mandate as the primary reason for offering alcoholism treatment services. Others cited consumer request,

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## Treat drinking drivers humanely but firmly, international conference declares in Melbourne

The drinking driver should be treated humanely—but firmly—concluded the Seventh International Conference on Alcohol, Drugs and Traffic Safety held January 23-28 in Melbourne, Australia. The plenary forum decisively rejected two draft resolutions that would have weakened this attitude: one, that imprisonment for drunken driving offenses should be imposed only under "exceptional circumstances," and a second, that imprisonment should not be related to the *outcome* of any accident in which the driver was drunk.

## NIAAA sponsors workshops in fetal alcohol syndrome and lithium

Workshops on the fetal alcohol syndrome and lithium, two topics of current interest in alcoholism, were recently sponsored by NIAAA.

At the fetal alcohol syndrome workshop, held February 12-14 in San Diego, Dr. Henry Rosett of Boston University Medical Center reviewed case reports, prospective studies, animal models, and behavioral effects. Reporting on information from over 6,000 pregnancies, Dr. Jan Kuzma of Loma Linda University said that the combination of moderate alcohol use with moderate cigarette smoking may be more detrimental to the fetus than when either is used separately.

In a session on animal models, both Dr. Carrie Randall and Dr. Gerald Chernoff presented mouse models of fetal alcohol syndrome with clear teratogenic effects similar to those observed in humans. In the behavioral effects session, Dr. Bennett A. Shaywitz described a syndrome resembling minimal brain dysfunction (MBD) in rat pups born to mothers exposed to alcohol during pregnancy.

At the lithium workshop, held in Hilton Head March 18-20, Dr. J. D. Sinclair of the Finnish Foundation of Alcohol Studies presented a graph revealing a dramatic drop in alcohol selection by a rat taking lithium. However, the graph represented only one animal in one experiment. Further experiments showed that interrupting the dosage, or giving lithium before alcohol, prevented suppression of drinking.

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However, the conference also recognized that changing driver behavior and attitudes is a slow and difficult process and that the traffic environment should be modified as well. The plenary forum resolved that legislation should include provisions for designing safer roads and automobiles and should contain specific objectives and methods of evaluation.

In other actions, the plenary session resolved to support discretionary "random" breath testing as an aid in early recognition of problem drivers and to continue research on enforcement strategies. Enforcement agencies' resources should be increased where the probability of apprehension for drinking drivers is low.

The conference also declared that the responsibility for dealing with drunk driving offenses should remain with the courts, which should employ presentence and postsentence investigation and rehabilitation and enforce sanctions which protect the rights of other road users, while encouraging offenders to enter treatment.

The following report on the conference was prepared by Thomas B. Turner, M.D., Dean Emeritus of The Johns Hopkins University School of Medicine:

Australia has been the leader in instituting mandatory use of seat belts (it is unlawful for driver and all passengers *not* to use them), and the introduction of random breathalyzer testing of motorists in two provinces. The former program is generally regarded as having reduced traffic fatalities, but certain other measures were introduced simultaneously which made critical evaluation difficult.

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# EDITORIAL

## The President's Commission on Mental Health

The alcoholism clinical and research community has had reason to be very interested in the stance that the new governmental regime would take in regard to alcoholism. During the past eight years, the fact of specific alcoholism funds mandated by Congress has meant a birth of hope among those who are most concerned with overcoming the alcohol problem—a hope that sometimes seemed to be withering on the vine when funds were held up by administrative devices.

On February 17, 1977, in the presence of the press and other interested parties, an announcement was made at the White House of the creation of a President's Commission on Mental Health, to identify the mental health needs of the nation for the next 25 years. The Commission is charged with making a preliminary report to the President by September 1, 1977, and a final report by April 1, 1978. The

significance of this commission is underscored by the fact that it is the first such commission that President Carter has announced, and that as honorary chairperson, he has designated Mrs. Rosalynn Carter.

With Dr. Thomas Bryant as Executive Director, the Commission will study how the mentally ill, emotionally disturbed and mentally retarded are being *underserved*, and make recommendations to correct this. In amplifying statements, the President, Mrs. Carter and Dr. Bryant noted that the ways in which alcoholism affects mental illness, emotional disturbance and mental retardation will be studied and included in the report.

This mode of inclusion should give much hope to the alcoholism community, since it does not identify alcoholism per se as a mental illness. It can be correctly pointed out that alcoholism contributes to *emotional disturbance* not only from the simple act of intoxication but in so many ways, including suicidal depression, divorce, child-school disturbances and acts of violence. It contributes in a major

way to *mental illness* through the various types of organic brain syndromes consequent to alcoholism—a problem whose staggering dimensions are only now beginning to be appreciated. It contributes to *mental retardation* through the new<sup>1</sup> established fetal alcohol syndrome. Additional dimensions of the alcoholism problem, in relationship to physical bodily consequences and other aspects, demand an approach which goes beyond the mental health and illness concept. But we can all be thankful that through interest in mental health, alcoholism will be sure to receive continued attention in the new administration.

We congratulate Dr. Bryant on his new post and wish both him and his distinguished honorary chairperson the best good fortune in voyaging on waters much traveled—but still not adequately charted. We know that everyone whose interest lies with alcoholism will stand ready to provide helpful input to the deliberations of The President's Commission on Mental Health.

—F.A.S.

# MEETINGS

APRIL 28-May 4—NCA National Alcoholism Forum, San Diego Convention & Performing Arts Center. For information, write NCA, 733 Third Ave., New York, N.Y. 10017.

MAY 2-4—"Currents in Alcoholism," 8th Annual Medical-Scientific Session of the NCA National Alcoholism Forum. Jointly sponsored by NCA and AMSA.

MAY 5-9—National Drug Abuse Conference 1977, "A Multicultural View of Drug Abuse." Hyatt Regency Hotel, San Francisco. For information write to David E. Smith, M.D., NDAC-1977, Haight Ashbury Training and Education Project, 409 Clayton Street, San Francisco, CA 94117.

MAY 12-13—Regional seminar on the treatment of alcoholism in prepaid group practices and HMOs, Continental Plaza, Chicago. Sponsored by Group Health Foundation and Midwestern Area Alcohol Education and Training Program of Chicago. For information, write Group Health Foundation, 1717 Massachusetts Avenue, NW, Washington, DC 20036. Phone: (202) 483-4012.

JUNE 6-10—23rd International Institute on the Prevention and Treatment of Alcoholism. Dresden, Germany. Information from ICAA, case postale 140, 1001 Lausanne, Switzerland.

JULY 10-15—Canadian Foundation on Alcohol and Drug Dependencies, Annual Conference, Winnipeg, Canada. Information from ICAA, case postale 140, 1001 Lausanne, Switzerland.

AUGUST 4-7—Annual Meeting, International Doctors in Alcoholics Anonymous. Statler Hilton, New York City. Information from Lewis K. Reed, M.D., IDAA, 1950 Volney Rd., Youngstown, Ohio 44511.

AUGUST 21-26—International Medical Symposium on Alcohol and Drug Dependence, Tokyo and Kyoto, Japan. For information, write ICAA, case postale 140, 1001 Lausanne, Switzerland.

AUGUST 28-SEPTEMBER 1—NATO International Conference on "Behavioral Approaches to Alcoholism," to be held at the Solstrand Fjord Hotel near Bergen, Norway. For further information, contact Dr. Peter Nathan, Department of Psychology, Rutgers University, New Brunswick, N.J. 08903.

## Rutgers Summer School

The 1977 Rutgers Summer School of Alcohol Studies will take place June 26-July 15. Now in its thirty-fifth year, this summer program attracts many more applicants each year than can be accommodated, and prospective students are urged to apply early. Information is available from Linda Allen, Secretary, Summer School of Alcohol Studies, Rutgers University, New Brunswick, NJ 08903. Phone: (201) 932-2190.

# BOOKS

**Metabolic Aspects of Alcoholism.** Edited by Charles S. Lieber. Baltimore: University Park Press, 1977. 308 pp.

An examination of the metabolic effects of continued excessive ingestion of alcohol by a combined clinical, biochemical, physiological and pathological approach. Specialists analyze how the body handles alcohol and how alcohol affects the liver, intestine, heart, muscle, brain, bone and the endocrine and hematopoietic systems.

**Treatment and Rehabilitation of the Chronic Alcoholic.** Edited by Benjamin Kessin and Henri Begleiter. Volume 5 in *The Biology of Alcoholism*. New York: Plenum Press, 1977.

The multiplicity of proposed therapies, each strongly defended by its proponents, points to the major problem in treating alcoholics: alcoholism is a complex medical-social syndrome requiring an integrated therapy.

**Cross-Cultural Approaches to the Study of Alcohol: An Interdisciplinary Perspective.** Edited by Michael W. Everett, Jack O. Waddell, and Dwight B. Heath. The Hague: Mouton Publishers, 1976. 432 pp. \$28.65.

Ethnographic studies, physiological and biomedical aspects, cross-cultural theories, and methodology.

**Alcohol Dependence and Smoking Behavior** Edited by Griffith Edwards, M.A.H. Russ, David Hawks, and Maxine MacCafferty. Lexington, Mass.: D.C. Heath, 1976. 268 pp. \$17.50.

# More reports from international traffic meeting at Melbourne

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Random" breathalyzer testing has had a mixed reception among the public; in the order of 2.5% of drivers tested having shown an extrapolated blood alcohol level of 50 mg.% or higher. There are indications, too, that testing has not been altogether random, but directed more to high risk groups and time periods, e.g. in the evenings and in the vicinity of hotels, etc.; also it has been suggested that enforcement has not been enthusiastic, due perhaps to cost-benefit factors, and the pressure on relatively scarce police manpower.

Dr. J.H.W. Birrell, a principal advisor to the Ministry of Transport of Australia, pointed out that both drinking and transportation by car were important elements in furthering social occasions and that efforts to reduce road casualties should be brought into balance with the behavioral thrust toward social cohesion. Dr. J.D.J. Havard of Great Britain pleaded for better epidemiological studies as a basis for realistic legislation.

The president of the conference, Dr. Robert F. Borkenstein of the University of Indiana, pointed out that half the serious road accidents involve a single vehicle; that road deaths are statistically rare. On the basis of world figures one would figuratively have to drive around the world 700 times before running a substantial risk of a fatal accident—in the U.S.A. the figure would be 1250 times around. The U.S. leads the world in having the lowest traffic deaths per population; Australia is 4th. Using a factor of vehicle usage the top 5 in the safety league are U.S., Great Britain, Sweden, Japan and Australia; the last is the most motorized country in the world except the U.S.

Hans Klette of Sweden said that although various legal methods taken in Sweden seem to have had some favorable impact on the number of fatal accidents in which alcohol appears to be a factor, no satisfactory way of evaluating such a relationship has been developed. John A. Duncan of Canberra reported on a sampling of all motorists at road blocks before and after introduction of breathalyzer legislation, about 3500 in each sample. There was no difference between the two groups; about 93% of each group showed no detectable level, and the remainder showed no statistically significant differences in blood alcohol levels.

David Klein of Michigan State University said that drivers involved in serious accidents tend to belong to a special group which has distinct characteristics of age, sex and social class—young, male, working class; the middle class male tends to drink at home. Alcohol is one factor of this behavior pattern.

It was also pointed out at the conference that as road fatalities decline the proportion of alcohol-related accidents increases; in the U.S. for example about 50% of road accidents are alcohol-related, while in many less developed or less motorized countries with much higher traffic fatality rates the proportion of alcohol-related deaths is much lower.

Susan Baker of Baltimore pointed out that the fatality rate per person miles among motorcyclists was 7 times higher than that for motorists. (While no figures were given it seems clear that motorcyclists as a group are in a high risk category on various behavioral grounds.) She also noted that the motorcycle was much more lethal to the pedestrian than the motor car. Also pedestrian deaths are

much higher in the less developed countries than in the more developed countries, e.g. the pedestrian death rate is 4 times as high in Rio de Janeiro as in New York or Baltimore. She urged attention to environmental and engineering approaches to the problem as well as alcohol control measures.

## Other reports

- In the USSR, traffic accidents related to alcohol have dropped in recent years, said Leonid L. Afanasyev. Special tube-indicators and portable instruments are being used to determine BAC.

- Of 854 culpable drivers studied in a three-year study of fatal accidents in Alberta, Canada, 11.1% had been driving while impaired on at least one occasion prior to the fatal crash, said Gerda Bako, Research Director of Task Force on Highway Accidents. 87% of these recidivists were again impaired when the accident under study occurred; they were responsible for the deaths of 112 persons.

- Blood alcohol levels were studied under conditions approximating normal social drinking by R.D. Batt and K.G. Couchman of Massey University, New Zealand. In six subjects tested at 10-minute intervals for 2 hours after drinking specified amounts, the average maximum blood alcohol levels was 61 mg%. In 45 subjects free to drink as much as they liked in one hour, the blood alcohol levels ranged from 1 to 120 mg%.

- An education program for impaired drivers aimed at combatting recidivism has also turned up alcohol-related problems among convicted individuals and has resulted in their referral to treatment facilities, said L.M. Blumenthal of the Alberta Alcoholism and Drug Abuse Commission.

- Post-mortem blood alcohol levels taken in a sample of 250 fatal accidents among Australian general aviation pilots showed positive results in 19% of the cases, said T.C. Brown and J.C. Lane of the Australian Department of Transport. It is considered that alcohol was a factor in 9% of the accidents in which valid BAC's were obtained.

- The presence of alcohol in 406 adults killed in pedestrian accidents in the West Midlands area of England was highest on Saturdays (40%) and in late-night accidents (62%), said A.B. Clayton et al. of the University of Birmingham. The data suggested that, in general, age and BAC were independent factors. Within each age group, the relative accident rates increased with increasing BAC.

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## HMOs treat alcoholism

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encouragement of medical staff and negotiated benefits of participating employee groups as their reasons for extending coverage.

- Triage, referral, detoxification, counselling, medical management and emergency services were cited most frequently as being offered directly by the plans.

- Inpatient detoxification, extended inpatient care, case-specific counselling and residential treatment were contracted for by HMOs.

- In-service training on alcoholism treatment was offered by 78% of the plans to medical, nursing, mental health or urgent care staffs.

Also at the meeting F. Barrie Montague of NIAAA discussed why HMOs are a fertile area for alcoholism treatment; Harold Hunter of the Senate Subcommittee on Alcoholism and Narcotics described the legislative intent of the HMO Act; Alan Bloom of DHEW described federal qualification standards for alcoholism treatment in HMOs; and June Jackson Christmas, M.D. Commissioner of New York City's Department of Mental Health and Mental Retardation presented a talk on the delivery of alcoholism services emphasizing the unmet needs of women, youth, the aging, and children of alcoholic parents. HMOs, she said, have an obligation, in the interest of preventive and comprehensive care, to provide special services for alcohol abusers and their families.

## Biochemical aspects of alcoholism: peripheral metabolism and direct effects

The peripheral metabolism of alcohol has implications for CNS function beyond removal of ethanol from the circulation, according to Richard A. Deitrich, Department of Pharmacology, University of Colorado School of Medicine. The activity of many enzymes is altered because of the presence of ethanol and acetaldehyde or because of the increased NADH/NAD ratio. Examples are found in cholesterol, steroid hormone, and neurotransmitter metabolism. CNS metabolism and function may in turn be altered by these peripheral events. This concept is termed "amplification," since a relatively inactive compound, such as acetaldehyde, may give rise to much more potent endogenous aldehydes by virtue of inhibition of the metabolism of these aldehydes. (*Psychoneuroendocrinology*, 1976, Vol. 1, pp. 325-46)

## NCA diagnostic criteria called "Big Step Forward"

NCA's diagnostic criteria for alcoholism were called "a big step forward in the development of a valid and reliable instrument for the diagnosis of alcoholism," by W. Feuerlein, et al. of the Max-Planck Institute for Psychiatry in Munich at the 22nd International Institute on the Prevention and Treatment of Alcoholism, held at Vigo, Spain. A diagnostic instrument consisting of a self-rating questionnaire and two checklists for the investigator based on the 86 criteria were administered to 120 alcoholics and 80 controls; the results showed that the diagnostic scheme detected all the alcoholics but an additional 47.5% of false diagnoses for the controls. However, in this study an extreme selection of alcoholics not representative of all alcoholics in a normal population was used. The authors conclude that since the criteria take into account the multidimensionality of alcoholism in a unique way through the inclusion of psychological and social as well as physiological parameters, these criteria are a suitable basis for further research.

## NIAAA lithium workshop

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Also at the workshop, chaired by Donald Goodwin, papers were presented on the relationship of affective disorder to alcoholism, and the metabolism of lithium and alcohol.

## NYCA launches outreach

The New York City Affiliate of the National Council on Alcoholism has launched a city-wide outreach program to enlighten the community on the information, referral and counseling services it offers to the family of the alcoholic. For information, call Charlotte Smith, Director of Workshops, New York City Affiliate-NCA, (212) 765-1770.

## Wives of recovering alcoholics face stress

The process of becoming sober and readjusting to society is not easy for the alcoholic man, nor, apparently, for his wife. A study of a group of ten white, middle-class women, aged 31-60, married at least ten years to an alcoholic, showed that five major problem areas emerged: (1), the problem of reinstatement of the husband into family roles; (2), difficulties centered around communication; (3), affective responses of the wife, mainly her tendency to experience fears, depression, and lingering resentment; (4), disruptive traits of husbands, mainly a syndrome called "dry drunk," the state of an alcoholic who is uncomfortable when not drinking; and (5), handling situations involving alcohol or alcohol-related problems.

N.J. Estes and K.J. Hanson, from the Psychosocial Nursing Department of the University of Washington, reported that group therapy was productive in dealing with these problems. (*American Journal of Psychotherapy*, April 1976)

## Special Utah course for physicians

A three-day Course for Practicing Physicians will be held June 20, 21 and 22 at the University of Utah Hospital Medical Center. The Workshop will emphasize medical management and rehabilitation of alcohol and drug abusers. Lectures, demonstrations and small group discussions will be included.

Twenty-five hours of category one approved credit is offered by the American Academy of Family Physicians for completion of this Course.

For further information, contact James R. Swenson, M.D., P.O. Box 2604, Salt Lake City, UT 84110.

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