ANNUAL REPORT TO THE UNITED STATES CONGRESS

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

6TH ANNUAL REPORT

to the United States Congress

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

CONTENTS

EXECUTIVE SUMMARY

CHAPTER I. INTRODUCTION

This is the Sixth Annual Report of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), submitted to the U.S. Congress for fiscal year 1977 (October 1, 1976, through September 30, 1977), as required by Public Law 96-616, Section 102(1). The intent of this report is to present the major themes that characterize this Institute's progress and activities for fiscal year 1977. Therefore it is organized according to these themes rather than according to the organizational structure of NIAAA. The introduction discusses the scope of the problem of alcohol abuse and alcoholism, provides a background of NIAAA activities, and describes relations with other levels of government. The following significant points are presented:

- A World Health Organization (WHO) project, supported by NIAAA, developed criteria for identifying and classifying disabilities related to alcohol consumption. As a result of this effort, the term "alcohol dependence syndrome" was accepted for inclusion in the ninth revision of the International Classification of Diseases. In addition, the WHO report defined the concept of alcohol-related disabilities. These two concepts encompass the range of alcohol problems, including addiction and negative consequences associated with acute intoxication.

- There are an estimated 9.3 to 10 million problem drinkers in the adult population of the United States--7 percent of the adult population 18 years and over.

- Nineteen percent (3.3 million) of the 17 million youth in the 14-to-17 age range are thought to have problems associated with drinking.

- Results of a study completed in 1977 show that alcohol abuse and alcoholism cost the United States nearly $43 billion in 1975. This includes costs associated with lost production, health care, motor vehicle accidents, fire, crime, and social responses to alcohol problems.

- The initial mission of NIAAA was oriented toward public information and alcoholism treatment. This was consistent with the objectives of individuals and groups who had so long worked in the field of alcoholism prior to the establishment of NIAAA.

- By FY 1977, NIAAA had solidified gains on established bases of national concern for alcohol problems and of resources for helping people. The future called for NIAAA to continue orderly, balanced, comprehensive planning and implementation of programs for research, prevention, treatment, intervention, and resource development.

- The future needs of alcoholism programs are embodied in the concept "Operation Mainstream." This concept encompasses those activities oriented toward the present total social service and health care system, existing educational and informational networks, and social change agents.

- The method for allotting State formula grant funds has been modified to include a measure of the relative prevalence of alcohol problems among the States. This revision brings the allocation formula into accord with congressional intent that the need for more effective prevention, treatment, and rehabilitation of alcohol abusers and alcoholics be included.

- NIAAA collaborated with the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), the Public Health Service (PHS) Rural Health Coordination Committee, and Regional Offices in programs designed to improve rural health care. As a result, 101 NIAAA grantees were provided $15,837,676 in direct awards, or 39.5 percent of the total awards made by the Health Services Administration through its special initiatives for rural areas.

- International programs are necessary because they allow us to account for international and cross-cultural variations in our understanding of alcohol-related problems. They also serve as sources for new programmatic concepts that are not available within the United States. NIAAA has established active working arrangements with major international organizations and specific foreign researchers. Program areas of development include: epidemiological and sociocultural research; programmatic analysis; development of community alcoholism programing; establishment of an international network of alcoholism research, policy, and demonstration centers in the context of existing organizations; and extension of the NIAAA intramural research program through strengthening ties with foreign research laboratories, developing collaborative research projects, and exchanging visits and staff.

CHAPTER II. DEVELOPMENT OF KNOWLEDGE

A wide range of policy-related basic and applied research and information dissemination activities were supported in FY 1977 in order to develop knowledge about alcohol abuse and alcoholism. The following significant activities are discussed:

- An Alcohol Epidemiologic Data System was initiated to help measure the magnitude, natural history, patterns of occurrence, and trends of alcohol abuse and alcoholism in the United States.

- A multinational study is being conducted by the World Health Organization with NIAAA support. Its objective is to develop a communitywide plan for more effective response to alcohol-related problems in each of several participating countries representing different sociocultural settings and different stages of development.

- Biomedical research grants are continuing in the following important areas: neurobiological correlates of chronic alcohol consumption; biochemistry of drinking behavior and alcoholism; alcoholism and diseases of the heart; and studies of alcoholic hepatitis.

- NIAAA sponsored a workshop to assess the state of knowledge on the effects of alcohol consumption. It found that a unique pattern of dysmorphology with mental impairment, termed the fetal alcohol syndrome, occurs in some offspring of women who consume alcohol heavily. A cautionary statement on this subject was released by NIAAA on June 1, 1977. A version of this statement appeared in the June 3, 1977 (vol. 26, no. 22), Morbidity and Mortality Weekly Report, circulated by the Center for Disease Control to approximately 200,000 health professionals. A similar alert was placed in the September/October 1977 issue of the Food and Drug Administration's Drug Bulletin, which more than 700,000 health professionals receive.

- Current behavioral research studies of particular promise include: The Halfway House Experience for Women Alcoholics; The Effects of Alcohol on Performance During the Menstrual Cycle; Neuropsychological Functioning in Alcoholic Women; and Alcoholism Transmission Through Family Ritual.

- The Alcohol Research Centers grants program was initiated with the establishment of five centers. This program was designed

to complement NIAAA's regular research grants programs by providing long-term support for interdisciplinary research programs, with a distinct focus on a particular research theme related to alcoholism and other alcohol-related problems.

- Implementation was begun of plans for coordinating the work of the Documentation and Publications Division of the Rutgers Center of Alcohol Studies and the National Clearinghouse for Alcohol Information. These two systems combine to provide the general public, treatment professionals, researchers, and scholars with access to the world's scientific literature on alcohol abuse and alcoholism in annotated or bibliographic form.

CHAPTER III. DEVELOPMENT OF RESOURCES

Resource development creates, improves, or expands sources of support available to carry out the mission of the alcohol field. The focus in FY 1977 was primarily financing, manpower development and training, and quality assurance. Specifically, in FY 1977:

- Consistent with the "Operation Mainstream" concept (making alcoholism treatment an integral part of the total health care delivery system), NIAAA has undertaken several activities designed to help maximize the extent to which private third-party sources provide funding for alcoholism treatment sources. NIAAA explored standards for treatment services with private health insurance providers, Health Maintenance Organizations, and Medicare and Medicaid.

- Credentialing of alcoholism counselors is necessary to assure quality care for alcoholic people, to obtain third-party payments, and to give counselors recognition for their services. Progress toward this goal was marked in FY 1977 by release of a report by the ADAMHA/NIAAA Planning Panel on Credentialing Alcoholism Counselors. The core recommendation in the report is that a private, non-profit national credentialing organization for alcoholism counselors be established.

- A Career Teacher Program, jointly sponsored by NIAAA and NIDA, is focused on medical schools. By FY 1977, the program was proving successful in developing cadres of professionals involved in alcohol education within medical schools, developing medical school curriculum materials on alcoholism, and

influencing the emergence of a group of individuals who are leaders in medical education about alcohol abuse.

- NIAAA, in collaboration with the State Alcoholism Authorities, began planning for a State Manpower Development Program to aid in formulating a manpower systems conceptualization of the treatment and rehabilitation staffing issues within each State.

- The National Center for Alcohol Education (NCAE) develops and tests materials for use by educators and trainers in the alcohol field. Training packages on (1) Management Skills, (2) Programming Community Resources, (3) You, Youth, and Prevention, (4) Training Alcoholism Trainers, and (5) Using Volunteers in Your Agency became available in FY 1977, and preliminary feedback indicated that all five are being widely used by those in the field. New areas for NCAE are Occupational Programming, Community Health Nurse, and a Decisions and Drinking Series; the last item will be disseminated through the State Prevention Coordinators (SPC's) and relevant national organizations.

- Four regional Area Alcohol Education and Training Programs (AAETP's) were initiated in 1974. Recommendations resulting from an FY 1977 contracted evaluation will be incorporated into a proposed design for a State Manpower Development System. The Eastern program was approved for a 3-year renewal period for tasks such as developing a clinical preceptorship and designing an accreditation program for long-term counselor training.

- Major quality assurance activities in FY 1977 focused on developing standards and minimum Federal funding criteria for alcohol treatment programs.

CHAPTER IV. PREVENTION OF ALCOHOL-RELATED PROBLEMS

Prevention, in its broadest sense, means reducing the incidence, prevalence, and negative consequences of alcohol abuse and alcoholism. This chapter discusses the testing of new approaches, prevention efforts focused on particular population groups, particularly youth, better tools for prevention, and the National Clearinghouse for Alcohol Information. Attention is focused on the following program areas:

- NIAAA initiated a grant replication program, which selects prevention approaches appearing particularly promising and tests whether they can be utilized effectively in a variety of settings. Specific innovative approaches selected involved

peer counseling, community education and development, curriculum development, and teacher training.

- A methodology was developed and tested for evaluating prevention demonstration projects. When completed it will permit, demonstration projects can now be qualitatively rated and monitored over time.

- In 1974, NIAAA initiated a 2-year program to provide financial support for a full-time prevention coordinator in each State Alcoholism Authority. An evaluation study completed in FY 1977 concluded that each of the sample of nine States reviewed had increased its manpower and funding allocation for primary prevention programing and that eight of the nine intended to continue the SPC position after support from NIAAA ceased. In another study, 47 of 48 States indicated plans to continue the functions of the SPC position.

- The National Clearinghouse for Alcohol Information (NCALI) is an information service of NIAAA established to search out worldwide information about alcoholism prevention, treatment, and research and to share this knowledge with the professional community and the general public. NCALI includes an information dissemination program, which is essentially an outreach program for prevention activities. During FY 1977, the target audiences of women, youth, and blacks were selected for these outreach efforts. An assessment of NCALI concluded that it compared favorably with other Government clearinghouses in accomplishing its objectives. A number of specific recommendations were made and implemented.

CHAPTER V. EARLY INTERVENTION

In the field of alcoholism, somewhere between prevention and treatment lies an area called "early intervention." This term is rooted in the belief that alcoholism is a progressive illness that goes through multiple phases, and that intervention can occur at any phase, the earlier the better. The chapter discusses three intervention approaches that the Institute has used: an information dissemination program, occupational programs, and drinking driver demonstration projects. Important discussion points of this chapter include the following:

- One approach NIAAA has taken to aiding early intervention is to educate the general public through mass media campaigns and NCALI activities. In FY 1977, NCALI answered 110,455 requests for information, mailed 41,034 copies of the Information and

Feature Service brief reports, and mailed 16,000 copies of the quarterly magazine Alcohol Health and Research World. The Current Awareness Service contacted over 300,000 potential users through its semiannual Grouped Interest Guides and monthly Individualized Interest Cards.

- The Public Health Employee Assistance Program, developed under the leadership of NIAAA, provides alcoholism and drug abuse programs for Federal civilian employees in the Public Health Service. In FY 1977, NIAAA staff continue to help implement the program, and developed program guidelines for the Assistant Secretary for Health.

- During FY 1977, 20 demonstration grants in the amount of $3,797,000 were awarded for occupational programing. Examples include the United Labor Members Assistance Program (serving 1,124 clients), a statewide joint effort of organized labor and industry to establish employee assistance programs. Another is the Airline Pilots Association project, focusing on commercial airline pilots, which served 204 clients in FY 1977. The occupational demonstration effort has produced many positive gains in terms of project proliferation, access to care, cost reduction, and reduction of the stigma commonly associated with the misuse of alcohol and alcoholism.

- Drinking driver programs are another approach to early intervention. In FY 1977, NIAAA continued to collaborate with the National Highway Traffic Safety Administration in providing grants to support alcoholism services for individuals identified through traffic safety activities. In all, 16 Drinking Driver Program grants were awarded, serving 26,019 clients, for a total of $1,832,000.

CHAPTER VI. TREATMENT OF ALCOHOL-RELATED PROBLEMS

A high priority of NIAAA has always been to improve the availability, accessibility, and quality of care for alcoholic persons throughout the Nation. To realize this goal, NIAAA has supported the development and implementation of comprehensive alcoholism treatment and rehabilitation programs at the State and community levels. The State Formula Grant Program, target population treatment projects, and assessment of treatment programs are discussed in the chapter, with the following special emphases:

- In support of its funding of alcoholism treatment and rehabilitation programs, NIAAA has initiated and intensified

efforts to (1) improve the quality and review process of treatment grant applications; (2) develop and support quality treatment; and (3) improve the long-term financial base for community alcoholism service projects.

- NIAAA undertook specific actions to improve the content and increase the scope of coverage of direct-funded alcoholism treatment grants reporting on the National Alcoholism Program Information System (NAPIS).

- Data from NAPIS indicate positive benefits for alcoholism treatment clients at 6-month followup in terms of: reduced alcohol consumption per day by two-thirds, greatly improved abstention rates (over half the clients reported abstention), reduced behavioral impairment (ranging from 21 percent to 70 percent across the various programs), and a 20 percent increase in employment.

CHAPTER I. INTRODUCTION

This is the Sixth Annual Report of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), submitted to the United States Congress for fiscal year 1977 (October 1, 1976, through September 30, 1977) as required by Public Law 96-616, Section 102(1). This report differs from the previous ones in that it is organized according to the major themes characterizing the Institute's progress and activities for the year, rather than according to the organizational structure of NIAAA. Consequently, this report does not contain an exhaustive listing of the Institute's programs and projects, although this is available upon request.

SCOPE OF THE PROBLEM

It is important to understand the size and complexity of the alcohol problem in the United States in order to appreciate the progress that NIAAA has made toward reducing alcohol abuse. Estimates of the size of the alcohol-abusing population vary depending on how that population is defined. Problems related to alcohol consumption are generally defined in terms of one or more of the following three factors: social, economic, and physical consequences of drinking for the drinker or others; the nature of the drinking behavior; or the physiological and psychological responses of the drinker to alcohol. 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.

The terms and definitions used in this report come from a World Health Organization (WHO) project that was proposed and supported by NIAAA. A WHO Steering Group and special consultants to the project developed criteria for identifying and classifying disabilities related to alcohol consumption. As a result of this effort, the term "alcohol dependence syndrome" was accepted for inclusion in the ninth revision of the International Classification of Diseases. According to that 1977 document, "the alcohol dependence syndrome (alcoholism) is a state, psychic and usually also physical, resulting from taking alcohol, characterized by behavioral and other responses that always include a compulsion to take alcohol on a continuous or periodic basis in order to experience its psychic effects, and sometimes to avoid the discomfort of its absence; tolerance may or may not be present." The WHO Report also defined "alcohol-related disabilities" as impairments in the physical, mental, or social functioning of an individual that could reasonably be inferred to have been caused in part by alcohol. Another widely used

term is "problem drinker," which has been defined as "a person who drinks alcohol to an extent or in a manner that an alcoholic-related disability is manifested." NIAAA estimates that there are 9.3 to 10 million problem drinkers in the total U.S. adult population (approximately 7 percent of the 145 million who are 18 years old and older) and that 10 percent of the adult male and 3 percent of the adult female population are problem drinkers. Nineteen percent (3.3 million) of the 17 million youth in the 14-to-17 age range are thought to have problems associated with drinking.

Alcohol consumption increased markedly in the 1960's: from 2.06 gallons per capita in 1961 to 2.68 gallons per capita in 1971, the highest level recorded since 1850. However, during the 1970's, there seems to have been little change in total per-capita alcohol consumption. In addition, the rate of problem drinking showed little change during the 1973-75 period, according to survey data. Despite this leveling off, the rate of cirrhosis mortality, considered an indicator of alcohol problems, showed a decrease in 1975 and 1976 after many years of general increase.

The most recent study of the economic effects of alcohol-related problems was completed in 1977. The total loss to society in terms of lost production, health care costs, motor vehicle accidents, fire, crime, and costs of social response to alcohol abuse was estimated to be approximately $25 billion in 1971. Four years later, the cost was estimated to be almost $43 billion. While the increase can be largely explained by inflation and a more comprehensive analysis of costs, the size of the loss is dramatic and apparently on the rise.

Because every alcoholic and problem drinker directly and adversely affects many other people (family members, coworkers, employers, friends, innocent bystanders), tens of millions of people are probably experiencing the consequences of alcohol abuse and alcoholism. It is estimated that alcohol may be involved in as many as one-third of all suicides, half of all homicides, half of all traffic accident 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. Alcoholism is also believed to shorten life expectancy by an estimated 10 to 15 years and to contribute significantly to the high mortality rates associated with many disease conditions (notably cancer, respiratory and cardiovascular diseases, peptic ulcers, cirrhosis of the liver, and the fetal alcohol syndrome).

Clearly, the number, range, and severity of the negative consequences of alcohol abuse compel us to find new and better ways to prevent and treat it; the economic cost makes this task all the more

imperative. NIAAA continues to serve as the Federal Government's focal point for realizing these goals.

BACKGROUND OF NIAAA

Until NIAAA was established by the Congress, the Federal Government allocated few resources to deal with alcohol-related problems. Furthermore, the general public did not recognize alcoholism as a serious problem. Within the Federal Government, there was a small group in the National Institute of Mental Health called the Center for Alcohol Studies; outside the Government, problems of alcoholism were generally ignored or deliberately concealed by the medical community, the families of alcoholics, and others. The needs of alcoholics at this time were largely recognized only by Alcoholics Anonymous and the National Council on Alcoholism.

The initial mission of NIAAA was, in a sense, to make alcohol problems a "popular issue." In addition, individuals and groups who had long worked in the field of alcoholism looked to NIAAA as a symbol of integrity, visibility, and hope. This necessitated not only establishing alcohol problems as a national issue, but also providing support for programs considered by experts in the field to be of overriding importance. Therefore, early NIAAA activities were oriented toward public information and alcoholism treatment. Television messages were broadcast, a National Clearinghouse for Alcohol Information was established, comprehensive treatment programs were funded, and materials for nationwide use were developed by the National Center for Alcohol Education. Early intervention programs offered in the workplace were presented as being perhaps the most efficient way to identify alcohol problems and reduce their severity.

By fiscal year (FY) 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, treatment, and research rather than ridicule or rejection; and alcoholism treatment had increased to the point that treatment designed for special high-risk populations, rather than quantity of resources per se, became a paramount concern. The future called for NIAAA to continue orderly, balanced, comprehensive planning and implementation of programs for research, prevention, treatment, intervention, and resource development.

A report that the Comptroller General of the United States submitted to the Congress illustrated the evolution of NIAAA. This Government Accounting Office (GAO) report, entitled "Progress and Problems in Treating Alcohol Abusers," was begun in 1974 and published on April 28, 1977. It states:

> Federal efforts to treat alcohol abusers have improved since the National Institute on Alcohol Abuse and Alcoholism was established in 1970. However, increased Federal leadership and improved Federal and State programs are essential if a cohesive, coordinated national program is to be fully developed. (p. i)

Many of the specific recommendations of the report had been implemented during the 3-year report preparation period, and more were in the process of being realized. Spurred by the report, NIAAA planned major initiatives that involved interagency coordination and a truly national plan for combating alcoholism. These initiatives will be fully developed in FY 1978.

Fundamentally, the future needs of alcoholism programs are embodied in the concept "Operation Mainstream," initiated in FY 1976 by NIAAA and further developed in FY 1977. Operation Mainstream may be defined as those activities that (1) stimulate, within the present social service and health care system, the early identification, intervention, and treatment efforts of the community and its social and health care providers so that both the basic and unique needs of alcoholic people and their families are met; (2) integrate knowledge about alcohol use and its potential problems into existing educational and informational networks; and (3) use social change agents to reduce the incidence and prevalence of alcohol-related problems. This concept is the unifying principle behind the programs described in this report.

RELATIONS WITH OTHER LEVELS OF GOVERNMENT

NIAAA, has major responsibilities toward regional, State, and local governments in the United States as well as toward other countries. Of particular interest in FY 1977 were the State formula grant program, rural health programs, and the evolving NIAAA international program.

State Formula Grant Program

The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act requires that funds for alcoholism and alcohol abuse prevention, treatment, and rehabilitation appropriated pursuant to Section 301 of the Act be allotted to the States on the basis of three factors: relative population, financial need, and need for more effective prevention, treatment, and rehabilitation of alcohol abusers and alcoholics. Early in 1976, the Congress expressed concern that the formula (which had been set forth in regulations in 1971) actually used to allot these funds to the States included only the first two of these factors: relative population and financial need. The amendments to the Act adopted by the Congress later that year included a

requirement that the Secretary establish, by regulation, a method for determining the incidence and prevalence of alcohol abuse within the States; these data would be used to determine State need for more effective prevention, treatment, and rehabilitation (Section 3(b), P.L. 94-371). In response to this mandate, NIAAA proposed: (1) using estimation techniques to determine relative State need for more effective prevention, treatment, and rehabilitation and (2) modifying the allotment formula to include this new measure of need as well as those measures of population and financial need already in use.

While these proposals were under discussion, the Congress further amended the Act to provide that, in any year in which the total appropriation for alcohol formula grants is equal to or greater than it was in fiscal year 1976, no State will receive an allotment less than the greater of $200,000 or its fiscal year 1976 allotment (Section 311(b), P.L. 95-83).

The revised formula was promulgated in regulations that became effective on November 25, 1977. These regulations incorporated both the methodology proposed by NIAAA and the "hold harmless" requirement enacted by the Congress. Fiscal year 1977 allotments to the States were made on the basis of these regulations.

Rural Health Programs

NIAAA grantees providing health care to alcoholics can also receive grant funds from the Health Services Administration (HSA) by either (1) extending services to provide total primary health care services to any patient in need in that area or (2) joining forces with an existing provider of primary health care to provide total health care services. HSA has two programs designed to improve rural health care. The Rural Health Initiative (RHI) program funds projects to improve the accessibility, availability, and quality of primary health care services in rural areas that have been identified as having critical health manpower shortages or as being medically underserved. The Health Underserved Rural Areas (HURA) program is a research and development effort concerned with new concepts and innovative methods for delivering and financing health care services in underserved rural areas. To illustrate a possible linkage agreement: the RHI/HURA grantee would perform medical services for NIAAA project clients while the NIAAA grantee would provide necessary detoxification and/or rehabilitation for alcoholic patients referred by the primary health care provider. NIAAA has collaborated with the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA), the Public Health Service (PHS) Rural Health Coordination Committee, and the Regional Offices to develop these linkages. In FY 1977, 101 NIAAA grantees were provided $15,837,676 in

direct awards, or 39.5 percent of the total RHI/HURA awards ($40.1 million) made by HSA.

International Program

Excessive alcohol consumption and its attendant problems is a societal, albeit universal, phenomenon, and a true understanding of it must consider cross-cultural variations. Because programmatic concepts about alcoholism have tended to be homogeneous within political boundaries, we should also look to other countries for new concepts.

Therefore NIAAA, within its financial and manpower constraints, has begun developing a modest level of international activities. By FY 1977, working arrangements had been established with major international organizations such as the World Health Organization (WHO), the Pan American Health Organization (PAHO), and the International Council on Alcohol and Addictions (ICAA). Foreign researchers were supported by NIAAA, communications were established overseas with a number of individuals, organizations, and government representatives, and some technical assistance was being provided.

The general program areas being pursued in FY 1977 include the follcwing:

- Epidemiological and sociocultural research--International collaboration on prevalence and incidence studies; crosscultural analyses; and epidemiology of alcohol-related health problems such as cancer and cardiovascular disease

- Programmatic analysis--Examining prevention and treatment programs in other countries

- Development of community alcoholism programing--international collaboration on developing and demonstrating integrated community programs using several sites selected according to a general demonstration strategy

- Establishment of an international network of alcoholism research, policy, and demonstration centers in the context of existing organizations--Developing communication channels and improved mechanisms for information exchange; joint consideration of plans and activities; and a program of technical assistance

- Extension of the NIAAA intramural research program--Strengthening ties with foreign research laboratories; developing

collaborative research projects; and exchanging visits and staff

CONTENTS OF THE SIXTH ANNUAL REPORT

The remainder of this report addresses the major themes discerned in the mission of NIAAA for FY 1977: developing knowledge, developing resources, prevention, early intervention, and treatment of alcohol problems. The chapters appear to parallel, to some extent, the organization of NIAAA, but this is misleading in that no topic deals exclusively with the programs or individual units within the Institute.

The report does not discuss all the programs and projects of the Institute, nor does it discuss initiatives taken to improve the Institute's internal operations. For example, in FY 1977 a much more comprehensive and definitive planning process was instituted, and a Management Information and Control System was nearly completed. Although these represent an important part of the Institute's activities, it was felt that NIAAA could be best understood within the context of the major outlines of the Institute's activities. However, the appendices do contain background information that may help provide added perspective.

CHAPTER II. DEVELOPMENT OF KNOWLEDGE

NIAAA supported a wide range of policy-related basic and applied research and information dissemination activities in FY 1977 in order to develop knowledge about the incidence and prevalence, causes, and specific social, behavioral, and health consequences of alcohol abuse and alcoholism. These efforts will result in improved strategies for preventing and treating alcohol-related problems as well as improved methodologies for further research.

EPIDEMIOLOGICAL RESEARCH

In order to better understand and document the extent of the problem, NIAAA has increased its efforts to collect and analyze national and international data on the incidence and prevalence of alcohol abuse and alcoholism. An Alcohol Epidemiologic Data System was initiated in FY 1977 to help measure the magnitude, natural history, patterns of occurrence, and trends of alcohol abuse and alcoholism in the United States. As the system becomes operational, it will be responsible for acquiring, indexing, cataloging, and storing epidemiologic data in either hard-copy or machine-readable form. Data sets to be collected and analyzed include:

- Health data (including mortality, morbidity, and treatment data for various population subgroups and geographic locations)
- Consumption data (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)
- Criminal justice data (including data on alcohol involvement of perpetrator and victim)
- Highway traffic data (including data on alcohol-related accidents, injuries, and fatalities)
- Legal data (including data on legal purchasing age and sales regulations)

Analysis of the data will result in (1) a series of reports, articles, and discussions on the direction and magnitude of the national alcohol

problem and (2) the production of alcohol use statistics for various population subgroups and geographic areas. The data and analyses generated by this system will greatly enhance the ability both of NIAAA and of States and local communities to assess needs for treatment and prevention resources.

In conjunction with the development of this system, 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 FY 1977 and continuing through FY 1979, provides for examination of all data collection systems within NCHS in order to identify information on the use and abuse of alcohol. The agreement also calls for NCHS to conduct analyses of matters such as alcohol-related causes of death. The latter activities are planned for the FY 1979 phase of the agreement.

Other FY 1977 activities related to measuring the extent of alcohol abuse and alcoholism included: (1) the completion of a trend analysis of data from six NIAAA national household surveys of adult drinking practices, attitudes, and behavior; (2) continuing work on developing improved methodologies for estimating prevalence; and (3) the initiation of two studies; a survey of occupational conditions and drinking patterns and a multinational study of community response to alcohol-related problems.

The survey of occupational conditions and drinking, which will collect data in FY 1978 and present findings in FY 1979, will examine job conditions and stresses associated with alcohol abuse and alcoholism. Both male and female alcohol consumption patterns are being studied, but there is a special focus on the possibly different responses of women to conditions of work and family life.

The multinational study, conducted by the World Health Organization, is a 3-year project whose objective is to develop a communitywide plan for more effective response to alcohol-related problems in each of several participating communities that represent different sociocultural settings and different stages of development. The project includes a series of studies that will be designed to: (1) investigate and estimate the incidence and prevalence of alcohol use and alcohol-related problems among different population groups; (2) assess culture-specific factors such as attitudes, drinking customs, and disposable income relative to other communitywide factors such as availability of alcoholic beverages, laws, law enforcement, and health and welfare policies; (3) assess the effects of rapid social change on alcohol consumption, the contexts of use, and the development of alcohol-related problems; (4) determine specific consequences of alcohol abuse; (5)

determine community resources that are available for dealing with alcohol-related problems and the extent to which they are currently being used for this purpose; and (6) determine the extent to which cross-cultural comparisons can be made, both within the communities under study and across the various communities that will be included in the project. Because this project was initiated at the end of FY 1977, selection of study sites and preliminary data collection will not take place until FY 1978.

BIOMEDICAL AND BEHAVIORAL RESEARCH

NIAAA-supported biomedical research has studied (1) the effects of alcohol on the liver, brain, heart, blood, gastrointestinal system, endocrine systems, nutrition, and the fetus and (2) alcohol metabolism, animal models of tolerance and dependence, and alcohol-drug interactions. Research grants in the following areas are continuing.

Neurobiological Correlates of Chronic Alcohol Consumption

Based on previous models of the alcohol withdrawal syndrome and learning impairment following prolonged alcohol consumption, this study tests whether such learning impairment is caused by the toxic effect of alcohol on the nervous system. Behavioral and neural correlates of learning and memory impairment are sought in hopes of specifying the neurological location of the toxic effect of alcohol. It has so far been found that under experimental conditions, prolonged ethanol consumption does not disrupt a previously consolidated rote memory in rats, indicating that anterograde amnesia is more likely than retrograde amnesia to occur in alcoholic patients. Prolonged consumption also resulted in a residual short-term memory deficiency after a 2-month alcohol-free period.

Biochemistry of Drinking Behavior and Alcoholism

This study represents a major approach in the United States to breed rats for the specific trait of ethanol preference. It is hoped that these rats will provide insight into any innate metabolic and neurochemical differences in the brain that are involved in ethanol ingestion. Since most animals do not ordinarily consume large quantities of ethanol voluntarily, many studies use forced administration of ethanol. Such models do not permit the investigation of factors that control ethanol intake, an issue that is central to understanding the development of alcohol abuse in humans. Two new rat strains have been developed; one exhibits high alcohol preference, and the other, alcohol aversion. The study plans to further characterize the strains behaviorally, metabolically, and

neurochemically to establish conditions that enhance voluntary alcohol consumption to the point of intoxication and dependence.

Alcoholism and Diseases of the Heart

This study attempts to clarify the role of catecholamines in the pathogenesis of cardiomyopathy and arrhythmias and in the reversibility of cardiac abnormalities. Postmortem examinations of chronic alcoholics reveal that the heart frequently suffers abnormalities that are apparently unrelated to atherosclerotic or viral heart disease. This study is examining the differences in the incidence of abnormalities in ventricular performance to assess the role of hormonal alterations in the development of cardiac pathophysiology. The potential additive effect of tobacco is also being explored in animal models. Sex differences in the incidence of preclinical cardiomyopathy have been found, as well as symptomatic cardiac arrhythmias, independent of cardiac disease, during intensive alcoholic episodes. Prolonged conductive intervals were found at various levels of the canine heart, along with reduced thresholds for ventricular fibrillation during alcohol administration.

Alcoholic Hepatitis

This study attempts to demonstrate whether prednisolone is effective in modifying the course of liver disease in alcoholic hepatitis. Alcoholic hepatitis, which is a major consequence of chronic alcoholism and produces a significant degree of morbidity and mortality, is also a precursor to most of the cirrhosis suffered in the Western world. Double-blind tests comparing prednisolone and a placebo indicate that prednisolone is associated with significantly lowered mortality due to alcoholic hepatitis. Work is continuing on various subpopulations of patients.

Effects on the Fetus

In February of 1977, NIAAA sponsored a workshop to assess results of research on the effects of alcohol consumption on the fetus. Reports were presented from human epidemiologic investigations, animal studies, behavioral studies in animals and infants, and mechanistic studies exploring the biochemical consequences of maternal alcohol ingestion on metabolic functions of fetal tissue. These studies indicated that alcohol can cause birth defects and behavioral impairment in offspring of women who drink while pregnant. In particular, a unique pattern of dysmorphology with mental impairment, called the fetal alcohol syndrome, occurs in some offspring of women who consume alcohol heavily.

Based upon the evidence presented and discussed at the workshop, the participants recommended that NIAAA issue a cautionary statement on alcohol use during pregnancy. On June 1, 1977, NIAAA released the following statement:

> Recent research reports indicate that heavy use of alcohol by women during pregnancy may result in a pattern of abnormalities in the offspring, termed the Fetal Alcohol Syndrome, which consists of specific congenital and behavioral abnormalities. Studies undertaken in animals corroborate the initial observations in humans and indicate as well an increased incidence of stillbirths, resorptions, and spontaneous abortions. Both the risk and the extent of abnormalities appear to be dose-related, increasing with higher alcohol intake during the pregnancy period. In human studies, alcohol is an unequivocal factor when the full pattern of the Fetal Alcohol Syndrome is present. In cases where all of the characteristics are not present, the correlation between alcohol and the adverse effects is complicated by such factors as nutrition, smoking, caffeine, and other drug consumption.
>
> Given the total evidence available at the time, pregnant women should be particularly conscious of the extent of their drinking. While safe levels of drinking are unknown, it appears that a risk is established with ingestion above 3 ounces of absolute alcohol or six drinks per day. Between 1 ounce and 3 ounces, there is still uncertainty but caution is advised. Therefore, pregnant women and those likely to become pregnant should discuss their drinking habits and the potential dangers with their physicians.

A version of this statement appeared in the June 3, 1977 (vol. 26, no. 22), Morbidityand Mortality Weekly Report, circulated by the Center for Disease Control to approximately 200,000 health professionals. A similar alert was placed in the September/October 1977 issue of the Food and Drug Administration's Drug Bulletin, which more than 700,000 health professionals receive. Increased NIAAA commitment to the study of this problem was evidenced by the increase in NIAAA grant awards to study the intrauterine effects of alcohol ingestion from 6 projects in FY 1976 to 11 in FY 1977.

NIAAA Workshops

Four additional biomedical research workshops were sponsored by NIAAA in FY 1977: (1) Workshop on Collagen Metabolism (cosponsored by NIAAA and the National Institute on Arthritis, Metabolism, and Digestive Diseases, National Institutes of Health (NIH); (2) Workshop on Nutrition; (3) Workshop on Aldehyde Metabolizing Systems; and (4) Workshop on Affective Disorders. The workshops allowed researchers in

different disciplines to interact and to inventory and evaluate data in selected areas of research and resulted in specific recommendations for further study.

Behavioral Studies

Behavioral research studies concerned with the family, women, and youth continued in FY 1977. Representative studies included: (1) The Halfway House Experience for Women Alcoholics; (2) The Effects of Alcohol on Performance During the Menstrual Cycle; (3) Neuro psychological Functioning in Alcoholic Women; and (4) Alcoholism Transmission Through Family Ritual. It is expected that these studies will show significant progress in FY 1978, and they will be discussed further in the annual report for that year.

Alcohol Research Centers

In FY 1977, five major Alcohol Research Center grants totaling $2 million were awarded under Section 504 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 as amended. The amendment authorized the Congress to appropriate up to $6 million annually for such Centers during fiscal years 1977, 1978, and 1979. The Alcohol Research Centers grants program was designed to complement NIAAA's regular research grants program by providing long-term support for interdisciplinary research programs, especially those dealing with alcoholism and other alcohol-related problems. The program is intended to help attract experts in biomedical, behavioral, and social science disciplines to work on research problems related to alcohol abuse and alcoholism and to provide a stable environment for carrying out this research in a coordinated and integrated fashion. A Center is expected to become a significant regional or national research resource. In addition, the applicant institution is expected to provide opportunities for training persons from various disciplines and professions, especially those training for research careers.

Applicants for an Alcohol Research Center grant must provide a detailed 5-year plan that includes specific information on the research project plans of scientists to be affiliated with the Center and on the overall plans for the Center. Centers are required to select a theme for their scientific investigations and to plan and conduct studies using interdisciplinary study teams.

The five FY 1977 Center awards and major research efforts to be pursued are:

The Salk Institute for Biological Studies, San Diego, California: Central Nervous System Effects of Alcohol: Cellular Neurobiology

Specific studies include the basis of the intoxicating acute actions of alcohol, the neurological basis of tolerance and dependence, the toxicity of chronically administered alcohol, and the effects of alcohol on evoked cortical potentials.

Mount Sinai School of Medicine of the City University of New York, New York City: Pathologic and Toxic Effects of Alcohol

Specific studies include elucidating the basic nature and progression of events leading from fatty liver to precirrhotic lesions to cirrhosis. Related studies will explore the pathological manifestations of alcoholism on the gastrointestinal tract, the endocrine system, and cardiac and other muscles.

University of California, Berkeley, California: Social Epidemiology of Alcohol Problems

Specific studies include collaboration with the World Health Organization multinational study of community responses to alcohol problems and additional studies related to the social epidemiology of alcoholism.

University of Colorado, Boulder, Colorado: Genetic Approaches to the Neuropharmacology of Ethanol

Specific studies include a genetic approach to elucidating neuropharmacologic mechanisms by which alcohol acts on the central nervous system and a clinical study on the fetal alcohol syndrome.

Washington University, St. Louis, Missouri: Neurobiology, Genetics, Epidemiology, and Alcoholism

Specific studies include the effects of alcohol on lithium and on the metabolism of inositols; neuropathologic and neurochemical studies of cerebral atrophy; the effects of alcohol on specific brain proteins; exploration of the role played by cyclic nucleotides and thiamine in the neurological symptomatology of alcoholism; familial transmission of alcoholism and related disorders; and alcoholism and depression in women.

Because this program is particularly significant, NIAAA intends that there will be close coordination and communication between Institute staff and staff of the Alcohol Research Centers. The NIAAA Project Officer serves as a resource consultant to the Center program and keeps NIAAA staff informed on progress and developments in the Centers. It is intended that Scientific Directors of all Centers will be invited to meet with each other, NIAAA staff, and other persons as needed to coordinate programs and exchange information.

Other NIAAA activities supporting the development of knowledge about alcohol abuse and alcoholism include the direct funding of two information processing and documentation systems: the Documentation and Publications Division of the Rutgers Center of Alcohol Studies and the National Clearinghouse for Alcohol Information. In FY 1977, NIAAA commissioned a study of the operations, products, and services of the two organizations. A study team made up of representatives from the alcohol and information systems fields identified areas in which the Center and the Clearinghouse were duplicating each other's work and provided specific recommendations concerning how work should be divided between the two groups. During FY 1977, the groups began implementing a plan for dividing work that included conversion of the Rutgers products from a manual to an automated document storage system, training of Rutgers staff in online computer searching, and expansion by the Clearinghouse of its acquisition of program documents.

When the two systems are finally integrated in FY 1979, the general public, treatment professionals and supporting staff, and researchers and scholars will have access to the world's scientific literature on alcohol abuse and alcoholism in annotated or bibliographic form. In addition, a variety of other products, ranging from reports of State and county alcoholism programs and plans to inventories of popular articles and pamphlets, will be available.

CHAPTER III. DEVELOPMENT OF RESOURCES

To combat problems associated with alcoholism and alcohol abuse successfully, a wide range of activities that support prevention and treatment are necessary. These activities are generally classified as "resource development," which includes activities that serve to create, improve, or expand sources of support designed to realize the mission of an organization or field. Resource development may include personnel, equipment, supplies, physical structures, and money. In the health field, it may also include providers of services, institutions, health manpower, and health care facilities.

Although resource development includes manpower, its importance warrants that it be treated and defined separately. Manpower development is the sum total of activities designed or used to increase the number and effectiveness of personnel who deliver alcoholism services to clients or communities. In addition to training, this definition includes elements of planning, distribution, utilization, licensure, funding, and evaluation. It implies a purposeful and systematic range of activities that are directed to training new alcoholism workers and making the most effective and efficient use of those presently available. Resource and manpower development seeks to provide the means to deliver quality services to alcohol-abusing people, while stable financing provides the means of continuing these services.

In this chapter, discussion of resource development emphasizes financing, manpower development and training, and quality assurance.

FINANCING

Since its founding, the National Institute on Alcohol Abuse and Alcoholism has been helping to establish alcoholism programs by funding service projects directly and by making Federal formula grants available to States. An added source of Federal monies became available from NIAAA in 1974, when incentive grants to the States were authorized to encourage them to adopt the Uniform Alcoholism Intoxication and Treatment Act, which, among other things, decriminalized public drunkenness.

Alcoholism care is financed in four general ways:

- The client directly pays the provider out of his own pocket.
- Groups of clients collectively pay for alcoholism care through the insurance system or a similar fund.

- Care is provided directly or indirectly through the Government and supported by tax money.

- Care is provided free and supported through philanthropic donations.

The relative impact of each method can be measured by its proportion of the total expenditures spent on alcoholism care.

An example, derived from second quarter 1977 data (344 projects) in the NIAAA National Alcoholism Project Information System (NAPIS), shows the following sources of funding by percentage:

Public	%	Private	%
NIAAA	45.1	Private insurance	3.1
State or local	25.3	Patient fees	3.9
Medicaid	6.6	Fund raising	2.4
Public assistance	2.8	Other payments	1.3
Title XX	2.4		10.7
Medicare	0.9		
Other gov't pay	4.0		
Other Federal funds	2.2		
	89.3		

It can be readily seen that the public sector provides most of the funds spent by these projects in delivering alcoholism services.

Consistent with the concept "Operation Mainstream," alcoholism treatment must become an integral part of the total health care delivery system. Although certain forms of public financing should be expanded (e.g., Medicare, Medicaid, and Title XX), most alcoholism treatment, like other health care, must be financed through established mechanisms and be independent of such sources as public funding. Specifically, funding through health insurance, employers, and other private third-party sources must be sought.

In FY 1977, NIAAA was involved in the following activities related to financing of alcoholism services:

Blue Cross Feasibility Study

A study entitled "Survey Required for Demonstrating Feasibility of Delivering an Alcohol Abuse and Alcoholism Benefit Package Through Blue Cross Plans on a Nationwide Scale" was done under an NIAAA contract to the Blue Cross Association (BCA). Its objectives were to develop a model comprehensive alcoholism treatment benefit, to design associated

model administrative and marketing support packages, and to obtain Blue Cross test site commitments for a benefit feasibility test.

Information was gathered from the alcoholism field, and a study was made to determine the extent and nature of alcoholism treatment benefits presently offered by Blue Cross Plans. The results indicated a generally low level of coverage for comprehensive alcoholism rehabilitation services. Blue Cross also learned that no standard benefit existed and that Plan interest in the BCA/NIAAA study was high.

Among the specific products developed in the course of the study were:

- A paper entitled "Alcoholism: The Illness," the intent of which was to demonstrate BCA's understanding of alcoholism and to serve as an educational document for planning use

- Prototype marketing materials including: a prototype benefit, a model target market analysis, a rate equation development paper, and a marketing and education prototype strategy

- Administrative materials consisting of: provider eligibility determination protocol, provider reimbursement methodology, model subscriber/provider contracts, model alcoholism treatment claim forms, and utilization review analysis

The products resulting from this study were judged to be useful and of good quality. However, after several months of negotiations and deliberation, in which important technical issues were left unresolved with the Blue Cross Association, NIAAA decided to postpone testing these products until a later date, via a competitive contract.

The study has had the positive effect of encouraging the health insurance industry to provide coverage for the treatment of alcoholism. Because Blue Cross is an acknowledged leader in this industry, their known involvement in the project has apparently influenced the underwriting practices of other insurors. In addition, since the study began, more States have required that health insurers within their jurisdictions offer coverage for alcoholism.

Alcoholism Within Health Maintenance Organizations (HMO's)

For treatment of alcoholism and alcohol abuse to be effective, there must be a continuum of care that addresses the complex array of problem situations, medical, psychological, and environmental, that alcohol-abusing patients may routinely encounter. It is not uncommon for an alcoholic to be treated for the physical problems resulting from drink-

ing and to be discharged to what, for the patient, is still an untenable situation--living without alcohol; the psychological problems may not have been dealt with adequately. This superficial treatment is due in part to the lack of information on how to recognize and treat alcoholism. In addition, there is still a stigma attached to the diagnosis of alcoholism, as well as a stereotypical view of the alcoholic as a "down-and-out, skid-row" type of individual to which most patients, do not conform. Health Maintenance Organizations (HMO's) seem particularly well suited for providing the often lacking continuum of care that alcoholic's need.

Federally funded HMO's are required to provide or arrange for the provision of basic health services to their members as needed, and without limitations as to time and cost. These requirements were an integral component of the HMO Act of 1973 and of the subsequent HMO Amendments of 1976 (P.L. 94-460). The basic benefit package includes, at a minimum, the following: physician services, inpatient and outpatient hospital services, emergency health services, short-term outpatient evaluative and crisis intervention mental health services, diagnostic laboratory services, diagnostic and therapeutic radiologic services, home health services, and prevention health services.

In addition, the 1976 HMO Amendments include the following provisions:

- Supplemental benefits (any benefit other than basic benefits) need not be offered; therefore, only those supplemental benefits for which there is a demand will be offered. Because of this option, a plan does not have to supply alcoholism benefits to all enrollees beyond the basic requirements.

  Supplemental benefits include: services of facilities for intermediate and long-term care; vision, dental, and mental health care not included as a basic health service, long-term physical medicine and rehabilitation services (including physical therapy), provision of prescription drugs prescribed as part of the basic health service offered by the Health Maintenance Organization, and other health services that are not included as basic health services and that have been approved by the Secretary for delivery as supplemental health services.

- A minimum benefit package that exceeds basic requirements by including one or more specified supplemental benefits is allowable.

The 1976 Amendments do not specify the types and number of alcoholism services to be provided. However, Federal regulations promulgated with respect to the 1973 Act indicated that:

- Medical treatment means detoxification for alcohol or drug abuse on either an outpatient or inpatient basis, in addition to treatment for other medical conditions.
- Referral services may be for either medical or nonmedical ancillary services.
- Medical services are part of basic health services, but nonmedical ancillary services need not be.

Although regulations are yet to be promulgated with respect to the 1976 Amendments, it is likely that the same types of regulatory definitions will remain.

In 1974, NIAAA awarded to 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. This grant was designed to: (1) implement and document comprehensive alcoholism treatment services in several representative prepaid group practice plans in different regions of the country; (2) collect and analyze longitudinal socioeconomic and treatment outcome data; and (3) survey the extent to which alcoholics and their families use health services.

The early history of the NIAAA/GHAA research and demonstration grant evolved from NIAAA's desire to have comprehensive alcoholism treatment services provided within the third-party payment and organized health care system. The grantee solicited proposals from all prepaid group practice plans that were interested in participating in the grant project.

This study has been an ongoing effort to develop and document measures of treatment outcomes. While these measures are beginning to indicate encouraging trends, the long-term measurement of treatment impact may yield valuable benefits in addition to more appropriate treatment and utilization of health services, such as an ultimate reduction in the rate of utilization and a concomitant cost savings to the health plan and general economy.

Development of Criteria for Generating Standards Relating to Medicare/Medicaid

Medicare

As currently constituted, the Medicare program includes provider status for only three types of facilities: hospitals, skilled nursing facilities, and home health agencies. Reimbursement is made to other facilities, but only on a fee-for-service basis, which covers only the service of physicians; it does not cover administrative costs or services provided by other professional or paraprofessional staff. Since Community Mental Health Centers (CMHC's), alcohol treatment programs, and drug abuse treatment programs do not have provider status, persons eligible for Medicare cannot be reimbursed through Medicare for these services. (Services of a psychiatrist may be covered, but these benefits are limited.)

Medicaid

Outpatient clinic services are now eligible for Medicaid payments only at the option of the States, whereas other health services are required. Making clinic services mandatory would ensure a range of treatment programs wide enough to provide the most appropriate and cost-effective types of treatment for the poor. At present, only 41 of 54 jurisdictions include coverage for clinic services in their State Medicaid plans. Even when included, such services are frequently subject to conditions that restrict reimbursement for ambulatory alcohol, drug abuse, and mental health services, thereby creating a definite bias toward inpatient care. As with Medicare, provision of adequate reimbursement for clinic services would help to avoid institutionalization for many patients and keep costs down. CMHC's as well as alcohol and drug programs have frequently been criticized because they cannot finance their operations through third-party payments. The percentages of financing from Medicare and Medicaid are low. The latest figures, for FY 1976, show revenues derived from Medicare and Medicaid as follows: CMHC's, 15 percent; Drug Programs, 4.5 percent; and Alcohol Programs, 8.3 percent.

Standards Workgroups

With these facts in mind, in FY 1977 the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), and its three Institutes--National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Drug Abuse (NIDA), and National Institute of Mental Health (NIMH)--established a workgroup to amend Titles XVIII (Medicare) and XIX (Medicaid) of the Social Security Act in order to give persons with alcoholism, drug addiction, or mental disorders better access to outpatient care in organized settings.

The workgroup identified specific areas in which core standards can be generated. These standards will allow for provider participation under Medicare/Medicaid for Public Health Service-funded outpatient facilities offering alcohol, drug abuse, and mental health services. The areas identified are:

- Compliance with State and local laws
- Governing body
- Medical records
- Quality assurance
- Fiscal management
- Personnel
- Physical environment

The proposed standards will combine elements common to all of the Institutes and at the same time respect and maintain essential program integrity.

MANPOWER DEVELOPMENT AND TRAINING

NIAAA/ADAMHA Planning Panel on Credentialing of Alcoholism Counselors

The credentialing of alcoholism counselors is necessary to assure quality care for alcoholic people, to obtain third-party payments, and to give counselors recognition for their services. As a result of activities carried out between 1973 and 1976, the ADAMHA/NIAAA Planning Panel on Credentialing Alcoholism Counselors issued a final report in March of 1977 recommending that a national credentialing organization for alcoholism counselors be established. The report recommended (1) that the organization be created in three distinct phases to allow for the orderly evolution of the organization and its acceptance by the alcoholism field and (2) that the goals and objectives of the organization be consistent with the needs of the alcoholic patient. Therefore, the initial Board of Directors should be as representative of the field as possible. Also, the national credentialing organization should be as self-supporting as possible, relying on Federal support only for some of its startup costs and for task-oriented projects obtained on a competitive basis.

It is expected that this activity will result in: (1) improved care for alcohol clients in the United States; (2) recognition of the newly emerging profession of alcoholism counseling; and (3) assurances to third-party payers that alcoholic clients are receiving quality care.

Medical Education (Career Teacher Program)

Early in 1971, individuals at both NIAAA and NIDA who were aware of the impact that physicians' attitudes and practices have on the problems of alcohol and drug abuse began to look for ways to directly affect the medical community. The Institutes believed that by preparing one senior faculty member at each medical school in the country to provide leadership in the drug and alcohol field, medical school curricula and continuing education programs might provide more instruction in this area. The Career Teacher Program, jointly sponsored by NIAAA and NIDA in response to this need, was developed for use by the nominated Career Teachers in designing curricula for medical and other students and in providing advice to the university and faculty on the treatment, education, prevention, and research aspects of drug and alcohol abuse.

Significant outcomes of this program are: (1) the development of a cadre of professionals within the medical schools who have knowledge about and deep commitment to alcohol and drug education; (2) the development of medical school curriculum materials on alcoholism and drug abuse; and (3) the emergence of a group of individuals who are leaders in medical education about alcohol and drug abuse.

In FY 1977, 11 Career Teacher awards, totaling $450,000, were made by NIAAA. In addition, NIDA has made a comparable number of awards and has provided funds to Baylor University Medical School and the SUNY Downstate Medical Center to serve as the focal points for resource development, evaluation, and coordination of Career Teacher activities. Additionally, three Career Teacher conferences were sponsored by the Downstate Medical Center in FY 1977. The collaborative efforts of NIAAA and NIDA placed Career Teachers in approximately one-third of the Nation's medical schools.

Because of the stigma attached to alcoholism, medical curricula, in addition to cognitive and skill development, should provide development in areas considered to be in the affective domain (i.e., awareness, attitude, and concern) to ensure that the new physician is not only able, but willing to deal with patients and families having alcohol problems. The Career Teacher Program is accomplishing that goal.

State Manpower Development Program

The work of an ad hoc NIAAA-Council of State and Territorial Alcoholism Authorities (CSTAA) work group (December 1976-March 1977) and a review of the NIAAA State Alcohol Profile Information System (SAPIS) data pointed out two deficiencies in the total alcoholism training effort: (1) a lack of resources at the State level for training people to deliver treatment and rehabilitation programs in alcoholism and (2) a lack of baseline information on manpower resource requirements. These deficiencies were discussed in a series of regional meetings with State Alcoholism Authorities (SAA's) in the fall of 1977. As a result of these meetings, the States recommended that NIAAA fund their effort to develop individual capability to train alcoholism workers and to obtain manpower data.

Independently, NIAAA was planning an effort to promote the broader concept of the development of treatment and rehabilitation manpower systems, recognizing that the alcohol manpower supply/demand system is an integral part of the alcoholism service delivery system within a State. On the demand side, the need for alcoholism personnel of all types and the skills required of these individuals is controlled by such factors as the patterns of worker utilization and turnover; financial support for service delivery; facility use; and the incidence of alcohol problems within the States. On the supply side, essential factors are the character and extent of training resources; available treatment manpower pools; the differing attractiveness of jobs in various service settings in various locales within the State (e.g., variations in pay scales, support services, and recreational and career development opportunities); career ladders; and credentialing and/or licensure requirements. The manpower system concept implies: (1) recognition of the multiple public and private sector factors in the determination of manpower policies and (2) the requirement for adequate information on manpower supply and demand variables to enable reasonable decision-making.

NIAAA, in an effort to assist the States in developing their training capability and to promote the manpower systems approach, initiated the State Manpower Development Program in FY 1977. The program is intended to aid States in formulating a manpower systems conceptualization of the treatment and rehabilitation staffing issues within each State. It is expected that each State will develop a comprehensive planning and management capability, which will assure quality care for alcoholics and alcohol abusers.

National Center for Alcohol Education (NCAE)

NCAE, which is administered under an NIAAA contract with the University Research Corporation (URC), was established to develop well-researched and thoroughly tested training and education materials for

use by educators and trainers in the alcohol field. To date, developmental work has focused on short-term, intensive skill development courses for practictioners and on public educational materials for use in community group settings.

In FY 77, five training programs were made available to the alcohol field:

- Management Skills
- Programming Community Resources
- Training Alcoholism Trainers
- You, Youth, and Prevention
- Using Volunteers in Your Agency

In addition, two training programs, Counseling the Alcoholic Client and Planning Alcoholism Services, developed in collaboration with the State of West Virginia, were prepared for production. A third program, the Community Health Nurse, which is now being developed, is an initial effort by NCAE to address the needs of important care providers in the mainstream of health service delivery. This program is being designed in collaboration with nurse educators and in line with the trainees' requirements for earning continuing education credits.

Another new area for NCAE is occupational programming, which identifies the work setting as a critical place for identifying and treating alcohol problems. NCAE is developing an analysis of the functions people serve in occupational programming; this will be followed by an analysis of knowledge, skills, and attitudes required to carry out those functions, culminating in the development of appropriate training objectives for the functions. The work in this area will include a survey of occupational training curricula to determine what other training objectives are needed to promote service delivery.

NCAE concentrated considerable resources on identifying prospective users of the materials and providing ongoing support to them. With the State Alcoholism Authorities (SAA's) as the major collaborator and conduit for the dissemination of training materials, NCAE developed a utilization strategy that enables the Center to (1) help potential users apply NCAE resources and programs and (2) train and orient some qualified people to deliver these training programs. In conjunction with the field strategy, the Center has developed and implemented an evaluation process that provides feedback on the diffusion of Center

materials and generates data to determine what products should be developed to meet the needs of the people in the field.

The preliminary analysis of data from the field indicates that in FY 1977 there were 5,500 requests for training programs from 49 States. All of the five packages. are being widely used by the States, particularly the Management Skills, Programming Community Resources, and You, Youth, and Prevention programs.

The Center intends to make the development of trainer capability in the alcoholism field a major effort in FY 1978. Plans are also underway to complete the Decisions and Drinking Series, and public education packages for blacks, women, and parents of young children. It is anticipated that these materials will be disseminated through the State Prevention Coordinators (SPC's) and relevant national organizations.

Area Alcohol Education and Training Programs (AAETP's)

The AAETP program was initiated early in 1974 by NIAAA, with the assistance of NCAE. The four AAETP's were headquartered in Atlanta (Southern Region), Chicago (Midwestern), Hartford (Eastern), and Reno (Western). Through subgrant, stipend, and other facilitative processes, the AAETP's began on a limited scale to integrate and enhance State and local resources to meet their alcohol education and training needs.

In FY 1977, NIAAA contracted to evaluate the functions and nature of the training being performed by the AAETP's, to evaluate the appropriateness of their adopted objectives and roles, and to obtain recommendations on the future course of the total program. The results of the evaluation indicated that, overall, the AAETP's demonstrated their ability to do area needs assessments, administer training grants and stipends, disseminate training resource information, and provide technical assistance. However, the AAETP's generally maintained a minimal relationship with the State Alcoholism Authorities, even though the need for more coordination was indicated. The evaluation also indicated the need for more attention to the training concerns of target populations and to formal self-evaluation by the AAETP's. Recommendations resulting from the AAETP evaluation will be incorporated in a proposed design for a State Manpower Development System.

Each of the AAETP's submitted renewal applications to the Training Branch Initial Review Group in FY 1977. Of the four, only Eastern was approved for renewal; it was funded for a 3-year period for specific tasks such as developing a clinical preceptorship and designing an accreditation program for long-term counselor training.

QUALITY ASSURANCE

Quality assurance, in its broadest sense, refers to activities to assess and improve the quality of care provided to individuals undergoing treatment. Regulations or standards monitoring, peer review, staff certification and licensing, and program evaluation are all forms of quality assurance. Variables used to assess and measure the quality of care are usually categorized as structure, process, or outcome. Structural elements are the static characteristics of a facility or program that are believed to be related to the quality of care delivered. Such structural elements as a safe and humane treatment environment or the presence of qualified staff members are considered necessary for quality. Desirable patient care processes, which are also felt to relate to a positive outcome, include appropriate diagnostic and treament decisions and continuity of care. Outcome, which is usually very difficult to measure, can be gauged by patient satisfaction or incidence of adverse effects of treatment.

Because the field of alcoholism is still in its infancy, and because there is no universally accepted definition of alcoholism and recovery therefrom, quality assurance activities have been largely limited to the structural elements. However, work is now underway to develop outcome measures that can be accepted by all people working in the alcoholism field. (Outcome measures are discussed in Chapter VI, subsection "Effectiveness of Treatment."

In FY 1977, much of the work related to quality assurance activities was performed by NIAAA staff. These activities included: (1) work with ADAMHA, NIDA, and NIMH on developing criteria for a set of Alcohol, Drug, and Mental Health Core Standards that can be used by each Institute in securing provider participation under Medicare/Medicaid for PHS-funded facilities; (2) developing standards related to credentialing alcoholism counselors; (3) developing minimum Federal funding criteria for alcohol treatment programs; and (4) developing a contract with the Joint Commission on Accreditation of Hospitals (JCAH) to generate a set of universal core standards.

Standards Related to Medicare/Medicaid

NIAAA, along with ADAMHA, NIDA, and NIMH, developed areas in which core standards can be generated that will allow for provider participation under Medicare/Medicaid for PHS-funded facilities offering alcohol, drug, and mental health services. These standards will combine elements common to all of the Institutes and at the same time respect and maintain essential program integrity. (The development of these standards is further discussed in the section "Development of Criteria for Generating Standards Relating to Medicare/Medicaid.")

Standards Related to Credentialing Alcoholism Counselors

A planning panel was formed by NIAAA/ADAMHA to assure the quality of health care that treatment personnel provide to alcoholic patients. This panel was composed of outside experts, with NIAAA providing technical assistance, staff support, and some financial assistance. The panel recommended that a national credentialing organization for alcoholism counselors be established to:

- Establish standards for certifying bodies
- Conduct research
- Collect and disseminate information
- Provide for mediating cooperative and joint activities
- Perform a public information role
- Encourage the development of education and training programs for alcoholism counselors
- Foster constructive relationships with credentialing efforts of related occupational groups

Federal Funding Criteria

NIAAA, in cooperation with the State Alcoholism Authorities and members of the alcoholism constituency, began planning for a cooperative effort to develop minimum Federal funding criteria for alcohol programs. It is anticipated that such criteria will be phased into all NIAAA-funded service projects.

Joint Commission on Accrreditation of Hospitals (JCAH) Core Standards

The Institute, along with ADAMHA, NIMH, and NIDA, initiated a project with the Joint Commission on Accreditation of Hospitals (JCAH) to develop a set of universal core standards that could be used to measure the quality of services, regardless of auspices, facility type, geographic location, and target population. In developing these core standards, the elements of existing standards that address the unique needs of each field (e.g., alcohol, drugs, and mental health) and maintain essential program integrity will be retained.

These activities should result in a more comprehensive quality assurance system that will gain the confidence of clients, providers,

and third-party payers and give stature and legitimacy to the alcoholism field.

CHAPTER IV. PREVENTION OF ALCOHOL-RELATED PROBLEMS

Prevention, in its broadest sense, means reducing the incidence, prevalence, and negative consequences of alcohol abuse and alcoholism. Primary prevention is aimed at reducing the number of new cases or the incidence of alcohol abuse in a population at risk. Secondary prevention is aimed at reducing the number of existing cases or prevalence of alcohol abuse in a population. Tertiary prevention is aimed at reducing or minimizing the residual, destructive aftereffects of alcohol abuse and alcoholism. Primary prevention is potentially most beneficial because it reduces or eliminates the need for diagnosis, treatment, and rehabilitation, in addition to avoiding the loss of social and economic productivity that accompanies alcohol abuse and alcoholism. However, it is difficult to understand why some people abuse or misuse alcohol while others drink in moderation without apparent ill effects.

Since its inception, NIAAA has sponsored activities to prevent alcohol abuse and related problems. The Institute studies the origins of alcoholism and the varied manifestations of alcohol abuse among different sex, age, and cultural groups. However, because there is as yet no mature body of research upon which to base prevention programs, the state of the art of prevention programing is largely "trial and error." The Institute depends on trial demonstration projects to find out what techniques and programs are feasible, effective, and appropriate to meet the needs of alcohol-abusing subpopulations. Approaches that have been tried or are under investigation include public information campaigns, dissemination of film and printed materials, alcohol education curricula, peer counseling, and interpersonal skill training. By investing in demonstrations and rigorously evaluating their outcomes, the Institute hopes to accumulate knowledge about how to prevent alcohol abuse.

TESTING NEW APPROACHES IN ALCOHOLISM PREVENTION

When a prevention project appears to perform particularly effectively, it may be selected for replication, a process that tests whether new approaches can be utilized effectively in a variety of different settings.

In FY 1977, NIAAA, in association with the National Clearinghouse for Alcohol Information, began work on such an effort--a grant replication project. This project is designed to test the generalizability of three innovative alcohol abuse prevention models targeted toward youth. The three projects, which were selected as models because they had shown replication potential, ability to document significant program events, and high quality, demonstrated four approaches: peer

counseling, community education and development, curriculum development, and teacher training. As the replication models are applied to different communities, fundamental program elements such as program philosophy, delivery mechanisms, target audience, and evaluation tools will be held constant, while other elements such as sponsoring organization and community environment may vary.

As a long-term goal, the replication experience will help in developing a general process by which effective alcoholism prevention and treatment strategies can be disseminated to State and local alcoholism units. Given the paucity of knowledge and expertise in this particular area, such a model would be valuable not only for the Institute, but for any Federal agency providing technical assistance to the States and local communities.

PREVENTION EFFORTS FOR PARTICULAR POPULATION GROUPS

NIAAA awards demonstration grants to develop innovative, cost-effective models for preventing the development of destructive drinking patterns. To be eligible, grantees must demonstrate that the proposed project will contribute new knowledge to the prevention field as well as meet several design criteria.

Several of the prevention demonstration projects that continued through FY 1977 were directed at minority or other subpopulation groups. To point out the rich diversity of the demonstration grant program, a few projects are briefly described below. Since these projects were underway in FY 1977, their efficacy and value for dissemination or replication cannot yet be assessed.

Indian/Alaskan Native

A comprehensive community recreation, education, and training program was designed to develop and enhance positive attitudes and behavior among Indian youth at the St. Croix Reservation in Wisconsin.

Black

A Boys Harbor, Inc., project in Harlem and East Harlem used affective education and peer group techniques with 14 to 18 year olds.

Spanish-speaking

The Department of Addiction Services used counseling and peer group techniques with Puerto Rican adolescents in high schools, treatment centers, and community centers.

Children of Problem Drinkers

The Committee for Economic Progress of Orangeburg, South Carolina, project developed preventive and supportive services for elementary school children of alcoholic parents, referred parents to treatment and developed interagency coordination.

Family

The Center for Family Learning in New Rochelle, New York, planned a 10-week training program on prevention to help high-risk families (those with problem drinkers) intervene in family patterns and interactions and to work on family relationships that have been damaged by alcohol.

YOUTH

Preventing alcohol abuse among youth has been a particular concern of the Institute. Recent data reveal that the 19- and 20-year-old group in this country has the largest proportion of persons who have experienced some problem with drinking (such as binge drinking and instances when drinking has created problems with friends, families, employers, or the police within the past year). A recent study noted that one out of seven (14 percent) high school males reports getting drunk at least once per week, and approximately 23 percent of all high school students get drunk four or more times per year, an indication of potential drinking problems.

Concerned by the high potential for alcohol abuse among youth, the Senate Appropriations Subcommittee of the Departments of Labor and Health, Education, and Welfare and Related Agencies requested in 1976 that the Institute "develop a comprehensive public education and dissemination program for a national campaign in the country's schools and social organizations" dealing with teenage alcoholism. An NIAAA-prepared report on a national Teenage Alcohol Education Program was issued to the Senate Subcommittee in December 1976. The purpose of this program is to encourage healthy attitudes and behavior of youth toward alcohol through research and efforts by the media, schools, youth service agencies, and community organizations.

The report stirred up wide publicity in the alcohol field and appeared in various alcohol and drug abuse journals. Many elements of the initial report have since been incorporated into proposals for a youth initiative being prepared in FY 1978. Recently, this initiative was joined with the other NIAAA initiatives on women, occupational programs, and Federal employees.

BETTER TOOLS FOR ALCOHOLISM PREVENTION

A number of activities in fiscal year 1977 were designed to enhance and facilitate the actions of ongoing prevention programs. Primarily, these were managerial improvements that attempted to raise the operational quality of programs and ensure that prevention programs are adequately monitored and coordinated.

New Grant Guidelines

State and community alcohol agencies must apply to the Institute's Division of Prevention to obtain NIAAA grants to fund local prevention demonstration projects. Applicants must demonstrate how their program will contribute new knowledge to the alcohol field on the effectiveness of specific prevention techniques in specific situations with specific individuals. The proposed programs must therefore be well planned, theoretically sound, and designed to yield valid information.

The Institute's rate of rejecting alcohol demonstration grant applications has been disappointingly high because most projects have been poorly designed. To remedy this situation, new grant guidelines were drafted in fiscal year 1977 in a joint effort between the NIAAA Division of Prevention staff and expert consultants. They clarify the components required for a demonstration, the alcohol problem areas deemed important by the Institute, and the specific criteria that will be applied in reviewing grant applications. At present, work is continuing to refine the guidelines for eventual distribution. Ultimately, the guidelines should improve the quality and quantity of prevention models tested in the field.

Demonstration Project Evaluation Methodology

During fiscal year 1977, NIAAA awarded a contract to develop a methodology for evaluating prevention demonstration projects so that a variety of demonstration projects could be qualitatively rated and monitored over time. To do this, 14 demonstration projects with wide variations in staff capability, goals, and prevention techniques were studied. An incipient methodology was applied successively to each demonstration project; after each application, the methodology was refined and elaborated. The resultant set of assessment procedures includes 28 criteria for rating the demonstration projects. Ratings may be aggregated into an overall Quality Index, which will allow diverse prevention projects to be validly compared. The methodology also includes three questionnaires, which evaluate the quality of the project's planning, implementation, and assessment procedures. The effort is now being reviewed and redefined. When completed it will provide NIAAA with a standard, workable method of assessing the quality of the many prevention demonstration projects it funds.

The State Prevention Coordinator Program

In July 1974, NIAAA initiated a State Prevention Coordinator (SPC) Program in order to raise the level of primary prevention performed by State Alcoholism Authorities. Two-year, nonrenewable grants of $25,000 were awarded to each of 48 States to support a full-time prevention coordinator. Coordinators were allowed great leeway in choosing the activities to which they allocated their energies.

In May 1976, after almost 2 years of operation, a pilot evaluation of nine State Alcohol Authority Programs was initiated. It found that the nine SAA's had increased their manpower and funding allocation for primary prevention programing and that they intended to continue most of the coordinating and public awareness functions performed by the SPC's. Eight of the nine SAA's continued their SPC's with State funds, demonstrating that the States considered the new prevention coordinator role to be worthwhile. Apparently, the "seed money" of the SPC program successfully stimulated actions that bolstered and focused State prevention programing. Another study indicated that 47 out of 48 States plan to continue the SPC functions subsequent to the end of the grant.

Given the demonstrated utility and acceptance of the SPC program, the evaluators recommended that the SPC's be further integrated into the NIAAA prevention network, possibly by employing the coordinators as reviewers and consultants on alcoholism prevention policy, new prevention techniques, and new programs. The evaluators also recommended that the SPC's build linkages with Community Mental Health Centers to provide an established base for a State prevention network.

THE NATIONAL CLEARINGHOUSE FOR ALCOHOL INFORMATION

The National Clearinghouse for Alcohol Information (NCALI) is an information service of NIAAA established to search out worldwide information on alcoholism prevention, treatment, and research and to share this knowledge with the professional community and the general public. Fiscal year 1977 was NCALI's fifth full year of operation. During this time, it was funded by a $3,117,168 cost-plus-award-fee contract with the General Electric Company.

As an information center, the Clearinghouse collects literature on all aspects of alcohol, alcoholism, and alcohol abuse from sources around the world. NCALI'a information system centers around a reference library and a data repository containing more than 50,000 items, including books, audiovisual aids, journals, magazines, lay literature, microfilm, and abstracts of documents. During fiscal year 1977, some 6,300 items, in fields such as research, education, grant information and legislation, were added to the collection. The reference library is

used by NIAAA staff and by researchers from around the world. After the information is gathered, it is analyzed, processed, formated, and entered into a computer data base.

The Clearinghouse reviews and processes thousands of requests each month from researchers, physicians, alcoholism counselors, program administrators, clergy, educators, students, and the general public. In fiscal year 1977, NCALI answered 110,455 requests and supplied over 6 million information items, and the Reference Service completed an update of a national directory of alcoholism treatment facilities and published an update of its guide to audiovisual materials. In addition, a series of fact sheets on health insurance, decriminalization of public intoxication, and a dedicated alcohol tax were prepared. The Reference Service also helped NIAAA in preparing the Third Special Report to Congress on Alcohol and Health.

Two publications are prepared by the Clearinghouse as part of its Current Awareness Service. (1) An Information and Feature Service provides brief reports on treatment and prevention, new publications, meetings, grants, and other information. During fiscal year 1977, it was sent to the 41,034 registered users of the Clearinghouse. (2) A quarterly magazine, Alcohol Health and Research World, provides indepth information on such topics as prevention, research, and treatment innovation. A total of 16,000 copies were distributed in fiscal year 1977.

During the fiscal year, NCALI began extensive cooperative efforts with the Rutgers Center of Alcohol Studies (RCAS) to begin joining the two services into an integrated information network. This activity is discussed in Chapter II.

In July 1977, NCALI assumed Clearinghouse responsibilities for the National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation (DOT), since DOT could not provide funds for continued service. The Clearinghouse also supported NIAAA's inter-agency agreement with the U.S. Navy's Alcoholism Prevention Program by preparing and disseminating special information material.

In fiscal year 1977, NIAAA continued with even greater emphasis the NCALI Information Dissemination Program (IDP), which is described in Chapter V.

An Assessment of NCALI

Because the Clearinghouse plays a central role in the Institute's information and prevention activities, NIAAA contracted for a formal

evaluation of it, from May 1976 through May 1977, to determine how efficiently and effectively NCALI performed its essential functions.

Results of the evaluation indicated that NCALI gathered information, responded to requests, developed and disseminated materials, and reached its target audiences satisfactorily. It was suggested, however, that NCALI take steps to market its resources and services more effectively, and to tap new target audiences such as clergy, educators, doctors, and law enforcement personnel. Other organizational and procedural changes were suggested to improve the efficiency of the Clearinghouse operation. In addition, the evaluators recommended that Clearinghouse materials be modified to enable local users to incorporate messages of local importance, which could heighten the appeal of the materials by encouraging local identification with the product.

Overall, the NCALI compared favorably with other Government clearinghouses in accomplishing its stated objectives. Most of the recommendations emerging from the study were implemented by NCALI during fiscal year 1977.

CHAPTER V. EARLY INTERVENTION

In the field of alcoholism, somewhere between prevention and treatment lies an area called "early intervention." This term is rooted in the belief that alcoholism is a progressive illness that goes through multiple phases and that intervention can occur at any phase, the earlier the better.

Because alcoholism is a highly stigmatized illness, a particular problem is that of denial by the victim and his or her significant others. Societal attitudes may inhibit alcohol abusers from seeking treatment or discourage them to postpone treatment until the later stages of the illness, thus reducing the chance of recovery. However, it is well documented that the most effective way to deal with denial is through information and constructive confrontation based on deteriorating social and economic functioning. Ideally, persons who have just developed an alcohol problem should be treated before the abuse becomes chronic and more destructive. Since spouses, friends, relatives, and coworkers who are knowledgeable about the symptoms of alcoholism can help potential alcoholics to obtain timely treatment, widely disseminated information on early alcoholism detection is instrumental in combating the disease at an early stage.

INFORMATION DISSEMINATION PROGRAM

Since its beginning, NIAAA has recognized the need for early intervention activities and has taken steps to educate the general public in an effort to destigmatize the illness. The Institute has made a major contribution toward disseminating information through its National Clearinghouse for Alcohol Information (NCALI). NCALI's Information Dissemination Program (IDP) is essentially an outreach effort to motivate and assist selected organizations and youth-serving agencies in applying their own resources to establish prevention programs. In FY 1977, NCALI answered 110,455 requests for information, mailed 41,034 copies of the Information and Feature Service brief reports, and mailed 16,000 copies of the quarterly magazine Alcohol Health and Research World. The Current Awareness Service contacted over 300,000 potential users through its semiannual Grouped Interest Guides and monthly Individualized Interest Cards.

During FY 1977, IDP continued its emphasis on developing and replicating broad-based education programs aimed at promoting the prevention or early detection of alcohol-related problems. Three target audiences were selected as focal points for IDP outreach efforts:

- Youth. In FY 1977, NCALI staff worked with State Alcoholism Authorities to establish alcohol abuse prevention activities in an additional 562 interested school campuses (approximately 10 per state or territory). Toward the end of FY 1977, NCALI activitie began to emphasize secondary school prevention efforts.

- Women. During FY 1977, NCALI assisted in developing prevention project information kits and making them available to a total of 715 women's centers nationwide. During the latter part of the fiscal year, efforts were initiated to enlist the support of three national women's professional organizations: the American Nurses Association, the National Federation of Business and Professional Women, and the National Organization for Women. NCALI also disseminated copies of an NCALI-prepared brochure on women and alcohol to key media resources. As a result, Lady's Circle (circulation of 1 million) reprinted the pamphlet in its entirety in the January 1977 issue. The Los Angeles Times, Working Woman, Family Weekly and Good Housekeeping subsequently published reviews of the brochure and other information on women and alcohol.

- Blacks. The NCALI staff completed the development of a brochure entitled "Blacks and Alcohol: The Unseen Crisis" during FY 1977. Toward the close of the fiscal year, efforts focused on working with several organizations, especially Opportunities Industrialization Centers and the National Association of Community Health Centers, to enlist their cooperation in disseminating the new materials and using them as part of the broader alcohol education activities aimed at their members.

OCCUPATIONAL PROGRAMS

A second mechanism through which early intervention is initiated is occupational programing. NIAAA believes that the workplace, by its very nature and structure, provides the greatest potential for early identification and intervention, since deteriorating job performance, which usually is observed by other people during a major part of each day, is a good basis for identification. In recognition of the importance of this approach, the Institute worked closely with labor and management to develop and implement programs that enable early identification of employed persons whose abuse of alcohol affects their job performance. NIAAA also worked with the U.S. Civil Service

Commission to develop and maintain occupational alcohol programs for Federal civilian employees, and it provided leadership in establishing a Public Health Service Employee Assistance Program. In FY 1977, working relationships were developed and coordinated with national, State, and local public and private sector organizations concerned with occupational health. Developed in close relationship with service providers, these Institute-supported occupational programs facilitated the early identification and treatment of the employed and also provided an important link to community treatment resources.

In 1972, the Institute launched its nationwide occupational program efforts, providing each State with two or more consultants to assist employers and labor unions in developing occupational alcoholism programs. Most of these consultant efforts are now financed by the States as an integral part of their State alcoholism programs. In 1977, the States employed 126 occupational program consultants located in 72 cities, and the Institute published a revised directory of these consultants during FY 1977.

The State occupational consultant program has been a major force in stimulating the growth of occupational alcoholism programs throughout the Nation, and their cost effectiveness has been proven repeatedly, particularly among the large employers (automobile, farm machinery, aeronautics manufacturing, utilities, banks, insurance companies, railroads, petroleum, chemical and pharmaceutical manufacturers, newspapers, and broadcasting companies). In the public sector, in addition to the Federal civilian and military departments, many State, county, and city governments, as well as school districts, are providing occupational alcoholism programs for their employees.

Occupational programs have stimulated the growth of health insurance coverage for the treatment of alcoholism: by the end of fiscal year 1977, there were more than 1,500 occupational alcoholism programs in industry and Government, serving a total work force estimated at over 4 million. The cost of starting and maintaining these programs is borne by the employing organizations.

During FY 1977, the Institute helped to convene the Conference on Alcoholism among Overseas Employees as part of the American Occupational Medical Association. The April conference, held in Boston, Massachusetts, established the International Occupational Program Association (IOPA), designed to develop and improve occupational programing services for employees of public and private organizations who are stationed overseas.

Public Health Employee Assistance Program (PHEAP)

The Institute provided leadership, including technical assistance, in developing the Public Health Employee Assistance Program (PHEAP) within the Public Health Service (PHS). This program was initiated as a result of Federal legislation mandating employee alcoholism and drug abuse programs for Federal civilian employees. PHEAP is designed to provide assistance to any of the 52,000 PHS employees whose job performance has become impaired due to some medical or behavioral problem. In 1975, each PHS agency appointed a PHEAP Administrator to implement the program within the agency. The Administrators are responsible for providing information, motivational counseling, and referral services to the employees.

During FY 1977, 1,130 employees were served by the PHS agency programs, at an estimated cost of $27,000 for salaries and forms. Monthly meetings of the PHEAP Administrators were held to encourage sharing of problems and solutions between NIAAA and the agencies. Program guidelines for PHEAP, developed by NIAAA, were approved by the Assistant Secretary for Health in FY 1977.

Occupational Demonstration Projects

NIAAA supports a variety of demonstration projects to design innovative approaches to developing and implementing occupational alcoholism programs and to demonstrating their cost effectiveness. The occupational demonstration effort has made gains in terms of program expansion, access to care, cost reduction, and reduction of the stigma commonly associated with alcohol abuse and alcoholism.

During FY 1977, the Institute awarded $3,797,000 for 20 demonstration grants, two of which are described below.

- United Labor Members Assistance Program (ULMAP)

  This project, a statewide (Missouri) joint effort of organized labor and industry to establish employee assistance programs (EAP) in the workplace, and is staffed in two sites, St. Louis and Kansas City. The project staff, representing the three international unions of the AFL-CIO, the United Auto Workers, and the Teamsters, help their respective unions to establish and service the labor-management programs. Since the start of the project in October 1974, 208 written agreements have been signed establishing EAP's for employees and their dependents. Of these agreements, 71 are solely union based, 13 are in nonunion companies, and the others are joint labor-management agreements. During FY 1977, 1,124 clients received assistance, and participating treatment centers have been able to reduce inpatient stays from 28 to 10 days. The program has

effectively demonstrated that joint alcoholism programing can evolve from a labor-initiated effort, and NIAAA is now considering using this model in other States.

- The Airline Pilots Association (AFL-CIO), Denver, Colorado

  In its third year of operation in fiscal year 1977, this project is providing effective outreach services to problem drinking members of a highly professional organization, and it is the first occupational alcoholism effort to promote peer referral techniques among such a group. The project, focusing on commercial airline pilots, uses a range of training and orientation techniques to generate early referrals by supervisors and peers of pilots developing alcohol problems, and the AFL-CIO union provides model referral and follow-up services.

DRINKING DRIVER DEMONSTRATION PROJECTS

The third and final approach the Institute has taken in its early intervention efforts is through the drinking driver program. Traffic accidents are the greatest cause of violent death in the United States, and approximately one-third of the ensuing injuries and one-half of the fatalities are alcohol related. In 1975, alcohol was implicated in nearly 23,000 traffic deaths.

Because drinking drivers pose a great danger to themselves and others, programs to deal with this problem are of paramount importance. In FY 1977, NIAAA collaborated with the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation, to continue implementing the Alcohol Safety Action Program (ASAP). The Institute's Problem Drinking Driver Program, comprised of grants awarded to support alcohol services for drinking drivers, is an extension of the NIAAA-NHTSA joint effort.

The ASAP projects were comprehensive community action programs to identify, adjudicate, and refer drinking drivers to appropriate treatment and rehabilitation services. During the major operational phases of the ASAP program, the Institute supported alcohol treatment and rehabilitation services within various ASAP projects across the nation.

From a treatment and rehabilitation viewpoint, the drinking driver programs provided a unique mechanism for early detection and intervention of active and potential problem drinkers. The health care system in most communities also benefited from the introduction of new alcoholism treatment facilities and additional funding from the

Institute. Overall, the ASAP projects demonstrated the value of an integrated community system approach to the drinking driver problem, involving cooperative efforts among law enforcement agencies, the courts, and community alcohol service programs.

Although the major NHTSA support for the ASAP projects ended at the close of calendar year 1976, a number of communities have continued their integrated efforts in dealing with the drinking driver problem, and NIAAA has continued to support treatment and rehabilitation services for drinking drivers. In FY 1977, the Institute funded a total of 16 Problem Drinking Driver Program grants, serving 26,019 clients, for a total of $1,832,000. (Refer to Chapter V for details.)

CHAPTER VI. TREATMENT OF ALCOHOL-RELATED PROBLEMS

A high priority of the Institute has always been to improve the availability, accessibility, and quality of care for alcoholic persons throughout the Nation. To realize this goal, NIAAA has supported the development and implementation of comprehensive alcoholism treatment and rehabilitation programs at the State and community levels. The Institute supports treatment through (1) funding of treatment programs indirectly through NIAAA alcoholism formula grants to the States and through the Uniform Alcoholism Intoxication and Treatment Act incentive grants, and (2) direct funding of alcoholism treatment programs throughout the Nation.

The Institute has sought to develop and implement alcohol treatment programs that respond to the different needs of individuals and their communities, rather than advocate the development of a standard treatment program model. The Institute has also encouraged and supported alcoholism programs within the total community health and social service framework in order to deal effectively with the full range of problems contributing to human suffering. During NIAAA's 7-year existence, a nationwide direct-support treatment program, composed of approximately 600 State and community alcoholism programs, has been put into effect.

During FY 1977, major emphasis was placed on efforts to develop and strengthen community support and ability to deliver quality alcohol treatment services. Particular attention was directed at expanding occupational alcoholism programs, discussed in Chapter V, and making quality treatment services more available to special population groups. In addition, NIAAA recognizes that, although efficient delivery of treatment services is important, the quality of those services is a primary concern. Therefore, a wide range of activities related to treatment quality assurance were performed in FY 1977, ranging from planning for the development of standards related to Medicare/Medicaid to development of standards related to credentialing treatment personnel. These activities are further discussed in Chapter III.

ALCOHOLISM TREATMENT AND REHABILITATION PROGRAMS SUPPORTED THROUGH NIAAA FORMULA GRANTS TO STATES

To encourage State-level efforts against alcohol abuse, the Institute provides States with formula grants to promote State-level alcoholism programs and with special grants to help them implement the Uniform Alcoholism Intoxication and Treatment Act. Most of this funding in FY 1977 was directed to treatment and rehabilitation programs within the States.

Formula grants totaling $56.8 million in FY 1977 were authorized by P.L. 91-616 "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." Such grants are awarded to States on the basis of relative population, financial need, and the need for more effective alcohol prevention, treatment, and rehabilitation services. To assure input from all concerned parties, recipient States are required to form Advisory Councils, comprised of representatives from various alcoholism and health care treatment groups, consumers, minorities, and poverty groups, and to submit a State plan that surveys the need for treatment and prevention activities in that State.

States are collaborating with NIAAA to collect data through a voluntary reporting system called the State Alcoholism Profile Information System (SAPIS). In FY 1978, NIAAA plans to design a contract to evaluate the impact of the formula grant monies allocated since the Institute began.

Funds to the States are also made available through P.L. 91-616, as amended by P.L. 93-282, which authorizes special grants to assist States in implementing the provisions of the Uniform Alcoholism Intoxication and Treatment Act. The special grants have funded the 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. They also enable States to provide services that will accommodate the increased demand for health care treatment that the law has produced.

NIAAA-SUPPORTED TREATMENT PROJECTS

NIAAA funds treatment programs directly through grants. In fiscal year 1977, the Institute intensified its efforts to plan, develop, and support programs to treat and rehabilitate special population groups with drinking problems, and it increased efforts to develop and support quality treatment. The quality of grant applications received and the Institute's procedures for review and monitoring of grants were greatly improved.

During the year, NIAAA contracted for a study to assess the barriers to third-party reimbursement; this study could enable the field to learn more about possible sources of reimbursement to help community service programs become more self-supporting. The study attempts to determine the type of long-term funding policy the Institute should recommend that the community service projects adopt. Pending completion of the study, the Institute implemented a funding policy that specified the FY 1977

level as the highest level at which grantees would be supported in FY 1978, with the exception of American Indian/Alaskan Native Programs and Alcoholism Staffing grants. This departmental policy also established that the Alcoholism Services project grants would be eligible for a seventh and eighth year of direct funding support.

During FY 1977, the Institute undertook specific actions to improve the content and increase the scope of coverage of NIAAA direct-funded alcoholism treatment grants reporting to the National Alcoholism Program Information System (NAPIS). These actions allowed the Institute to more effectively monitor and manage the treatment project efforts and to provide the basis for assessing treatment program operations and effectiveness.

NAPIS collects information on project activities such as client contacts, admissions, clients in treatment and terminations in addition to characteristics (demographic and drinking behavior) of clients admitted to the treatment programs. The system also collects data on treatment services provided, cost of services, staffing utilization patterns, and project revenues and expenditures. A key feature of NAPIS is the collection of treatment outcome data on client changes through followup interviews with project clients. Information from NAPIS is processed and output reports are provided on a routine basis to all projects, States, and NIAAA staff.

At the end of FY 1977, NAPIS had been expanded to encompass nearly all NIAAA-funded treatment projects, and almost all of the projects were actively reporting. The system now represents one of the most comprehensive efforts to obtain information on the effectiveness and efficiency of ongoing social service programs.

Illustrative Data from NAPIS

The client population estimates derived from the data obtained from NAPIS for FY 1977 indicate that approximately 300,000 persons were served by the NIAAA-funded treatment programs (occupational and special population treatment projects) during FY 1977. Approximately 150,406 persons contacted these projects in FY 1977; approximately 132,313 or 88 percent, of these were persons with a primary alcohol problem. Approximately 33,155, or 22.0 percent, of this latter group contacted the treatment programs because of a drinking-driving problem. The Problem Drinking Driver Program (70.3 percent), Comprehensive Alcoholism Treatment Programs (or Staffing Grant Programs) (34.1 percent), and the Spanish-American Programs (30.5 percent) reported the highest percentages of drinking-driving-related contacts; the lowest percentages were reported by the Women's projects (2.6 percent), Youth projects (3.2

percent), Public Inebriate projects (7.0 percent), and American Indian/Alaskan Native projects (7.6 percent).

Clients entering the treatment programs were predominantly male (83 percent). Reported ages of clients entering treatment were:

Under 19	2.3%
19-35	42.3
36-64	52.6
Over 64	2.8

The reported ethnicity of clients entering treatment was:

White	63.0%
Black	17.6
Hispanic	10.0
American Indian/Alaskan Native	9.3
Asian, Pacific Islander	0.1

Almost all of the treatment projects provided outpatient services. In FY 1977, individual counseling was the most frequently used mode of treatment in all monitored treatment programs. Approximately two-thirds of the projects provided some form of inpatient services to clients. Of the types of inpatient services available, intermediate long-term care (30 days or more) was the most prevalent, with almost one-half of the projects providing this service. (Intermediate care service is care provided to a client who is not ill enough to be admitted to a hospital, but who either needs more intensive care and treatment than is available through an outpatient setting or, although not seriously debilitated, would benefit from supportive living arrangements.) Nearly one-third of the projects provided medical and social detoxification services, and 17.5 percent provided emergency care.

Sources of Funds as Reported by NAPIS

In FY 1977, 75 percent of the funds for the treatment programs came from Government sources (excluding Medicare and Medicaid). NIAAA provided $46.3 million in funding to the programs that reported, representing 52 percent of the total funding. State and local funds accounted for 23 percent of the total program funds in FY 1977; third-party payments (including Medicare and Medicaid) accounted for approximately 19 percent; and patient fees accounted for only 4 percent.

The Comprehensive Alcohol Treatment Programs or Staffing Grant Programs, which are the oldest treatment programs funded by the Institute, received less than one-third of their total funding support from the Institute in FY 1977 and the highest level of funding support

from third-party payments (33.8 percent of total funding). The American Indian/Alaskan Native projects depended the most on Government funds for revenue (94.9 percent of their total revenues), with NIAAA funds accounting for 78.4 percent of their revenues.

Effectiveness of Treatment

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 outcome measures. Unlike other NAPIS-provided information (e.g., client and treatment characteristics, staff utilization, and costs), which deals with processing of clients through treatment, the set of outcome measures deals with the results or effects of treatment.

Assessment of client treatment outcomes is provided by a client followup interview, which is routinely administered to alcoholism treatment clients 180 days after admission (intake) to the treatment program. The followup procedure provides for client response and interviewer assessment of changes in client condition between intake and the time of the followup interview, with particular emphasis on level of alcohol consumption, behavioral impairment, and other socioeconomic indicators. The followup and intake procedures use the same instrument (Intake and Followup Interview Form) and procedures. Selection of the particular client outcome measures used in NAPIS was based upon the results of Institute review of measures commonly employed within the field of alcoholism treatment as indicators of treatment effectiveness.

Clients followed up during fiscal year 1977 showed benefits of treatment in the following areas:

Employment and Earnings. Measures of the employment status of clients followed up in FY 1977 indicated that more clients were employed at 180 days after treatment admission than at the time of admission: 62 percent of the clients were employed when admitted and 75.4 percent were employed 180 days later, a 20 percent increase. In FY 1977, changes in employment status among the various programs ranged from an average 7.9 percent increase reported by the Occupational Program clients to an average 168.2 percent increase reported by Public Inebriate Program clients. Followup clients also reported a general increase in earnings per month at the 180-day followup interview.

Alcohol Consumption and Abstention. Measures of alcohol consumption have been widely used as a principal measure of treatment effectiveness. The Institute uses a measure of the mean ounces of alcohol consumed per day (quantity-frequency index--past 30 days) to assess client changes in the consumption of alcohol. This index

measures the client's consumption rate over the past 30 days in units of the average ounces of absolute alcohol consumed per day.

The followup data obtained in FY 1977 indicated that overall alcohol consumption per day decreased approximately two-thirds or more in all monitored programs over the 6-month period between intake and followup. Alcohol consumption data on quantity-frequency were not available in FY 1977 for the American Indian/Alaskan Native projects.

The greatest reduction in alcohol consumption from the time of admission to followup at 180 days after admission was reported for the Occupational Program treatment clients (85.7 percent reduction) and the Problem Drinking Driver Program clients (76.9 percent reduction).

The percentage of clients reporting abstention increased dramatically from the time of admission to 180 days thereafter: over half the clients interviewed at followup reported abstention. Other measures of drinking behavior, such as the number of days since the client's last drink, indicated substantial improvements at followup.

Impairment Due to Excessive Use of Alcohol. NIAAA obtains indices of client behavioral impairment through an Alcohol Impairment Index in NAPIS. This index is a composite of client responses to 15 interview questions that are administered both at intake and at followup and are designed to measure the degree of behavioral problems stemming from excessive use of alcohol during the past 30 days (e.g. tremors, skipping meals, problems on the job). The index is a modified version of a methodology developed by Shelton, Hollister, and Cocka ("The Drinking Behavior Interview: An Attempt to Quantify Alcoholic Impairment", Diseases of the Nervous System, 30(7):464-467, July 1969) to quantify alcoholic impairment. The modified index can be used to measure change over time and compare client populations.

FY 1977 information obtained from clients who were interviewed 180 days after entering treatment indicated decreased behavioral impairment due to excessive alcohol consumption, ranging from 21.0 percent to 70.0 percent reduction across the various programs.

Comprehensive Alcoholism Treatment and Service Programs (Staffing Grants)

One of the earlier programs of the Institute, the Comprehensive Alcoholism Treatment and Service Staffing Grants, provides a comprehensive range of services including inpatient, outpatient, intermediate, and emergency care, as well as consultation and education services to individuals and the community. This program provided funds for the initial salaries of professional and technical project staff. The

Institute continued to support 39 previously funded 8-year staffing grants during FY 1977, most of which were in their sixth or seventh year of funding. During FY 1977, 32,929 persons contacted the Comprehensive Alcoholism Treatment Centers, and 13,446 persons entered treatment. Overall, the staffing grants provided services to a total of 65,371 persons in FY 1977. FY 1977 information obtained from clients who were interviewed 180 days after entering treatment indicated improvements in employment status, abstinence, level of alcohol consumption, and measures of behavioral impairment due to drinking relative to similar data obtained at intake to treatment. Employment increased 13.9 percent; client abstinence increased 207.1 percent; alcohol consumption decreased by two-thirds (66.7 percent); and behavioral impairment due to excessive drinking decreased by over one-third (37.5 percent).

Cross-Population Programs

The Institute uses the Cross-Population programs in lieu of staffing grants to enable communities to serve more than one target population through a single program. These programs allow communities to use the various Institute guidelines for special population groups in a manner that takes into account the needs of the community and its alcoholic population, in keeping with the Institute's policy of directing the focus of communities to the needs of alcoholic individuals rather than the needs of institutions or particular service systems. In FY 1977, NIAAA supported a total of 37 Cross-Population projects; those reporting on NAPIS indicated that 32,939 persons came in contact with the projects, 10,629 persons entered treatment, and 47,627 persons received services. Followup results of treatment indicated an increase in client employment of 29.0 percent and a twofold increase in client abstinence (197.2 percent) following treatment. Client consumption of alcohol dropped markedly (69.2 percent reduction), and measures of behavioral impairment indicated a 27.6 percent improvement at 180 days following admission to treatment compared with the time of admission.

American Indian/Alaskan Native Programs

Recognizing the severity of alcoholism problems among the American Indian and Alaskan Native peoples, the Institute continued to support alcoholism treatment programs for this population as a top prioriy in FY 1977.

The primary purpose of the American Indian/Native Alaskan Program is to help those population groups to develop and implement effective treatment and rehabilitation services that meet their unique needs. The highest priority is placed on projects demonstrating American Indian/Native Alaskan community initiative and self-determination. During FY 1977, NIAAA increased its support of such projects by awarding

141 project grants, compared with 111 projects funded during fiscal year 1976.

The American Indian/Alaskan Native service projects provide a variety of services, including residential care, individual counseling, job placement, referral service, group therapy, and Alcoholics Anonymous groups. A hallmark of these projects is that their development, control, and administration is by American Indians/Alaskan Natives; most of the personnel are Indian, nondegreed alcoholism counselors and community workers. In addition to providing direct services, the projects have significantly changed the attitude of Indian peoples toward drinking. Members of both reservation and non-reservation Indian groups are increasingly viewing alcoholism as a major social, cultural, and economic problem. In addition, these projects have stimulated the development of nonfederally funded programs for American Indians/Alaskan Natives.

American Indian/Alaskan Native projects reporting to NAPIS in FY 1977 indicated that 9,479 persons contacted the individual projects; 3,954 of these potential clients were admitted to treatment; and 14,368 persons received services.

Data obtained from NAPIS on selected American Indian/Alaskan Native Program client characteristics at intake (admission) and at 180 days thereafter for fiscal year 1976 indicate client improvement in employment and abstinence. Self-reports of clients at followup indicated a change from 38.6 percent employed at intake to 55.7 percent employed at 180 days, a 44.3 percent increase. The percent abstaining at the time of intake (18.7 percent) increased to 40.7 percent at followup, a 117.6 percent improvement. For the American Indian/Alaskan Native Program clients who were interviewed at 180 days after intake to the program, the average level of behavioral impairment due to excessive drinking remained the same as at admission.

A particularly interesting example of an Indian alcoholism project is the Seattle Indian Alcoholism Program. From the program's inception in 1972, to December 1976, more than 2,500 persons had been served. This program is a model intergovernmental cooperative endeavor supported almost equally by NIAAA and the Washington State Department of Social and Health Services. The program is accepted by the Indian community because Indians are very much involved in its control, service delivery, and orientation. Program participants receive a comprehensive range of alcoholism services, including community outreach, community education, inpatient care, and outpatient services.

Transfer of American Indian/Alaskan Native Project Grants to the Indian Health Service. In FY 1977, planning was initiated for the

transfer of American Indian/ Alaskan Native project grants to the Indian Health Service (Health Services Administration) in accordance with P.L. 94-437, the Indian Health Improvement Act. Under the provisions of the Act, NIAAA would maintain responsibility for the development and funding of new Indian project grants for the first 6 years of the grants; after 6 years, the grants would be transferred to the Indian Health Service for permanent long-term support. NIAAA would also be responsible for supporting new operations in mature projects. In accordance with the planning and agreements effected in FY 1977, 36 American Indian/Alaskan Native projects were to be subsequently transferred to the Indian Health Service in FY 1978, with transfer of an additional 52 projects in FY 1979. This will leave 105 mature grants, plus any new grants awarded.

Retaining authority for new Indian Alcoholism Programs within NIAAA has the advantage of permitting the Institute to use its expertise in developing new service approaches. The transfer of mature (past 6 year) projects to the Indian Health Service will allow NIAAA staff to devote more time to developing quality and innovative methods of service delivery to American Indian/Alaskan Native populations.

Poverty Programs

The objective of the Community Poverty Alcoholism Program is to encourage communities to develop effective treatment services that will address the specific needs of low-income persons and families who are affected by the problems of alcohol abuse and alcoholism. There is a major emphasis on utilizing a wide variety of health and social services in a coordinated manner to meet the diverse and multiple needs of the low-income population. In FY 1977, the Institute provided leadership in a variety of local, State, and national forums to stimulate wider interest in services for this population and funded 161 poverty treatment projects. The projects reporting client information to NIAAA during FY 1977 indicated that 33,494 persons contacted the projects, 21,863 clients received treatment, and 66,871 persons received services provided by the projects. Followup information obtained at 180 days after client intake to treatment indicated improvements: employment rose nearly one-third (31.6 percent); abstinence increased 201.0 percent; alcohol consumption dropped 71.4 percent; and level of behavioral impairment improved by 44.4 percent.

Problem Drinking Driver Programs

The Problem Drinking Driver Program (PDDP) represents an extension of joint efforts by the Institute and the National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation to provide drinking driver offenders with appropriate treatment and rehabilitation services. A more extensive discussion of this program

appears in Chapter V. In FY 1977, the Institute awarded 16 Problem Drinking Driver Program grants. The Problem Drinking Driver Program projects reporting in FY 1977 indicated that 15,382 persons contacted the programs, 8,641 persons entered treatment, and 24,947 persons received services provided by the projects. Results of treatment as provided by client followup at 180 days after intake indicated a 7.1 percent increase in employment; a 10-fold (1,067.5 percent) increase in abstinence; a 76.9 percent reduction in alcohol consumption; and a 44.6 percent improvement in behavioral impairment due to alcohol.

Public Inebriate Programs

The general objective of the Public Inebriate Program is to treat and rehabilitate individuals with a public intoxication problem. For many individuals, only limited improvement is realistic, but some have been helped significantly to avoid further debilitation and to function satisfactorily outside of the public inebriate subculture. During FY 1977, the Institute continued to support 18 Public Inebriate projects. The projects reporting in FY 1977 indicated that 17,046 persons contacted the projects, 8,641 persons entered treatment, and 26,019 persons received services during FY 1977. Followup of clients who were treated indicated dramatic improvements: employment rose 168.2 percent; abstinence tripled (309.6 percent); alcohol consumption decreased 63.6 percent; and level of behavioral impairment due to excessive alcohol consumption improved 21.0 percent.

Women's Programs

The Women's Alcoholism Program consists of projects designed to meet the special needs of women with alcohol abuse and alcoholism problems. These projects provide services tailored to the full range of problems specifically encountered by women, whether married or single, employed or unemployed, white or minority. Services are provided to women who are at any stage of psychological and physiological debilitation.

In FY 1977, the Institute funded 17 Women's Program projects and provided national leadership through meetings and program planning with Federal and non-Federal organizations to assist in developing services to meet the special needs of women. Since the Women's Program was entered on NAPIS in May 1977, there was only partial reporting in these projects during FY 1977; also, a number of grant awards were made at the end of the fiscal year. The projects that did report were not on the information system long enough for treatment outcome data to be collected.

One example of a women's treatment service project funded by NIAAA in FY 1977 is The Women's Rehabilitation Association of San Mateo, Inc.

This program offers both residential and outpatient care and served 250 women between 1974 and 1976. The program's recovery home, known as Laurel House, is a 12-bed facility for women 18-65 years old who have been free of alcohol for at least 72 hours. The home requires that women attend daily Alcoholics Anonymous meetings for at least 6 weeks. In the area of outpatient care, the program offers training services and weekend group retreats designed to be both educational and therapeutic. In both group therapy and instruction, a variety of interpersonal skills is provided. Clients participate in planning their postrecovery treatment and setting personal treatment goals. Four times a year, women who question their use of alcohol, along with persons important to them (friends, spouses, family members) may attend weekend seminars that emphasize specific modes of alcoholism treatment.

Youth Programs

Recognizing the extensive use of alcohol by youth and the increasing community concern about alcoholism among this population, the NIAAA Youth Program was expanded in FY 1977 to include planning for a national demonstration that would stimulate further expansion of innovative services for youth. Institute staff participated in a variety of seminars, workshops, and Federal intra- and interagency efforts to meet this goal. Four Youth Program projects were funded by the Institute during FY 1977. Because these projects started reporting on NAPIS in May 1977, only partial client data and no treatment outcome data were available for the fiscal year. Reporting of client and outcome data will be expanded during FY 1978. Over all categorical programs, approximately 11,000 youths were served in FY 1977.

A particularly ambitious FY 1977 Youth Program is Educational Alliance, Inc., a program for young adults of the Lower East Side, New York City. The program, which began in 1976, is targeted toward 18-to-35-year-old alcohol abusers who have not been helped by a variety of intervention, treatment, rehabilitation, and criminal justice programs. Unskilled and often without any permanent residence, these persons have an average educational attainment of 8th grade. Program services include: a crisis center that provides client screening and emergency services; an orientation center that provides counseling to help incoming youths adjust from street life to the day treatment program; and a day treatment program that provides vocational and remedial educational instruction, counseling, and alcohol rehabilitation. The program also operates a residential treatment facility that offers counseling, job assistance, education, and household management skills.

Black Alcoholism Programs

The Black Alcoholism Program seeks to help all segments of the black community to develop treatment services responsive to their special needs. In FY 1977, particular emphasis was placed on projects that would provide needed services to black persons in geographical areas where current services are either unavailable or underutilized. The Institute also started planning a series of workshops designed to determine, through a variety of organizations and persons, the current and future service needs of the black population. Extensive study of these needs will assist NIAAA in assuring that these needs will be met. In FY 1977, the Institute awarded 10 Black Program grants. Since the Black Program projects started reporting to NAPIS in May 1977, only partial activity and client data are available. No treatment outcome information was provided, since there was not enough time for followup data to be collected.

Spanish American and Migrant Workers Alcoholism Programs

The significant number and size of the Spanish American communities in the United States and Puerto Rico and the unique needs of this bi-cultural and bilingual population form some of the essential bases for this program. The Spanish American Programs of the Institute were initiated to provide a national focal point for helping to meet the needs of Spanish American persons with alcoholism problems and to serve as a resource for training Spanish-speaking staff.

Migrant and seasonal farmworkers have been one of the most neglected special population groups. Because of such handicaps as inadequate housing, unemployment and underemployment, poor educational background, inadequate health care, discrimination, and transiency, they face a high risk of suffering alcoholism.

During FY 1977, the Institute awarded 10 grants to the Spanish American and Migrant Worker Programs. Only partial client data and no treatment outcome data for these programs were available for FY 1977 because the programs were entered on NAPIS in May 1977. Client and outcome data will be provided in FY 1978.

Criminal Justice Programs

The Criminal Justice Programs of the Institute address that population defined as all pretrial releases, probationers, inmates, and parolees who have been charged or convicted of any offense other than simple public intoxication or driving under the influence of alcohol. Because it has been estimated that alcohol abuse is more prevalent among the criminal justice population than among the general population, the Institute has supported project grants for services to meet their special needs. The Institute awarded seven Criminal Justice Program

grants during FY 1977, and reporting commenced in May 1977. Limited client reporting indicated 905 program contacts, 417 client admissions to treatment, and 1,817 clients receiving services from the program. Full reporting, including client treatment outcome measures, will be available in FY 1978.

Noncategorical Programs

Noncategorial Programs include all treatment services projects that do not fit within the definitions of the other special population groupings of the Institute. During FY 1977, five such program grants were awarded. Only partial information was available in FY 1977, but reporting will be continued and expanded during FY 1978.

Contracts for Demonstration Projects: Women and Youth

The 1976 Amendments (P.L. 94-371) to the Institute's legislation mandated that more attention be given to the problems of alcohol abuse and alcoholism among women and youth. Consequently, in FY 1977 the Institute started to plan and develop special demonstration projects for both women and youth. These demonstration programs were designed to be contract rather than grant activities, in order to give the Institute greater control over the content and subsequent monitoring of the projects to be funded. The contract programs as conceived would result in women and youth programs of a more experimental or demonstration nature, with clear specification of treatment mode characteristics, increased information on innovative treatment strategies, and delineation of the factors contributing to treatment success as well as the potential barriers to effective treatment services. The contracts would emphasize evaluation as an integral and mandatory element of the demonstration effort. In FY 1977, the Institute worked to stimulate proposals for innovative alcohol abuse treatment services for women and youth from existing State and local programs, community-based women and youth service organizations, and alcoholism treatment programs. It is anticipated that the contracts for both the women and youth treatment services demonstration programs will be awarded during FY 1978.

APPENDIX A. LEGISLATION

NIAAA's operations and policy concerning alcohol activities are rooted in several key legislative authorities and mandates. From the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, which established the Institute, to the 1977 Amendment, which provided assurances on the level of State formula grant allocations, these pieces of legislation trace the growth of the Institute up to its present leadership role in Federal alcohol activities. This legislation demonstrates that the stigma attached to alcoholism is being removed and that the public is coming to recognize it as an illness that warrants govermental attention. The funding authorizations provided by the Act demonstrate the on-going commitment of the Federal Government to the alcohol field as well as its concern for integrating Federal, State, and local alcohol activities into a well-managed service system.

A brief description of NIAAA's legislative milestones follows.

NIAAA's LEGISLATIVE MILESTONES

1970 Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616)

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

1974 P.L. 93-282

- o Placed NIAAA within a newly established Alcohol, Drug Abuse, and Mental Health Administration
- o Authorized special grants to States that adopt the Uniform Alcoholism and Intoxication Treatment Act or similar legislation
- o Extended nondiscrimination provisions to hospitals that receive support in any form from any Federal program
- o Amended the provisions safeguarding the confidentiality of alcohol patient records
- o Established an Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism

1976 P.L. 94-371

- o Provided specific authority for alcohol research (both intramural and extramural) and for the support of National Alcohol Research Centers
- o Required special consideration of grant applications for alcohol abuse prevention and treatment programs serving women and youth

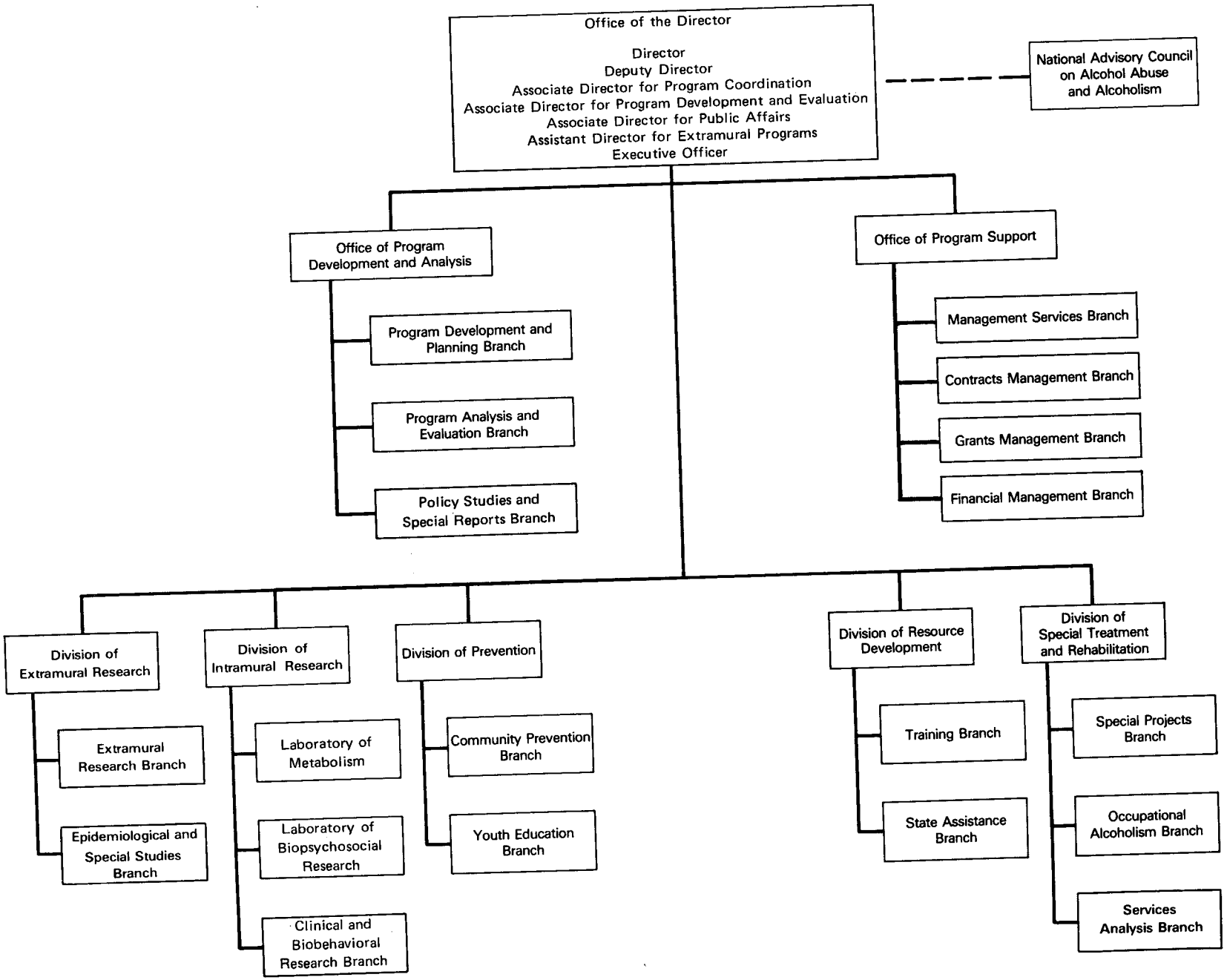
- Extended nondiscrimination provisions to outpatient facilities
- Raised the ceiling on special grants to States that adopt the Uniform Act
- Required that a statutorily mandated measure of need for alcohol services be promptly put into regulations governing the State grant allocation formula
- Provided 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 P.L. 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

January, 1977

National Institute on Alcohol Abuse and Alcoholism



APPENDIX C. FUNCTIONAL DESCRIPTIONS OF NIAAA's ORGANIZATIONAL STRUCTURE

In FY 1977, NIAAA was organized into five operating divisions and two staff offices. Additionally, the Institute is linked with the National Advisory Council on Alcohol Abuse and Alcoholism, which provides policy recommendations and grant reviews concerning alcohol activities. The following are brief descriptions of the functional responsibilities of the organizational elements comprising the Institute.

National Advisory Council on Alcohol Abuse and Alcoholism

The National Advisory Council provides consultation, recommendations, and other assistance to the Secretary of Health, Education, and Welfare and to the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration regarding alcohol policies and programs. The Council also reviews and issues recommendations on applications for grants to support research, training, prevention, community assistance, occupational, and special project activities. The Director of NIAAA chairs the Council, by the delegated authority of the Secretary through the Administrator of ADAMHA.

Office of Program Development and Analysis

The Office of Program Development and Analysis analyzes and evaluates the progress of the Institute's operating programs. The Institute's Director, Deputy Director, Division Directors, and other key staff are assisted by the Office in establishing priorities and developing program policy. Responsibilities include coordinating long-range program planning and policy development issues, administering NIAAA international activities, and compiling both national and international statistical information. Finally, the Office integrates data from research studies, program analyses, program evaluations, biometric surveys, and other sources in preparing major scientific reports.

Division of Special Treatment and Rehabilitation Programs

The Division of Special Treatment and Rehabilitation Programs develops and supports programs designed to reduce and prevent alcohol-related problems, with emphasis on the needs of special population groups. The Special Projects Branch provides treatment services for cross-populations, low-income persons, American Indians, Alaskan Natives, blacks, Spanish Americans, the criminal justice population, women, youth, migrant farm laborers, chronic drunkenness offenders, and drinking drivers. The Occupational Branch supports program grants for alcoholic employed persons. The Services Analysis Branch serves as a Division-level resource for program analyses, studies, and support of activities of the other branches and the Director's office.

Division of Extramural Research

The Division of Extramural Research supports basic and applied research into the causes and treatment of alcoholism, particularly in the areas of clinical research, prevention and education, and behavioral, psychological, and physiological studies of the effects of alcohol. The Division is made up of two units: the Extramural Research Branch, which supports research outside of the Institute, and the Epidemiological and Special Studies Branch, which collects and analyzes national and international data on the prevalence and incidence of alcohol abuse and alcoholism. Through these two branches, the Division supports and conducts research programs for improving treatment strategies and developing new prevention programs to reduce the incidence of new cases.

Division of Intramural Research

The Division of Intramural Research is organized into three branches: Laboratory of Metabolism, Laboratory of Biopsychosocial Research, and Clinical and Biobehavioral Research Branch. The mission of these branches is to conduct an intramural program of research on the multiple determinants of alcoholism and critical factors in its prevention, diagnosis, treatment, and rehabilitation.

Division of Resource Development

The activities of the Division of Resource Development encompass a wide range of programs, from the training of alcoholism counselors to assisting the States in implementing the provisions of the Uniform Alcoholism and Intoxication Treatment Act. With its two branches (Training and State Assistance), Resource Development is responsibile for planning, developing, and administering programs in two key areas: manpower development and State alcohol programs. These areas are vital to the goal of integrating alcoholism services into the health care delivery system, since they help assure that qualified personnel and adequate funding are available for the care of alcoholic persons. In addition, the Division Director develops new programs of national scope pertaining to manpower development.

Division of Prevention

The primary function of the Division of Prevention has been to develop, test, and evaluate practical methods of preventing the abuse and misuse of alcoholic beverages. Through its Youth Education and Community Prevention Branches and National Clearinghouse for Alcohol Information, the Division seeks to develop strategies and programs designed to give people the facts they need to make informed decisions about whether to drink and, if they choose to drink, how to do so in a setting that enhances their well-being and quality of life. The Division has identified the following populations at risk: youth, Native Americans, blacks, and Spanish speaking.

APPENDIX D. NIAAA PROGRAM OBLIGATIONS

	FY 1977 obligations	
	No.	Amount
Research		
Grants	144	$11,138,000
Contracts	35	2,199,000
Intramural	---	1,449,000
Total	179	14,786,000
Training		
Grants and fellowships	92	6,700,000
Contracts*	---	500,000
Total	92	7,200,000
Community programs		
Project grants	533	69,192,000
Project contracts	27	3,816,000
Subtotal	560	73,008,000**
State formula grants	56	56,800,000
Total	616	129,808,000
Management and information		
Direct operations	---	6,848,000
Project contracts	7	1,774,000
Subtotal	7	8,622,000***
Total obligations	894	$160,416,000

*Partial funding of the National Center for Alcohol Education.
**See Appendix E.
***Includes $115,000 in reimbursements.

APPENDIX E. NIAAA COMMUNITY PROJECT GRANTS AND CONTRACTS

	FY 1977 obligations	
	No. of awards	Amount
Treatment and rehabilitation grants		
Staffing	39	$ 6,963,000
Indian	141	14,816,000
Drinking Driver	16	1,832,000
Poverty	161	8,455,000
Public Inebriate	18	4,801,000
Cross-Population	37	6,778,000
Criminal Justice	7	739,000
Blacks	10	1,963,000
Spanish Americans	10	1,366,000
Women	17	2,183,000
Youth	4	1,073,000
Noncategorical	5	879,000
Subtotal	465	51,848,000
Occupational grants	20	3,797,000
Chairman's grant for initial review	1	94,000
Prevention grants		
Youth Education	12	1,929,000
Community Prevention	6	693,000
Subtotal	18	2,622,000
Community Development grants	4	2,517,000
Uniform Act grants	25	8,314,000
Subtotal, all grants	533	69,192,000
Contracts	27	3,816,000
TOTAL, grants and contracts	560	$73,008,000

Contracts by office/division	No.	Amount
Office of Program Development and Analysis.	19	$ 1,894,000
Division of Special Treatment and Rehabilitation	4	118,000
Division of Prevention	3	1,797,000
Office of Director	1	25,000
Total	27	$ 3,816,000

APPENDIX F. BUDGET TREND CHART

Percent of Total Obligation for Fiscal Years
1971-77 by Budget Line Item
(dollars in thousands)

Budget Line Item	FY 1977 Obligation	Percent of Total Year's Obligation by Fiscal Year						
		1977	1976	1975	1974	1973	1972	1971
Research	$14,786	9	8	7	7	9	9	35
Training	7,200	5	5	7	4	7	6	8
Community Programs								
Project grants and contracts	73,008	46	45	49	45	33	45	47
State formula grants	56,800	35	37	31	38	39	34	-
Subtotal	129,808	81	82	80	83	72	79	47
Program support	8,627	5	5	6	6	12	6	10
Total fiscal year appropriation	$160,421*							
(Number of positions)		(195)	(195)	(135)	(92)	(92)	(91)	(49)

*Includes reimbursements of $115,000.

APPENDIX G. SPECIAL GRANTS FOR IMPLEMENTING THE UNIFORM ALCOHOLISM INTOXICATION AND TREATMENT ACT

Special grants for implementing the Uniform Alcoholism and Intoxication Treatment Act are made available to States as an incentive to enact legislation which, among other things, decriminalizes public intoxication and mandates services rather than jails for alcoholic persons. To qualify for a grant, a State must demonstrate that its law is in accordance with the basic provisions of the Uniform Act, and the law must be in effect on the date of the award. A State may receive up to $150,000 plus 20 percent of the State formula grant if it meets the criteria. These grants may be awarded once a year, up to a total of 6 years. The awards for fiscal years 1975-77 follow.

GRANTS TO STATES FOR IMPLEMENTING THE UNIFORM
ALCOHOLISM INTOXICATION AND TREATMENT ACT, FY 1975-1977

State	Amount (dollars)			
	FY 1975	FY 1976	Transition Quarter	FY 1977
Alabama				
Alaska	120,000	120,000		190,000
Arizona	150,901	156,637		263,275
Arkansas				
California				
Colorado	157,783	162,729		275,457
Connecticut			289,059	289,059
Delaware				
District of Columbia	120,000	120,000		190,000
Florida	287,323	307,445		564,889
Georgia				
Hawaii				194,542
Idaho				195,279
Illinois			664,793	664,793
Indiana				
Iowa				
Kansas				263,538
Kentucky				
Louisiana				
Maine	128,051	130,507		211,013
Maryland	191,457	197,161		344,322
Massachusetts	230,388	240,576		431,152
Michigan				
Minnesota	194,515	200,047		350,094
Mississippi				
Missouri				
Montana			190,000	190,000
Nebraska				
Nevada			190,000	190,000
New Hampshire				
New Jersey				518,086
New Mexico				
New York			980,922	1,059,279
North Carolina				
North Dakota	120,000	120,000		190,000
Ohio				
Oklahoma				
Oregon	154,689	158,902		268,327
Pennsylvania				
Rhode Island	123,056	123,871		197,742
South Carolina				
South Dakota	120,000	120,000		190,000
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington	180,998	186,754		332,571
West Virginia				
Wisconsin	211,773	219,542		389,084
Wyoming				
American Samoa				
Guam				
Puerto Rico	188,229	195,951		361,000
Trust territory				
TOTAL	$2,670,163	$2,760,122	$2,314,774	$8,313,502

* July 1, 1976 through September 30, 1976

APPENDIX H. FEDERAL ALCOHOLISM ACTIVITIES

In relation to the 22 Federal departments and agencies having some form of involvement in alcoholism, NIAAA plays a lead role in funding programs in alcoholism research, prevention, and training. In the treatment area, the Institute has primary responsibility for coordinating Federal alcohol abuse activities. In keeping with this charge, the Institute seeks to mobilize maximum resources and assure that certain target groups, particularly those at high risk of alcohol abuse or related injury, receive sufficient resources. In FY 1977, these groups included American Indians, Alaskan Natives, women, youth, and minorities. The following table indicates the proportion of federally sponsored alcohol activities that were supported by NIAAA funding.

Relationship of NIAAA Activities to the Total Federal Alcohol Abuse and Alcoholism Effort: FY 1977

	NIAAA ($ = 1000)	% of total Federal effort	No. of Federal agencies involved
Research			
No. of projects	188	39.2	15
Amount	$13,813	72.1	
Treatment			
No. of projects	485	43.4	10
Amount	$55,645	33.1	
Prevention			
No. of projects	27	93.1	2
Amount	$6,062	96.4	
Training			
No. of projects	100	48.3	4
Amount	$7,804	80.4	

APPENDIX I. INTERAGENCY AGREEMENTS

NIAAA is engaged in a variety of activities with 10 Federal agencies, some of which have been codified in formal interagency agreements or memoranda of agreements. These were important in providing for the collaborative utilization of each agency's resources. Fourteen interagency agreements were executed or active during FY 1977.

National Center for Health Statistics

The National Center developed a methodology for NIAAA to allocate alcoholism formula grant funds to States based on the relative incidence and prevalence of alcohol abuse and alcoholism among States, the population within a State, and financial need according to per-capita income.

In another agreement with NCHS, all data collection systems within NCHS were identified and examined in order to identify information relating to the use, abuse, and consequences of alcohol.

Department of the Navy, Assistant Chief of Naval Personnel for Human Resources Management

NIAAA provided assistance in the form of services, needs assessment and evaluation to the Alcohol Abuse Control Program in support of designated Naval activities, personnel, and specified program efforts.

National Institute of Arthritis, Metabolism, and Digestive Diseases

NIAAA and the National Institute of Arthritis, Metabolism, and Digestive Diseases cosponsored a workshop on collagen metabolism in the liver that addressed the general area of hepatic fibrosis and collagen, with specific attention to the role of alcohol in inducing diseases of the liver.

National Highway Traffic Safety Administration

The National Highway Traffic Safety Administration of the Department of Transportation supported Alcohol Safety Action Projects (ASAP) to reduce traffic accidents, deaths, and injuries caused by drinking drivers. The majority of drinkers apprehended for driving while intoxicated may be classified as social drinkers rather than as alcoholics; therefore, these programs, which emphasize information and education on the misuse of alcohol in conjunction with referral to treatment programs, constitute an early-intervention measure. In addition, there is research on the effectiveness of short-term (90-day) treatment in 10 ASAP sites where there are NIAAA-supported projects.

In a second agreement, NIAAA collaborates with the National Highway Traffic Safety Administration on programs and projects involving alcohol and highway safety. These efforts pertain to research, treatment, prevention, training, public education, and information exchange.

A third agreement provides for development of a joint evaluation of State traffic data on highway fatalities in which alcohol is implicated.

Law Enforcement Assistance Administration

This agreement links treatment of alcoholic criminal offenders with the Criminal Justice Referral Program for Drug Abuse Offenders. The Treatment Alternatives to Street Crime (TASC) Program utilized the Law Enforcement Assistance Administration referral mechanism; treatment for criminal alcoholics was provided by NIAAA grantees.

Bureau of Health Planning and Resources Development

The Bureau of Health Planning and Resources Development of the Health Resources Administration transferred funds to NIAAA to support the development of standards for the review and approval or disapproval of proposals for use of Federal alcohol funds within its health service area.

National Institute on Drug Abuse and the Bureau of Community Health Services

NIAAA, jointly with the National Institute on Drug Abuse and the Bureau of Community Health Services of the Health Services Administration, supports a needs survey to determine the dimensions of drug, alcohol, and mental health problems in Migrant Health Centers. After existing client record data were collected and analyzed, this project would provide a preliminary data base on the drug, alcohol, and health problems of migrants and the types of services delivered. One goal is to determine the need for an integrated service delivery system.

National Institute on Drug Abuse and the National Highway Traffic Safety Administration

NIAAA, the National Institute on Drug Abuse, and the National Highway Traffic Safey Administration jointly sponsored a Legislative Professional Staff Project (Legis 50) to stimulate sound State legislative policy on drug abuse and alcoholism. Furthermore, the project attempted to build communication linkages among State legislatures, Federal agencies, and the educational and scientific communities. The demonstration States are Pennsylvania, Oklahoma, Oregon, Wisconsin, and Virginia.

National Institute on Drug Abuse

In a separate agreement with NIDA, FY 1975 alcohol research projects supported by 14 agencies were inventoried.

National Technical Information Service

An agreement was renewed between the National Clearinghouse for Alcohol Information, within the NIAAA Division of Prevention, and the National Technical Information Service, within the Department of Commerce, for the registration, abstracting, and marketing of grant and contract reports to the public. This service includes publications in selected research magazines, Government reports, and professional journals and provides industry and business with bibliographies to facilitate access to Government-supported research and technology.

Office of Education

A phase I agreement was executed for the development and production of educational films for junior and senior high school alcohol education.

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