

NEPENTHE

Newsletter on Drug and Alcohol Issues published by the University of Washington Alcoholism and Drug Abuse Institute and the Washington State University Alcoholism Training and Research Unit

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GOVERNOR'S SELECT PANEL ON DSHS
RECOMMENDS CHANGES IN
DRUG ABUSE & ALCOHOLISM OFFICES

Shortly after taking office last January, Governor Dixy Lee Ray established a select panel of professionals and community leaders to evaluate the current organizational structure of the Department of Social and Health Services. Included in this evaluation was to be an assessment of the services provided through DSHS and a consideration of whether changes in the structure of DSHS would result in improved quality and quantity of services. The panel's report was released late in the summer, and among its recommendations was the establishment of a Bureau of Alcoholism and Drug Abuse within a proposed Division of Health. The text of this section of the report follows:

"Drug Abuse

The Bureau of Mental Health administers state drug abuse treatment services. The bureau allocates approximately \$2 million per year to counties which, in turn, contract through local boards with local providers. Approximately 4,300 persons receive drug abuse services each year. A Drug Abuse Prevention Office (DAPO), which does planning and distributes about \$500,000 of federal funds directly to services providers (not through county boards), has until recently been a part of the state's Office of Community Development. Consequently, planning and administration of treatment funds have been characterized by duplication and lack of coordination. DAPO has been transferred to DSHS, effective July 1, 1977.

Many of the concerns expressed about mental health programs also apply to the drug treatment program, i.e., delayed payments, burdensome budgetary and reporting systems, insensitivity to urban-rural differences, lack of coordination with other service programs and insufficient emphasis on preventive services. Drug abusers who also are alcoholic, have physical or mental disabilities, or

health problems, have difficulty obtaining needed services. In addition, drug treatment providers feel that their programs have not received adequate attention within the Bureau of Mental Health. The two largest drug treatment programs are located in Spokane and King counties; outside of those two programs there are virtually no drug abuse prevention or treatment programs for youths or for prescription drug abusers.

Recommendations

- The Department should establish an Office of Drug Abuse outside the Bureau of Mental Health to administer all federal and state treatment funds. The new office would be responsible for statewide planning, research, evaluation, coordination, and training. The DSHS Office on Drug Abuse would become the designated single state agency and would assume functions performed by the Drug Abuse Prevention Office and the Bureau of Mental Health.
- The state should undertake a major examination of the statewide need for drug treatment programming, inventory the distribution of community-based resources and administer funds accordingly. Specifically, the proposed Office on Drug Abuse should allow flexibility in services, funds and regulations so that the locally determined needs and priorities of rural counties and smaller cities can be addressed as well as those of large metropolitan communities. Smaller counties need to be assured the delivery of the more costly services, e.g., methadone, residential care. Consideration should also be given to stabilizing funds for drug treatment programs in order to assure continuity of planning and operations.

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Nepenthe (ni-pen-the), n. (l. Gr. nepenthes, removing sorrow; ne-, not + penthos, sorrow, grief) 1. a drug supposed by the ancient Greeks to cause forgetfulness of sorrow, 2. anything causing this state.

- Drug abuse prevention and treatment programs need to be developed for youths and for prescription drug abusers.
- Drug abuser services should be coordinated more effectively with other DSHS programs. One or more drug abuse specialists should be assigned to the Division of Services to Families, Children and Adults, the Division of Services to the Elderly, and the Division of Adult Corrections.

Alcoholism

The Panel has been very favorably impressed by the almost unanimous praise the Office on Alcoholism has received from the community, consumers and other departmental staff. It is a well-managed program which is sensitive to the needs of its clients and attempts to deliver high quality service.

Under the Uniform Alcoholism and Intoxication Treatment Act of 1972, the Department has the option of providing services directly or contracting for services with public and private agencies. The Department contracts all services. Approximately \$6 million in state funds and National Institute on Alcohol Abuse and Alcoholism (NIAAA) formula grant monies are distributed for services according to the state alcoholism plan. State funds are made available to county alcoholism programs on a per capita basis, with no county receiving less than \$15,000 per year. A total of 41,201 individuals (unduplicated count) was served in calendar year 1976.

County alcoholism programs support detoxification centers, recovery houses and community alcoholism centers. The services of community alcoholism centers include education and prevention, client evaluation and referral, outpatient treatment, follow-up counseling, and alcoholism information schools. Services which cannot be effectively provided in each individual county are provided on a statewide basis, including six intensive inpatient alcoholism treatment facilities, three long-term residential care facilities, the state's Public Employee Alcoholism Program, alcoholism services at the state's corrections centers, and coordination of Native American alcoholism programs.

The revolving door aspect of detoxification programs is a problem without an agreed solution. Currently, a person can be held involuntarily for 48 hours. Some critics say it is impossible to sober up and motivate a person into treatment in that short a time span, and many persons repeat the process--one man came through 41 times in King County. A

90-day involuntary treatment program has been suggested as an alternative. Others would like to see more dollars shifted from detox to after-care services and cite the lack of community support services for patients immediately after their release from inpatient treatment programs as a serious obstacle. However, professionals report that neither inpatient treatment programs (21 to 28 days) nor long-term treatment programs have proven very successful with late-stage alcoholics. Treatment is expensive and most regress a short time after release. Consequently, the state has mandated that expenditure of funds for short-term detox treatment receive priority at the county level.

Recommendations

- More supportive care should be given to those alcoholism treatment clients discharged from treatment programs who do not have the survival skills necessary to cope with life outside the hospital. Individual needs vary and include structured living situations, day care programs, and night care programs.
- Alcoholism services should be coordinated more effectively with other DSHS programs. One or more alcoholism specialists should be assigned to the Division of Services to Families, Children and Adults, the Division of Services to the Elderly, and the Division of Adult Corrections.

Bureau of Alcoholism and Drug Abuse

The panel recommends the creation of a Bureau of Alcoholism and Drug Abuse within the proposed Division of Health. The bureau would consist of two distinct offices--the Office on Alcoholism and the Office on Drug Abuse. This recommendation is made for the following reasons:

- Although there are sufficient differences in treatment philosophies between alcoholism and drug abuse programs, the similarity of approach and major import of prevention and public education strategies argue in favor of merging these programs.
- Treatment staff report that many persons, young and old, abuse both alcohol and drugs. For example, alcohol treatment staff report that 80% of the 18 to 30 year-olds who come into alcoholism programs have mixed-substance abuse problems, including hard drugs. Treatment would be most effective if both abuse problems were addressed simultaneously.

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• Most rural areas of the state have combined these two programs with generally good results. Walla Walla is one example. Integration of local programs has permitted a pooling of costs for facilities and support services, a simplification of program monitoring and reporting, and a reduction of service duplication.

• These programs are administered jointly within the federal Department of Health, Education, and Welfare. Thirty states have moved toward combining these programs."

1977-1978 U.W. COURSES
ON
ALCOHOLISM, DRUG ABUSE

Fall Quarter, 1977:

N 488 (Nursing)
"Effects of Alcohol in Health & Disease"
Instructor: Edith Heinemann

Winter Quarter, 1978:

N 489 (Nursing)*
"Alcohol Problems in Family & Society"
Instructor: Nada Estes

Spring Quarter, 1978:

CONJ 475 (Medicine)
"Alcoholism"
Instructor: Marc A. Schuckit

SW 504 (Social Work)
"Social Problems & Social Welfare:
Drugs & Alcohol"
Instructor: Roger A. Roffman

SW 543 (Social Work)
"Psychiatric Drugs in Therapy &
in Recreation"
Instructor: Roger A. Roffman

SW 532 (Social Work)
"Counseling Alcoholics & Their Families"
Instructor: Lorie Dwinell

N 488 (Nursing)*
"Effects of Alcohol in Health & Disease"
Instructor: Edith Heinemann

* Evening Course. Also open to continuing education students.

1977-1978
U.W. CONTINUING EDUCATION ACTIVITIES
IN
ALCOHOLISM, DRUG ABUSE

As this issue of NEPENTHE "goes to press", final details are still in preparation for this year's C-E offerings. The following list, however, gives an indication of what's ahead:

1. "Understanding Psychotherapeutic Drugs"

This short course, to be offered collaboratively by the School of Pharmacy and the Alcoholism & Drug Abuse Institute, is designed primarily for the consumer of sedatives, antianxiety, antidepressive, and other mind-modifying medications. Currently scheduled for February-March, 1978.

2. "Young Problem Drinkers & Drug Users: Recent Research Findings & Intervention Strategies"

A two-day workshop on programmatic and practice issues associated with treatment of this age group. April 12-13, 1978.

3. "Addictive Disorders and Women: A Workshop on Treatment Approaches"

February 9-10, 1978.

4. "Recent Knowledge about Drug Abuse"

A ten-week course beginning in January, 1978.

5. "Alcoholism on the Job: A Program for Successful Intervention"

A ten-week course beginning in April, 1978.

For additional information concerning any of the above, contact Roger Roffman, Division Head for Training, U.W. Alcoholism & Drug Abuse Institute, 3937 15th Ave. N.E., Seattle, WA 98195. Additional details will appear in forthcoming issues of NEPENTHE.

AMPHETAMINES: A NATIONAL TRAINING PROJECT

A steering committee composed of health and law enforcement professionals met in Washington, D.C., on September 27 to initiate the Amphetamine Evaluation and Physician Training Project. The project will focus on the role of the physician in ensuring proper medical usage of amphetamines via a nationwide physician education program and on the role of law enforcement in public policy.

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The project is directed by David E. Smith, M.D., Associate Clinical Professor of Toxicology, University of California at San Francisco. Donald R. Wesson, M.D., Assistant Clinical Professor of Psychiatry, University of California at San Francisco, is the Assistant Director.

Begun in July, 1977, with the assistance of Smith, Kline & French Laboratories, the independent project is taking a multi-media education approach to clarify the use and misuse of amphetamines.

"Increased attention has been directed recently to the critical role of the physician in selecting and diagnosing patients who can benefit from treatment with amphetamines and in conducting the monitoring necessary to ensure that these drugs are properly utilized," Dr. Smith said. "I firmly believe that training and education are the keys to ensuring the proper use of amphetamines and other controlled substances by both physicians and patients."

The Amphetamine Evaluation and Physician Training Project has been designed to accomplish the following goals:

- Establishment of a training, consultation and information center, including a library of pertinent documents, articles and data on amphetamines.
- Development of videotaped programs that will be presented to local, state, and national agencies and organizations.

Activities already scheduled by Dr. Smith include a panel discussion, "Evaluation and Treatment of the Amphetamine Abuser", to be held at the National Drug Abuse Conference, April, 1978, in Seattle, Washington; presentation of a two-day National Amphetamine Conference to be held at the University of California, San Francisco, September 16-17, 1978 (a book will be developed in conjunction with the Amphetamine Conference); and an all day, continuing education program for physician training at the National Drug Abuse Conference, 1978.

The Steering Committee members who met on September 27 in Washington, D.C., are:

- David E. Smith, M.D.
Project Director
Amphetamine Evaluation &
Physician Training Project
- Arnold J. Mandell, M.D.
Co-Chairman, Dept. of Psychiatry
U of Calif., San Diego
- J Thomas Ungerleider, M.D.
Assoc. Professor of Psychiatry
Dept. of Psychiatry
U of Calif., Los Angeles

- John Morgan, M.D.
Director of Pharmacology
Center for Bio-Medical Education
City College of the City Univ.
of New York
- Gail Jara
Staff Coordinator
Division of Scientific and Education
Activities
California Medical Assn.

NATIONAL DRUG ABUSE CONFERENCE
TO BE HELD IN SEATTLE

Increasing the role and participation of medical professionals in the substance abuse field will be one of the major topics for discussion at the Fifth National Drug Abuse Conference to be held in Seattle on April 3-8, 1978.

"Health professionals who work within and outside the drug and alcohol abuse fields can contribute a great deal to the conference because of their practice, research and role in the community," commented Art Simmons, national conference chairperson.

"The conference can increase the cooperation and understanding between health professionals and people in the drug and alcohol abuse fields because it offers a unique opportunity for the exchange of information about treatment, prevention and education", Simmons said.

Registration has opened for the conference, which is expected to attract over 5,000 people from around the world who work in all aspects of the drug and alcohol, law enforcement, medical, psychological and pharmaceutical fields.

"The conference has an added importance this year as the Carter administration is beginning to re-examine the problems, goals and priorities within the entire substance abuse field." Simmons said. "From the conference will come a number of new directions for the federal government in these fields."

Over 30 task forces have been established to coordinate the conference planning for the social, cultural and topical aspects of the alcohol and drug abuse fields. The list of task forces includes clinical research, health professionals, health education, rock medicine, nursing, counseling, generics, and pharmacology.

Simmons encouraged anyone who is interested in working on program planning on a task force to contact the conference staff.

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The registration fee for the conference is \$85, but if paid before December 1, it is \$65. Scholarships will be offered and applications for financial aid must be received by the conference office by December 1.

"One of the goals of the conference is to solicit the best in research, theory and practical techniques for presentation and publication," Simmons said. He encouraged submission of summaries of papers to the conference office for consideration by October 5.

Manufacturers and groups will be invited to exhibit products and services at the conference.

Further information can be obtained by writing the National Drug Abuse Conference, 200 Broadway, Seattle, WA 98122.

ALCOHOL WORKING GROUP FOR
PRESIDENT'S COMMISSION APPOINTED

Seven individuals have been appointed to an alcohol working group which is one part of the President's Commission on Mental Health. Officially titled as the "Liaison Task Panel: Alcohol-Related Problems," the group is chaired by Carol Judge, wife of Montana's Governor. Others appointed include: Le Clair Bissell, Peter Brock, Mark Keller, John Morris, Robin Room, and Gerald Shulman. The panel members met for the first time in Washington D.C., on September 19.

\$42.75 BILLION TAB - ALCOHOLISM IN THE U.S.

The NIAAA has estimated the annual economic cost of alcohol-related problems to society as exceeding \$42 billion. \$19.64 billion is attributable to lost production, \$12.7 billion to health care, \$5.14 billion to motor vehicle accident losses, \$.43 billion to fire losses, \$2.86 billion to losses caused by violent crime, and \$1.94 billion to the cost of social programs responding to the problems created by alcoholism.

U.W. FACULTY AUTHOR ALCOHOLISM TEXT

Professors Nada J. Estes and M. Edith Heinemann of the U.W. School of Nursing have authored the recently issued textbook, *ALCOHOLISM: DEVELOPMENT, CONSEQUENCES & INTERVENTIONS*. Published by the CV Mosby Company, the book includes contributions by 29 professionals in the field. Sections of the text focus on developmental perspectives on alcoholism, pathophysiological effects of alcohol, alcohol problems in special groups, and therapeutic approaches to alcoholism. The book is priced at \$9.25.

THE IDENTIFICATION OF ALCOHOLICS
IN OUTPATIENT TREATMENT CENTERS

In an article recently published in *DISEASES OF THE NERVOUS SYSTEM*, Marc A. Schuckit and E.K. Gunderson reported the results of a Navy study concerned with the early identification of servicemen with alcoholism. The study compared Navy outpatient alcoholics, inpatient alcoholics, and a general outpatient psychiatric population on a number of demographic and clinical variables. Compared to inpatients, the outpatient alcoholics were younger, were often married, and were more frequently given favorable discharges. Compared to nonalcoholic outpatients, the outpatients were older, had lower socioeconomic origins, and were more often given favorable discharges. The authors suggested that, "it might be useful to screen all men who are seen at outpatient clinics for drinking problems or who exhibit certain signs of early alcoholism. From the present results it appears that older outpatients who are single or divorced and are eldest children from lower socioeconomic families and who are having current situational difficulties, including job adjustment problems, might be given detailed psychiatric examinations and a careful history of drinking-related problems."

Reprints of this article, *EARLY IDENTIFICATION OF ALCOHOLISM IN NAVY PSYCHIATRIC OUTPATIENTS*, are available upon written request to the Alcoholism & Drug Abuse Institute, 3937 15th Ave. N.E., NL-15, Seattle, WA 98195.

"FIRST, DO NO HARM"

In a recent issue of the *JOURNAL OF STUDIES ON ALCOHOL*, Griffith Edwards relates how minimal treatment (counseling and some telephone contacts), when one allows for future treatment if necessary, appears to be comparable to routine inpatient care of alcoholism. In pointing to the importance of studies such as this which deal with the evaluation of clinical intervention, Marc A. Schuckit notes that the findings parallel those of prior research. "The study is consistent with a series of investigations demonstrating that, in the usual alcoholic patient, shorter inpatient treatment is as effective as longer treatment; less sophisticated psychotherapy is as effective as those which require highly trained personnel; non-degreed therapists can do as well as degreed professionals for the average psychotherapy with alcoholics; and most drugs do not add to the rate of improvement seen in treatment programs" Schuckit's comments (in *ALCOHOLISM TREATMENT: OUR NEED FOR OPEN QUESTIONING*) on the Edwards article will appear in a forthcoming issue of the *JOURNAL OF STUDIES ON ALCOHOL*.

Noting that the Edwards study "reinforces the common sense conclusion that unnecessary long-term hospitalization might even do harm, exposing the patient to some physical dangers while in a hospital environment," Schuckit endorses research that critically evaluates treatment interventions.

The Edwards study appeared in Volume 38, No. 5, of the *JOURNAL* in an article titled, "Alcoholism: A Controlled Trial of 'Treatment' and 'Advice'."

UPCOMING LECTURES

"Chlordiazepoxide Revisited"

David J. Greenblatt, M.D.
Clinical Pharmacology Unit,
Massachusetts General Hospital
Harvard Medical School
Thursday, October 27, 1977
3:30 p.m.
Location: E205
Health Sciences Bldg.

*"Heterogeneity of Polydrug Abusers:
The Search for Subtypes"*

Albert S. Carlin, Ph.D.
U.W. Dept. of Psychiatry &
Behavioral Sciences
Tuesday, November 15, 1977
3:30 p.m.
Location: E205
Health Sciences Bldg.

*"The Goal of Treatment in Alcoholism:
Abstinence or Controlled Drinking?"*

Mark Keller
Emeritus Professor of Documenta-
tion,
Rutgers University, &
Editor Emeritus,
Journal of Studies on Alcohol
Tuesday, January 31, 1978
3:30 p.m.
Location: E205
Health Sciences Bldg.

GRANT PROPOSAL SUBMISSION DEADLINES

University of Washington faculty members or graduate students interested in applying for grant funds through the Alcoholism & Drug Abuse Institute are encouraged to write or phone the Institute for a copy of the application guidelines. The deadlines for proposal submission in the present academic year are: October 15, March 1, and July 1.

MASTER'S DEGREE PROGRAM ALIVE & WELL AT WSU

The Master's Program in Alcohol Studies at Washington State University received a jolt this summer when it suddenly discovered a renewal grant was "approved, but not funded" by the NIAAA. Word was received just four days before funding was to commence. Strong University support for the program was evidenced by the administration's willingness to increase funds for the coming year while more permanent funding arrangements are made. Alcohol Studies, which includes an undergraduate Certificate program, the Master's program and a Pre- and Post-Doctoral Research Training Program, has been supported by a combination of NIAAA grants, Initiative Measure 171 funds and University funds for the past several years.

The Initiative 171 funds have been especially important for both Training and Research. Over twenty-five papers dealing with alcohol and other drugs have been published in the past few years, and a like number presented at conferences and professional meetings. Among the topics represented are basic pharmacological research on physiological withdrawal, the effect of peer influence on college student drinking, and a rehabilitation program for Skid Road alcoholics.

NIAAA'S "OPERATION MAINSTREAM"

NIAAA's five-year plan for alcoholism presentation was outlined at the Alcoholism & Drug Abuse Institute's Fourth Annual Conference held in Seattle this past summer. Lois G. Whitley, Acting Director of the Division of Prevention, NIAAA, explained that the principal aim of the plan is "to integrate alcohol problem services into the mainstream services of the nation's health care system, mass media, public education, the workplace, the community and the family." Among the plan's specific goals are the following:

- (1) By 1983, 60% coverage of health care costs for treatment of alcohol problems by third party payers. At least half of the insured population should have broadly-based coverage for these services.
- (2) By 1983, alcoholism treatment capability doubled from \$600,000 to \$1.2 million. Occupational programs expanded to take in half the work force.
- (3) Hold the present level of per capita consumption of alcohol.

In reference to this last goal, NIAAA is considering mounting an effort to publicize (continued Page 7)

a national standard or norm for alcohol consumption that people could use as a general guide for what is acceptable. In commenting on this project, Ms. Whitley pointed to the national speed limit reduction as an analagous situation. "Even though this speed limit is imperfectly enforced and only partly observed, the results have been nothing short of dramatic. The slaughter on our highways has taken a sharp dip ever since it has been in effect."

"What this tells us is that there are a lot of Americans out there who will respond to a guideline. Observing the national speed limit has become the thing to do. It has created an atmosphere of what is acceptable and that atmosphere has had magic results."

The fourth goal of Operation Mainstream is doubling the nation's alcohol research capacity in the next five years. Emphasizing that the future fundings of alcoholism treatment and prevention programs will be heavily influenced by measurable results of effective performance, Ms. Whitley concluded her talk by pointing to the importance of well-trained alcoholism researchers being educated in U.S. universities.

THE GOLDEN TRIANGLE AND ILLICIT OPIUM

At the recent ADAI conference, "Policy Alternatives in the Control of Alcohol Abuse, Drug Abuse, and Smoking," Joseph L. Nellis, Chief Counsel of the Select Committee on Narcotics Abuse and Control, U.S. House of Representatives, was a featured speaker. Explaining that the Committee was established in 1976 and is chaired by Repr. Lester L. Wolff (D, NY), Nellis described its chief goal concerning international narcotics control as "ceaselessly exploring new methods and every kind of suggested alternative to expose the problem areas and press the Executive Branch to take action and seek coordination with other governments to control the supply and trafficking of narcotics."

Pointing to Mexico's recent emergence as a major source of heroin in U.S. cities, Nellis said that while 38% of U.S. heroin originated in Mexico in 1972, by 1977 Mexico accounts for at least 70% of the U.S. supply. Our government has spent \$40 million in the past two years in efforts to eradicate this source. Most of these funds have been used for an aerial crop destruction program.

Burma, and other countries in the Southeast Asian "Golden Triangle", are another major source of illicit opium. Nellis described an investigative trip he recently took to the Golden Triangle--an area believed to produce between 450-500 tons of opium

annually. Nellis met with Mr. Khun Sar, the leader of the Shan United Army, an insurgent force which finances its resistance to the Burmese military government by cultivating and marketing opium. Nellis believes that the U.S. should join with other governments in preemptively buying the Burmese opium crop before it can be funneled into illicit channels."

As early as 1971, the Shan State has offered to assist the U.S. in ending the Golden Triangle opium trail by selling the opium crop directly to the U.S. at the price which otherwise would be paid at the Thai border (the next step following in the illicit market route). Doubting the effectiveness of the U.S. State Department's present efforts of providing helicopters to the Burmese government, Nellis criticized the U.S. government for failing to come up with more innovative suggestions. "In my opinion, the only fruitful way to deal with Golden Triangle opium is for the United Nations to involve itself in a preemptive buy, by negotiating to take charge of the supply for four or five years while an income substitution plan is developed and implemented for the farmers. Unless this is done, it is predicted that within two or three years, more than one-half of the illegal supply of heroin in the United States and Western Europe will be smuggled from Southeast Asia, thus creating an enormous enforcement problem..." In Congressional hearings during the past few months, strong White House objection to the Committee proposal was voiced by Dr. Peter Bourne, President Carter's adviser on drug abuse policy.

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