

SB

363

Senator Johne Binkley

Senate Finance Committee
P.O. Box V • Juneau, Alaska 99811 • (907) 465-4985




Finance Committee
Co-Chairman

MEMORANDUM

February 1, 1988

TO: Senator Paul Fischer, Chairman
Senate Health, Education and Social Services Committee

FROM: Senator Johne Binkley 

RE: Senate Bill 363 - An Act relating to insurance coverage for treatment of alcoholism or drug abuse.

Sectional Analysis:

Section 1 - Establishes an exception in the statute that prohibits discrimination against a person who provides a service covered under a group disability insurance policy. This drug provision is necessary in order to require alcoholism or drug treatment at an approved treatment facility.

Section 2 - Requires certain insurers to offer coverage for treatment of alcoholism and drug abuse, and specifies the minimum benefits to be provided. Requires the benefits to be adjusted annually and imposes specific limitations on the coverage offered by the insurer. Defines various terms relating to the insurance coverage required by law.

Section 3 - Specifies that AS 21.42.365 also applies to service corporations, as insurers.

Section 4 - Applicability section.

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: Insurance coverage for treatment of alcoholism or drug abuse
Sponsor: Binkley, et al.
Requestor: Senate HESS Committee

Agency Affected: Commerce & Economic Dev.
BRU: Insurance
Components: Operations

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-

CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
----------------	------------	------------	------------	------------	------------	------------

REVENUE	-0-	-0-	-0-	-0-	-0-	-0-
----------------	------------	------------	------------	------------	------------	------------

FUNDING: (Thousands of Dollars)

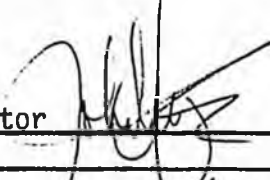
GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

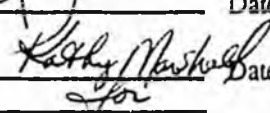
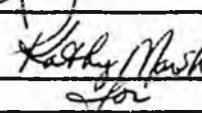
POSITIONS:

FULL-TIME	-0-	-0-	-0-	-0-	-0-	-0-
PART-TIME	-0-	-0-	-0-	-0-	-0-	-0-
TEMPORARY	-0-	-0-	-0-	-0-	-0-	-0-

ANALYSIS : (Attach a separate page if necessary)

There is no fiscal impact to the Division of Insurance.

Prepared by: John L. George, Director  Phone: 465-2515
Division: Insurance Date: 1/29/88

Approved by Commissioner: J. Anthony Smith  Date: 1/29/88
Agency: Commerce & Economic Development 

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

Funding Mechanism - Hold 1 week

Senator John Binkley

Senate Finance Committee

P.O. Box V • Juneau, Alaska 99811 • (907) 465-4985

Finance Committee
Co-Chairman

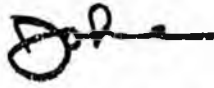
Treatment (State funded
programs)

MEMORANDUM

Insurance

January 19, 1988

TO: Senator Paul Fischer

FROM: Senator John Binkley 

RE: "An Act relating to insurance coverage for treatment of alcoholism or drug abuse."

Chemical dependency is defined by professionals as a disease of the body, the mind, and the spirit. The affects of chemical dependency on the individual are widely recognized. In recent years a new understanding of the impacts on relatives and friends has emerged. The January 18 issue of Newsweek headlines the scars that are often left on children of alcoholics. The Anchorage Daily News is concluding this week a special report, *A People in Peril*, on the ravages of alcohol in the state.

In 1985 the State Office of Alcohol and Drug Abuse calculated the net cost to the state of drug and alcohol abuse at more than \$170 million. At that time we were spending \$12.69 on services for each \$1.00 of revenue collected for alcohol products. Chemical dependency costs us all.

Alcohol and drug abuse can, with appropriate treatment and support, be arrested. Individuals in recovery become healthy and productive members of society; families can mend and grow; demands on community and state social services decrease; we all benefit.

Attached is a draft of legislation which would require providers of health insurance to include alcohol and drug abuse treatment.

Senator Paul Fischer
January 19, 1988
Page 2

Section 1 of the bill restricts the provider of services to those approved by the State Office of Alcohol and Drug Abuse.

Section 2 requires providers of health insurance to include treatment for drug and alcohol abuses. It establishes minimums of \$7,000 over a two year period and \$14,000 for lifetime coverage and ties these caps to the Consumer Price Index (Anchorage). It further restricts insurance companies from requiring a higher deductible or co-payment than is required for another illness, or other requirements that have the effect of delaying or limiting treatment. The definition section includes detox and outpatient treatment.

Section 3 conforms these sections with other statutory provisions.

Section 4 establishes an effective date of January 1, 1989. Existing policies would be grandfathered in until they are renewed or renegotiated.

Thirty-four states have enacted similar legislation. Studies have shown that general health care costs for families decline when alcohol is covered and treated. I invite you to join me in co-sponsoring this legislation. Please call my office before 4:00 on **Thursday, January 21**, and let Pat Jackson know if you would like to have your name included.

2 SENATE BILL NO.

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 FIFTEENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act relating to insurance coverage for treatment
7 of alcoholism or drug abuse."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. AS 21.36.090(d) is amended to read:

10 (d) Except to the extent necessary to comply with AS 21.42.365,
11 a [A] person may not practice or permit unfair discrimination against
12 a person who provides a service covered under a group disability
13 policy that extends coverage on an expense incurred basis, or under a
14 group service or indemnity type contract issued by a nonprofit corpo-
15 ration, if the service is within the scope of the provider's occupa-
16 tional license. In this subsection, "provider" means a state licensed
17 physician, dentist, osteopath, optometrist, chiropractor, nurse
18 midwife, naturopath, physical therapist, or occupational therapist.

19 * Sec. 2. AS 21.42 is amended by adding a new section to read:

20 Sec. 21.42.365. COVERAGE FOR TREATMENT OF ALCOHOLISM OR DRUG
21 ABUSE. (a) An insurer authorized under AS 21.09 to offer, issue for
22 delivery, deliver, or renew a disability insurance policy for medical
23 coverage on an expense-incurred basis in the state, or a hospital or
24 medical service corporation authorized under AS 21.87 to offer or
25 renew a subscriber's contract for medical coverage in the state, shall
26 provide the insured or subscriber the following coverage for treatment
27 of alcoholism or drug abuse:

28 (1) benefits of at least \$7,000 over two consecutive
29 benefit years; and

1 (2) lifetime benefits of at least \$14,000.

2 (b) The benefits specified in (a)(1) and (2) of this section
3 shall be adjusted yearly, by the director, to correspond with the
4 change in the medical care component of the consumer price index for
5 all urban consumers for the Anchorage Metropolitan Area compiled by
6 the Bureau of Labor Statistics, United States Department of Labor.
7 The base year for the computation shall be the first full calendar
8 year for which insurance is obtained under this section.

9 (c) The insurer or service corporation providing coverage under
10 this section may not

11 (1) require that the insured or subscriber pay a higher
12 deductible or co-payment for the cost of treating alcoholism or drug
13 abuse than for the cost of treating another condition or illness;

14 (2) require prenotification of treatment, a second opinion,
15 limit coverage on an inpatient or outpatient basis, or require a
16 specific form of treatment;

17 (3) exclude from coverage the cost of medical or psychiat-
18 ric evaluation, activity or family therapy, counseling, or prescrip-
19 tion drugs or supplies received at an approved treatment facility; or

20 (4) deny coverage solely because treatment was interrupted
21 or not completed.

22 (d) In this section

23 (1) "alcoholism or drug abuse" means an illness charac-
24 terized by

25 (A) a physiological or psychological dependency, or
26 both, on alcoholic beverages or controlled substances as defined
27 in AS 11.71.900; or

28 (B) habitual lack of self control in using alcoholic
29 beverages or controlled substances to the extent that the

1 person's health is substantially impaired or the person's social
2 or economic function is substantially disrupted;

3 (2) "approved treatment facility" means treatment in a
4 facility that is either approved under AS 47.37.140 or located and
5 licensed for treatment of alcoholism or drug abuse in another state;

6 (3) "co-payment" means the portion of the cost to be paid
7 by the insured or subscriber;

8 (4) "cost" means the lesser of the following:

9 (A) the actual charge for the treatment received for
10 alcoholism or drug abuse; or

11 (B) the usual, customary, and reasonable charge for
12 the treatment;

13 (5) "treatment" means medical care, including detoxifica-
14 tion, as an inpatient or outpatient at an approved treatment facility.

15 * Sec. 3. AS 21.87.340 is amended to read:

16 Sec. 21.87.340. OTHER PROVISIONS APPLICABLE. In addition to the
17 provisions contained or referred to previously in this chapter, the
18 following chapters and provisions of this title also apply with re-
19 spect to service corporations to the extent applicable and not in
20 conflict with the express provisions of this chapter and the reason-
21 able implications of the express provisions, and for the purposes of
22 the application the corporations shall be considered to be mutual
23 "insurers":

24 (1) AS 21.03

25 (2) AS 21.06

26 (3) AS 21.09, except AS 21.09.090

27 (4) AS 21.18.010

28 (5) AS 21.18.030

29 (6) AS 21.18.040

- 1 (7) AS 21.18.120
- 2 (8) AS 21.21.321
- 3 (9) AS 21.36
- 4 (10) AS 21.69.400
- 5 (11) AS 21.69.520
- 6 (12) AS 21.69.600, 21.69.620, and 21.69.630
- 7 (13) AS 21.78
- 8 (14) AS 21.90
- 9 (15) AS 21.42.345 - 21.42.365 [AS 21.42.345 AND 21.42.355]
- 10 (16) AS 21.89.040
- 11 (17) AS 21.89.060.

12 * Sec. 4. AS 21.42.365, enacted by sec. 2 of this Act, applies to
13 disability insurance policies and to hospital or medical service subscriber
14 contracts entered into or renewed after January 1, 1989.
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29

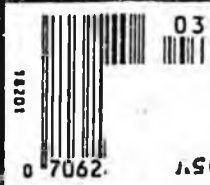
RETREAT FROM AFGHANISTAN

Will Moscow Really Pull Out?

Newsweek

Alcohol and the Family

Growing Up With Alcoholic Parents Can Leave Scars For Life



*****CAR-RI-SORTIX RR17
371
JCK 4080 ARO 564 JAB9 N17-R
MR GORDON JACKSON
2408 AVRORA DR
AK 99801
028057

Alcohol and the Family

The children of problem drinkers are coming to grips with their feelings of fear, guilt and rage

Believe it or not, there are still people who think that the worst thing about drinking is a hangover.

Oh, yeah, on New Year's Day I had a hangover that...

No. Forget hangovers.

Huh? So what should we talk about? Cirrhosis?

If you wish, but the liver, with its amazing powers of regeneration, usually lasts longer than the spouse, who tends to fall apart relatively early in the drinker's decline.

You're making it hard for a man to drink in peace.

Sorry, but even if spouses do not abuse alcohol, they can come to resemble drunks, since their anger and fear are enormous: way beyond what you'd find in a truly sober person.

I know, I know, it's terrible what goes on behind closed doors.

You make it sound like there are no witnesses. You're forgetting the children. They grow up watching one out-of-control person trying to control another, and they don't know what "normal" is.

I suppose it's hard for the kids, until they move out.

They may move out, but they never leave their parents behind.

Hmm. Listen, can we talk?

We already are. A lot of people already are.

We are, just now, learning more about heavy drinking, and, simultaneously, putting behind us the notion that what alcoholism amounts to is just odd intervals of strange, and sometimes comic, behavior: W. C. Fields, Dean Martin, Foster Brooks. Since 1935 the members of Alcoholics Anonymous have been telling us, with awesome simplicity, that drinking made their lives unmanageable; Al-Anon brought us the news that relatives

and friends of drinkers can suffer in harmony; and then came Alateen and even Alatot, where one picture of a stick person holding a beer can is worth a thousand slurred words. The Children of Alcoholics (COAs)—loosely organized but rapidly growing throughout the United States—reaffirm all of the previous grass-roots movements and bring us new insight into alcoholism's effects on the more than 28 million Americans who have seen at least one parent in the throes of the affliction. The bad news from COAs: alcohol is even more insidious than previously thought. The good news: with the right kind of help, the terrible damage it does to nonalcohol-



LEIF SKOOGFORS—WOODFIN CAMP

Exorcising old demons: Gill (rear) undergoes grief therapy at Caron Family Services



■ Shame, embarrassment and sadness: Fischl's "Time for Bed"

ics need not be permanent. Imagine a child who lives in a chaotic house, rides around with a drunk driver and has no one to talk to about the terror. Don't think it doesn't happen: more than 10 million people in the United States are addicted to alcohol, and most of them have children. "I grew up in a little Vietnam," says one child of an alcoholic. "I didn't know why I was there; I didn't know who the enemy was." Decades after their parents die, children of alcoholics can find it difficult to have intimate relationships ("You learn to trust no one") or experience joy ("I hid in the closet"). They are haunted—sometimes despite worldwide acclaim, as in the case of artist Eric Fischl—by a sense of failure for not having saved Mommy or Daddy from drink. And they are prone to marry alcoholics or other severely troubled people because, for one reason, they're willing to accept unacceptable behavior. Many, indeed, have become addicted to domestic turmoil.

'Hurting so bad': Children of alcoholics are people who've been robbed of their childhood—"I've seen five-year-olds running entire families," says Janet Geringer Woititz, one of the movement's founding mothers. Nevertheless, the children of alcoholics often display a kind of childish loyalty even when such loyalty is clearly undeserved. They have a nagging feeling

that they are different from other people, Woititz points out, and that maybe because, as some recent scientific studies show, they are. Brain scans done by Dr. Henri Begleiter of the State University of New York College of Medicine in Brooklyn reveal that COAs often have deficiencies in the areas of the brain associated with emotion and memory. In this sense and in several other ways—their often obsessive personalities, their tendency to have a poor self-image—the children of alcoholics closely resemble alcoholics. In fact, one in four becomes an alcoholic, as compared with one in 10 out of the general population.

The anger of a COA cannot be seen by brain scans. But at a therapy session at Caron Family Services in Wernersville, Pa., Ken Gill, a 49-year-old IBM salesman, recently took a padded bat and walloped a couch cushion hard enough to wake up sleeping demons. "I can't because I was hurting so bad and I didn't know why," he says. "A lot of things were going wrong. I

There's a Problem in the House

In "Adult Children of Alcoholics," Janet Geringer Woititz discusses 13 traits that most children from alcoholic households experience to some degree. These symptoms, she says, can pose lifelong problems.

Adult children of alcoholics . . .

- guess what normal behavior is.
- have difficulty following a project from beginning to end.
- lie when it would be just as easy to tell the truth.
- judge themselves without mercy.
- have difficulty having fun.
- take themselves very seriously.
- have difficulty with intimate relationships.
- overreact to changes over which they have no control.
- constantly seek approval and affirmation.
- feel that they are different from other people.
- are super-responsible or super-irresponsible.
- are extremely loyal, even in the face of evidence that the loyalty is undeserved.
- tend to lock themselves into a course of action without giving consideration to consequences.

When my mom drinks I just pretend she doesn't. I never even talk about it.



■ A 11-year-old's nightmare: Living in denial. COURTESY CLAUDIA BLAKE

was a wor... neglected my family." It took Gill only a few hours of exposure to the idea that he might be an "adult child," he says, to realize that his failings as a parent may be if not excused, then at least explained. Like a lot of kids who grew up in an alcoholic household, Gill, who is also a recovering alcoholic, never got what even rats and monkeys get: exposure, at an impressionable age, to the sight and sound of functioning parents. Suzanne Somers, the actress and singer, spent years working out her anger in the form of a just published book called "Keeping Secrets." "I decided that this disease took the first half of my life, and goddam it," she says, "it wasn't going to take the second half of it."

'Control freak': Not every COA has all of the 13 traits (chart, page 63) ascribed to them by Woititz in her landmark work, "Adult Children of Alcoholics" (1983, Health Communications, Inc.), and not all have been scarred. (President Reagan, who has written of sometimes finding his father passed out drunk on the front porch, does not appear, from his famous management style, to suffer from any tendency to be a "control freak," a most common COA complaint.) Some children of alcoholics are grossly overweight from compulsive eating while others are as dressed for success as, well, Somers. A few COAs are immobilized by depression. Another runs TV's "Old Time Gospel Hour." What these people do have in common is a basic agreement with George Vaillant, a Dartmouth Medical School professor who says that it is important to think of alcoholism not as an illness that affects bodily organs but as "an illness that affects families. Perhaps the worst single feature of alcoholism," Vail-

lant adds, "is that it causes people to be unreasonably angry at the people that they most love."

The movement is only about six years old, but expanding so rapidly that figures, could they be gathered for such a basically unstructured and anonymous group, would be outdated as soon as they appeared. We do know, though, that five years ago there were 21 people in an organization called the National Association for Children of Alcoholics; today there are more than 7,000. The 14 Al-Anon-affiliated children-of-alcoholics groups meeting in the early '80s have increased to 1,100. With only word-of-mouth advertising, Woititz's book has sold about a million copies; indeed, "Adult Children of Alcoholics" reached the number-three spot on The New York Times paperback best-seller list long before it was available in any bookstore—at a time, in other words, when getting a copy meant collaring a clerk to put in an order and saying the title out loud.

"We turned on the phones in 1982," says Migs Woodside, founder and president of the Children of Alcoholics Foundation in New York, "and the calls are still coming in 24 hours a day." The COAs Foundation sponsors a traveling art show that features the work of young and adult COAs; often, says Woodside, an attendee will stand mesmerized before a crude depiction of domestic violence or parental apathy ("Mom at noon," it says, beneath the picture of someone huddling beneath the bedcovers)—and will then go directly to a pay phone to find help. "The newcomers all tend to say the same thing," says Woodside. "'Wait a minute—that's my story, that's me!'"

"It's private pain transformed into a pub-

lic statement," says James Garbarino, president of the Erikson Institute for Advanced Study in Child Development, in Chicago, "a fascinating movement." But when you consider that denial is the primary symptom of alcoholism and that COAs tend by nature to take on more than their share of blame for whatever mess they happen to find themselves in, the rapid growth of the COAs movement seems just short of miraculous—something akin to a drunken stockbroker named Bill Wilson cofounding AA, now the model for a vast majority of self-help programs throughout the United States. After all, who would want to spill the family's darkest secret after years of telling teachers, employers and friends that everything was fine? ("A child of an alcoholic will always say 'Fine,'" says Rokelle Lerner, a counselor who specializes in young COAs. "They get punished if they say otherwise.") Who would voluntarily identify themselves with a group whose female members, according to some reports, have an above-average number of gynecological problems, possibly due to stress—and whose men are prone to frequent surgery for problems, doctors say, that may be basically psychosomatic?

The answer is, only someone who had, in some sense, bottomed out, just the way a drinker does before he turns to AA.

The concept of codependency is at the center of the COAs movement. Eleanor Williams, who works with COAs at the Charter Peachford Hospital in Atlanta, defines codependency as "unconscious addiction to another person's dysfunctional behavior." Woititz, in a recent Changes magazine interview, referred to it more simply as a tendency to "put other people's

Talking and playing their way to a healthy state of mind:



needs before my own." A codependent family member may suspect that he has driven the alcoholic to drink (though that is impossible, according to virtually all experts in the field); he almost certainly thinks that he can cure or at least control the drinker's troublesome behavior. "I actually thought that I could make a difference by cooking my husband better meals and by taking the kids out for drives on weekends [so he could rest]," says Ella S., a Westchester, N.Y., woman. "For all I know, it's a deeply ingrained psychological, and possibly genetic, disease, and here I am going at it with a lamb chop."

Mental movies: Obsessed with her husband's increasingly self-destructive behavior, Ella's next step, in typical codependent fashion, was to hide Bob's six-packs, which made him, to put it mildly, angry. Soon they were fighting almost daily and Ella was running mental movies of their scenes from a marriage all night long. "I was wasting a lot of time and energy trying to change the past, while he kept getting worse," she says. "There was a kind of awkward violence between him and me all the time; our hearts weren't really in it, but it wasn't until he had an affair with an alcoholism counselor that I got him to that I left." If you're wondering about children, Ella has a seven-year-old daughter, Ann. Her omission is significant. If life were a horse race, then Ann has been, as they say on the past performance charts, "shuffled back" among the also-rans.

What COAs—all people affected by alcohol—need to learn is that the race is fixed: when there is no program of recovery—either through the support of a group or the self-imposed abstinence of an individu-



■ The fighting never stops: Living with fear

al—the abused substance will always win, handily, no matter what the competition. The first step of AA begins, "We admitted we were powerless..." But what will become of Ann, who is codependent on two people? Perhaps, sensing that she is not exactly the center of attention, she will reach adulthood with a need for constant approval, a common COA symptom. Or maybe she will, even as a child, react to the chaos by trying to keep everything in her life under control, and thus give the impression that she is, despite everything, quite a trouper, a golden child.

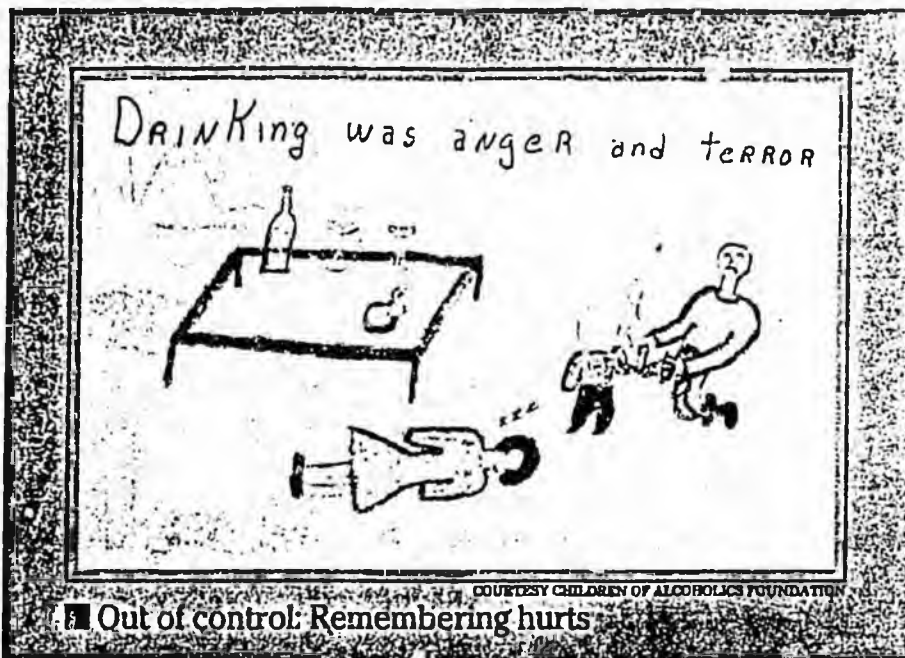
"[Some] don't fall apart until they're in their 20s or 30s," says Woititz, and in some cases, especially those marked by violence or incest and sexual abuse (three times more common in alcoholic households than in the general population), that's the wonder of it all. One eight-year-old patient at Woititz's Verona, N.J., counseling center woke up in the middle of the night to see her alcoholic mother shoot herself in the head. "The child called the 911 emergency number, got her mother to the hospital and basically saved her mother's life," says Woititz. "When I saw her she was having

The board game Sobriety (left), Brooks with a father and son at her California counseling center

TOM IVES

RICK RICKMAN





■ Out of control: Remembering hurts

nightmares—that she wouldn't wake up and witness this suicide attempt. This is not a normal nightmare. The child had become mother to her own mother."

Each unhappy family, as Tolstoy said, is unhappy in its own way. Artist Eric Fischl, 39, in a short videotape he made for the COAs Foundation called "Trying to Find Normal," speaks of stepping over his

passed-out mother, in their comfortable-looking (from the outside) Port Washington, N.Y., home and seeing her "lying in her own piss." His work, which has been the subject of a one-man show at the Whitney Museum in New York, is not autobiographical, he says, and yet "the tone [of it] has everything to do with my childhood." His painting "Time for Bed" (page 63) "re-

lates to my memory of all hell breaking loose," he says. "I guess you could say the boy is me and his shame, embarrassment and sadness is mine as well. The little boy's Superman pajamas are on backwards, so it's like looking in a mirror. I painted the woman standing on a glass table with spiked heels on to give it a sense of fragility and danger. The man only has one arm because I wanted a sense of impotence."

Alcohol leaves every alcoholic and codependent who does not admit his powerlessness over the substance in a constant state of longing. Fischl didn't realize how sad he'd been until his mother died, in an alcohol-related car accident, in 1970. "The thing about having a sick parent is that you think it's your problem," he says. "You feel like a failure because you can't save her." Even when there is no incest, there is seduction. Fischl's mother kept "signaling," he says, "that if you could just come a little bit further with me in this, you can save me."

Some of the other things that alcohol ruins, before it gets to the liver: family meals ("Alcohol fills you up. My father was never interested in eating with us"); gloriously run-of-the-mill evenings around the hearth ("Alcohol makes you tired. My father was in bed most nights at 8"). When enough C_2H_5OH is added to a home, vases may start to fly across the room and crash

Heredity and Drinking: How Strong Is the Link?

Research on the genetics of alcoholism took a curious turn a few weeks ago when Lawrence Lumeng analyzed his DNA to demonstrate why he can't tolerate liquor. Lumeng, a biochemist at the Indiana University School of Medicine, is among the 30 to 45 percent of Asians whose response to spirited beverages is a reddened face, headaches or nausea. This "Oriental flush," past studies have shown, arises in those who have an inefficient version of a liver enzyme that is crucial to the body's breakdown of alcohol; this "lazy" enzyme allows the buildup of an alcohol product, acetaldehyde, which is sickening and leads many Asians to shun alcohol. Working with biochemist Ting-Kai Li, Lumeng says that he pinpointed the gene that instructs cells to

make the odd enzyme. The experiment offers dramatic evidence that a bodily response to alcohol is genetically dictated—and is thus inherited as surely as eye color.

There is no evidence for the opposite proposition: that a specific gene makes a person *crave* alcohol. Considering the wide variety of reasons why people consume the stuff, it seems unlikely that a "drinking gene" exists. But researchers have firmly established that, compared with other children, an alcoholic's offspring are around four times more likely to develop the problem, even if they were raised by other, nonalcoholic parents. In families with a history of alcoholism, explains C. Robert Cloninger, a psychiatrist and geneticist at Washington University in St. Louis,

"what is inherited is not the fact that you are destined to become an alcoholic but varying degrees of susceptibility" to the disorder. So real is the predisposition that many researchers advise adult children of alcoholics (COAs) to drink no alcohol whatsoever.

Even the brains of COAs show faint signs of unusual activity, according to controversial studies by psychiatrist Henri Begleiter of the State University of New York in Brooklyn. Begleiter has found that young boys who have never consumed alcohol produce the slightly distorted brain-wave patterns typical of their alcoholic fathers. Such signature brain waves, he says, may mark the son of an alcoholic as likely to develop a drinking problem and perhaps alert him to the risk. However, it



MARY ANN CARTER

Probing for genes: Lumeng

into walls. All kinds of paper—court-issued Orders of Protection, divorce decrees, bounced checks—come fluttering down. The lights go on and off. Does that mean Daddy's forgotten to pay the bill again, or that the second act is starting?

Every alcoholic household is, in fact, a pathetic little play in which each of the members takes on a role. This is not an idea that arrived with the COAs movement; a 17-page booklet called "Alcoholism: A Merry-Go-Round Named Denial" has been distributed free of charge by Al-Anon for almost 20 years. Written by the Rev. Joseph L. Kellerman, the former director of the Charlotte, N.C., Council on Alcoholism, "Merry-Go-Round" takes note of the uncanny consistency with which certain characters appear in alcoholic situations. These include the Enabler ("a 'helpful' Mr. Clean... [who] conditions [the drinker] to believe there will always be a protector who will come to his rescue"); the Victim ("the person who is responsible for getting the work done if the alcoholic is absent") and the Provoker (usually the spouse or parent of the alcoholic, this is "the key person... who is hurt and



COURTESY CHILDREN OF ALCOHOLICS FOUNDATION
■ Trauma: Parental neglect

upset by repeated drinking episodes, but she holds the family together... In turn, she feeds back into the marriage her bitterness, resentment, fear and hurt... She controls, she tries to force the changes she wants; she sacrifices, adjusts, never gives up, never gives in, but never forgets").

Some of the earliest books in the COAs movement explored the drama metaphor

more deeply and defined the roles that children play. Sharon Wegscheider-Cruse, in her 1981 book, "Another Chance" (*Science and Behavior Books, Inc. Palo Alto, Calif.*), wrote about the Family Hero, who is usually the firstborn. A high achiever in school, the Hero always does what's right, often discounting himself by putting others first. The Lost Child, meanwhile, is withdrawn, a loner on his way to a joyless adulthood, and thus, in some ways, very different from the Scapegoat, who appears hostile and defiant but inside feels hurt and angry. (It is the Scapegoat, says Wegscheider-Cruse, who gets attention through "negative behavior" and is likely to be involved in alcohol or other drugs later.) Last and least—in his own mind—is the Mascot, fragile and immature yet charming; the family clown.

'Good-looking' kids: Virtually no one was publishing those kinds of thoughts when Claudia Black, a Laguna Beach, Calif., therapist, began searching for literature on the subject of the alcohol-affected family in the late '70s. "Half of my adult [alcoholic] patients had kids my age and older," she remembers, "but all I found was stuff on fetal alcohol syndrome and kids prone to juvenile delinquency." One thing that fascinated her about young COAs, she says, was that despite their developmental problems "they were all 'good-looking' kids"—presentable and responsible albeit

remains to be seen whether such brain scans are sufficiently reliable and informative to distinguish potential social drinkers from future alcoholics. The technique, comments psychologist Robert Pandina, scientific director of the Center of Alcohol Studies at Rutgers University, is "at this time not any more valuable" as a predictor of future drinking behavior "than collecting a good family history on an individual."

Other studies show that many COAs respond uniquely to booze. Marc Schuckit, a psychiatrist at the Veterans Administration Hospital in San Diego, has found that college-age sons of alcoholics often react less to a few drinks than other college men; in his studies, the drinkers' sons were generally not as euphoric or tipsy after three to five cocktails. Schuckit believes that this lower sensitivity makes it harder for the alcoholics' sons

to know when to stop drinking, starting them down the road to alcohol problems. Preliminary experiments by Barbara Lex of McLean Hospital in Belmont, Mass., confirm that daughters of alcoholics respond similarly. Women from families with a history of alcohol abuse tend to keep their balance better on a wobbly platform after having a drink. Apparently women, too, can inherit traits that might predispose them to addiction, although there are far fewer female than male alcoholics.

Half a beer: The key unresolved issue, of course, is why some individuals from alcohol-scarred families succumb to alcoholism while others don't. Genes play some role in the development, most notably in abstinence. "People say that whether you drink or not has to do only with willpower," explains Indiana's Lumeng, "but the reason I can drink only half a beer is biological."

Yet heredity alone obviously isn't to blame for alcoholism's appalling toll. In fact, about 60 percent of the nation's alcohol abusers are from families with no history of the disorder. How much people drink is influenced by factors as prosaic as cost; partly to curb consumption, the National Council on Alcoholism is lobbying to raise federal excise taxes on beer and wine, which haven't changed since 1951. Social influences like cost and peer pressure "are just as important as genes," says Dartmouth psychiatrist George Vaillant. "All the genes do is make it easier for you to become an alcoholic." For now, the value of genetic studies is to warn COAs that they may well have a real handicap in the struggle against the family trouble.

TERENCE MONMONEY with
 KAREN SPRINGEN in New York
 and MARY HAGER in Washington



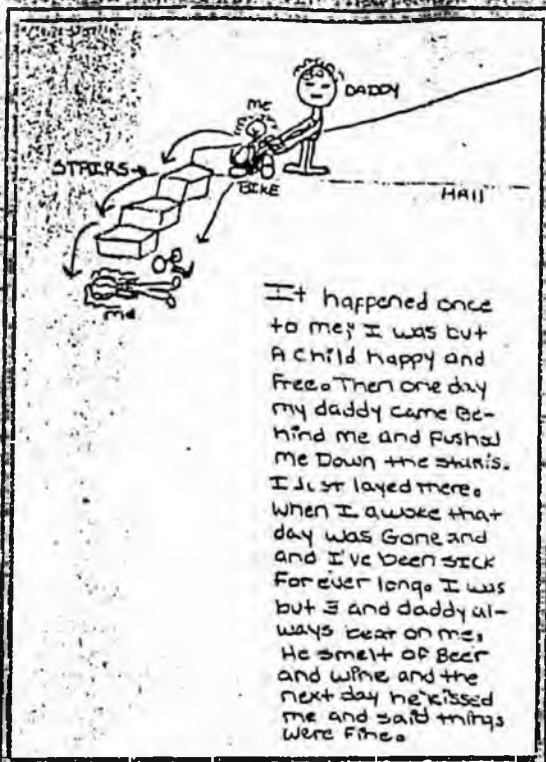
RICHARD SOBOL
 Tipsy? Lab demonstration

not terribly verbal. "They had friends but weren't honest with them. Everything was 'fine and dandy'."

The title of Black's important 1981 book, "It Will Never Happen to Me" (M.A.C. Denver, Colo.), reflects the typical codependent's mix of denial and false bravado. In it, she makes the point that the children in an alcoholic household never have an environment that is consistent and structured, two of the things they need most—and she, too, talks of such stock juvenile "roles" as the Responsible One and the Adjuster. Her unique warning was that children who survive a parent's alcoholism by displaying unusual coping behavior often experience "emotional and psychological deficits" later on. They are also likely to become alcoholics, says Black, because "alcohol helps these persons become less rigid, loosen up and relax. When they drink, they aren't quite so serious." Though those things happen to almost everyone who imbibes, Black says that "for those who are stuck in unhealthy patterns, alcohol may be the *only* thing that can provide relief."

Well, she guessed wrong there: a movement, manifested by often joyous meetings, has come along in the interim. At hundreds of COAs gatherings around the country tonight, people will talk and listen to each other's stories, to cry, to laugh and generally, as Ken Gill says, "recharge their batteries." "This program kept me from being an alcoholic myself," said a woman named Heather at a gathering in an affluent section of San Francisco last week. "Because I was the oldest, everything was always my fault. It's like when you make your parents breakfast and you bring them one scrambled egg and one fried egg—in my house I always scrambled the wrong egg." Heads bobbed in agreement. Who else but COAs could identify with a story about what happens when kids cook for their own mother and father?

Discovering self-esteem: Talking and listening; this is the way we've learned to deal with problem drinking. And though it sounds wimpy, don't knock it; it's the surest way to alleviate not just the imbibing but the whole range of symptoms we call alcoholism. A woman named Nina stood up at a meeting in Boston last week, practically glossed over the fact that both her parents were alcoholics—and proceeded to speak about how well she was feeling and doing. COAs meetings and literature, she said, had allowed her to discover self-



COURTESY CHILDREN OF ALCOHOLICS FOUNDATION
Physical abuse: An adult remembers

esteem. At another meeting, Carolyn told a story of complaining to her doctor about depression—and hearing the doctor shoot back a question about whether one of her parents was an alcoholic. "I was shocked," she said, and well she might be. Doctors, as a group, have yet to play a major role in helping mitigate the effects of alcohol, perhaps because the average medical-school student spends a grand total of between zero and 10 hours studying the affliction that kills 100,000 people annually.

An avalanche of information is coming, nevertheless, from another kind of M.D.—call them the Masters of Disaster, the people who've lived with alcoholism or worked with alcoholics so closely that they might as

A founding mother of the movement: Woititz
 BERNARD GOTFRYD—NEWSWEEK



well be their kin. Robert Ackerman, a professor of sociology at Indiana University of Pennsylvania, has been studying the children of alcoholics for an exceedingly long time by the standards of the movement—since the early '70s. In his recent book "Let Go and Grow" (Health Communications, Inc.), he reports on a survey he took to test the validity of Woititz's 13 generalizations about COAs, as well as seven more observations of his own. What he found was that "adult children of alcoholics identified about 20 percent more with these characteristics" than did the general population. Other professionals are reporting success with therapies involving hugging, acting out unresolved scenes from long ago and even playing one of several board games for children of alcoholics called Family Happenings and Sobriety. Cathleen Brooks, executive director of a program called Next

Step in San Diego, reports that her clients often make life-changing strides after six to 18 months of primary treatment and make the decision never to drink or take drugs.

The 7 million COAs who are under the age of 18 are harder to help, if only because their parents' denial tends to keep them out of treatment. For these children who never know what to expect when they come home from school each day, life, says Woititz, "is a state of constant anxiety." Some pediatricians think there is a link between such anxiety and childhood ulcers, chronic nausea, sleeping problems, eating disorders and dermatitis. Migs Woodside, from the COAs Foundation, says that the trained teacher can pick the child of an alcoholic out of a crowded classroom. "Sometimes you can tell by the way they are dressed or by the fact that they never have their lunch money," she says. "Sometimes you can tell by the way they suddenly pay attention when the teacher talks about drinking, and sometimes you can tell by their pictures."

Someday, 20 or 30 years from now, those children may feel a vague sense of failure or depression and be hard pressed to explain why. In the meantime, it's their Crayolas that are hard pressed. Beer cans—and not liquor or wine bottles—form a leitmotif in the work of young children of alcoholics. Occasionally, Woodside says, looking a little sad, the big stick figures can be seen tipping the cans into the mouths of the little stick figures.

CHARLES LEERHSEN with TESSA NAMUTH
 and bureau reports