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ON ALCOHOLISM 1977-78

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NATIONAL ORGANIZATIONS RELATING TO ALCOHOL ABUSE

ALCOHOL AND DRUG PROBLEMS ASSOCIATION OF NORTH AMERICA
1101 15th St., NW, Washington, DC 20005
202/452-0990

ADPA facilitates governmental and professional activities in the field of drug and alcohol problems by encouraging professionals to deal with the problems within their own discipline, and to cooperate with others engaged in these problems. Among the Special Interest Sections formed by the members, are Alcohol and Traffic Safety, Education, and Treatment Services.

ALCOHOLICS ANONYMOUS WORLD SERVICES, INC.
Box 459, Grand Central Station, New York, New York 10017
212/686-1100

AA is a worldwide fellowship of men and women who help each other maintain sobriety and who offer to share their recovery experience freely with others who have a drinking problem. They are concerned solely with personal recovery and do not engage in alcoholism research or medical or psychiatric treatment.

AMERICAN COUNCIL ON ALCOHOL PROBLEMS, INC.
119 Constitution Ave., NE, Washington, DC 20002
202/543-2441

ACAP is an interchurch federation, with approximately 80 denominations and state council affiliates, that acts as a medium through which individuals, churches, and other agencies may cooperate in promoting the alcohol-free way of life. Their activities include conducting research, producing publications and audio-visual materials, coordinating the work of the states, and acting as a liaison with Congress and government agencies in the interest of health and safety.

AMERICAN MEDICAL ASSOCIATION
535 North Dearborn St., Chicago, Illinois 60610
312/751-6000
Department of Mental Health

The AMA, through its Department of Mental Health, supplies its member physicians with the current information on alcohol through publications, seminars, and meetings. At this time, the AMA is undergoing reorganization of its committee structure, which may result in the re-activation of the Committee on Alcoholism and Drug Abuse.

**ASSOCIATION OF HALFWAY HOUSE ALCOHOLISM PROGRAMS
OF NORTH AMERICA, INC.**

786 East Seventh St., Saint Paul, Minnesota 55106
612/771-0933

The AHHAP was formed to promote the role of supportive residential facilities in the recovery process of those with alcohol problems. It provides a great deal of technical assistance to individuals and organizations, members and non-members. Much of the focus is on publications written specifically to assist in the development and upgrading of halfway house programs, staff training, and the like.

**ASSOCIATION OF LABOR-MANAGEMENT ADMINISTRATORS
AND CONSULTANTS ON ALCOHOLISM, INC.**

Suite 410, 11800 Sunrise Valley Dr., Reston, Virginia 22091
703/620-2577

ALMACA is a nonprofit health organization concerned with the development of occupational alcoholism programs in business, industry, and government. The Association is engaged in up-grading existing employee programs, conducting research and evaluation projects, and providing technical assistance to individual and company members.

CENTER OF ALCOHOL STUDIES (RUTGERS UNIVERSITY)

Rutgers, The State University of New Jersey
New Brunswick, New Jersey 08903
201/932-2190

The Rutgers Center of Alcohol Studies is a multi-disciplinary research, training, and documentation-publications institute. Research is done in both the laboratory and the community, using different scientific disciplines, in order to make available valid and varied information about drinking. Information is released through publications, documentation, general education efforts, and specialized training programs.

COUNCIL OF STATE AND TERRITORIAL ALCOHOLISM AUTHORITIES

1101 15th St., NW, Suite 206, Washington, DC 20005
202/452-9500

CSTAA, the national association of the state alcoholism program administrators of the fifty-six states and territories, represents the state alcoholism authorities in matters in which the collective voice of the states is necessary. It aims for more effective communication between states to facilitate orderly development of comprehensive alcoholism programs, and to promote coordination of alcoholism services at all levels of government. Among its special project areas are a research study on the impact of the Uniform Alcoholism and Intoxication Treatment Act, and the accreditation of alcoholism treatment programs.

DISTILLED SPIRITS COUNCIL OF THE UNITED STATES
1300 Pennsylvania Building, Washington, DC 20004
202/628-3544

DISCUS strongly believes that preventive education has a significant role to play in reducing alcohol abuse. It is involved in a public education campaign consisting of a national "Responsible Drinking" advertising program. It also sponsors the "Know Your Limits" campaign to educate adults about the effects of drinking and driving. It works closely with various other groups in educating school children on the subject of alcohol. DISCUS holds membership in key national organizations focusing on alcohol. In addition, it conducts research through its Scientific Advisory Council and its Applied Research Projects.

**NATIONAL ASSOCIATION OF STATE MENTAL HEALTH
PROGRAM DIRECTORS**
1001 Third St., SW, Suite 114, Washington, DC 20024
202/554-7807

A major concern of this organization is keeping its members abreast of the legislative changes in alcoholism. Task forces are appointed to investigate certain significant issues, for example, the renewal of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act. The standards and accreditation of state mental health centers is another area of concern.

NATIONAL CLEARINGHOUSE FOR ALCOHOL INFORMATION
PO Box 2345, Rockville, Maryland 20852
301/948-4450

The NCALI, a service of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), has been established as a supporting function to make widely available the current knowledge on alcohol-related subjects. Its services include providing notification of current literature in special interest areas, and disseminating various periodicals, books, pamphlets, and posters published by the NIAAA. The NCALI invites contribution to its information exchange by anyone interested in the alcoholism field. Submission of research studies, conference presentations, and journals is encouraged.

NATIONAL COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS
2233 Wisconsin Ave., NW, Suite 322, Washington, DC 20007
202/337-7530

The NCCMHC represents community mental health centers in the United States. It aims to coordinate the efforts of the community mental health movement and raise the level of its effectiveness. The NCCMHC has been active in responding to state and federal mental health legislative issues, including the need for specialized programs for alcohol abuse prevention, treatment, and rehabilitation.

NATIONAL COUNCIL ON ALCOHOLISM, INC.
733 Third Ave., New York, NY 10017
212/986-4433

The NCA is a national, voluntary health organization made up of local councils on alcoholism. Its activity is divided into several categories: medical, labor-management, public information and education, publications, research and evaluation, and community service programs. Local affiliates and associates are currently located in more than 120 cities throughout the country.

NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
U.S. Department of Transportation
400 7th St., SW, Washington, DC 20590
202/426-9588
Office of Driver and Pedestrian Traffic Safety Programs

This office sponsors the Alcohol Safety Action Project (ASAP), which is a community effort to reduce the alcohol-related highway crashes in a particular project area. ASAP has five countermeasures through which it attempts to control drinking drivers: (1) law enforcement, (2) adjudication and presentence investigation, (3) rehabilitation, (4) public information and education, and (5) evaluation. The validity of these projects is based on special assistance and new technology.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration
U.S. Department of Health, Education, and Welfare
5600 Fishers Lane, Rockville, Maryland 20852
301/443-2954

NIAAA is the primary focal point for federal activities in the area of alcoholism. It is responsible for formulating and recommending national policies and goals regarding the prevention, control, and treatment of alcohol abuse and alcoholism. The Institute is also responsible for developing and conducting programs and activities in support of these policies. NIAAA is aiming toward two goals: the immediate one is the provision of quality community-based treatment for all alcoholic persons; and the longer-range goal is the prevention of alcohol abuse and misuse. Information on all aspects of alcohol use and alcoholism is offered through the National Clearinghouse on Alcohol Information (NCALI).

THE SALVATION ARMY

120 West 14th St., New York, New York 10011
212/620-4900

The Salvation Army operates the oldest and largest alcoholic rehabilitation facility in the U.S. It has approximately 190 facilities: 150 Men's Social Service Centers, and 40 Harbor Light Programs. These programs are rehabilitation centers aimed at getting the alcoholic back in the job market. They are staffed by recovered alcoholics. Differences between programs reflect the degree of sophistication of resources, including psychiatric treatment and detoxification facilities. Recently, the Salvation Army has begun to increase its collection of academic materials, although its rehabilitation services are unquestionably the major emphasis of its efforts.

UNITED STATES BREWERS ASSOCIATION INC.

1750 K St., NW, Washington, DC 20006
202/466-2400

The major focus of this organization is research. Its medical advisory group analyzes current studies on the effects of alcohol and submits objective appraisals of its findings to its members. The Association also participates in a "cooperative venture" with the Distilled Spirits Council of the United States (DISCUS). Together they offer an educational program called "Know Your Limits".

WINE INSTITUTE

165 Post St., San Francisco, California 94108
415/986-0878

Wine Institute is a trade association of the Winegrowers of California which believes that people should be given skills and information to make responsible decisions about drinking. The Institute is urging communities to take the lead in adopting comprehensive programs to achieve this goal. Wine Institute is responsible for a "Wine on Campus" project in which a national network of college instructors offers information on responsible drinking and positive role models.

NATIONAL CLEARINGHOUSE FOR ALCOHOL INFORMATION

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UNITED STATES CONFERENCE OF MAYORS

1620 Eye Street, N.W., Washington, D.C. 20006

SCOMM

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WASHINGTON STATE UNIVERSITY

PULLMAN, WASHINGTON 99163

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file*

SELF CONTROL RESEARCH & TRAINING UNIT

*received
9/20/77*

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September 2, 1977

Senate Committee on Alcoholism
1016 W. 6th Avenue
Suite C
Anchorage, Alaska 99501

Dear Committee Members;

Enclosed is the material you requested on our experimental Education-Prevention program for students and Treatment program for alcohol abusers. The book, How to Control Your Drinking by Miller and Munoz is referenced in the Education-Prevention article.

If we can be of further assistance to you, let me know.

Sincerely,

Warren K. Garlington
Warren K. Garlington, Ph.D.
Professor

An Alcohol Education and Prevention Program
for College Students

Warren K. Garlington and Denice A. DeRicco¹

Washington State University

¹ Please send requests for reprints to either Warren Garlington or Denice DeRicco, Dept. of Psychology, Washington State University, Pullman, Washington, 99164

Abstract

Twelve upper division college students volunteered for participation in a three component alcohol education and prevention program. Components included blood alcohol level discrimination, a ten hour mini-course in operant principles and self-management techniques related to alcohol ingestion, and a four hour audio-visual series relating to the physiological, psychological and sociological concomitants of beverage alcohol consumption. Quantity-frequency beverage alcohol consumption measures and beverage alcohol consumption rate measures were compared between baseline and two and six month follow-up intervals. Reliability data were gathered to corroborate self-report quantity-frequency data. All 12 subjects dramatically reduced both the frequency and rate of their beverage alcohol consumption by program completion. Decreases were maintained at both follow-up intervals. Importantly, decreases in frequency correlated .85 with decreases in rate. Subjects learned to discriminate their blood alcohol levels within 4 sessions. Blood alcohol level discrimination was maintained at both follow-up intervals.

Introduction

Surveys of college campuses, including Washington State University, indicate that more than 90% of the students have at least tasted an alcoholic beverage (Garlington and Krasnec, unpublished). Seven per cent report serious problems with alcohol. These students, most of whom have experimented with alcohol prior to college entrance will, for the most part, either discontinue drinking or remain social drinkers after college. A certain number, however, will be counted among the alcoholics of the nation in another twenty to thirty years. Interviews with students on this campus make it clear that most enjoy drinking for a number of reasons and see no reason to stop, even when, in some cases, their drinking is excessive. Many students who will never be labeled alcoholics or even problem drinkers, will, nevertheless, have occasional problems with over-indulgence and suffer the consequences--hangovers, DWI's, unintended quarrels and fights, just making a fool of ones self and later regret. One fraternity on campus, for example, has demonstrated a remarkable proclivity for receiving DWI's. Over the past 5 years, the collective membership of this fraternity has received an average of 5 DWI's per year.

The striking fact in attempting to review prevention approaches for young people is that, while there are many proposals and ideas, there appears to be virtually no hard data on the effectiveness of the programs. For example, a recent publication of HEW, The Whole College Catalogue about Drinking (Hewitt, 1976) describes a variety of innovative and imaginative prevention programs, but presents no data on any behavioral changes among the students involved.

The present endeavor is a project demonstration which involves both the development of a comprehensive education-prevention program and follow-up effectiveness data.

Method

Subjects

Twelve upper division college students, 6 men and 6 women, ranging in age from 19 to 24 years, volunteered for participation in this study. Prior to program participation subjects consumed a mean weekly quantity of from 4 to 36 ounces of the equivalent of 86 proof spirits. Five of the 12 subjects had previous alcohol related arrests on their records. Subjects were divided equally into two groups. Each group included 3 men and 3 women. Groups were conducted during consecutive semesters.

Procedure

Baseline

Subjects collected baseline beverage alcohol quantity-frequency consumption data prior to the beginning of treatment. For each subject, a reliability observer collected the same data. Prepared data sheets were provided to subjects and observers. Both subjects and observers were required to return data sheets to the experimenter once a week. Throughout the prevention program and follow-up intervals, subjects and observers continued to collect daily quantity-frequency data.

Blood Alcohol Level Discrimination Training

Subjects drank beer, at their own rate, in a simulated tavern. Every twenty minutes subjects were asked, individually, to describe how they felt and to estimate their blood alcohol level. Subjects then blew into a Smith and Wesson Breathalyzer, Model No. 10A, and were shown their actual blood alcohol level reading. Sessions were held twice weekly and held constant at two hours. Discrimination training was terminated when subjects' estimates were within plus or minus .01 of actual breathalyzer readings for 3 consecutive trials.

During the discrimination training sessions the bartender and a reliability observer recorded the number of ounces consumed by each subject in order to assess drinking rate. Subjects drank from beer glasses that were decoratively calibrated at two ounce intervals. Ounces were recorded in five minute time blocks on prepared data sheets. Rate was defined as number of ounces consumed divided by consumption time.

Self-Management Training

Following discrimination training subjects attended 5 two hour lectures on basic operant principles (Miller, 1975) and self-management techniques (Watson and Tharp, 1972). This lecture series was actually a mini-version of Psychology of Self-Control, a course at Washington State University developed by Brigham and DeRicco (1973). Subjects were also assigned readings and tasks from a workbook, How to Control Your Drinking (Miller and Munoz, 1976).

Education

Following self-management training subjects attended 2 two hour sessions in which materials relative to the physiological, psychological and sociological concomitants of beverage alcohol consumption were presented. The physiological component was presented by a member of the Pharmacology faculty. The psychological and sociological components were presented via audio-visual material.

Follow-up

Subjects returned for an additional two hour session at intervals of 2 months and 6 months postprogram. These follow-up sessions were conducted in the same manner as the Discrimination Training sessions except that subjects were not given feedback on actual blood alcohol readings. On the day of the follow-up sessions, subjects and reliability observers began two weeks of collecting quantity-frequency data in the same manner as in the Baseline condition.

Results

All 12 subjects dramatically reduced their drinking frequency. Two subjects, one male and one female, stopped drinking entirely (see Figure 1). Decreases

Insert Figure 1 about here

tended to occur in small increments which began with blood alcohol level discrimination. Quantity-frequency decreases were maintained at both follow-up intervals. Mean reliability between subjects and observers was 91.8% with a range from 82.6% to 99.7%.

All 12 subjects significantly decreased their consumption rate (see Figure 2). Decreases in rate, defined as the number of ounces consumed divided by con-

Insert Figure 2 about here

sumption time, tended also to occur in small decrements. In fact, decreases in rate correlated about .65 with decreases in reported frequency. Rate decreases were maintained at the 2 and 6 month follow-up intervals. Mean reliability between the bartender and observer was 98.2% with a range from 97.5% to 100%.

Subjects achieved blood alcohol level discrimination within 4 sessions. All 12 subjects maintained their discrimination at the 2 and 6 month follow-up sessions. For each subject at follow-up, every trial was within the plus or minus .01 criterion.

Discussion

Importantly, subjects did, in fact, demonstrate reduced drinking frequencies as a function of an education and prevention program. As much as six months later subjects were drinking considerably less than their baseline frequencies.

Additionally none of the subjects was arrested for alcohol related offenses. Though the results are certainly promising, long term effects cannot be assumed. Subjects have been asked to return for additional sessions at one and two year intervals. Although subjects have indicated cooperation toward this end, it is impossible to predict how many of them will actually return. It is possible, however, to collect self-report frequency data at one and two year follow-up intervals.

Perhaps the most important data generated by the present study is the direct correlation between decreases in drinking rate and decreases in reported frequency. Most alcohol research involving human subjects, particularly in terms of follow-up, relies on subject self-report. Consumption rate may give us an objective, independent measure of subjects' drinking behavior. Reduced drinking rates may appear only in a simulated tavern or only when beer is the beverage alcohol being consumed. The present study strongly indicated further research is warranted, aimed at isolating drinking rate as an indicator of drinking frequency.

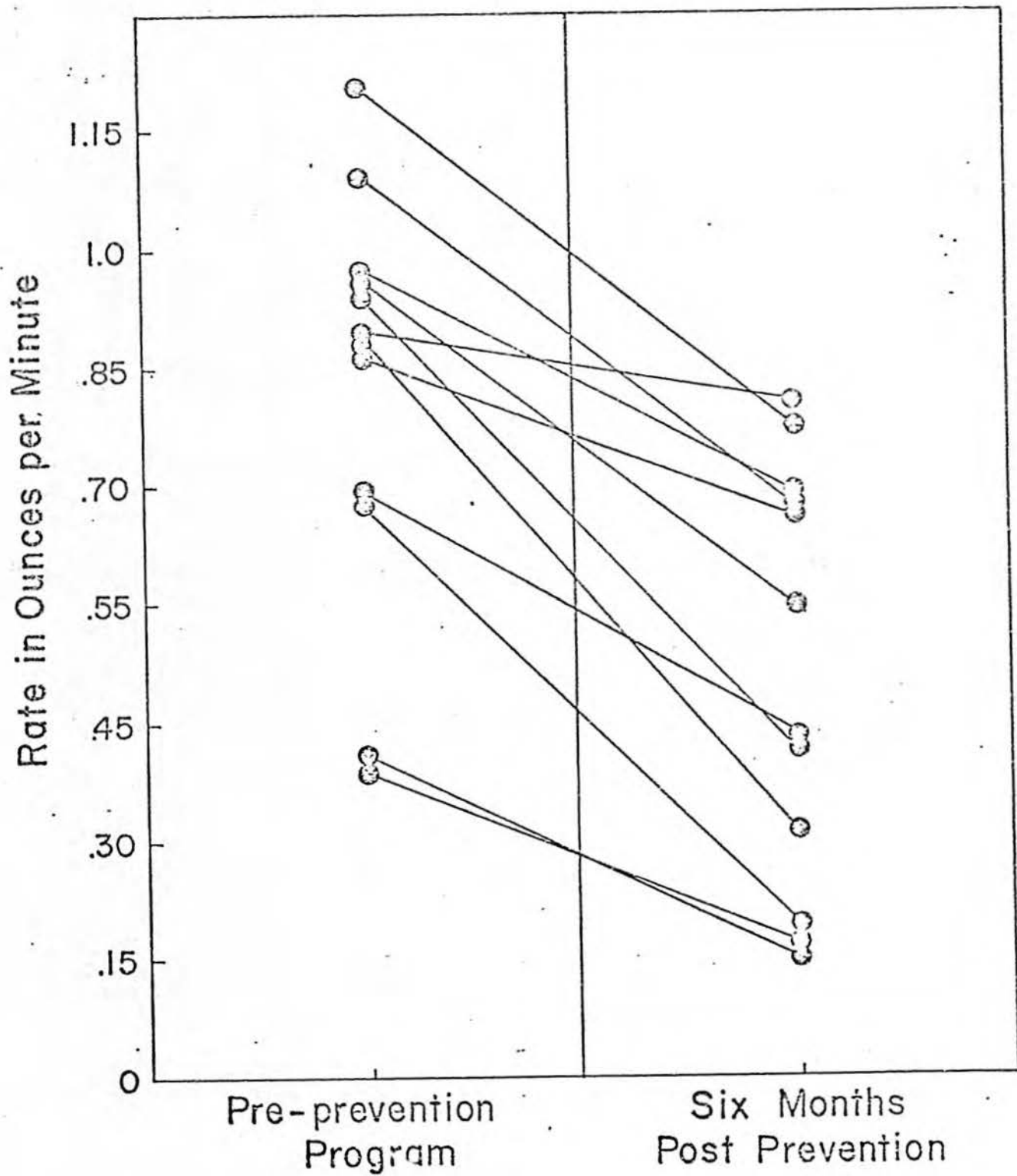
Subjects acquired blood alcohol level discrimination in 4 sessions. There were 4 trials per session. Maintenance of blood alcohol level discrimination supports Bois and Vogel-Sprott (1974). These authors found maintenance of blood alcohol level discrimination for non-alcoholics. Huber, Karlin and Nathan (1976) found that blood alcohol level discrimination, when acquired as a function of attending either to internal discriminative stimuli or to internal and external stimuli, was maintained at follow-up. Subjects in the present study employed both internal and external discriminative stimuli in estimating their blood alcohol level. Maintenance of blood alcohol level discrimination for these subjects supports Huber et al. (1976).

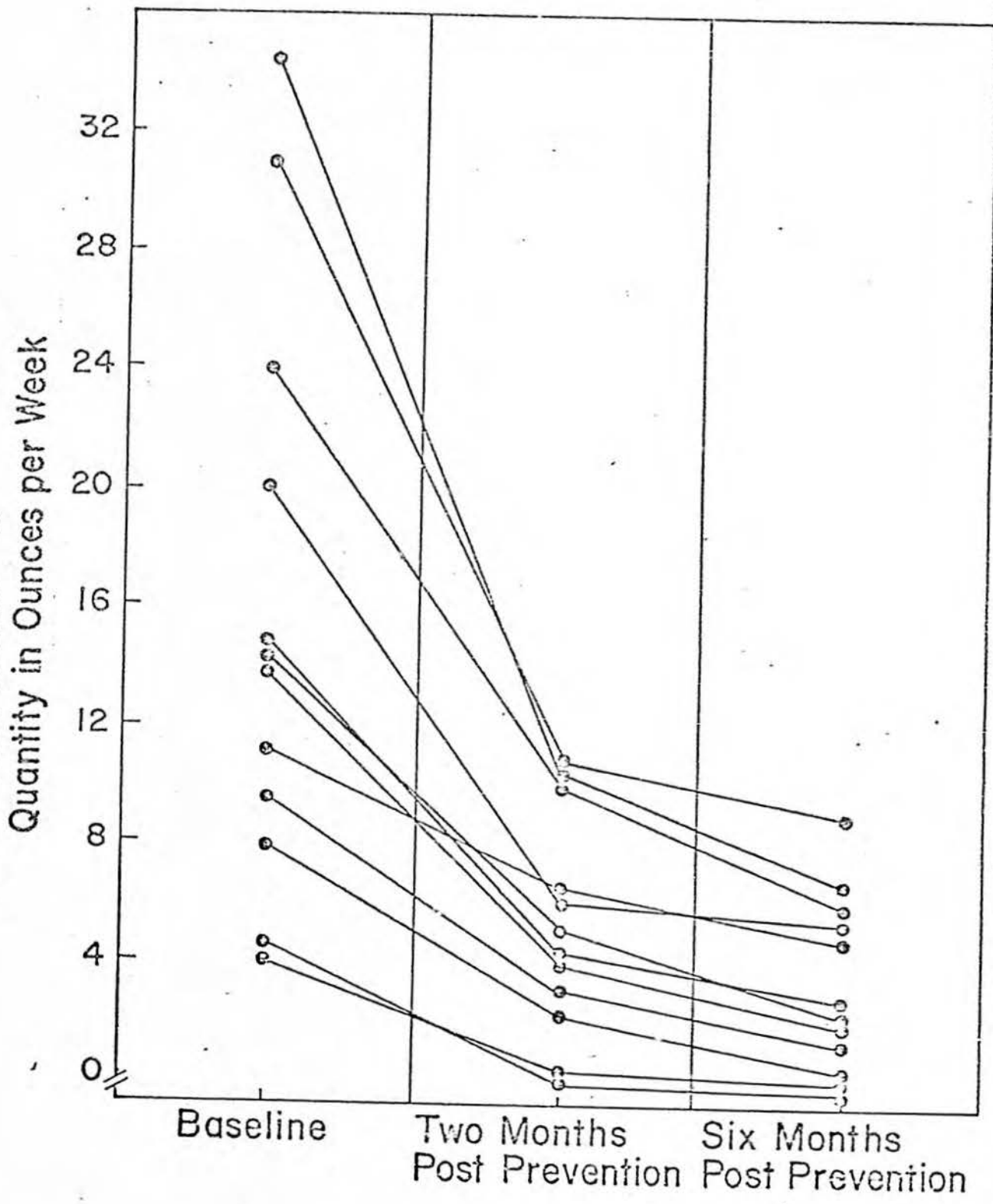
It has been demonstrated that a comprehensive education and prevention program results in reduced drinking frequency and reduced drinking rate with college

student subjects. However, more questions have been raised than answered by the present research. A component analysis, based on a multiple baseline model, should be conducted to assess the effectiveness of program components. Rate, as an independent indicator of drinking frequency should be investigated. Generalized stability of blood alcohol level discrimination should be studied. Prevention, given the results of the current study, seems a fruitful area for continued research.

Figure 1. Mean number of ounces (equivalence of 86 proof spirits) per week for 12 subjects during baseline (preprogram) and for follow-up intervals of 2 and 6 months.

Figure 2. Rate, in terms of ounces per minute, for 12 subjects during the first discrimination training session and during the 6 month follow-up session.





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*THE EFFECT OF MODELLING ON DRINKING RATE*WARREN K. GARLINGTON¹ AND DENICE A. DERICCO

WASHINGTON STATE UNIVERSITY

Three male college seniors were asked to drink beer at their normal rate in a simulated tavern setting. Each was paired with a confederate, also a male college senior, in an ABACA single subject design. In the baseline conditions, the confederate matched the drinking rate of the subject. Baseline and all subsequent conditions were continued in 1-hr sessions until a stable drinking rate was achieved. In Condition B, the confederate drank either one third more or one third less than the subject's baseline rate. In Condition C, the direction was reversed. All three subjects closely matched the confederate's drinking rate, whether high or low. All subjects reported they were unaware of the true purpose of the study.

DESCRIPTORS: drinking rate, imitation, modelling, matching, participant observers, recording and measurement techniques, social control, college students

Drinking among college students and other young people has only recently been studied systematically (Jessor and Jessor, 1975; Maddox, 1970; Straus and Bacon, 1953), and a number of sociologic studies suggest that an important determinant of drinking rate in young people is peer example or conforming to the drinking rate modelled by companions (Rogers, 1970). Bandura (1969) pointed out that "the behavior of models often serves merely as discriminative cues for observers in facilitating the expression of previously learned responses that ordinarily are not subject to negative sanctions" (p. 196). The prevalence of drinking on college campuses suggests that this behavior is quite acceptable (Maddox, 1970). A recent survey conducted on the campus of Washington State University (Garlington and Krasnec, Note 2) found that 84.4% of 741 students surveyed reported drinking once a month or more.

Young people report that peer drinking is the most important influence on their alcohol consumption (Kimes, Smith, and Maher, Note 3). Although these social influences on drinking rate have been reported by students and other young people, and correlational data have been obtained suggesting possible effects of one or more drinking parents acting as model for a son or daughter's drinking behavior (Kimes, *et al.*, Note 3), the only published controlled research on the direct effects of modelling on drinking is a study by Caudill and Marlatt (1975). They used what was ostensibly a wine "taste-rating" task. Each subject was paired with a confederate, and they were asked to rate the taste of each of three different wines on a number of descriptive adjectives. Subjects drinking with the High-Consumption model drank significantly more wine than subjects in either the Low-Consumption Condition or the No-Model Condition, the latter conditions not being significantly different. The subjects did not actually match the models' consumption, the High-Consumption group averaging only a little more than half of the models' consumption and the Low-Consumption group averaging almost twice as much as the models. However, modelling clearly had an effect on consumption.

¹Special thanks are due Michael Laederich, Gary Larson, and Michael Miller who served as confederates and to P. Pamela Lucido and Maria Krasnec who served as participant observers. This research was supported by WSU Grant in Aid 13B 3905 0545, from the Graduate school. Reprints may be obtained from Warren K. Garlington, Psychology Department, Washington State University, Pullman, Washington 99163.

The Caudill and Marlatt (1975) study used a group design in which subjects spent one session in the taste-rating situation, in a laboratory environment. The present study, using a single subject design, dealt with the effects of modelling over a number of drinking sessions and investigated the effect of both high- and low-consumption modelling on the same subject. Sessions took place in a simulated tavern. Subjects were told they were participating in a study of normal drinking patterns. It was hoped in this manner to approximate the natural environment and the subjects' characteristic drinking patterns over time, making it possible to examine the effect of modelled drinking rate in a more "real life" situation.

METHOD

Subjects

Three volunteer male college seniors, 23- to 26-yr old, were classified as moderate drinkers based on a quantity-frequency self report indicating they drank at least the equivalent of six ounces of pure alcohol per week, with a range of 6.75 to 18 ounces.²

Subjects agreed in writing to serve in a study of normal drinking patterns, which would involve drinking beer. The actual objectives of the study were explained to the subjects after the study was completed. Before the debriefing, subjects were asked to state their beliefs as to the purpose of the study. All said that they believed it to be a study of normal drinking, as expressed in the original instructions.

Confederate Models

Three male college seniors served as confederates and one confederate was assigned to each subject. The confederate was introduced to the subject as another student participating in the

²The 18-ounce-per-week subject reported, on further questioning, that this represented the amount consumed during the past month when he attended an unusual number of parties. Although higher than his usual drinking rate, the figure was retained, since the data for the other subjects also were based on the past month.

study of normal drinking. Before beginning the study, the confederate received training in matching his drinking rate to that of another drinker and in drinking at a pre-arranged rate. Training was carried out in sessions in which the confederate practised drinking the same amounts of beer in each 5-min time interval, as the practice subject drank. The confederate also practised drinking at specified rates, in ounces per 5-min blocks. Confederates, bartenders, and observers were instructed to refrain from discussing drinking behavior during sessions. No other instructions were given pertaining to social interaction. The performance of the confederates was checked by one of the authors. All were accurate within 0.5 ounce per 5-min block by the end of training.

Environmental Setting and Apparatus

Experimental sessions were conducted in a 1.8 by 3.6 m experimental room that resembled a tavern, containing a 1.5 by 1.35 m bar, three bar stools, two tables, and a couch. Bottles of beer were stored in a refrigerator behind the bar. Twelve-ounce beer glasses were calibrated decoratively at each two-ounce interval. A Meylan clock, model J4661-60M, was used to time 5-min intervals within sessions.

Design

An ABACA reversal design was employed in which each subject served as his own control. Subjects (and confederates) were instructed to drink at their usual rate for each 1-hr session. The confederate matched his drinking rate to the subject's in Baseline 1 condition. In the first intervention, two of the three confederates then modelled a fast rate by increasing their drinking rate to one third more than the subject's Baseline 1 rate. The third confederate modelled a rate one third less than the subject's Baseline 1 rate. The second intervention reversed these conditions, *i.e.*, two confederates modelled the slow rate and the third, the fast rate. Interventions were interspersed with return to baseline and the study concluded with a return to baseline. Sessions were continued in each condition

until stability (defined as a change no greater than ± 0.10 ounces of beer per minute for three consecutive sessions) was reached.

Participant Observers and Reliability

Two trained graduate assistants, each participating in 25% of the sessions, recorded the subjects' drinking rate along with the bartender, providing reliability data for 50% of the sessions. The observers were present on a variable schedule. They made no effort to conceal that they were recording. The instructions to subjects indicated that this was a study of normal drinking patterns, so recording was to be expected. There was no systematic change in rate during sessions where an observer was present. Both observers and bartender recorded total ounces of beer, rounded off to the nearest ounce, consumed in each 5-min period by both subjects and confederates. The observer sat on a couch at one side of the bar. During the sessions, the participant observers became part of the social interaction, talking with the subjects and confederates, but not drinking. Participation was in terms of social interaction.

Reliability was calculated by dividing the number of 5-min blocks in which agreement was reached by the number of agreements plus disagreements. Mean observer reliability was 96%. Reliability between the bartender and Observer 1 ranged from 88 to 96%, with an average of 92%, and with Observer 2, it was perfect (100%) over three subjects. During the 50% of the sessions in which reliability checks were taken, there were no 5-min blocks in which zero drinking occurred. During nonreliability sessions, there were five instances of zero consumption during a 5-min block. The bartender recorded the confederate's rate as well as the subject's rate; however, reliability was not obtained on confederate's drinking rate.

RESULTS AND DISCUSSION

Figure 1 presents rates of beer consumption for both subjects and confederates during all conditions. The last three sessions in each condi-

tion represent stability. Rate was calculated by dividing the number of ounces of beer consumed in sessions by 60 min, the total session time. Clearly, consumption was influenced by the drinking rate of the confederate.

Increases and decreases in subject consumption rates matched closely the modelled rates, with the single exception of Subject 1 during the fast rate, where he increased his rate to a point about 0.2 ounces per minute over the confederate's rate. Baseline matching was virtually identical, of course, because the design called for the confederate to match the subject during these conditions. Sessions required to reach stability decreased over conditions, suggesting an increasing influence of the confederates over the subject's drinking rate.

Modelled drinking rates dramatically influenced the subjects' rates of beer consumption. Subjects tended to match the confederates' rate, rather than generally increasing or decreasing their rates as a function of the modelled condition. The notion that drinking rates may be socially influenced is supported.

Modelling is not instantaneous. Sessions required to reach the first criterion point varied from four to nine during the first experimental condition, and from two to three for the second. Baseline stability also was achieved more rapidly for each succeeding baseline. Sessions to first criterion point varied from two to six for Baseline 1, one to four for Baseline 2, and was achieved in only one session for Baseline 3 for all subjects. A potential source of confounding does occur in the repeated-sessions design. It is conceivable that confederates responded differentially to subjects in the various phases of the study, and thus influenced rate independently of modelling effects.

The demonstration of model effects seen in this study and the Caudill and Marlatt (1975) study is only a first step in investigating the social influence of a model on a drinking companion. The repeated-measurements design used in the present study allowed the full effects of the modelling process to appear.

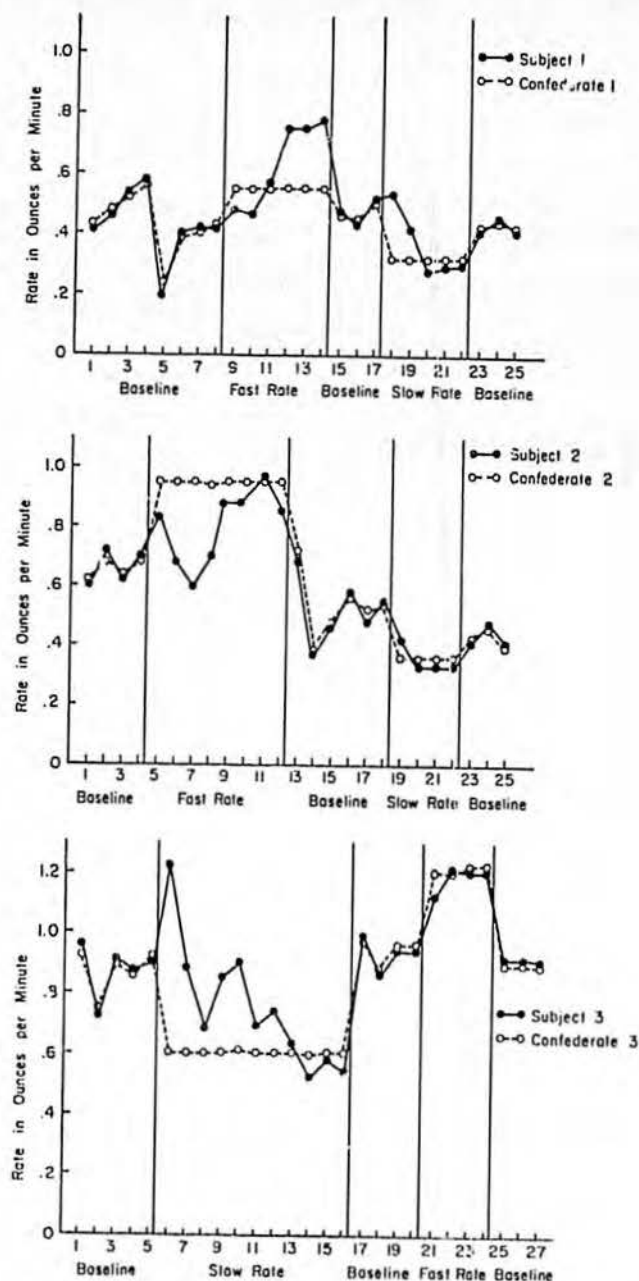


Fig. 1. Drinking rate of subjects and confederates for all baseline and experimental conditions.

A number of variables need to be investigated to provide enough information to allow the use of modelling procedures to assist drinkers to control their alcohol intake. These include initial drinking rate, *i.e.*, heavy drinkers compared to moderate drinkers, characteristics of the model (Bandura, 1969; Lippett, Polansky, and Rosen, 1952), number of models, and sex of models.

Alcoholic beverages other than beer also should be studied.

Another condition, which has practical implications, both ethically and for training drinkers in self control, is the instruction or explanation presented to the subject. In this study and in Caudill and Marlatt (1975), subjects were misinformed as to the purpose of the research. A

pertinent question is to what extent the model will influence behavior if the subject is informed that such influence is the purpose of the study? If such disclosure reduces modelling effects, it might be useful in treating problem drinkers; if it does not, it would allow a straightforward explanation to the subject without the need for subterfuge. Other clinical implications are suggested by the present results. For example, "real life" models might be trained to drink at a prescribed low rate and allowed to influence the rate of their social groups.

Modelling does seem to offer some possibilities in decreasing drinking rates, but the research programs necessary to develop practical applications are barely under way.

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An Operant Treatment Procedure for Alcoholics

Denice A. DeRicco and Warren K. Garlington

Washington State University

Abstract

A three component program for out-patient alcoholics with the outcome of controlled drinking was instituted for eight subjects. Components included (1) blood alcohol level discrimination training, (2) faradic shock delivered contingent on beverage alcohol consumption beyond the .05 blood alcohol level, and (3) an avoidance paradigm whereby subjects could avoid shocks by making appropriate drinking responses. Follow-up data, with reliability, were collected at intervals of 2, 6, 12, and 18 months. Subjects dramatically reduced their drinking quantity during the punishment component. Decreases were maintained throughout the avoidance component and follow-up intervals. Decreases in rate, defined as ounces consumed divided by consumption time, correlated about .85 with decreases in reported quantity.

An Operant Treatment Procedure for Alcoholics

Denice A. Dericco and Warren K. Garlington

Washington State University

For many years total abstinence was regarded as the appropriate criterion for the successful treatment of alcoholism. It is suggested that given societal norms for social consumption of alcohol, plus the social reinforcers which maintain beverage alcohol ingestion, social drinking may serve as a realistic treatment goal. The efficacy of a social drinking criterion was clearly demonstrated by Bigelow, Cohen, Liebson, and Faillace (1972). Chronic alcoholic in-patients were placed in a choice situation in which they earned the opportunity to participate in an "enriched" environment contingent upon either moderate drinking or abstinence. Subjects overwhelmingly chose the moderate drinking alternative. Results also suggested that moderate drinking is more reinforcing than abstinence for alcoholics. Further support for the moderate drinking concept was rendered by Mills, Sobel and Schaeffer (1971) in a study which made electric shock contingent on gulping drinks, ordering straight alcoholic drinks and ordering and consuming more than three drinks. Time-out (Cohen, Liebson, Faillace and Allen, 1971), positive reinforcement (Cohen, Liebson, Faillace and Speers, 1971) and social contracting procedures (Miller, 1972) have been effectively employed to reduce drinking behavior from maladaptive to adaptive frequencies.

The present study attempts to extend treatment with a controlled drinking outcome to out-patient alcoholics.

Method

Subjects

A relatively homogeneous group of alcoholics, seven men and one woman, volunteered for participation in this program. The seven male subjects were gainfully employed. The female subject was a housewife. All subjects lived

within an intact family environment. Additionally, all subjects had participated in at least two other treatment programs prior to volunteering for the present program. Mean baseline drinking quantity was 47.5 ounces per day of the equivalent of 86 proof spirits with a range from 43.5 ounces per day to 50.75 ounces per day.

Procedure

General Procedure. The design was a case study format replicated eight times. Subjects experienced a three component treatment package. Each subject was seen individually, twice weekly, on an-out-patient basis. Sessions were held constant at two hours. Quantity-frequency data were collected daily throughout the treatment program.

Baseline. For four weeks prior to participation in the program, subjects recorded their daily beverage alcohol consumption quantity on prepared data sheets. For every subject, at least one reliability observer recorded the same data on identical data sheets. Subjects and observers returned data sheets to the experimenter once a week.

Blood Alcohol Level Discrimination. Discrimination training was similar to the method developed by Lovibond and Caddy (1970). Subjects drank their preferred beverage alcohol, at their own rate, in a simulated tavern. Every thirty minutes subjects were asked to estimate their blood alcohol level and to describe how they felt. Subjects then blew into a Smith and Wesson breathalyzer and were shown their actual blood alcohol level. Discrimination training was terminated when subjects' estimates were within $\pm .01$ of actual breathalyzer readings for three consecutive trials. Rate measures were taken during discrimination training sessions. Rate was defined as number of ounces consumed divided by consumption time.

Punishment. Once discrimination had been achieved a punishment paradigm was instituted in which electric shock was delivered contingent on drinking beyond

the .05 blood alcohol level. Subjects were required to continue drinking after the .05 blood alcohol level had been reached. Shock was delivered through a one inch stainless steel electrode and matching reference electrode powered by an Electronics Stimulator, Model CC 101. Electrodes were attached to the subject's forearm. Shock levels were set individually for each subject at the beginning of the first shock session. Starting at one milliampere (mA), the experimenter gradually increased the shock level, in steps of two mA, until the subject stated that the shock was painful. The experimenter then increased the shock level 20%. Shock level was held constant for all sessions. Twenty-five shocks per session were delivered on a variable, unexpected schedule at points in the response chain involved in drinking (e.g., holding the glass, lifting the glass to the mouth, drinking from the glass). Punishment sessions were terminated when subjects reached a stability criterion of five ounces or less of the equivalent of 86 proof alcohol consumption per day for five consecutive weeks.

Avoidance. Subjects did not blow into the breathalyzer during avoidance sessions. Electrodes were put in place at the beginning of the sessions and remained in place throughout the session. Subjects could avoid shocks by sipping rather than gulping, by ordering a mixed drink rather than a straight shot and by extending the latency between sips, in at least 10 second intervals, until five minutes was reached. Avoidance sessions were terminated when subjects reached a stability criterion of five ounces or less of the equivalent of 86 proof alcohol consumption per day for five consecutive weeks.

Follow-up. At two, six, 12 and 18 month intervals subjects returned for "booster" sessions. The discrimination training paradigm was used, except that subjects were not given feedback on actual blood alcohol level readings. Maintenance of blood alcohol level discrimination was assessed and rate measures were taken. Additionally, at each follow-up interval, subjects and observers collected quantity-

frequency data for four weeks in the same manner as in the Baseline condition.

Results

Mean reliability between subjects and observers was 92.7% with a range from .88 to 1.0. Rate measures decreased directly with decreased quantities. For seven subjects the correlation between rate and quantity-frequency was .87. During discrimination training, mean drinking rate was .917 ounces per minute. At the "booster" session, mean drinking rate was .333 ounces per minute, ranging from .300 to .367 ounces per minute. There was no difference in drinking rate between "booster" sessions. One subject attended only one "booster" session. This subject moved to another state two months posttreatment. Another subject was abstinent at treatment termination and was not asked to attend "booster" sessions since beverage alcohol consumption would have been required. This subject merely returned his data sheet to the experimenter during follow-up intervals.

All eight subjects decreased their drinking frequencies during the punishment component (see Figure 1 and 2). In fact, the criterion of +/- five ounces per day for five consecutive weeks was reached in the first five weeks of the punishment component. These treatment gains were maintained through the first five weeks, or performance criterion of the avoidance component. For one subject, exposure to the avoidance paradigm resulted in abstinence (see Figure 1, S2).

At the two month follow-up six of eight subjects were drinking five or less ounces per day of the equivalent of 86 proof spirits. The two remaining subjects (see Figure 1, S3 and S4) drank five ounces or less per day for three of the four weeks of follow-up. Four subjects completed treatment just three months ago. Three of the remaining four subjects (see Figure 1 and 2; S2, S4 and S6) were drinking at or below five ounces per day 18 months posttreatment. The remaining subject (see Figure 1; S3) was drinking at or below five ounces per day six months posttreatment. This subject completed treatment seven months ago.

The abstinent subject was not tested for maintenance of blood alcohol level discrimination. Four subjects attended one "booster" session. One subject attended two "booster" sessions. Two subjects attended four "booster" sessions. For every subject, each blood alcohol level estimate was within +/- .01 of the actual blood alcohol level reading.

Discussion

The efficacy of a controlled drinking outcome for out-patient alcoholics was demonstrated. Contingent punishment resulted in a dramatic reduction of drinking quantity-frequency. Treatment gains were maintained for as much as 18 months posttreatment.

Punishment, by definition, suppresses a response. Punishment, however, does not teach a new response. For this reason, an avoidance component was included as part of the treatment package. Behaviors such as sipping, ordering mixed drinks, and drinking slower were reinforced in order to establish new, more adaptive drinking patterns. Mills, Sobel and Schaefer (1971), isolated similar behaviors in a study which demonstrated that 13 chronic alcoholic in-patients could be taught to drink socially. It is impossible, however, to isolate the effects of avoidance in the present treatment program. The avoidance component may have been important in the maintenance of reduced drinking quantity. Additionally, reductions in drinking rate may have been a function of avoidance. In order to assess the importance of the avoidance component, a component analysis design based on a multiple baseline model is presently underway. Rate measures are being taken at every session.

Importantly, decreases in rate correlated .87 with decreases in reported quantity-frequency. Because of the difficulty inherent in self-report data, the possibility of taking an objective measure, rate, to corroborate self-report information cannot be overemphasized. Even reliability data is suspect especially

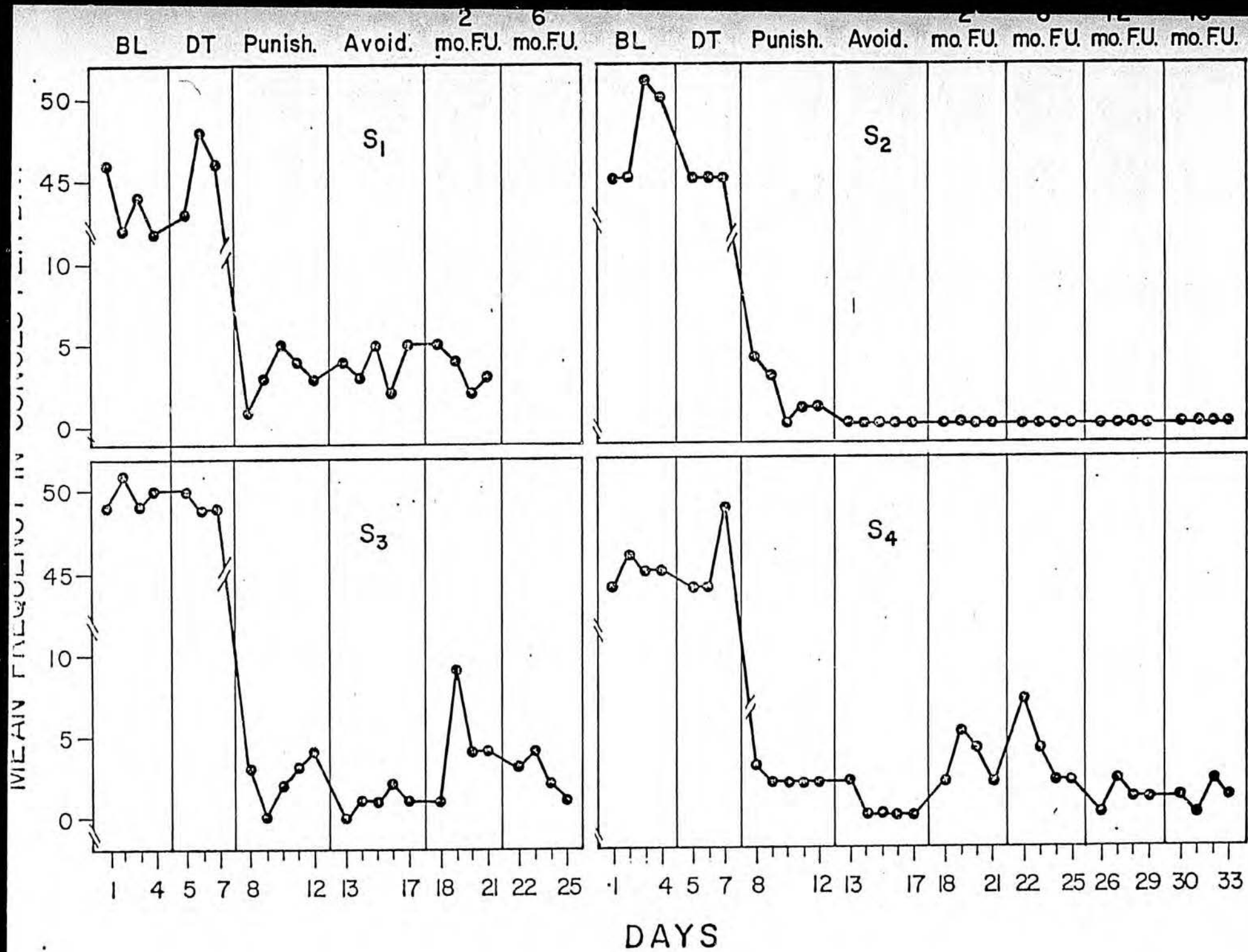
when reliability observers are spouses or roommates. Although seven subjects do not constitute a sufficient number to make any definitive statements about the correlation between quantity and rate, the suggestion is strong enough to warrant further research.

Even though dramatic reduction in both drinking frequency and rate were demonstrated, the present endeavor raises more questions than it answers. Will controlled drinking be maintained beyond 18 months? For seven subjects follow-up data will continue to be collected. Were the eight subjects representative of alcoholics? Perhaps controlled drinking is possible for only those alcoholics who are employed and have intact families or other social support.

Because the results for these eight subjects was promising, more research relative to controlled drinking is strongly indicated.

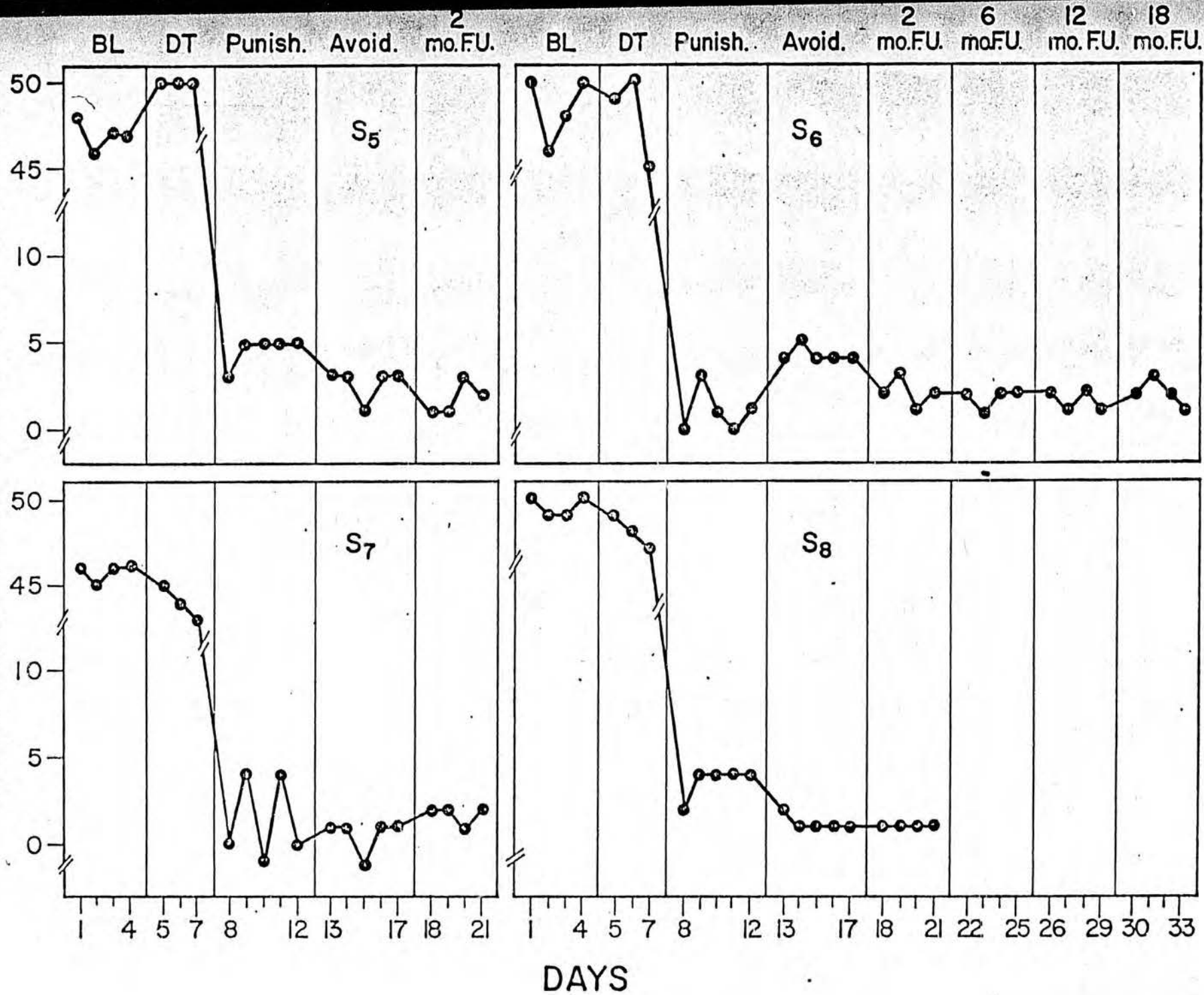
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MEAN FREQUENCY IN OUNCES PER DAY



DAYS

Figure 1. Mean number of ounces of the equivalent of 86 proof spirits per day for one week intervals for four subjects (S1, S2, S3, and S4) through the following conditions: Baseline (BL), Discrimination Training (DT), Punishment (Punish), Avoidance (Avoid), Two Month Follow-up (2 mon.F.U.), Six Month Follow-up (6 mon. F.U.), Twelve Month Follow-up (12 mon. F.U.), and Eighteen Month Follow-up (18 mon. F.U.).

Figure 2. Same as Figure 1 for four additional subjects (S5, S6, S7, and S8).

SCOMM

#6:32

October 7, 1977

Dear Jerry,

Just a note of explanation. Please
find enclosed a series of memos re:
the NIAAA/IHS transfer plans.

If I can be of any further assistance
please let me know.

Cordially yours,

Lou

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES ADMINISTRATION
INDIAN HEALTH SERVICE

TO : IHS Area Directors

DATE: July 21, 1977

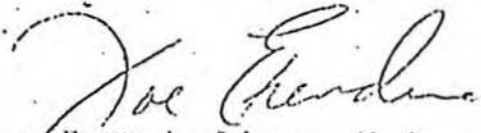
*Rec'd
7/27/77*

FROM : Director
Indian Health Service

SUBJECT: Proposed Alcoholism Transfer Plan - NIAAA/IHS

The Indian Health Care Improvement Act (P.L. 94-437), Title II, authorizes the transfer of Indian alcoholism projects, currently funded by the National Institute of Alcohol Abuse and Alcoholism (NIAAA), to the Indian Health Service. There are 148 such projects, reservation and urban, that will be transferred to IHS over a three-year period (FY 1978-1980). During FY 1978 there will be 34 projects transferred, with the first of these scheduled for June 1, 1978.

During the P.L. 94-437 developmental process, there have been several meetings with representatives of IHS, NIAAA, and National Indian organizations to discuss and develop a proposed alcoholism transfer plan. Enclosed is a draft of the proposed alcoholism transfer plan developed jointly by IHS, NIAAA, and representatives of National Indian organizations. I am requesting that you call a meeting of your area staff and appropriate tribal representatives to discuss this proposed transfer plan. Please summarize the recommendations and comments and return to IHS Headquarters by September 1, 1977.


Emery A. Johnson, M. D.
Assistant Surgeon General

cc: Area Alcoholism Program Officer

Enclosure

PROPOSED ALCOHOLISM TRANSFER PLAN - NIAAA/IHS

The NIAAA/IHS have jointly developed guidelines concerning the transfer of mature American Indian/Alaskan Native alcoholism treatment programs that are to provide the bases for a timely and orderly transfer. The development of these guidelines provides the opportunity for the proper consultative relationship between National Indian Organizations, program personnel, and NIAAA/IHS. The guidelines have been developed to comply with the following concepts that have been defined and agreed upon via meeting with National Indian organizations and NIAAA/IHS:

1. That IHS establish a separate organizational unit to specifically administer American Indian/Alaskan Native treatment programs at the central office level. In addition, the NIAAA/IHS will comply with the modified requests (from May 10-11 meeting) that were originally submitted by the National Indian Board on Alcohol and Drug Abuse (NIBADA) to Dr. Emery Johnson (see Appendix A).
2. In maintaining the integrity of transferred American Indian/Alaskan Native alcoholism treatment programs NIAAA/IHS will guarantee that no distinction for eligibility for continued support be made between urban and reservation programs.
3. That IHS assures that funds appropriated for American Indian/Alaskan Native alcoholism treatment programs will be used for this specific purpose.
4. That NIAAA/IHS provide that reservation programs (defined as programs that operate under the jurisdiction of a Federally recognized Tribal) excluding Urban programs, will become directly responsible to their respective tribal governments.
5. That, if the alcoholism program to be transferred is designed to serve residents of an Indian Reservation, the Tribal clearance section of P.L. 93-638 must be completed as part of the proposal.

The transfer work group established at the May 10-11 meeting in Rockville, Maryland, consists of Dr. Donald A. Swetter (IHS), Dr. Raymond C. Leatham (NIAAA), Dr. Robert Birch (IHS), Mr. Gene Lewis (IHS), Mr. David Orchard (NIAAA), Mr. Dan Maguire (IHS) and Mr. James Kissko (DHEW). This working group was formulated to accomplish four basic tasks that were assigned specific deadlines. These tasks and the recommended future directions are presented as follows for the concurrence of the National Indian Organizations before actual implementation.

INTERIM RESPONSE
Under Review and Consideration

INTERIM RESPONSE
Under Review and Consideration

Task # 1:

Develop an Interagency Agreement between IHS and NIAAA. The agreement would also clarify the commitment of NIAAA in areas of training, prevention programs, special programs for women and youth, research and new starts, especially ensuring that new Indian program will be started by NIAAA for Indian program transferred to IHS subject to the availability of funds.

NIAAA/IHS Recommended Future Action:

1. That NIAAA/IHS develop this agreement based on decisions that will become the actual transfer plan at a later date as this plan must have the concurrence of the appropriate National Indian organizations. Both Institutes have agreed to defer the agreement until these details have been decided.
2. That NIAAA is committed to develop new Indian program starts to replace the Indian programs transferred to IHS, as funding is available.

Task # 2:

Organization of IHS Central Alcoholism Office for alcoholism.

NIAAA/IHS Recommended Future Action:

1. The IHS Central Alcoholism Office for Alcoholism will be established within IHS Headquarters that will direct and coordinate the activities of field based training and evaluation components. The components of the Central Alcoholism Office, the Training Office, and the Evaluation Office will be established and functioning by October 1, 1977. The staffing patterns for these offices will be:
a) Central Office, 3 professional staff; b) Training Office, 2 professional staff; c) Evaluation Office, 2 professional staff.

The establishment of an IHS Central Alcoholism office will not preclude individual American Indian/Alaskan Native alcoholism programs from relating to their respective Area Office. Appropriate funding mechanisms will be provided at both the Area Office and the Central Office levels and the choice of which office to relate to will be optional to the individual programs via their applicant organizations.

2. The Area alcoholism program officers will provide technical assistance and evaluation support as well as the basic day to day contacts of alcoholism programs in their area jurisdictions under the direct supervision of the Area Office Directors and the IHS Central Alcoholism Office.

INTERIM RESPONSE
Under Review and Consideration

In an advocate role for these programs, the IHS Central Alcoholism Office will establish and maintain an ongoing relationship with State Alcoholism authorities.

3. The IHS Central Alcoholism Office will work closely with the Indian Desk of the NIAAA.
4. Transferred programs may continue to avail themselves of all training opportunities, workshops, improvements in data systems and the like that will be available to all NIAAA alcoholism programs. Indian grant applications for expansion and new starts will be accepted by the NIAAA indefinitely.

Task # 3:

Develop a transfer plan to include: grants and contracts procedure, evaluation process, training process, application review process and application instructions and guidelines.

NIAAA/IHS recommended future action:

1. Grants and contracts procedure:

NIAAA/IHS have decided not to mandate that all American Indian/Alaskan Native alcoholism projects be funded via the grant process or the contract mechanism. In cooperation with Tribal governments, National Indian organizations, program personnel, and the NIAAA/IHS during the negotiation period, a determination of which funding mechanism to be utilized, either grant or contract, will be made by the individual alcoholism program consistent with P.L. 93-638 and 94-437. The method of funding, therefore, will be optional and will provide for funding via the grant or contract methods.

Consistent with the regulations of P.L. 93-638 and 94-437, the concurrence of tribal governments and National Indian Organizations is imperative before further development is done on the actual grant or contract forms. However, the current grant application utilized by NIAAA is submitted for your information and review (See Appendix B).

NIAAA/IHS further recommends that a workshop be held during August or September, 1977 with representatives of each of the 34 projects, Tribal governments, Area offices, and appropriate state authorities to discuss the options of funding available to the programs. The various requirements relative to both grants and contracts will be discussed and training will be provided in each process so that the projects, as well as the Tribal governments, will have a clear understanding of these funding options.

NIAAA will supply IHS with a complete master file on each of the 34 projects to be transferred in FY 1978 by January 10, 1978.

2. Evaluation Process:

INTERIM RESPONSE
Under Review and Consideration

IHS shall establish a field based office of Evaluation under the direction of Area Office Directors and the IHS Central Alcoholism Office. Although this office will not be operational until October 1, 1977, NIAAA/IHS shall provide training in evaluation at the August-September 1977 workshop on grants and contracts. This training will determine what criteria of performance are achievable by Indian programs and begin to establish standards of performance within IHS.

The NIAAA/IHS further agrees that the existing NIAAA information system would be utilized, on an interim basis, for the monitoring/evaluation efforts. This system, the National Alcoholism Program Information System (NAPIS) was developed by NIAAA and has been implemented in the Indian alcoholism projects. Training and orientation in the utilization of NAPIS has been made available to the Indian alcoholism projects. The suggested plan for development of the evaluation process includes the following major recommendations:

- A. That NIAAA's National Alcoholism Program Information System (NAPIS) be utilized on an interim basis and be included as an IHS requirement in each grant or contract with the Indian alcoholism projects. For National Indian Organization, copies of NAPIS may be obtained through NIAAA Indian Desk.
- B. That NIAAA/IHS develop baseline description of the Indian alcoholism projects. The information needed in this baseline description is included. (See Appendix C) This information will be obtained by reviewing NIAAA's records on the Indian alcoholism projects, and supplemented by telephone calls to the projects if necessary. This activity will be a one-time effort as NAPIS, when fully implemented, or a modification of NAPIS will provide this information.
- C. IHS will establish a joint (NIAAA, IHS, Indian organizations) review of evaluation, and the NAPIS system. This joint effort will include:
 1. Identification of Information Requirements for:
 - Provider
 - Consumers, tribal governments, urban health programs
 - Project Director
 - IHS Area Offices
 - NIAAA/IHS Headquarters
 2. Indian Developed Evaluation System (to be developed through a series of workshops).
 3. Orientation and Training in Evaluation
 4. Implementation of Evaluation

INTERIM RESPONSE
Under Review and Consideration

5. Evaluation of System

This joint activity is considered a long-range effort and will include a thorough review and evaluation of NAPIS and its validity for Indian people.

3. Training Process:

IHS shall establish a field based office of training under direction of Area Office Directors and the IHS Central Alcoholism Office. The IHS alcohol training unit will provide a continuing program to all service unit personnel and Indian communities upon request in order to expand awareness of alcoholism as a chronic addictive disease and to teach proper techniques in handling alcoholics. It will also be responsible for stimulating development of youth prevention programs in alcoholism and substance abuse and will offer assistance, if requested, in training local "trainers" in these areas.

4. Review Process:

(This is defined as the process by which applications of grants or contracts will be evaluated for future and IHS continued support).

It is necessary to establish an ad hoc review panel to accomplish this initial review of the 34 applications. A representative is requested from the National Tribal Chairman's Association (NTCA), the National Indian Health Board (NIHB), the National Congress of American Indians (NCAI), the American Indian Health Care Association (AIHCA), the National Indian Board on Alcohol and Drug Abuse (NIBADA) to combine with four individuals with expertise in the field of Indian Alcoholism to be selected by the IHS with the concurrence of the above mentioned organizations.

The review of grants and contracts will be conducted after the August-September 1977 workshop for the transfer projects. This workshop will provide the opportunity to discuss the details of the review process with each individual transfer program. See Appendix D -- Timetable.

5. Application instructions and guidelines:

New application guidelines are to be developed for both grant and contract funding prior to the August-September 1977 workshop for the 34 transferred programs.

INTERIM RESPONSE
Under Review and Consideration

Task # 4:

Applications to all 34 programs on August 15, 1977.

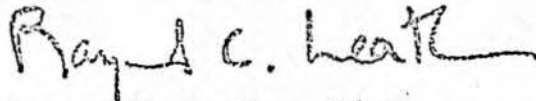
NIAAA/IRS recommended future action:

That the August-September, 1977 workshop be utilized to disseminate appropriate grant or contract form in lieu of the August 15, 1977 deadline..

Respectfully submitted,



Donald A. Swetter, M.D.
Interim Director
IHS Alcoholism Program.



Raymond C. Leatham, Ed.D.
Chief
Indian Desk, NIAAA



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
August 18, 1977

ALASKA AREA NATIVE HEALTH SERVICE
BOX 7-741
ANCHORAGE, ALASKA 99510

Refer to: A-MH

All Regional Health Directors
All Service Unit Directors
Dir. Health Affairs Dir. AFN
Dirs. NIAAA Indian Desk Programs
Human Services Div. AFN
State office of Alcoholism
Participants in August 16th Transfer Workshop Meeting.

RECEIVED
SEP 2 1977

ANCADA

Attached is a memo summarizing the August 16, 1977 workshop meeting on the Proposed Alcoholism Transfer Plan - NIAAA/IHS. If you have further comments or questions please write them on the enclosed COMM cards and return to me by Monday, August 29, 1977. All you need to fill in on the card are: Date initiated, Question or Comment and Initiator's Name and Address.

Mr. George Mumm, Chief, Office of Planning will consolidate all the comments and forward them to Washington D.C. by September 1, 1977.

Thank you very much for your input and cooperation.

Sincerely,

Jeannine Lyerly
Mental Health Consultant
Alcoholism Co-ordinator

JL/ci

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

TO : George Mumm
Chief, Office of Planning
Alaska Area Native Health Service

DATE: August 18, 1977

FROM : Jeannine Lyerly *je*
Mental Health Consultant

SUBJECT: The Proposed Alcoholism Transfer Plan - NIAAA/IHS workshop meeting.

All Service Units, Area Office Staff, Native Regional Health Corporations, Alaska Area Native Health Board, Alaska Federation of Natives and the NIAAA Alcohol Transfer Programs managers were invited to submit written comments and/or to attend a workshop meeting in the AANHS Area Office on Tuesday, August 16, 1977 to review and comment on the Proposed Alcoholism Transfer Plan - NIAAA/IHS. A list of those attending is attached.

The Alaska Area will have a maximum of 6 programs transferred as indicated in Dr. Swetter's memo of July 1976. They are:

NIAAA Indian Grants From Dr. Swetter, 7/76

<u>Grant No.</u>	<u>Trans. Yr.</u>	<u>Amount</u>	<u>Program</u>	(Tok)
535	1978	114,900	Upper Tanana Reg. Council on Alc.	
588	1979	110,000	Rural Cap Alcoholism Program	
839	1981	288,000	DENA Alcoholism Services, FBKS.	
*027	1981	62,300	Mt. Edgecumbe Alcoholism Program	
532	1981	49,224	Metlakatla Indian Alcoholism Pro.	
**1922	1981	39,600	M.H. Eval. Proj., Anchorage	
2201	1982	350,000	Alaska Native Alc. Program	
	TOTAL:	\$1,014,024	(ANGADA), Anchorage, Alaska	

* ? to be defunded

** not operational

Total NIAAA grants to be transferred to IHS \$ 15,600,000
Total alcoholism monies from PL 94-437 \$102,000,000

As the COMM cards did not arrive in time for use at the workshop, a summary of the comments and concerns follows:

Page 2
Chief, Office of Planning
August 18, 1977

Task #1

Statements need to be included as to what will happen to programs if NIAAA or IHS does not get adequate funding for programs to be transferred.

New programs located in the same IHS Area as program being transferred shall be given priority.

Suggest new programs be started through IHS rather than NIAAA so programs have only one agency to deal with.

Task #2

Direct supervision of programs and grants/contracts for program funding should come from same level, preferably Area Office or Service Unit.

Will every program have the choice of whether to relate to the Central office or the Area office? If they do and all programs in an Area do not relate to the same office, co-ordination, Area and State planning and implementation will be more difficult. The possibility of 134 programs relating directly to the Central office for supervision and TA might be overwhelming.

Alcohol programs have same relationship to Service Units, Area office and Central office as other local service programs do.

The Area Alcoholism program officer does not need to be under direct supervision of Area Director. More appropriately a part of Mental Health or because of the impact of Alcoholism could justify being its own office. Being a part of Community Health Services in Mental Health has worked well in Alaska to date. Also, should not be under direct supervision of IHS Central Alcoholism office. They can provide technical direction, but this is an Area directed program and ideally should be Service Unit directed.

Task #3

Program managers and IHS staff want to know function of Area office. They believe Area offices need clear cut authority. There is confusion as to what is meant by

Page 3
Chief, Office of Planning
August 18, 1977

field office - is this the Area office?

Clarification of who has responsibility for what is needed.

The general consensus by the workshop participants was that the Area office have the authority to delegate Areas of responsibility to Service Units as is now done with other contracts/grants. The Area office needs sufficient autonomy and flexibility to be responsive to the local programs.

Some of our programs have multiple sources of funding, particularly from NIAAA and State of Alaska, data requirements and standards need to be agreed on to avoid unnecessary demands on program staff and to develop a system which is functional and meets the needs of all involved - particularly those people being served. An Alaska State Office of Alcoholism representative would be helpful at the data and evaluation workshops.

Alaska representation is requested at future planning meetings.

Monies available to administer Alcohol Transferred Programs needs to include a 25% COLA.

In an effort to get as much input as possible, this memo will be circulated to those who attended and were invited to the workshop meeting. COMM cards will accompany this memo to give another comment opportunity to all concerned.

ALCOHOL TRANSFER WORKSHOP

August 16, 1977

<u>Name</u>	<u>Organization</u>
August Ebona	SEARHC
Archie J. Cavanaugh Jr.	SEARHC, Juneau
Martha Summar	UTRCA, Tok
Bobbie Mericle	UTRCA, Tok
Bette Malchow	UTRCA, Tok
Charlie Biederman	UTRCA, Tok
Lal Banarsi	FNA/Alcoholism Program
George Mumm	AANHS - A-OP
Robert Singyke	AANHS - A-EO
Banks Warden	AANHS - A-GS
Jeannine Lyerly	AANHS - A-MH
Bill Richards	AANHS - A-MH
Lucien Poussard	AANHS - A-SSB
Charles Oxereok	AFN - HSD
Frank Brusatto	ANHSU, Mt Edgecumbe
Adam Fisher	Metlakatla Alcoholism Program
Tom Stoner	ANCADA

**ALASKA NATIVE COMMISSION
ON ALCOHOLISM AND DRUG ABUSE**

750 E. First Avenue, Suite 2
Anchorage, Alaska 99503

274-5531

Anchorage 17, 1977

274-7435

MEMORANDUM

660
TO: Upper Tanana Region Council on Alcoholism
Rural CAP Alcoholism Program
Fairbanks Native Association Alcoholism Program
Mt. Edgecumbe Alcoholism Program
Alaska Native Alcoholism Program (ANCADA)

FROM: Alaska Native Commission on Alcoholism and Drug Abuse
Office of Technical Assistance, Field Deputy

RE: Proposed Alcoholism Transfer Plan - NIAAA/IHS

The first of a series of workshops has been held in Anchorage on 8-16-77 IHS Area Office, on the tasks outlined in the proposed transfer plan.

It should be made clear that the above addressed programs subject to transfer have some distinct options available to them, that are not entirely outlined specifically in the proposed plan.

The question was raised during the above mentioned workshop; where will the lines of authority lie; and will optional channels of direction exist to the local programs between a Central Office and an Area Office.

The Area Office expressed the opinion that a Central Office was cumbersome, and duplicative and undefined in terms of its role as an advocate to NIAAA and State Offices of Alcoholism. It was further expressed that the Area Offices would have the best ability to maintain its day-to-day functions as well as an advocacy role through the deliniation of Service Unit direction.

Without intimating an editorial effect on the interests of ANHS/Area Office regarding the transfer of these programs some facts need to be spelled out.

At the present time the clear option does exist to utilize the benefit of ongoing grantsmanship through a Central Office in Rockville which is to be established as the counterpart of NIAAA Indian Desk.

Such an option allows a local program to operate through continuing grant renewals. NIAAA Indian Desk has a commitment to develop new programs. There has not been thus far any indication that IHS will ever receive appropriations from Congress for development of new programs, nor that IHS will ever have new start monies.

ALASKA NATIVE COMMISSION
ON ALCOHOLISM AND DRUG ABUSE

Page 2

750 E. Fireweed Lane, Suite 2
Anchorage, Alaska 99503

274-5531

274-7435

Local programs should immediately examine the pros and cons of establishing contracting mechanisms vs. grantsmanship mechanisms for potential risks involved with the survival of their programs under the guidelines of Area Office established, cost reimbursable contracting procedures.

It should also be made clear to local programs that the newly adopted data information system, known as the National Alcoholism Program Information System (NAPIS) has been formally agreed upon between NIAAA and IHS to be utilized indefinitely as a data information reporting system.


The NAPIS reporting system is NOT, nor has it ever been meant to be understood as an evaluation mechanism for programmatic performance. Comment to the contrary is false information.

Any evaluation mechanism to be developed by IHS needs to be done through a joint venture of Native American/Alaskan Native programs, to fully assure those programs of OBJECTIVE means of recognizing program performance. Any avant-garde developments by solely an Area Office for evaluation models leaves local programs vulnerable to subjective determinations.

For programs that are multi-funded by NIAAA, State Offices of Alcoholism and local monies, they should explore a universally accepted evaluation mechanism that will satisfy other money resources such as Joint Commission on Accreditation of Hospitals (JCAH) with IHS; or local programs may find themselves encumbered by multi-evaluation mechanisms. Never-the-less, all NIAAA Indian Desk programs will have to comply with the NAPIS requirements.

Complimentary Copy: Dr. Ray Leathum, NIAAA
Dr. Arthur McDonald, NIAAA Consultant
Dr. Donald Swetter, IHS
Dr. Emery Johnson, IHS
National Tribal Chairmans Association
National Indian Health Board
National Congress of American Indians
American Indian Health Care Association
National Indian Board on Alcohol and Drug Abuse
Alaska Native Health Board
Alaska State Office of Alcoholism
Mr. Steve Mathews, Alaska Delegate NIBADA
Regional Technical Assistants, Alaska

Respectfully submitted,

Thomas Stoner 
Field Deputy
ANCADA, Office of Technical Assistance

Encl.: Proposed Transfer Plan
Revised Plan by Taska

Print or Write
Clearly

P.L. 94-437 COMMUNICATION CARDS (COMMCARDS)

Use Heavy Pencil
or Pen

Source: Meeting ___ Letter ___ Call ___ Area or Program ___ Title ___
(FR) (FR)

Date
Initiated
(I)

Initiator's
Question or Comment
(I)

First Response
(FR)

Date of
Response
(I)

(I) Initiator's Name and Address:

(FR) Responder Name _____
Follow-up Response Needed: Yes ___ No ___ By ___
Date Follow-up Response Provided _____
Date Follow-up Response Provided to Area or
Program Coordinator _____
Date Follow-up Response Returned by Coordi-
nator to Initiator _____

ALCOHOLISM TRANSFER -
DRAFT PLANNING GUIDELINES
WORKSHOP

COMM CARD NO. _____ AREA _____

HSA-T-47 (7-77)

Example

SCOMM

#6:33

FCC CSSCS HB 780
AB 780

5,000⁰⁰ to Petersburg
City Council for the alcoholism
program

Harriett
~~Harriett~~ Thompson
772-3552
5/21

Warrant Unit -
Warrant Unit -
sent -
sent -
sent -
sent -

Larry Jones - News

Budget Unit had not received

paper work - getting it now -
Warrant.
Check will be sent out

by Friday or Monday

to Petersburg City Council

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 668 by the Commerce Committee, entitled:

CS
HB
668

"An Act relating to the Small Loans Act."

was read the first time and referred to the Commerce Committee.

STANDING COMMITTEE REPORTS

The Resources Committee has had COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 477 amended (sale of state land) under consideration and the committee recommends it be replaced with SENATE COMMITTEE SUBSTITUTE FOR COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 477 and that it do pass. The report was signed by Senator Poland, Chairman, and concurred in by Senators Butrovich, Summer, Meland, Huber and Tillion.

CS
HB
477
am

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 477 amended was referred to the Rules Committee.

The Finance Committee has had COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 795 (supplemental appropriation to the Department of Community and Regional Affairs for Fairbanks Town and Village Association for Development, Inc.) under consideration and a majority of the committee recommends it do pass. The report was signed by Senator Sackett, Chairman, and concurred in by Senators Hohman, Croft, Meland, Tillion and Butrovich. Senator Orsini signed "no recommendation".

CS
HB
795

COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 795 was referred to the Rules Committee.

The Commerce Committee has had HOUSE BILL NO. 876 (minimal electrical standards) under consideration and the committee reports it back as follows: Senator Bradley, Chairman and Senator Hackney signed "do pass" and Senator Ray signed "no recommendation".

HB
876

HOUSE BILL NO. 876 was referred to the Rules Committee.

SPECIAL COMMITTEE REPORTS

FREE CONFERENCE COMMITTEE REPORT

April 18, 1978

Mr. President:

Mr. Speaker:

SCS
HB
780
(Fin)

The Free Conference Committee which has had SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 780 (Finance) (special appropriations to the Department of Health and Social Services for lump sum grants to alcoholism programs in the state) and HOUSE BILL NO. 780 (special appropriation to the National Council on Alcoholism, Alaska Region) under consideration recommends that FREE CONFERENCE COMMITTEE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 780 (making special appropriations to the Department of Health and Social Services for lump sum grants to alcoholism programs in the state) be adopted.

Senate members signing the report: Senator Hohman, Chairman, and Senators Hackney and Colletta. House members signing the report, Representative Parr, Chairman, and Representatives Cotten and Urion.

Senator Hohman moved for the adoption of the Free Conference Committee Report. Senator Huber objected.

The question being: "Shall FREE CONFERENCE COMMITTEE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 780 (special appropriations to the Department of Health and Social Services for lump sum grants to alcoholism programs in the state) pass the Senate?" The roll was taken with the following result:

Yeas:	20	Bradley, Butrovich, Colletta, Croft, Ferguson, Hackney, Hohman, Huber, Kerttula, Meland, Orsini, Poland, Rader, Ray, Rodey, Sackett, Sumner, Tilton, Willis, Ziegler
-------	----	--

Nays:	0	
-------	---	--

FCCS and so, FREE CONFERENCE COMMITTEE SUBSTITUTE FOR SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 780 passed the Senate.
HB
780

Affairs Committee report (page 858 of the journal):

HJR
70

Amendment No. 1 by Rudd:

Page 1, line 20: Delete "larger";
before ";" add "and territories"

Mrs. Rudd moved and asked unanimous consent that amendment No. 1 be adopted. There being no objection, amendment No. 1 was adopted.

HJR
70
am

Mr. Miller moved and asked unanimous consent that HJR 70 amended be considered engrossed, advanced to third reading and placed on final passage. There being no objection, it was so ordered.

HJR 70 am was read the third time.

The question being: "Shall HJR 70 am pass the House?"
The roll was taken with the following result:

Yeas:	33	Akers, Beirne, Bennett, Brown, Buchholdt, Carpenter, Chatterton, Cotten, Cowper, Duncan, Eliason, Freeman, Gardiner, Gruening, Guy, Kelly, Lethin, Lovseth, McKinnon, Malone, Meekins, Miles, Miller, Nakak, Ose, Parr, Phillips, Rhode, Rudd, Schaeffer; Smith, Snider, Urion.
Nays:	2	Dankworth, Hayes.
Excused:	5	Anderson, Bradley, Haugen, Osterback, Swanson.

And so, HJR 70 am passed the House and was referred to the Chief Clerk for engrossment.

UNFINISHED BUSINESS

The Free Conference Committee report on HOUSE BILL NO. 780 (special appropriation to National Council on Alcoholism, Alaska Region; effective date) and SENATE COMMITTEE SUBSTITUTE FOR HOUSE BILL NO. 780 (Finance) (special appropriations to Department of Health and Social Services for lump sum grants to alcoholism programs in the state; effective date) (page 915 of the journal) was before the House at this time.

HB
780

Mr. Miller moved that the Free Conference Committee report on the above bills be adopted.

HB The question being: "Shall the Free Conference Committee
780 report on the above bills be adopted?" The roll was
taken with the following result:

Yeas: 32 Akers, Beirne, Bennett, Brown,
Buchholdt, Carpenter, Chatterton,
Cotten, Cowper, Duncan, Eliason,
Freeman, Gardiner, Gruening, Guy,
Kelly, Lethin, Lovseth, McKinnon,
Malone, Miles, Miller, Nakak, Ose,
Parr, Phillips, Rhode, Rudd,
Schaeffer, Smith, Snider, Urion.

Nays: 2 Dankworth, Hayes.

Excused: 6 Anderson, Bradley, Haugen, Meekins,
Osterback, Swanson.

FCCS And so, the House adopted the report, thus adopting
SCS FREE CONFERENCE COMMITTEE SUBSTITUTE FOR SENATE COMMITTEE
HB SUBSTITUTE FOR HOUSE BILL NO. 780 (making special appro-
780 priations to the Department of Health and Social Services
for lump sum grants to alcoholism programs in the state;
effective date).

The Chief Clerk was instructed to so notify the Senate.

FCCS SCS HB 780 was referred to the Chief Clerk for
engrossment and enrollment.

CSHB Mr. Beirne moved and asked unanimous consent that the
395 reconsideration of the vote on COMMITTEE SUBSTITUTE FOR
HOUSE BILL NO. 395 (capital expenditures under the
Community Mental Health Services Act) be held over
one additional day. There being no objection, it was
so ordered.

ENGROSSMENT

The following were engrossed, signed by the Speaker and
Chief Clerk and transmitted to the Senate for considera-
tion:

HJR 70
am HJR 70 amended
CSHB
832 CSHB 832

Original sponsor: Parr

Offered: 4/19/78

1 IN THE HOUSE BY THE FREE CONFERENCE COMMITTEE
2 FREE CONFERENCE CS FOR SENATE CS FOR HOUSE BILL NO. 780
3 IN THE LEGISLATURE OF THE STATE OF ALASKA
4 TENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act making special appropriations to the Department
7 of Health and Social Services for lump sum grants to
8 alcoholism programs in the state; and providing for an
9 effective date."

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

11 * Section 1. The sum of \$40,000 is appropriated from the general fund to
12 the Department of Health and Social Services to be paid as a lump sum grant
13 to the National Council on Alcoholism-Alaska Region, Inc. for alcoholism pre-
14 vention and education.

15 * Sec. 2. The sum of \$5,000 is appropriated from the general fund to the
16 Department of Health and Social Services to be paid as a lump sum grant to
17 the Petersburg City Council for the alcoholism program in Petersburg.

18 * Sec. 3. The sum of \$58,500 is appropriated from the general fund to the
19 Department of Health and Social Services to be paid as a lump sum grant to
20 the City of Bethel for the Bethel Alcoholism Treatment Facility.

21 * Sec. 4. This Act takes effect immediately in accordance with AS 01.10.-
22 070(c).

23

24

25

26

27

28

29

:#

5/2 chapter 41

Fredy Hart

243-4324

MCA - AR

HB
780

586
2660

5862154

al mitchel
586-6463



**National
Council
on
Alcoholism** - ALASKA REGION

A STATE DIVISION OF THE
NATIONAL COUNCIL on ALCOHOLISM

Accredited by the

**Joint
Commission**
on Accreditation of Hospitals

4510 International Airport Road
Anchorage, Alaska 99502
Phone 243-4324

April 13, 1978

Senator Mike Colletta
Pouch V
Juneau, AK 99811

Dear Senator Colletta:

Senate C.S. for House Bill 780, provides a supplemental appropriation to the National Council on Alcoholism - Alaska Region for continuing its statewide alcoholism education and prevention activities. Here is a list of some of the activities and resources which were curtailed on February 28, 1978, with the expiration of an eight-month grant from the State Office of Alcoholism and Drug Abuse:

1. Film lending library, including 250 films representing over 50 titles, utilized by both urban and bush alcoholism programs as well as other interested groups, including churches, civic and professional organizations, and schools. The new curriculum, "Here's Looking At You", being piloted in eight Anchorage schools, relies heavily upon a number of films in the NCA-AR library.
2. Literature library, with a wide selection of materials which are available free (purchased under a federal grant) or at cost.
3. Information and referral service for those who contact "Alcohol, Anchorage, Alaska 99502", which is the tag line on television and radio public service announcements produced by NCA-AR under a federal grant.
4. The monthly newsletter, "NEWS from NCA-AR", sent to nearly 3,000 individuals in Alaska, including clergy, legislators, physicians, business persons, and government officials, in addition to alcoholism professionals.

Senator Mike Colletta
April 13, 1978
Page 2

5. Public relations and information services (including news releases mailed regularly to 130 statewide media) to assist local programs in their education and prevention efforts, and to inform individuals and programs about the issues of alcohol, alcohol mis-use, or alcoholism in the 49th state.
6. Community organization activities in addition, providing a liaison among these programs and various private, state, and federal agencies.

We support the amendment to House Bill 780 appropriating funds for a sprinkler system for the Bethel Alcohol Treatment Program. We hope this amendment in no way hinders passage of the emergency appropriation for NCA-AR's statewide education and prevention activities, which have been curtailed for the past seven weeks, and for which there still exists much demand from both urban and rural areas.

The enclosed letters of support are only a part of the feedback this office has received since shutting down the information and education components of the operation. Thank you for your prompt action on House Bill 780.

Regards,

Madelon Eubanks

Madelon Eubanks,
Public Information Director

eab

Enc.

RECEIVED APR 12 1978



UNIVERSITY OF ALASKA, ANCHORAGE

2651 PROVIDENCE AVENUE
ANCHORAGE, ALASKA 99504

CENTER FOR ALCOHOL
AND ADDICTION STUDIES

April 11, 1978

Ms. Judith M. Hart
Community Programs Director
National Council on Alcoholism -
Alaska Region
4510 International Airport Road
Anchorage, Alaska 99502

Dear Judy,

The problems of alcoholism and alcohol abuse in the state of Alaska are enormous. The combined efforts of various organizations in the state dedicated to decreasing the problems of alcoholism and alcohol abuse are barely sufficient to deal with the complexities of the problem.

One very important resource is the utilization of volunteers, who with proper training can become extremely valuable members of the force to combat the problem of alcoholism and alcohol abuse.

Your project, which strives to add volunteer manpower to often undermanned programs, could be extremely important in assisting with lowering the incidence of alcoholism and alcohol abuse.

A coordinated effort with the State Office of Volunteer Services could add additional impact.

Sincerely,

A handwritten signature in cursive script that reads "Carol Molinari".

Carol Molinari
Director

/mp

RECEIVED APR 12 1978



ALASKA NATIVE TRAINING INSTITUTE



750 East Fireweed Lane
Suite 2
Anchorage, Alaska 99503
(907) 274-5531

April 11, 1978

Ms. Suzanne W. Perry-Piper, Executive Director
National Council on Alcoholism - Alaska Region
4510 International Airport Road, Suite #1
Anchorage, Alaska 99502

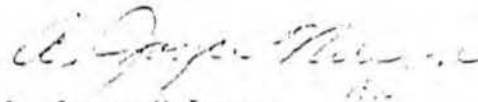
Dear Ms. Perry-Piper:

The Alaska Native Training Institute would like to endorse your grant to conduct a needs assessment and to offer training to volunteers in various regions in the state.

Your efforts could result in some findings that would be of benefit to the councils on alcoholism that are in operation.

Please feel free to call upon ANTI if you desire or need any future support.

Sincerely,



A. Joyce Nelson
Coordinator/Trainer

AJN/aw

RECEIVED DEC 27 1977



Sitka Council on Alcoholism and Other Drug Abuse, Inc.

SITKA, ALASKA 99835

December 23, 1977

Information, Education,
Referral, Outpatient
Box 963, Sitka
(907) 747-2636

Alcoholism Therapy
Services (Rehab)
Box 4310, Mt. Edgecumbe
(907) 966-2438

Aurora's Watch
(Halfway House)
Box 963, Sitka
(907) 966-2435

Ms. Suzanne W. Perry
Project Coordinator, Community Education Program
National Council on Alcoholism-Alaska Region
4510 International Airport Road,
Suite 1
Anchorage, Alaska 99501

Dear Ms. Perry:

It is obvious to those of us who work in the field of alcoholism that this disease is Alaska's number one health and social problem.

In spite of limited staff and funding, we in Sitka have found through our successes in treatment and recovery, that alcoholism is a treatable disease.

Any project which can increase public awareness of this disease, will be whole-heartedly endorsed by this agency. After such programs are introduced to the general public, many more people emerge for information and guidance.

You may be assured of full cooperation from the staff of the Sitka Council on Alcoholism in carrying out your program plans.

Sincerely,

Ben Stower
Director

BS/jw

RECEIVED DEC 27 1977

Box 44
Unalakleet, Alaska 99684
December 22, 1977

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane-Room 14C-17
Rockville, Maryland 20852

Dear Fran:

In support of the APEPP grant application submitted to the National Institute on Alcohol Abuse and Alcoholism by the National Council on Alcoholism- Alaska Region (NCA-AR), I would like to express an encouragement for acceptance for such, as the need for rural settings do need strong awareness of the problems in alcoholism. Unalakleet, like most rural villages, needs a step into the crippling problem, and the intentions of NCA-AR to gauge a community for its organizational efforts towards alcoholism would definitely be a giant step.

This effort, if approved by your office, will enhance local awareness and direct goals in curbing part of the problem. Working with a central office such as NCA-AR would gear smaller communities towards a corrective approach, and I also feel with NCA-AR's assurances that we can work together.

I feel as time progresses and that organized endeavors are met the problem on alcoholism will have diminished and life for each would certainly reflect brighter outlooks. But without expertise and assistance from offices like NCA-AR and other relating agencies this task fighting alcoholism and alcohol abuse will never be curbed. Your concerns can be ours; without your concerns is still our concerns. Thank you.

Sincerely yours,

Henry Oyoumick

PS Judy you requested a copy. Have a good x-mas



DEPARTMENT OF THE ARMY
HEADQUARTERS, 172D INFANTRY BRIGADE (ALASKA)
Fort Richardson, Alaska 99505

RECEIVED JAN 13 1978

AFZT-PA-HA

11 January 1978

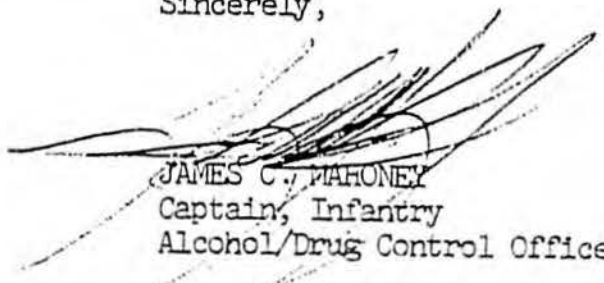
Director,
National Council on Alcoholism in
the Alaska Region
4510 International Airport Road
Suite 1
Anchorage, Alaska 99502

Dear Madam:

This letter is written in order that I may express my great appreciation for the support your agency has provided to this office. Recently, I visited your agency to utilize your resource library for research purposes. I was greeted very warmly and given prompt and efficient service. During my visit, your staff advised me that certain alcohol pamphlets were available free of cost due to a special grant program. Your staff freely provided me with a large quantity of a variety of pamphlets which were furnished under this grant. These pamphlets will greatly enhance the educational outreach program with our military personnel here on Fort Richardson.

It is most refreshing to find agencies today that are more than willing not only to cooperate but also assist whenever possible. My visit to your agency was a most enjoyable and rewarding experience. On behalf of the military community on Fort Richardson, I would like to express my appreciation for the free pamphlets which your office provided. If I may ever reciprocate in any way to your agency, please feel free to contact me.

Sincerely,


JAMES C. MAHONEY
Captain, Infantry
Alcohol/Drug Control Officer

BRISTOL BAY AREA HEALTH CORPORATION

P. O. BOX 233
DILLINGHAM, ALASKA 99576

RECEIVED JAN 13 1978

PHONE: (907) 842-5266
(907) 842-5267

January 11, 1978

Suzanne Perry, Exec. Dir.
National Council of Alcoholism
- Alaska Region
4510 International Airport Rd.
Suite 1
Anchorage, Alaska 99502

Dear Sue,

I want to express my appreciation for your providing us with films and booklets. Between October 15 and December 1, a total of 3,000 books, pamphlets, and posters on alcoholism and drug abuse were distributed, and a group of films and 2 film-slide presentations were shown a total of 76 times.

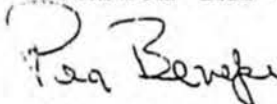
These presentations were made in ten villages, at our alcoholism workshops, and to school, church, and community groups in Dillingham, reaching a total of 800 people of all ages.

I appreciate being able to keep these films for village travel I expect to make between now and April, and hope to reach many more people during these visits. I have sent copies of your catalog to several of our Community Health Aides so that they may order directly from you.

Thanks again for your assistance in carrying out our education and prevention program in the Bristol Bay Region.

Sincerely,

BRISTOL BAY AREA HEALTH CORPORATION



Peg Benepe
Human Services Planner

PB/mf

cc: Thomas Stoner, Field Liaison, ANCADA

RECEIVED FEB 23 1978

BRISTOL BAY AREA HEALTH CORPORATION

P. O. BOX 10235
DILLINGHAM, ALASKA 99576

February 15, 1978

842-5266/5267
PHONE: (907) 422-2422

Suzanne W. Perry Piper, Executive Director
National Council on Alcoholism
Alaska region
4510 International
Airport Road
Anchorage, Alaska 99502

Dear Suzanne,

We have been notified that funding for the National Council on Alcoholism - Alaska Region has not been renewed. If this happens, not only the monthly newsletter but the film and literature library service will be discontinued.

We have made extensive use of NCA-AK media resources for our program of education and prevention. Not only are the films and booklets used in our village, but the radio and T.V. spots filmed by and for Alaskans are effective in our region. The bilingual material in particular is appropriate for us. The newsletter assists our Human Services program to be alerted to other potential resources and actions that need to be taken.

If this service is not continued, it will do severe damage to our efforts to combat alcoholism, Alaska's number one health problem. We urge you to do whatever you can to see that all of us concerned with this problem continue to have these resources available.

Sincerely,

BRISTOL BAY AREA HEALTH CORPORATION

Robert J. Clark
Robert J. Clark
Executive Director

RJC:BP:blk

cc: Robert Cole, Coordinator, State Office of Alcoholism & Drug Abuse
George Babil, Executive Director, Ak Native Commission on Alcohol
and Drug Abuse
Jeannine Lyerly, Mental Health specialist/Alcoholism Coordinator, A
Ernest Noble, Director, National Institute of Alcoholism and Alcoh
Abuse
Barbara Najjar, Director, Division of Prevention, NIAAA
Suzanne W. Perry-Piper, Executive Director, NCA-Alaska Region

RECEIVED JAN 6 1978

City of Kodiak

PHONE (907) 486 - 3224
P.O. BOX 1397
KODIAK, ALASKA 99615

January 4, 1978

Senator Kay Poland
Pouch V
Juneau, Alaska 99811

Dear Senator Poland:

I am currently a board member of the National Council on Alcoholism-Alaska Region. I joined this organization while working in Dillingham in an effort to try and help resolve some of the problems of alcoholism in that area of the State.

As you are aware, Dillingham is a bush community with problems that are quite different than those of the City of Kodiak; however, I am certain that some of your constituents face similar problems in their communities. The bush communities face unbelievable problems when trying to relate to alcohol and alcoholism.

During the time that I have been involved with the National Council on Alcoholism, Alaska Region, I have seen many positive efforts that have been put forth to help resolve some of these difficulties. This includes the bush community as well as in the City of Anchorage. Enclosed is some information from NCA-AR regarding their efforts in the field of alcoholism and attempts to find alternate funding. The point of this letter is to let you know of the financial plight of NCA-AR. They currently only have funds to survive through the month of February.

If at all possible, I am requesting that you consider supporting a special appropriation in the amount of \$50,000 to keep the Council open until June 30. Hopefully, during that time, other funds will become available.

If you have any questions regarding this matter, please feel free to call on me at your convenience.

Very truly yours,

Ivan L. Widom
City Manager

ILW/lp

RECEIVED FEB 6 1978

AVCP, INC.

Association of Village Council Presidents
P.O. Box 219 • Bethel, Alaska 99559 • Phone 543-3521

February 1, 1978

RECEIVED FEB 6 1978

To whom it may concern:

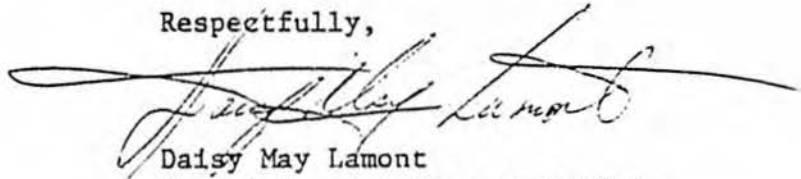
I have been specifically concerned with the funding problem your agency is facing at this time. Seeing the result of the problem in the area highly decreasing staff members etc. This is not the main point of concern. I strongly feel that your program has become acquainted within the Yukon Kuskokwim Delta, and has been the most valuable and effective resource agency for certain villages. I will explain the details of this comment. Majority of your materials are understandable educational informative material for their voluntary Alcohol programs.

I strongly feel that your office needs support from any existing agencies that has utilized your program in the past.

My personal opinion would be that if I felt that your program was not effective I would not write this letter in the first place.

I am writing this letter as a concerned citizen and recognizing the existing problems we face today, within the most effective Alcohol programs seem to face financial problem excessively. My hopes are that the recognition of this letter would lead into supporting your agency.

Respectfully,



Daisy May Lamont
Social Service Representative

DML:alo



STATE OF ALASKA



DEPARTMENT OF EDUCATION

DIVISION OF VOCATIONAL EDUCATION

RECEIVED FEB 21 1978

Skill Training for Better Job Opportunities

P. O. Box 615, Seward, Alaska 99664

Phone: CA 4-5246

February 15, 1978

Governor Jay Hammond
State Office Building
Pouch A
Juneau, Alaska 99811

Dear Governor Hammond:

It has recently come to my attention that the National Council on Alcoholism's grant for public education has run out and two very important services of theirs are in jeopardy. I am referring to their film library and their monthly newsletter. The film library has supplied almost all the films that we have used in alcohol education classes and counseling groups here at the Alaska Skill Center. They have always had the best material, and had it most available of any source we have used. The monthly newsletter has been the most informative source we have had for notices of referral sources, university and community college classes, treatment resources, and workshops in alcohol education and alcoholism counseling. Not to have this resource would leave a real gap in our ability to find ways to improve our knowledge.

The state wide media effort in alcohol education coordinated by the National Council has been, in my estimation, the single most important health improvement project I have seen in my ten years in Alaska. Alcohol abuse is epidemic in Alaska, and extreme measures are warranted to combat it.

I am somewhat surprised to learn that these services were funded by special grants, as I think they are a necessary and important part of a state wide alcohol abuse prevention and treatment program.

I would appreciate your attention to finding ways to continue these valuable services.

Sincerely,

Al Lamberson
Counselor

THE FOLLOWING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

P.O. Box 528
Bethel, Alaska 99559
(907) 543-2506
(907) 543-2508

February 16, 1978

Governor Jay Hammond

Pouch

Juneau, Alaska

Dear Governor Hammond:

I am sure you are aware of the widespread problem of Alcoholism and alcohol abuse in the Bethel area as well as in the rest of the state. I am sure you also know that there are many groups, agencies, and organizations across the state trying to combat the problem as best they can. "NEWS" from the National Council on Alcoholism--Alaska Region (NCA--AR) is a most effective vehicle in keeping us informed as to what is happening at the state and local level and also includes news from bush Alaska.

I have used NCA--AR's film library and found their films quite useful. A number of villages in this area have begun their own alcoholism prevention programs and they, too, use the film library's services.

I sincerely hope you will do everything you can to see that sufficient funds are appropriated to allow for continuance of the "NEWS" from NCA--AR and also the film library.

Thank you.

Yours truly,

Blanche Jacobs

Blanche Jacobs
Health Educator

alb

THE PRECEDING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL

Alaska Labor & Management Employee Affairs, Inc.

A NON-PROFIT ORGANIZATION

503 W. No. Lights Blvd. Suite 205
Anchorage, Alaska 99503
Phone (907) 272-5656

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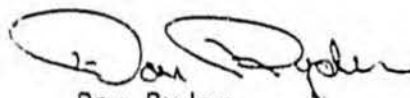
December 7, 1977

Fran Cotter
NIAAA Training Division
5600 Fishers Lane
Rockville, MD 20852

To Whom It May Concern:

It is my understanding that the National Council on Alcoholism - Alaska Region has submitted a grant application for Volunteer Resource Development Program. They propose to conduct a needs assessment concerning volunteers in alcoholism programs in Alaska, to increase the number of volunteers in alcoholism programs, and to increase the number of local councils on alcoholism. I have worked with NCA-AR for several years in my capacity as executive director of ALMEA. As I have been associated with alcoholism programs for many years, I am fully aware of the great need for well-trained people who are sensitive to the needs of the suffering alcoholic. NCA-AR, as a statewide organization, has the capability of carrying out their proposed program plan. It is our belief that these actions will be beneficial to the alcoholism programs in Alaska, all of which are in need of additional funds and personnel to combat Alaska's number one health problem alcoholism. I encourage you to fund the program as proposed.

Sincerely yours,



Don Ryder
Executive Director

ALASKA NATIVE COMMISSION ON ALCOHOLISM AND DRUG ABUSE

750 E. Fireweed Lane, Suite 2
Anchorage, Alaska 99503

274-5531

274-7435

March 8, 1978

Ms. Suzanne W. Perry-Piper, Executive Director
National Council on Alcoholism-Alaska Region
4510 International Airport Road, Suite 1
Anchorage, Alaska 99502

Dear Ms. Perry-Piper:

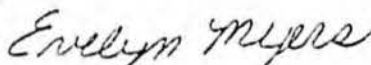
The Alaska Native Commission on Alcoholism and Drug Abuse is supportive of your grant to the National Institute on Alcohol Abuse and Alcoholism for the Alaska Public Education Project.

Existing educational processes and systems take many years to accomplish. We would be most fortunate if people would realize that educating people about alcohol is also a lengthy process. The need to work in prevention and education is a priority among all alcoholism professionals. As your proposal recognizes the need to measure effectiveness of public education it demonstrates your desire to provide findings that could have significant impact toward future efforts.

We did not find your proposal to be duplicative but rather complimentary to the efforts of our sub-contract staff. Certainly, our staff as well as other alcoholism staff utilize all your resources i.e. films, literature, radio spots, etc. exhaustively.

Thank you for sharing your proposal with our program.

Sincerely,



Evelyn Myers
Project Coordinator
Office of Technical Assistance

EM:rrb