Raising Public Awareness About the Extent of Alcohol-Related Problems: an Overview

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As SECRETARY OF HEALTH and Human Services, I have an opportunity to address a wide range of issues affecting the public health of the American people.

Few topics, however, are in as dire a need of renewed attention as are the often neglected problems of alcohol abuse and the disease of alcoholism.

Part of the problem is institutional. Moderate use of alcohol is accepted as a part of the American way of life. Yet it is a drug with the potential to do great harm, if misused in any of a variety of ways.

Another reason is the complexity of the problem. Alcohol abuse takes a toll on individuals and families, the young and the old, rich and poor. It has a bearing on both our economic health and on our competitive position internationally.

I have made it a priority of mine to do what I can to raise public awareness as to the nature and extent of alcohol abuse and alcoholism in our society. I've spent most of my life as a physician. In the field of medicine, you see plenty of pain and suffering; but you also see hope and miracles of recovery. I want to take a brief look at both sides of that coin as they relate to alcohol.

Alcohol's Physical and Societal Effects

People need to know more about the many ways in which alcohol affects the body. There's liver cirrhosis, of course—the condition most often associated with alcohol. In 1984, it was the ninth leading cause of death in the United States. But alcohol can also hurt the gastrointestinal tract, including the stomach and small intestine, affecting metabolism, blood circulation, and the absorption of nutrients, leading to malnutrition. The central nervous system, including the brain, is markedly affected by single episodes of heavy consumption, which impair driving skills and other tasks which, in themselves, require judgment and entail risk. Chronic patterns of heavy use lead to dementia and permanent loss of memory. Many people do not know that excessive alcohol use can affect the body's endocrine and reproductive systems. It can curtail testosterone levels in men and cause infertility in women.

Any drinking of alcohol by pregnant women increases the risk of malformations at birth, collectively known as fetal alcohol syndrome. An even larger number of infants suffer from long-term developmental problems because of mothers' drinking during pregnancy.

Chronic alcohol abuse means increased susceptibility to infectious diseases and cancers, in part because of alcohol's ability to interfere with the body's immune defense system.

We can scarcely speak of the immune system today without mentioning AIDS. Research is now being done on the relationship between ongoing alcohol consumption, the altered state of the immune system that can result, and the speed with which the AIDS virus can work its harm in that kind of host environment. On a related point, studies on the behavioral aspects of alcohol use have shown that sexual judgments—and that includes judgments as to both partner and practice—are often affected by alcohol. In an era when those judgments can be life or death choices, people need to be aware of alcohol's effect on decision-making.

Alcohol's Ripple Effect

While alcohol abuse breaks a person down physically, it also wreaks havoc on the family, community, health care providers, and business and industry.

Nearly 5 million adolescents, or 3 of every 10, have problems with alcohol today. It is especially disturbing to me that alcohol use by young people has been found to be a "gateway" drug preceding other drug use. Also, millions of children have a genetic predisposition to alcoholism; about 1 of every 15 kids will eventually become an alcoholic. Experts say about 4 in 10 family court cases

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involve alcohol. Excessive consumption is known to be a dominating factor in some one-fourth to one half of marital violence cases and one-third of child molestation cases.

We know that alcohol-related traffic deaths continue to maim and kill thousands of teens each year. In three recent studies, 75 to 80 percent of boating accidents and deaths were found to be alcohol-related and, of the fatalities recorded, more than a third of the victims were legally drunk. Likewise, a shocking number of homicides and suicides, railroad and aviation accidents, fires and falls can similarly be traced back to the victims' involvement with alcohol.

Alcohol-related problems are also putting a strain on our health care systems. One prominent physician wrote recently that at least 60 percent of all emergency room admissions in New York City hospitals are alcohol-related.

The overall economic costs of alcohol-related problems are staggering. It is estimated that in 1983 alone, when one considers the health care bill, loss of productivity, and all the other factors—alcohol cost our society $117 billion. By contrast, the estimated costs of illicit drug use and abuse that year were $60 billion. What is more, the $117 billion aggregate cost is projected to rise—to $136 billion by 1990 and to $150 billion in 1995.

I believe that, by working together to address alcohol-related problems, we can help to make life better for individuals, families, and entire communities. People who hear the messages about alcohol and understand and act upon them can be healthier and more productive in their jobs. Families would experience fewer domestic problems, and health care expenses for them would slack off. Other social problems would diminish, easing the strain on community and government resources. But we will only turn the corner if each of us takes an active role in learning, sharing information, and committing ourselves to solve these problems in our daily lives.

I mentioned earlier the sense of hope and the miracle of recovery that motivate strongly many in the medical professions. And certainly, there's reason for real hope amidst the clouds of pain and suffering for those either directly or indirectly suffering from alcohol-related problems today. Medical research has gone a long way to help us better understand alcohol abuse and alcoholism. Prevention and treatment programs are each day helping more Americans halt the onset of alcohol-related problems or rescue them once they've begun experiencing problems. Research, prevention, early detection, and treatment are the greatest forces operating today for controlling and reducing alcoholism.

Thanks to the efforts of concerned family members, health care professionals, educators, clergy, the media, and others, the stigma affecting those who abuse alcohol and suffer from alcoholism is being lifted. Though many still hurt behind closed doors, people with alcohol problems today are hiding less and communicating more. Silence is each day giving way to courage—and shame, to strength. The pain still remains for many, yet there's also so much potential for hope.

That is why in May of 1987, I chose a Planning Committee of distinguished persons from the alcohol field and asked them to help me determine what needed to be done to make people aware of the progress thus far, as well as what work remains. These top professionals and dedicated volunteers welcomed the challenge I gave them and formed into several different subcommittees to go about their work.

I reviewed the exhaustive reports they prepared for me after several months of hard work. And then, in November, last year, Mrs. Betty Ford and I co-chaired the first ever Secretary's National Conference on Alcohol Abuse and Alcoholism. There, I set forth a comprehensive 14-point plan to raise public consciousness about alcohol-related issues.

Let me give a brief status report on each point.

Coordinating HHS Responses

First, with the goal of increasing the emphasis on alcohol-related problems and better coordinating our Federal response, I've directed my Assistant

Secretaries to summarize all their ongoing alcohol-related activities for last year and identify those planned for this year and next. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has had these survey results analyzed and a report prepared. Alcohol abuse and alcoholism are intrinsic to many problems addressed by my Department—including health care financing, family support, hypertension, heart disease, and cancer. We must support research and a sharing of information so that more people learn about these links.

Second, my Assistant Secretary for Public Affairs is currently surveying public affairs officers throughout the Department of Health and Human Services (HHS) to find new ways to cite alcohol research findings in their work with the media and other outside organizations.

Toward this same end, I've directed the Public Health Service (PHS) to develop a quick response publication to provide timely information to physicians and others on alcohol abuse and alcoholism. The first two issues of "Alcohol Alert"—one on treating methadone-maintained patients in alcoholism treatment programs and the second on alcohol and aging—are now available. Distribution is being handled by our National Clearinghouse for Alcohol and Drug Information.

At my request, NIAAA officials have met with the American Association of Medical Colleges and the American Nurses Association to discuss how research findings can be used in medical and other education programs. Our goal is to improve training in alcoholism recognition, diagnosis, intervention, and treatment. We have also held a workshop on curriculum changes and licensure issues.

Third, with help from the National Council on Alcoholism, I've established a privately run National Citizens Commission on Alcohol Abuse and Alcoholism. Surgeon General C. Everett Koop has agreed to serve as a Trustee of the Commission. By encouraging high-visibility events such as public testimonials by prominent leaders and by taking on any number of special projects, the new Commission can have a lasting impact on community awareness and further reduce the stigma of alcohol-related problems. Its Executive Committee met on July 19 and the full Commission held its first meeting on August 10, 1988.

Stepping Up Educational Programs

Fourth, though we do not have regulatory jurisdiction over health warning labels at HHS, we've studied their effectiveness at the request of Congress and provided our report on the health hazards associated with alcohol use. We made no specific recommendations, but we did cite the effectiveness of health warning labels in other areas—like tobacco and food and drugs. The Treasury Department, which has jurisdiction, has also been requested to study this, and I am waiting to see their report before taking any further action on this matter.

Fifth, I'm directing my Assistant Secretary for Public Affairs to see how we might best work with the public and private sectors to secure voluntary changes in radio and television programming to promote the avoidance of alcohol misuse by young people or other persons at high risk. The staff has met with the Federal Communications Commission and the Federal Trade Commission and will be working with private broadcast groups as well.

Our sixth initiative has to do with assessing alcohol and other drug education and prevention programs.

I believe we must encourage innovative, community-based programs to prevent alcohol abuse, and our newly created Office for Substance Abuse Prevention has lead responsibility for this. The "Be Smart, Don't Start—Just Say No" campaign to prevent alcohol use by 8- to 12-year-olds is a good example of how I believe Federal efforts can and should supplement efforts at the State and local levels and by the private sector.

Knowing that research on the effectiveness of alcohol education programs is limited, I have directed the Assistant Secretary for Health to evaluate existing programs and look at new approaches to reduce alcohol use by youth. One component of this evaluation will be a survey of alcohol and other drug prevention curriculums in kindergarten through grade 12. I have also asked the PHS to see to it that all HHS activities, reports, and other documents that relate to preventing alcohol and other drug abuse pay specific attention to preventing alcohol abuse and alcoholism, commensurate with the impact of these problems on our nation.

Early in this initiative, I asked William Bennett, former Secretary of Education, to pay special attention to the alcohol problem when developing and implementing alcohol and other drug abuse prevention programs in his department. He was especially cooperative, working with us to distribute a curriculum guide on alcohol prevention to some 47,000 elementary schools across the United States.

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Seventh, I've directed my Assistant Secretary for Public Affairs to develop a comprehensive public affairs plan to highlight alcohol abuse and alcoholism. This multifaceted plan capitalizes on the expertise of the National Association of Broadcasters and the respect accorded role models such as Bill Cosby and 1984 Olympic gold medalist Nancy Hogshead. It also uses the knowledge of nationally renowned experts in the field of alcoholism. In addition, I've participated personally in this plan by recording several alcohol-related radio spots as a part of our "Housecalls" series of public service announcements.

Alcohol-Related Health Benefits and DRGs

Eighth, I know that employee assistance programs play major roles in early intervention and referral to treatment for employed alcohol abusers and alcoholics. Small businesses represent 65 percent of our work force, yet studies show that only 25 percent of our work force has access to such programs. That's why I have written to the Secretary of Labor asking that the Labor Department join us in notifying small businesses of the potential that employee assistance programs and alcohol-related health benefits possess as effective cost-containment tools. We have since met with the Departments of Commerce and Labor, Small Business Administration, National Federation of Independent Businesses, and other private sector groups to determine how best to reach small businesses.

Next, the National Council on Alcoholism has estimated that 5 percent of the Federal work force suffers from alcoholism. The implications of this estimate on the productivity of a 3 million-member work force are deeply troubling.

Last year, the Office of Personnel Management (OPM) successfully negotiated with major Federal health care insurers for the coverage of alcohol and other drug abuse treatment in policies available to Federal employees. I've expressed my thanks to the director of OPM for their role in this development and requested that Federal employees be made more aware of the potential productivity losses due to alcohol and of the help available.

Tenth, we'll continue, under my watch as Secretary, to pay close attention to the many factors affecting Medicare and Medicaid reimbursement for alcoholism treatment. On September 1, 1987, we issued final regulations making changes to Medicare's diagnosis-related groups (DRGs) and payment rates for FY 1988. These regulations established a number of new DRGs for alcohol and drug abuse and terminated the exclusion for specialized alcohol hospitals and units. Our experts believe these changes will result in equitable payments for alcohol-related services to Medicare beneficiaries and their families. Since research is continuing on these Federal payment issues, I've directed our financing experts to keep my office informed of any special new developments on the Medicare or Medicaid fronts.

Treatment for Families of Alcoholics

Eleventh, although attention is often paid to the need for treating abusers and alcoholics, many people do not know that families of those with alcohol problems need counseling as well. Nor is it very well known that many alcohol treatment programs offer special family services.

I have written the Assistant to the President for Policy Development, Gary Bauer, requesting his assistance in alerting Americans to the impact of alcohol abuse and alcoholism on families and to the fact that treatment is available and effective for families of alcoholics. He has graciously agreed to help. In addition, I'll be surveying our program administrators to identify all ongoing Federal efforts to serve families of alcoholics and to identify and encourage new activities planned for this year and next.

Twelfth, many people don't know that alcohol, even in small amounts, can affect coordination and performance. Yet some alcohol advertisements depict people in high-risk activities—for example, kayaking and swimming—which could be life-threatening if done while using alcohol. Hopefully, we will be able to work with the private sector to alert people to these potential dangers.

Alcohol Use on College Campuses

Next, I want to encourage colleges and universities to be more than passive observers of the massive marketing and promotion activities designed to encourage consumption of alcoholic beverages on our nation's campuses. I recently addressed a group of college administrators on this problem. According to the Wall Street Journal, brewers and beer distributors spend $15–$20 million each year in campus marketing. Alcohol use on college campuses is pervasive, contributing to poor grades, excessive vandalism, many injuries and, not so infrequently, death.

Several States have restricted alcohol promotions on campuses and some schools have done the same on their own. A college-age youth task force has been convened and new materials went out to campuses this fall. I think that, with a continued partnership involving educators and student groups, we can stimulate States and individual colleges and universities to take a fresh look at this problem and act accordingly.

Call to Action

Finally, I agree with the many alcohol professionals who feel that the use of the broad term "substance abuse" diminishes public attention to alcohol-related issues, although alcohol is a major part of the overall drug problem. Therefore, I'm requesting that, from now on, all HHS components use the term "alcohol and other drug abuse" in all future documents, unless legislation requires otherwise.

These are the major components of our Initiative; but they're by no means the be-all and end-all of a national strategy to battle alcohol-related problems. Rather, I hope all this is just a beginning. I want to invoke a new understanding of problems that have long plagued our nation. To do anything less would be a disservice to ourselves, our society, and to the many future generations whose lives and livelihoods are at stake. Although significant progress is being made, more people need to know that we can prevent alcohol abuse in America and that alcoholism is a disease, and this disease is highly treatable.

My aim in this article is to remind public health professionals of the magnitude of these problems—and to challenge you to take every opportunity that comes your way to prevent alcohol problems from further crippling our health and social systems and our economy.

In the broader sense, I've invited Americans from all walks of life—business, media, government leaders at all levels, educators, civic groups, clergy, and respected figures in sports and entertainment—not just to think about these problems in new ways, but to act in new ways as well.

Only together will we make new and lasting progress.