

## ABSTRACTS

**Poster Session:** M. Marlyne Kilbey and Larry D. Byrd, chairs

*Sunday, August 24, 3:00–4:30 p.m.*

*Exhibit Hall, Washington Hilton*

**REARREST FOLLOWING RESIDENTIAL TREATMENT FOR REPEAT OFFENDER DRUNKEN DRIVERS.** Dennis McCarty, Milton Argeriou and David Mulligan. Alcohol and Health Research Services, Stoneham, MA.

Because multiple offenders are at high risk for continued drunken driving, the Massachusetts Legislature mandated that individuals convicted of a second driving under the influence of liquor (DUIL) offense either (a) be committed for a minimum of seven days in a house of correction or (b) enter a 14-day residential alcoholism treatment program for second offenders. The impact of the two sentencing options on subsequent drunken driving arrests was assessed during the two years following treatment or incarceration.

A randomly selected sample of 199 DUIL offenders who participated in the 14-day program was compared with 190 DUIL offenders who were incarcerated. Arrest records were searched for DUIL arrests that occurred within 749 days of either treatment or incarceration. Incarcerated subjects were slightly younger, had more DUIL charges per offender and exhibited greater criminality than treatment subjects. Offenders admitted to the 14-day program were significantly less likely to be arrested for drunken driving (10.8%) than those committed to a house of correction (19.5%). Type of sentence continued to affect rearrest rate significantly when group differences were controlled statistically. Although a two year follow-up is insufficient to assess accurately the ultimate impact of the 14-day program, the almost two-fold difference in rearrest rates suggests that mandated short-term residential treatment may provide an effective intervention among repeat offender drunken drivers.

**MOTIVATING VOLUNTARY TREATMENT IN ALCOHOLICS HOSPITALIZED FOR TRAUMA.** Susan J. Stockman. Alcoholism Treatment Services, Johns Hopkins University School of Medicine.

Studies estimate that 20% to 60% of medical and surgical patients are alcoholics, suggesting the importance of the general hospital as a site for identification of and intervention with alcoholics and problem drinkers. Health care professionals have the expertise to educate patients about alcohol abuse and its effect on health and general functioning and hospitals have the resources to make appropriate referrals. Descriptive reports of systematic intervention programs suggest they successfully engage alcoholics in treatment. However, little is known about the relative effectiveness of alternative strategies or their impact on other outcomes, e.g., use of health care services. This study compares the effectiveness of two intervention strategies typically used in the hospital setting on treatment entry, voluntary reduction of alcohol intake and post-intervention use of medical resources.

Subjects were 100 adult trauma patients admitted to surgical services in a metropolitan hospital who met research criteria for alcohol abuse/dependence. Subjects were randomly assigned to view a videotape about alcoholism or re-

ceive a consultation with a physician. All subjects, including a control group, received a diagnostic interview and were advised to seek professional help. Analyses are in progress. Preliminary results show that a larger proportion of subjects in videotape and physician conditions changed their intentions about future drinking and seeking help than subjects receiving only assessment and advice. Behavioral and medical record data is currently being collected via follow-up interviews and medical records review. Interventions effective in the hospital setting will be discussed.

**ALCOHOLISM TREATMENT: INTERVENTIONS TO IMPROVE RETENTION.** Mary E. McCaul. Dept. of Psychiatry, Johns Hopkins University School of Medicine.

This research examines interventions to improve client participation in outpatient treatment following discharge from a hospital-based residential unit. This emphasis on increasing client retention is different from the earlier emphasis on evaluation of different types of therapy; however, such research generally has failed to distinguish the efficacy of different therapeutic styles. In contrast, a positive relationship has been demonstrated between length of time in outpatient treatment and outcome. Thus, treatment outcome may be significantly improved by identifying interventions which increase client admission and retention independent of the particular treatment techniques in which they are enrolled.

In the first study, residential clients are assigned to either the same or a new counselor on entry into the outpatient program; this intervention assumes that an on-going relationship with a supportive counselor better motivates clients to continue treatment than a new relationship with an unfamiliar counselor. The second study provides clinic access to a concrete motivational incentive; specifically, bus tokens for travel to and from the program are distributed at each visit. Finally, the third study provides "sobriety awards" based on regular clinic attendance to motivate continued participation. Earlier studies have reported improved participation when clients earned small monetary incentives or clinic privileges based on attendance.

Preliminary analyses from Study 1 suggest that patient demographics are a better predictor of treatment retention than assignment to the same or a different counselor. However, initial results from Studies 2 and 3 suggest a positive impact on treatment retention of motivational incentives provided at the clinic. Specifically, those patients who receive bus tokens or sobriety awards remain in treatment longer than patients who do not receive these incentives.

**ALCOHOLISM INTERVENTION IN THE WORKPLACE.** Walter Reichman, Ed.D., Baruch College.

The presentation will describe the development and current status of programs to intervene with the alcoholic in the workplace. It will briefly describe the pioneering programs

of the 1940s developed by recovering alcoholics using the A.A. philosophy. The failure of their attempts to diagnose alcoholics, reach alcoholics in higher management, and their naivete at influencing the business organization will be described. The growth and development of programs spurred by the Hughes Bill and the mandate of the occupational branch of the National Institute on Alcohol Abuse and Alcoholism to affect alcoholism in the workplace will be discussed. The training of a national corps of occupational program consultants and the development of an intervention strategy based on job performance will be detailed. The procedure of monitoring job performance and the process and philosophy behind the "constructive confrontation" of the alcoholic employee will be described. The social support system of the program along with the threat of job loss as a motivation to treatment and to recovery will be discussed.

The continued development of workplace based programs into Employee Assistance Programs will be described along with the consequences to the alcoholic of such broadening. The advantage of reducing the stigma associated with participation in the program will be contrasted with the dilution of emphasis on the alcoholic along with increased attention to other personal problems that affect job performance.

The presentation will conclude with the results of research demonstrating the effectiveness of the program and with a discussion of future development of programs in the workplace.

**ALCOHOL SENSITIVITY AND ALCOHOL INTAKE: ACROSS- AND WITHIN-ETHNIC GROUP ANALYSES.** Julia A. Lee. Alcohol Research Group, University of California, Berkeley.

Alcohol sensitivity and alcohol intake were determined for five ethnic groups: Chinese, Japanese, other Asian, White, and Black. Data were gathered from a questionnaire survey administered to a probability sample of nine West Coast colleges. Analysis of the relationship between alcohol sensitivity and alcohol intake across groups revealed a high, negative correlation. Groups with higher alcohol sensitivity had lower alcohol intake. Within groups, no such relationship occurred. Based upon these results, alcohol sensitivity is not associated directly with individual alcohol intake. However, ethnic-group alcohol sensitivity may have influenced the evolution of alcohol-use customs, which in turn influenced alcohol intake.

**DIFFERENTIATING PIPE AND CIGAR SMOKERS BY SELF-REPORT AND EXPIRED-AIR CO.** Seymore Herling and Lynn T. Kozlowski. Addiction Research Foundation, Toronto, Ontario.

Pipe and cigar smokers were interviewed about their smoking history and administered a questionnaire containing items related to various smoking motives (Russell *et al.*, *J R Statist Soc A* 137: 313-333, 1974). In addition, as an objective indicator of smoke inhalation, breath samples were collected to measure expired-air carbon monoxide (CO) levels. Although history of cigarette use was somewhat related to expired-air CO levels, self-report of inhalation/noninhalation predicted expired-air CO levels 83% of the time. In agreement with the notion that the pharmacological activity of tobacco smoke is obtained almost exclu-

sively by inhalation into the lung, pipe and cigar smokers who inhaled scored higher than noninhalers on Russell questionnaire items related to "pharmacological addiction."

**ONE-TRIAL DISCRIMINATIVE REWARD LEARNING: REWARD MAGNITUDE AND SPATIAL REVERSAL EFFECTS.** David H. Malin, Phillip D. Jenkins, Mary Jo Watts, Patricia E. Spezia and Barbara Novy. University of Houston-Clear Lake.

This study evaluated an original procedure for one-trial reward learning of a spatial/visual discrimination with 24 hour retention. The apparatus was a radial maze with four black alleys and a baited white alley with ascending ladder floor. Rats receiving ten reward pellets in a single training trial showed significantly faster running speed and fewer errors (unbaited alleys entered) than non-rewarded controls in a retention trial 24 hours later. Changing the location of the white alley between training and retention caused a partial but significant decrement in retention. Retention varied with the amount of reward, but leveled off above four pellets.

**PSYCHOLOGICAL SYMPTOMS AND EMPLOYMENT AMONG HEROIN ADDICTS IN METHADONE TREATMENT.** David S. Metzger, Jerome J. Platt and Ingrid Morton-Bey. School of Medicine, Hahnemann University.

This paper reports on the results of analyses comparing the psychological symptomatology of 122 employed and 276 unemployed methadone clients. As hypothesized, the unemployed clients reported a significantly greater degree of symptom distress as measured by the SCL-90. Symptomatology, however, was not correlated with the length of employment, suggesting a stable difference present at the time of employment acquisition. Theoretical and practical implications are discussed.

**EFFECT OF COCAINE ON RATE OF CIGARETTE SMOKING.** R. Nemeth-Coslett, Jack Henningfield, Jonathan Katz and Steven Goldberg. National Institute on Drug Abuse, Baltimore, MD.

Second order schedules of cocaine self-administration were studied in six human volunteers who had histories of both cocaine and cigarette smoking use. During 3-hour test sessions, each subject was given the opportunity to self-administer intravenous injections of either cocaine or saline. Subjects were cigarette deprived for 1-hour prior to and during the test session. Afterwards, they were free to resume ad lib smoking. The number of cigarettes smoked during the first hour after sessions was recorded for each subject and the main finding was each subject smoked a significantly greater number of cigarettes on active (cocaine) drug days than on placebo days.

**SOCIAL CONFORMITY AND SUBSTANCE USE: SEX DIFFERENCES ON LONGITUDINAL ASSOCIATIONS.** Judith A. Stein, Michael D. Newcomb and Peter M. Bentler. University of California, Los Angeles.

The impact of Social Conformity on Alcohol and Hard