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1971 AND 1973 ASAP SURVEYS: WASHTENAW COUNTY PHYSICIANS

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16. Abstract Two surveys of physicians were conducted in Washtenaw County in 1971 and 1973 as part of the evaluation procedures for the Washtenaw County Alcohol Safety Action Program (WCASAP). The surveys were designed to obtain baseline and comparison data on knowledge, attitudes and behavior concerning the drunk driving problem in Washtenaw County. A total sample of 187 psychiatrists, internists, and general practitioners was obtained in 1971. In 1973, a total sample of 165 was obtained.

In conclusion, the effect of the ASAP public information campaign can be considered only marginal with respect to increasing the knowledge of physicians about the role of alcohol in highway crashes and increasing awareness of ASAP activities. There was no evidence of positive effects on physicians' attitudes or behavior regarding treatment of problem drinkers.

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PREFACE

The Highway Safety Research Institute has undertaken a number of activities pertaining to its evaluation of the Washtenaw County Alcohol Safety Action Program, including roadside surveys, surveys of the general public and selected target groups, and collection and analysis of crash, arrest, and recidivism data.

These activities and their findings are described in separately bound reports consistent with the reporting structure of the sponsoring agencies. This structure enables the reader interested in a single topic to access the relevant report conveniently. However, the individual reports in this series largely do not contain comparative data derived from separate evaluative activities. Such comparisons, when appropriate, will be found in the summary report cited below.

Reports in this series which are completed, in process, or planned for the Fall 1973 are listed below:

1. Washtenaw County 1971, 1972 and 1973 BAC Roadside Survey, UM-HSRI-AL-73-6.
2. 1971 and 1973 ASAP Surveys: Washtenaw and Jackson County Voluntary Organizations, UM-HSRI-AL-73-7.
3. 1971 and 1973 ASAP Surveys: Washtenaw County Physicians, UM-HSRI-AL-73-8.
4. 1971 and 1973 ASAP Surveys: Washtenaw County General Public, UM-HSRI-AL-73-9.
5. 1971 and 1973 ASAP Surveys: Washtenaw County Attorneys, UM-HSRI-AL-73-10.
6. 1971 and 1973 ASAP Surveys: Washtenaw County Law Enforcement Agencies, UM-HSRI-AL-73-11.
7. 1971 and 1973 ASAP Surveys: Washtenaw County High School Students, UM-HSRI-AL-73-12.
8. Analysis of Washtenaw County Alcohol Safety Action Program Police Countermeasure Activity, UM-HSRI-AL-73.13.
9. Analysis of Washtenaw County Alcohol Safety Action Program Judicial, Referral and Diagnostic Activity, UM-HSRI-AL-73-14.

10. Analysis of Washtenaw County Alcohol Safety Action Program Treatment Countermeasures, UM-HSRI-AL-73-15.

11. Analysis of Washtenaw County Alcohol Safety Action Program Crash, Criterion Measures, UM-HSRI-AL-73-16.

12. Washtenaw County Alcohol Safety Action Program Evaluation Summary, UM-HSRI-AL-73-17.

With regard to the present report, we would like to express our appreciation to Russell F. Smith, M.D., for his assistance in the development of the 1971 questionnaire and to all the physicians who completed questionnaires for the surveys. Without such cooperation, the present study would not have been possible.

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1. SUMMARY AND CONCLUSIONS

Surveys of Washtenaw County internists, psychiatrists and general practitioners were conducted by mailed self-administered questionnaires in 1971 and 1973 as part of the evaluation procedures for the Washtenaw Alcohol Safety Action Program. The public information campaign directed toward physicians consisted of a mailing of literature to physicians, personal contacts with private physicians of ASAP clients taking Antabuse(R)*, and contacts with hospital physicians in developing alcoholism treatment programs in local hospitals.

In 1971, 187 physicians completed a questionnaire, compared with 165 in 1973. In both samples, half or more were internists, roughly one-third were psychiatrists, and the remainder were general practitioners. Distributions on the basis of the number of problem drinker patients seen by a physcian in the previous year were also similar for the samples. Approximately one-third had seen 16 or more such patients, one-third had seen one to 15, and the remainder had seen no problem drinker patients.

The majority of respondents in both surveys estimated that 10% or fewer of the adult population of Washtenaw County had a serious drinking problem. A statistically significant** decline from 35% to 22% was found in the proportion physicians who thought that the chance of overcoming a serious drinking problem was half of the time or better.

Three-fourths of respondents in both surveys thought that half or more of fatal highway crashes are alcohol-related. But only 38% in 1971 and 43% in 1973 thought that problem drinkers were more likely than social drinkers to be involved in those crashes.

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*Antabuse (R) is the registered trade name of the drug, disulfiram produced ty Ayerst Laboratories.

**All tests of significance are one-tailed and assume a confidence of 95%.

A trend toward lower estimates of the number of drinks a 150-pound person could consume in one hour before driving and still be a safe driver was found from 1971 to 1973, with 91% in 1973 answering that only one or two drinks would be the limit, compared with 65% in 1971. The majority of respondents in both surveys underestimated the statistical increase in accident risk following consumption of six or nine drinks in one hour.

The majority of respondents in both surveys considered the use of Antabuse(R) without ancillary treatment of little or no value in reducing drunk driving recidivism and its use with ancillary treatment of at least some value.

Physicians were somewhat more informed about ASAP activities than the general public surveyed in Washtenaw County in 1973. Of eight listed countermeasures, 13% of the physicians had heard of more than half, compared with 8% of the general public. Physicians were more likely to have heard of Antabuse(R) as an ASAP element than any of the other activities listed.

Over 90% of respondents in both surveys did not agree that "too much fuss is being made about the dangers of drinking and driving" and three-fourths disagreed that "no matter how much effort is invested, there is not likely to be much effect on the drunk driving problem". More than 90% also agreed that blood alcohol concentration tests should be required of drivers involved in fatal crashes.

The majority of physicians in both surveys who had seen problem drinker patients indicated that they had treated at least some of those patients specifically for a drinking problem. Seventeen percent in 1973 reported that they had treated more than half of those patients specifically for a drinking problem. With regard to referrals for their problem drinker patients, majorities of physicians in both surveys who had seen such patients reported that they had made some referrals for treatment to other agencies or physicians. Twenty-five percent in 1973 reported that they had made such referrals for the majority of their problem drinker patients.

The proportion of physicians who received problem drinker patients by self-referral increased from 10% in 1971 to 32% in

1973. Referrals from the Washtenaw Council on Alcoholism were reported by fewer than 10% of the physicians in either survey.

No significant changes were found in the proportion of physicians who reported use of several listed community/family resources for referral. In both surveys, Alcoholics Anonymous was most frequently used for referrals. With regard to preferred treatment methods, anti-anxiety drugs were most commonly reported in both surveys.

In brief, the primary changes found by the surveys were a trend toward lower estimates of the number of drinks considered the limit to insure safe driving and a less optimistic assessment of a person's chance of overcoming a serious drinking problem. Physicians were somewhat more informed about local ASAP countermeasures than the general public, but a majority of physicians in each survey thought that social drinkers were more likely than problem drinkers to be involved in alcohol-related fatal crashes. Their behavior in treating and referring problem drinker patients was not found to have changed significantly, although a change in problem drinker patients' behavior was suggested by the increase in physicians who had seen such patients by self-referral.

In conclusion, the effect of the ASAP public information campaign can be considered only marginal with respect to increasing the knowledge of physicians about the role of alcohol in highway crashes and increasing awareness of ASAP activities. There was no evidence of positive effects on physicians' attitudes or behavior regarding treatment of problem drinkers.

2. PURPOSE AND METHODOLOGY

The Washtenaw Alcohol Safety Action Program's public information and education campaign was designed to impact both the general public and key subgroups involved in the drunk driving problem. Physicians, specifically internists, psychiatrists, and general practitioners were selected for special campaign activities because of their contact with problem drinkers as patients in treatment specifically for a drinking problem or for other illnesses.

In 1971, prior to the operational phase of the campaign, a baseline survey was conducted of Washtenaw County physicians specializing in internal medicine, psychiatry and general practice. The survey was conducted both for the purpose of obtaining data for later comparison with a post campaign survey and for obtaining information about current needs for information which could form the basis of campaign messages.

During its operational phase, the campaign activities with physicians included a mailing of pamphlets with information about the diagnosis and treatment of alcoholism and the ASAP effort in Washtenaw County to counteract the drunk driver problem. Personal contacts were made with hospital physicians in an effort to develop hospital treatment programs for alcoholics; ASAP speakers addressed groups of nurses interested in working with such program; and contacts were made with personal physicians of ASAP clients who were participating in the disulfiram program.

In 1973, the post campaign survey of physicians was conducted and the results were analyzed for comparison with the 1971 survey findings. Both surveys were addressed to aspects of knowledge, attitudes, and behavior concerning the diagnosis and treatment of alcoholism, the role of alcohol in traffic crashes, and the ASAP countermeasures directed to the drunk driver problem.

The 1971 and 1973 survey samples were separate random selections drawn from a comprehensive list of internists,

psychiatrists and general practitioners in Washtenaw County. The lists included residents and staff physicians of local hospitals and nonaffiliated physicians in private practice. In 1971, 61% of 306 physicians responded for a sample size of 187, and in 1973, 58% of 284 responded for a sample size of 165.

The surveys were conducted by mailed self-administered questionnaires and included two follow-up mailings at two-week intervals to physicians who had not returned a completed questionnaire from the previous mailing. Although names were not entered on questionnaires in either survey, in 1971 each name on the sample list was assigned a number and an individual's number was entered on the questionnaire mailed to him. When a questionnaire was returned, the name which had the matching number on the sample list was crossed off, and no further mailings were made to that individual. In 1973, however, unnumbered questionnaires were mailed with a pre-addressed postcard which respondents were asked to sign and return under separate cover when they returned the questionnaire. Attempts to decipher physician's signatures were occasionally time consuming, but the 1973 procedures were considered more satisfactory, both from the point of view of maintaining maximum confidentiality of the data as they related to individuals and maintaining an efficient follow-up mailing system.

3. ANALYSIS OF RESULTS

3.1 MEDICAL BACKGROUND OF RESPONDENTS

For the purpose of analysis, respondents in both surveys were categorized by medical specialty and by the number of problem drinkers they reported having seen as patients in the previous 12 months. In 1971, 60% were internists, 32% were psychiatrists, and 8% were general practitioners. The 1973 sample of respondents consisted of 49% internists, 37% psychiatrists, and 14% general practitioners. Thirty-seven percent in 1971 had seen 16 or more problem drinker patients, 35% had seen 1-15 such patients, and 28% reported having seen no problem drinker patients or made no answer to the question. The distributions in 1973 were virtually the same: 38% had seen 16 or more problem drinkers, 37% had seen 1-15, and 25% had seen none or made no answer.

The median number of problem drinkers seen as patients by respondents in both surveys was found to be ten. For both surveys, however, general practitioners and internists tended to have seen more than the median mumber of such patients. Three percent and 5% were the median percentages which problem drinkers consistituted of respondents' total patients in 1971 and 1973, respectively. For both surveys, psychiatrists tended to have higher than median percentages of problem drinkers in their practices.

Overall, the majority of respondents in both surveys had been practicing in Washtenaw County for four or fewer years. General practitioners alone were more likely to report more than four years of practice, and in both surveys, more than half had been established for at least ten years.

3.2 INCIDENCE OF ALCOHOLISM AND SUCCESS OF TREATMENT

There was little change between surveys in estimates of the percent of problem drinkers in the adult population of Washtenaw County. The median estimates were 8% in 1971 and 7% in 1973, and approximately one-fifth in both surveys gave answers higher than

10%. Psychiatrists were most likely to make high estimates, which may be a result of their having higher than average percentages of problem drinkers in their practices.

Respondents in 1973 were generally less optimistic about the likelihood of successfully overcoming a drinking problem. In 1971, approximately one-third of the total sample thought that such problems could be overcome at least half the time. But only 12% in 1973 were even that optimistic. In both surveys, many respondents felt that treatment would be successful only occasionally or almost never, but in 1973 a full 79% were of that opinion compared with 66% in 1971. Psychiatrists as well as physicians who had seen 16 or more problem drinker patients particularly tended to be less optimistic in 1973 than in 1971.

3.3 ALCOHOL AND TRAFFIC ACCIDENTS

The majority of physicians in both surveys made estimates of the percent of drinking drivers involved in fatal crashes in the roughly correct range of 50-65%. However, the proportion of correct answers increased somewhat from 54% in 1971 to 62% in 1973.

Although there was a slight increase from 38% to 43% of respondents who thought that more than half of alcohol-related fatal crashes involve a problem drinker, the majority of respondents in both surveys thought that social drinkers rather than problem drinkers are primarily involved in those crashes.

There was an increase between surveys in the proportion of respondents who thought that a 150-pound person could consume a limit of two drinks in an one-hour period before driving and still be a safe driver. In 1973, 91% thought that two drinks was the limit, compared to 65% in 1971. The major change was that in 1971, 21% thought that only one drink would be safe to consume before driving, compared with 46% in 1973. The trend toward lower estimates was further evidenced by the findings that in 1971,

8% thought five or six drinks was a safe limit, but in 1973, only 1% of the responses was higher than three.

Only two-fifths of both survey samples correctly estimated that a 150-pound person who had consumed six drinks in one hour prior to driving would be six to ten times more likely to have an accident than if he had not been drinking. The 1973 respondents, however, were considerably more likely to underestimate the increased accident risk than the 1971 respondent. Forty-five percent in 1973 underestimated the increased risk compared with 28% in 1971.

Only one-fifth of the 1971 respondents and 15% of the 1973 respondents were correct in estimating that a 150-pound person would increase his accident risk by 51-100 times if he consumed nine drinks in one hour prior to driving. Respondents in both surveys generally underestimated the accident risk following nine drinks, but were more inclined to give extremely low answers in 1973 than in 1971.

3.4 KNOWLEDGE AND ATTITUDES REGARDING DRUNK DRIVING COUNTER-MEASURES

Respondents in both surveys were asked if they viewed the use of Antabuse both with and without supportive treatment as "very valuable", "somewhat valuable", or "not at all valuable" as a means of reducing drunk driving recidivism among problem drinkers. The majority of respondents in both surveys thought that Antabuse used alone was not very or not at all valuable, and a decline was found in the proportion who viewed its use alone as even somewhat valuable (35% in 1971 and 26% in 1973). The largest shifts toward less acceptance of Antabuse used alone were found among physicians who had seen 16 or more problem drinker patients, 38% of whom in 1971 had considered it somewhat or very valuable compared with 21% in 1973, and among internists, 32% of whom in 1971 thought it at least somewhat valuable and 15% of whom were of that opinion in 1973.

There was little change, however, in opinion about the value of using Antabuse together with other treatment modalities.

Approximately one-fourth of the respondents in both surveys thought that it would be very valuable if used in conjunction with other forms of treatment and 90% felt that it would be at least somewhat valuable under those conditions.

Respondents in 1973 were asked if they had heard of any of eight local ASAP activities. The table below shows the percentage of respondents who had heard of each activity.

1973 AWARENESS OF ASAP ACTIVITIES

Activity	%
Roadside breathtesting surveys	35
Antabuse for convicted drunk drivers	44
Public information campaign on safe drinking before driving limits	25
Increased DUIL arrests	19
Alcohol education for convicted drunk drivers	25
ASAP police patrols	18
ASAP probation officers	11
Counseling in couple's clubs	26

As shown by the table, physicians were most likely to have heard about the use of Antabuse by ASAP clients. The use of Antabuse was a controversial issue which received particular attention in local newspapers. Both legal and medical considerations were discussed in public, and, one must assume in private. It is surprising, therefore, that not even half of the 1973 physicians were aware of Antabuse as an element of the ASAP strategy to reduce drunk driving in Washtenaw County. In comparison, however, only 29% of the respondents in the Washtenaw County general public household survey were aware of the Antabuse element of ASAP.

The roadside breathtesting surveys were conducted annually during the three-year period of ASAP, and were intentionally publicized. Physicians were not involved professionally in the surveys, but as private citizens who operate motor vehicles on local highways, they were expected to have some interest in the

matter. The general public household survey findings were that only 23% of residents generally were aware of the roadside surveys, whereas 35% of the physicians were so informed.

Analysis of cumulative positive responses showed that 24% of the physicians had heard of none of the ASAP activities, 62% had heard of half or fewer of the activities, and 13% were aware of more than half. In comparison, 32% of the general public were aware of none of the countermeasures, 59% had heard of half or fewer, and only 8% had heard of more than half.

In both surveys of physicians, respondents were asked to indicate their feelings about each of several statements by checking either "agree strongly", "tend to agree", "tend to disagree", or "disagree strongly". The overwhelming majority (93%) of respondents in both surveys disagreed that "too much fuss is being made about the dangers of drinking and driving". In both surveys, respondents generally disagreed (75% in 1971 and 79% in 1973) with the statement that "no matter how much effort is invested in helping problem drinkers, there is not likely to be much overall reduction in drunk driving". Ten percent more of the physicians who had seen 16 or more problem drinker patients were found to disagree in 1973 than in 1971 (80% and 70%, respectively).

In 1971, respondents were asked for their opinion about requiring blood alcohol concentration tests of all drivers involved in crashes resulting in fatalities. In 1973, a similar statement was presented except that it proposed that the County Medical Examiner be required to obtain tests and that the tests be made on pedestrian and driver fatalities only. There was overall agreement with requiring tests in either situation (91% agreed with the statement in 1971 and 92% in 1973). But the proportion of respondents who agreed strongly with the 1973 statement was 12% less than the proportion which agreed strongly with the 1971 statement (59% and 71%). The strength of support may have diminished as a result of the reference to the Medical Examiner. In Washtenaw County, 50 physicians served as Deputy Medical

Examiners at the time of the surveys and the majority were eligible to be respondents in the surveys. The personal involvement of some respondents in the Medical Examiner system could have been a factor in producing slightly less emphatic endorsement of requiring BAC tests in highway crashes which result in fatalities.

3.5 DIAGNOSIS AND TREATMENT OF PROBLEM DRINKERS

In 1971, a set of four alcoholism treatment and referral approaches were presented to respondents who had seen problem drinker patients in the previous 12 months. The approaches were "no treatment for alcoholism", "treatment for alcoholism without referral of the patient for additional help", "referral only", and "treatment for alcoholism with referral". Respondents were asked to rank order the approaches according to the relative frequency with which they generally used each approach with their problem drinker patients. In 1973, respondents were asked directly how many patients they had treated specifically for a drinking problem and how many they had referred elsewhere for treatment.

The findings from both surveys were that 25% of the 1971 respondents who had seen problem drinker patients ranked treatment for alcoholism with referral and treatment for alcoholism without referral as their primary modes of approach, and 17% of the 1973 respondents reported directly that they had treated half or more of their problem drinker patients. In 1971, 32% indicated a high relative frequency of referrals and 25% in 1973 had made referrals for more than half of their patients.

Respondents in both surveys were asked to indicate from what referral sources, apart from the patients themselves, they received problem drinker patients. The proportion of physicians whose patients were received completely by self-referral rose from 10% in 1971 to 32% in 1973. Nearly half in 1971 had received patients by referral from the patient's spouse and from another physician, compared with one-fourth in 1973 who had received patients by referral from each of those sources. Patients were received by referral from the patient's employer by 13% in 1971

and 10% in 1973. Fewer than 10% in either survey had received referrals from the Washtenaw Council on Alcoholism (WCA), and 14% in 1971 had received court-referred patients compared with 10% in 1973. Social agencies other than the WCA had referred patients to 19% of the physicians in 1971 and to 11% in 1973.

No significant changes were found in the proportion of respondents who made use of each of several outside treatment agencies, either for referral only or for referral in conjunction with treatment by the physician. In 1973, 58% referred patients to Alcoholics Anonymous, 33% to hospitals, 20% to the WCA, 31% to other social agencies, 22% to another physician, 20% involved the patient's spouse or family, 12% involved clergy, and 8% involved the patient's employer. Ten percent indicated use of more than half of the eight listed community/family resources.

Given a list of six alcoholism treatment procedures, physicians in 1971 were most likely to have found anti-anxiety drugs or individual psychotherapy useful with their patients, and in 1973, were most likely to consider anti-anxiety drugs or counseling with the patient and spouse as useful forms of treatment. In 1971, deterrent drugs were the third most commonly considered helpful treatment element, but in 1973, they were fourth, with more physicians considering individual psychotherapy helpful than deterrent drugs.

APPENDIX

CODEBOOK WITH MARGINALS FOR THE 1971 AND 1973 ASAP SURVEYS: WASHTENAW COUNTY PHYSICIANS

INTRODUCTION

The following codebook with marginals contains the results of two surveys of physicians conducted in 1971 and 1973 as part of the evaluation procedures for the Washtenaw County Alcohol Safety Action Program.

Marginals are presented for the total sample (TS), and for subgroups determined by medical specialty and by number of problem drinkers seen as patients in the previous 12 months. In 1971, TS=187, internists (I)=112, psychiatrists (P)=61, general practitioners (GP)=14; physicians who had seen no problem drinker patients (1-15)=66, and physicians who had seen 16 or more problem drinker patients (16+)=70. In 1973, TS=165, I=80, P=61, GP=22; 0=41, 1-15=61, and 16+=63. The 1973 total sample size for variables 46-75 regarding treatment and referral of problem drinker patients is 124 because of the exclusion of respondents who had not seen problem drinkers in their practice.

Marginals are presented as percentages for categorical variables. Column percentages add to 100 in most cases. But in multiple response variables, the number of mentions were divided by the number of respondents and column percentages usually add to more than 100. Marginals for numerical variables are presented as percentiles, specifically the tenth, thirtieth, fiftieth, seventieth, and nintieth percentiles. An asterisk (*) is used to identify marginals which are actual frequencies.

The data obtained from the 1971 survey are presented in parentheses. Data from the 1973 survey are free-standing.

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V1 R1 Data Set Number

V2 R2 Respondent ID Number

V3 R3 County Fatalities (Q1. About how many persons would you guess were killed in traffic accidents in Washtenaw County in 1972?) MD=998,999

ACTUAL NUMBER CODED

998. DK
999. NA

Percentiles

	TS	I	P	GP	0	1-15	16+
10.	19	19	19	20	11	19	24
30.	40	35	37	50	24	35	50
50.	65	60	72	67	50	60	80
70.	100	100	106	106	92	100	106
90.	200	200	237	167	200	200	250

TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
1	1	2	0	0	2	2
31	30	34	27	38	33	23
19	22	12	27	18	22	16
11	12	9	14	10	7	15
22	19	22	27	18	23	23
15	14	19	5	10	12	21
0	0	0	0	0	0	0
2	1	3	0	5	2	0
*5	*3	*2	0	*2	*1	*2

V4 R3A County Fatalities-8 (R3 collapsed) MD=9

0. None
1. 1-9
2. 10-49
3. 50-69
4. 70-99
5. 100-199
6. 200-995
7. Over 995
8. DK
9. NA

V5 R4 Alcohol Fatalities-% (Q2. In what percent of traffic accidents in which someone is killed would you estimate drinking by a driver was a contributing factor?) MD=98,99

ACTUAL NUMBER CODED

98. DK
99. NA

Percentiles

	TS	I	P	GP	0	1-15	16+
10.	31	30	36	31	26	35	50
	(30)	(30)	(29)	(11)	(30)	(30)	(30)
30.	50	50	50	50	50	50	50
	(50)	(50)	(50)	(50)	(50)	(50)	(50)
50.	50	50	50	50	50	50	55
	(50)	(50)	(50)	(50)	(50)	(50)	(50)
70.	60	60	60	60	60	60	60
	(60)	(60)	(65)	(68)	(52)	(60)	(69)
90.	75	75	75	87	75	70	80
	(75)	(75)	(75)	(78)	(72)	(75)	(75)

TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)
0	0	0	0	0	0	0
(2)	(1)	(3)	(7)	(4)	(1)	(1)
11	13	8	9	22	8	6
(10)	(10)	(12)	(7)	(6)	(12)	(11)
7	9	5	9	5	15	2
(9)	(11)	(9)	(0)	(8)	(14)	(6)
42	41	46	36	41	43	41
(38)	(40)	(36)	(36)	(48)	(39)	(31)
20	23	15	27	17	15	27
(16)	(18)	(12)	(14)	(15)	(15)	(17)
17	13	25	9	15	17	17
(18)	(17)	(19)	(29)	(8)	(17)	(27)
3	3	2	9	0	2	6
(3)	(2)	(5)	(0)	(4)	(1)	(3)
0	0	0	0	0	0	0
(3)	(2)	(5)	(7)	(6)	(0)	(4)
*1	*1	0	0	0	*1	0
(*2)	(*1)	(*1)	(0)	(*1)	(*1)	(0)

V6 R4A Alcohol Fatalities %-8 (R4 collapsed) MD=9

0. None
1. 1-19%
2. 20-34%
3. 35-49%
4. 50% exactly
5. 51-65%
6. 66-80%
7. 81-100%
8. DK
9. NA

Percentiles

	TS	I	P	GP	0	1-15	16+
10.	12	15	25	20	13	25	22
	(20)	(20)	(20)	(20)	(25)	(20)	(20)
30.	40	30	50	40	30	43	40
	(40)	(35)	(50)	(50)	(37)	(30)	(50)
50.	50	50	50	50	50	60	50
	(50)	(50)	(50)	(50)	(50)	(50)	(50)
70.	75	70	80	56	72	80	70
	(70)	(60)	(75)	(72)	(75)	(60)	(70)
90.	90	80	90	87	80	90	80
	(80)	(80)	(86)	(86)	(80)	(80)	(80)

V7 R5 Problem Drinker Fatalities % (Q3. Of these alcohol-related fatal traffic accidents in what percent would you estimate that the drinking driver is a person who has a serious drinking problem that affects his job performance, his health, or his social or family life?) MD=98,99

ACTUAL NUMBER CODED

98. DK
99. NA

TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)
8	13	3	4	12	5	8
(5)	(6)	(5)	(0)	(6)	(5)	(6)
19	24	18	18	24	18	16
(20)	(22)	(17)	(21)	(19)	(29)	(13)
7	1	10	18	5	7	8
(5)	(6)	(5)	(0)	(6)	(3)	(7)
23	20	26	27	22	18	29
(28)	(30)	(24)	(36)	(23)	(29)	(31)
5	8	2	9	5	7	5
(9)	(7)	(12)	(7)	(11)	(6)	(10)
26	28	29	14	24	25	29
(22)	(22)	(22)	(21)	(23)	(21)	(23)
12	6	18	9	7	20	6
(7)	(5)	(10)	(7)	(6)	(8)	(7)
0	0	0	0	0	0	0
(3)	(1)	(5)	(7)	(4)	(0)	(4)
*1	*1	0	0	0	*1	0
(*3)	(*2)	(*1)	(0)	(*2)	(*1)	(0)

V8 R5A Problem Drinker Fatalities %-8 (R5 collapsed) MD=9

0. None
1. 1-19%
2. 20-34%
3. 35-49%
4. 50% exactly
5. 51-65%
6. 66-80%
7. 81-100%
8. DK
9. NA

Percentiles

	TS	I	P	GP	0	1-15	16+
10.	3	4	4	2	3	4	3
	(3)	(2)	(5)	(5)	(3)	(2)	(3)
30.	5	5	5	5	5	5	5
	(5)	(5)	(5)	(10)	(5)	(5)	(5)
50.	7	6	10	7	5	7	7
	(8)	(7)	(10)	(10)	(8)	(8)	(9)
70.	10	10	10	10	10	10	10
	(10)	(10)	(10)	(20)	(10)	(10)	(10)
90.	20	20	25	20	20	20	20
	(20)	(20)	(25)	(28)	(23)	(20)	(21)

V9 R6 Alcoholic Percentages (Q4. What percent of the adults of Washtenaw County would you estimate are alcoholics or have serious drinking problems?) MD=98,99

ACTUAL NUMBER CODED

98. DK
99. NA

TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)
11	9	7	18	10	9	13
(13)	(9)	(3)	(0)	(13)	(17)	(10)
35	39	35	27	41	39	29
(27)	(29)	(26)	(17)	(23)	(25)	(31)
32	34	30	32	31	25	38
(32)	(29)	(40)	(33)	(33)	(35)	(29)
16	14	18	18	13	19	16
(15)	(16)	(12)	(17)	(10)	(13)	(19)
3	1	5	5	3	3	3
(6)	(5)	(7)	(7)	(8)	(3)	(7)
2	1	3	0	0	3	2
(2)	(1)	(3)	(0)	(0)	(3)	(1)
*1	0	2	0	0	2	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)
*1	1	0	0	3	0	0
(5)	(2)	(9)	(17)	(13)	(3)	(1)
*4	*3	*1	0	*2	*2	0
(*8)	(*4)	(*2)	(*2)	(*1)	(*4)	(*3)

V10 R6A Alcoholic Percentage-8 (R6 collapsed) MD=9

0. None
1. 1-3%
2. 4-5%
3. 6-10%
4. 11-20%
5. 21-30%
6. 31-50%
7. 51-100%
8. DK
9. NA

TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)
2	0	0	14	0	0	5
(3)	(1)	(3)	(14)	(0)	(3)	(4)
20	15	26	23	24	25	13
(32)	(27)	(43)	(21)	(31)	(33)	(31)
70	77	67	50	63	72	71
(61)	(66)	(50)	(64)	(65)	(60)	(59)
9	7	7	14	12	3	11
(5)	(6)	(3)	(0)	(4)	(5)	(6)
0	0	0	0	0	0	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)

V11 R7 Alcoholism Success (Q5. How often do you think persons with serious drinking problems are able to overcome these problems?) MD=9

1. Almost always
2. Most of the time
3. About half the time
4. Only occasionally
5. Almost never
9. NA

TS	I	P	GP	0	1-15	16+
2	0	3	5	0	2	3
(4)	(2)	(8)	(7)	(4)	(3)	(6)
24	15	32	36	23	30	19
(31)	(30)	(28)	(50)	(21)	(36)	(32)
58	67	52	41	55	57	60
(39)	(49)	(55)	(29)	(63)	(48)	(42)
17	17	13	18	23	11	17
(15)	(19)	(7)	(14)	(10)	(13)	(20)
(1)	(0)	(2)	(0)	(2)	(0)	(0)
*1	0	*1	0	*1	0	0
(*1)	(*1)	(0)	(0)	(*1)	(0)	(0)

V12 R8 Antabuse Alone (Q6. As a condition of probation for convicted drunk drivers who are problem drinkers, how valuable do you think the use of Antabuse is likely to be in helping them to gain control of their drinking and thus to avoid repeating their offense after the probationary period? (a) When Antabuse is the only form of treatment?) MD=9

1. Very valuable
2. Somewhat valuable
3. Not very valuable
4. Not at all valuable
8. DK
9. NA

TS	I	P	GP	0	1-15	16+
24	15	31	36	19	29	21
(24)	(24)	(23)	(61)	(17)	(32)	(28)
66	73	61	55	66	62	70
(64)	(64)	(72)	(39)	(73)	(61)	(62)
9	11	8	5	15	7	8
(8)	(11)	(3)	(0)	(8)	(8)	(9)
1	1	0	5	0	2	2
(1)	(1)	(0)	(0)	(0)	(0)	(1)
(1)	(0)	(2)	(0)	(2)	(0)	(0)
0	0	0	0	0	0	0
(*2)	(*1)	(0)	(*1)	(*1)	(*1)	(0)

V13 R9 Antabuse & Other (Q6b. When Antabuse is administered in conjunction with other forms of treatment (such as group or individual psychotherapy, counseling from appropriate social agencies, etc.)?) MD=9

1. Very valuable
2. Somewhat valuable
3. Not very valuable
4. Not at all valuable
8. DK
9. NA

TS	I	P	GP	0	1-15	16+
18	19	15	27	15	20	19
81	80	85	73	85	80	79
*1	*1	0	0	0	0	0

V14 R10 Special Patrols (Q7. Which of the following activities of the Washtenaw Alcohol Safety Action Program have you happened to see or hear anything about in the past year? (a) Special patrols looking for drunk drivers?) MD=9

1. Yes (answer checked)
5. No (not checked)
9. NA

TS	I	P	GP	0	1-15	16+
35	34	43	18	27	41	33
65	65	57	82	73	59	65
*1	*1	0	0	0	0	*1

V15 R11 Roadside Testing (Q7b. Roadside breathtesting surveys?) MD=9

1. Yes (answer checked)
5. No (not checked)
9. NA

TS	I	P	GP	0	1-15	16+
44	33	49	77	22	46	57
55	66	51	23	78	54	41
*1	*1	0	0	0	0	*1

V16 R12 Antabuse (Q7c. Courts asking convicted drunk drivers to take pills which make them sick if they drink alcohol?) DM=9

1. Yes (answer checked)
5. No (not checked)
9. NA

TS	I	P	GP	0	1-15	16+
25	25	26	23	24	28	24
74	74	74	77	76	72	75
*1	*1	0	0	0	0	*1

V17 R13 Local Campaign (Q7d. Local campaign to get drivers to know their own safe alcohol limits?) MD=9

1. Yes (answer checked)
5. No (not checked)
9. NA

TS	I	P	GP	0	1-15	16+
19	16	18	32	15	21	19
81	83	82	68	85	79	79
*1	*1	0	0	0	0	*1

V18 R14 More DUIL's (Q7e. More drunk driving arrests?) MD=9

1. Yes (answer checked)
5. No (not checked)
9. NA

TS	I	P	GP	0	1-15	16+
25	24	26	32	12	28	32
74	75	74	68	88	72	67
*1	*1	0	0	0	0	*1

V19 R15 Special Classes (Q7f. Special alcohol education course for drunk drivers?) MD=9

1. Yes (answer checked)
5. No (not checked)
9. NA

TS	I	P	GP	0	1-15	16+
11	7	10	32	5	10	17
88	91	90	68	95	90	81
*1	*1	0	0	0	0	*1

V20 R16 Probation Officers (Q7g. Special probation officers to work with person convicted of drunk driving?) MD=9

1. Yes (answer checked)
5. No (not checked)
9. NA

TS	I	P	GP	0	1-15	16+
26	19	33	36	27	26	25
73	80	67	64	73	74	73
*1	*1	0	0	0	0	*1

V21 R17 Couple's Clubs (Q7h. Counseling in groups & couples clubs for drunk drivers who have a drinking problem?) MD=9

1. Yes (answer checked)
5. No (not checked)
9. NA

TS	I	P	GP	0	1-15	16+
24	33	20	0	37	20	19
26	26	23	32	32	21	27
15	16	13	18	7	20	16
14	5	25	18	10	20	11
7	5	7	18	5	5	11
10	11	8	9	7	10	11
2	1	5	0	2	3	2
*1	1	0	0	0	2	0
1	1	0	5	0	0	3
0	0	0	0	0	0	0

V22 R17A Total CM's Known (The number of countermeasures checked yes by R in R10-R17) MD=9

0. None
1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. NA

In Question 8 one "Drink" is used to mean any of the following:
ONE 12oz. BOTTLE OR CAN OF BEER
ONE 3-4oz. GLASS OF WINE OR ALCOHOLIC PUNCH
ONE 1oz. SERVING OF HARD LIQUOR (alone or in a mixed drink)

TS	I	P	GP	0	1-15	16+
9	5	10	18	5	8	11
(2)	(2)	(0)	(8)	(0)	(2)	(3)
46	49	47	36	51	47	41
(21)	(19)	(22)	(23)	(15)	(17)	(29)
36	37	31	41	33	35	40
(42)	(39)	(48)	(39)	(49)	(39)	(40)
8	7	10	5	8	8	8
(25)	(29)	(19)	(23)	(23)	(27)	(26)
1	1	2	0	3	2	0
(6)	(6)	(7)	(0)	(4)	(13)	(1)
(2)	(3)	(2)	(0)	(6)	(2)	(0)
(1)	(1)	(0)	(0)	(0)	(2)	(0)
(1)	(0)	(2)	(8)	(2)	(0)	(1)
*3	0	*3	0	*2	*1	0
(*6)	(*3)	(*2)	(*1)	(*2)	(*3)	(*1)

V23 R18 Safe Drinks (Q8. Suppose that a 150 pound person, who has not eaten recently, drinks for a one hour period before driving. What do you think is the most he could drink without increasing his chance of having an accident?) MD=99

00. None
01. One drink
02. Two drinks
03. Three drinks
04. Four drinks
05. Five drinks
06. Six drinks
98. DK
99. NA

V24 R19 Drinks Impaired (Q8a. What do you think is the most he could drink without reaching a blood alcohol concentration (BAC) of .08%, the minimum BAC for presumptive evidence of impaired driving in Michigan?) MD=99

TS	I	P	GP	0	1-15	16+
1	1	2	0	0	2	2
15	11	22	9	17	22	6
41	36	46	46	30	38	51
24	26	19	27	33	18	24
12	20	3	9	13	10	14
4	3	3	9	5	3	3
3	3	3	0	3	5	0
*1	0	2	0	0	2	0
*2	0	*2	0	*1	*1	0

00. None
01. One drink
02. Two drinks
03. Three drinks
04. Four drinks
05. Five drinks
06. Six drinks
08. Eight drinks
99. NA

V25 R20 Drinks DUIL (Q8b. And what do you think is the most he could drink without reaching a BAC of .10%, the minimum BAC for presumptive evidence of driving under the influence of liquor?) MD=99

TS	I	P	GP	0	1-15	16+
5	5	5	5	3	7	5
23	20	31	14	15	33	19
33	28	38	38	31	26	41
18	19	15	19	23	14	17
14	18	7	19	18	10	16
4	6	2	0	5	5	2
1	1	2	0	3	2	0
2	3	0	5	3	3	0
*5	*1	*3	*1	*2	*3	0

01. One drink
02. Two drinks
03. Three drinks
04. Four drinks
05. Five drinks
06. Six drinks
07. Seven drinks
08. Eight drinks
99. NA

Percentiles

	TS	I	P	GP	0	1-15	16+
10.	3	3	3	3	3	3	3
	(4)	(4)	(3)	(4)	(4)	(3)	(5)
30.	4	5	4	4	5	4	5
	(6)	(6)	(5)	(10)	(5)	(5)	(10)
50.	10	7	9	10	5	10	10
	(10)	(10)	(10)	(20)	(7)	(10)	(10)
70.	10	10	10	10	10	10	10
	(16)	(10)	(18)	(50)	(10)	(10)	(20)
90.	20	20	50	20	50	27	11
	(50)	(50)	(50)	(85)	(50)	(50)	(50)

V26 R21 Accident 6 Drinks (Q8c. If he has 6 drinks how many times more likely do you think he is to have an accident than if he had not been drinking?) MD=98,99

ACTUAL NUMBER CODED

96. 96-100
97. Over 100
98. DK
99. NA

V27 R21A-Accident 6 Drinks-9 (R21 collapsed) MD=9

TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
(1)	(1)	(0)	(0)	(2)	(0)	(0)
8	9	9	5	10	9	7
(3)	(2)	(5)	(0)	(0)	(5)	(3)
38	39	40	29	41	35	39
(24)	(26)	(24)	(7)	(36)	(28)	(12)
41	41	37	52	26	47	45
(39)	(45)	(32)	(29)	(31)	(42)	(43)
5	5	3	9	13	2	3
(14)	(12)	(16)	(14)	(11)	(8)	(21)
4	3	5	5	3	5	3
(10)	(9)	(9)	(21)	(7)	(9)	(13)
4	4	4	0	8	2	3
(6)	(4)	(7)	(14)	(7)	(7)	(6)

0. No or small increased chance
1. 2 times
2. 3-5 times
3. 6-10 times
4. 11-25 times
5. 26-50 times
6. 51-100 times

TS	I	P	GP	0	1-15	16+
*1	0	2	0	0	2	0
(1)	(1)	(0)	(0)	(0)	(3)	(0)
0	0	0	0	0	0	0
(3)	(0)	(5)	(14)	(7)	(0)	(3)
*6	*1	*4	*1	*2	*3	*1
(*10)	(*5)	(*5)	(0)	(*4)	(*3)	(*3)

Percentiles

	TS	I	P	GP	0	1-15	16+
10.	5	6	4	6	4	4	6
	(9)	(9)	(8)	(3)	(8)	(7)	(9)
30.	10	10	9	10	10	10	10
	(10)	(10)	(10)	(38)	(10)	(10)	(20)
50.	15	15	10	20	12	12	20
	(20)	(20)	(20)	(96)	(20)	(20)	(40)
70.	30	27	28	30	40	20	44
	(56)	(50)	(50)	(96)	(50)	(50)	(96)
90.	96	96	96	96	96	96	96
	(96)	(96)	(96)	(97)	(96)	(97)	(97)

V27 R21A(cont'd) .

7. Over 100 times

8. DK

9. NA

V28 R22 Accident 9 Drinks (Q8d. How about if he has 9 drinks?) MD=98,99

96. 96-100
97. Over 100 (730,1000(2 entires)', infinity)
98. DK
99. NA

TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
(1)	(1)	(0)	(7)	(2)	(0)	(1)
0	0	0	0	0	0	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)
11	8	17	5	13	15	5
(3)	(3)	(6)	(0)	(2)	(5)	(3)
35	38	33	33	36	35	34
(28)	(29)	(30)	(7)	(36)	(32)	(18)
23	24	19	30	15	24	26
(19)	(21)	(19)	(7)	(13)	(19)	(22)
10	9	7	15	10	7	12
(16)	(18)	(15)	(7)	(16)	(18)	(15)
15	14	17	15	15	17	13
(21)	(21)	(19)	(29)	(22)	(15)	(25)
6	6	5	5	10	2	8
(8)	(6)	(7)	(21)	(2)	(11)	(9)
*1	1	0	0	0	0	2
(4)	(1)	(6)	(21)	(7)	(0)	(6)
*7	*1	*4	*2	*2	*3	*2
(*13)	(*7)	(*6)	(0)	(*4)	(*5)	(*4)

V29 R22A Accident 9 Drinks-9 (R22 collapsed) MD=9

0. No or small increased chance

1. 2 times

2. 3-5 times

3. 6-10 times

4. 11-25 times

5. 26-50 times

6. 51-100 times

7. Over 100 times

8. DK

9. NA

TS	I	P	GP	0	1-15	16+
25	25	21	41	28	20	29
49	53	48	36	46	50	49
22	20	24	23	26	25	17
0	0	0	0	0	0	0
1	3	0	0	0	0	3
*1	0	3	0	0	3	0
1	0	3	0	0	2	2
0	0	0	0	0	0	0
*3	0	*3	0	*2	*1	0

V30 R18-19 Safe/Impaired Ratio (R18/R19) MD=9

0. 0.0-0.49
1. 0.50-0.99
2. 1.00 exactly
3. 1.01-1.49
4. 1.50-1.99
5. 2.00-2.99
6. 3.00-9.99
7. 10.00-99.998
9. DK, NA on R18 or R19

TS	I	P	GP	0	1-15	16+
48	46	46	62	53	41	51
42	44	42	29	47	45	35
9	9	9	9	0	10	13
0	0	0	0	0	0	0
1	0	3	0	0	2	2
*1	1	0	0	0	2	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
*6	*1	*4	*1	*3	*3	0

V31 R18-20 Safe-DUIL Ratio (R18/R20) MD=9

0. 0.0-0.49
1. 0.50-0.99
2. 1.00 exactly
3. 1.01-1.49
4. 1.50-1.99
5. 2.00-2.99
6. 3.00-9.99
7. 10.00-99.998
9. DK or NA on R18 or R20

TS	I	P	GP	0	1-15	16+
3	3	2	5	3	3	2
73	73	76	57	87	69	67
21	21	17	33	10	22	27
1	1	0	5	0	0	5
*1	0	2	0	0	2	0
1	0	3	0	0	2	2
*1	1	0	0	0	2	0
0	0	0	0	0	0	0
*5	*1	*3	*1	*2	*3	0

V32 R19-20 Impaired/DUIL ratio (R19/R20) MD=9

0. 0.0-0.49
1. 0.50-0.99
2. 1.00 exactly
3. 1.01-1.49
4. 1.50-1.99
5. 2.00-2.99
6. 3.00-9.99
7. 10.000-99.998
9. DK or NA on R19 or R20

We would like your opinion concerning each of the following four statements. Please write the number for your feeling about each statement on the line in front of it according to the following code:

1. AGREE STRONGLY
2. TEND TO AGREE
3. TEND TO DISAGREE
4. DISAGREE STRONGLY

TS	I	P	GP	0	1-15	16+
6	3	7	14	5	5	6
(0)	(0)	(0)	(0)	(0)	(0)	(0)
1	0	3	0	2	2	0
(1)	(1)	(2)	(0)	(0)	(1)	(1)
13	11	18	9	15	13	13
(10)	(9)	(10)	(14)	(12)	(7)	(10)
80	86	72	77	78	80	81
(89)	(90)	(88)	(86)	(88)	(91)	(89)
*1	0	*1	0	0	*1	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)

V33 R23 Too Much Fuss (Q9. Far too much fuss is made about the dangers of drinking and driving?)

1. Agree strongly
2. Tend to agree
3. Tend to disagree
4. Disagree strongly
9. NA

TS	I	P	GP	0	1-15	16+
59	59	59	57	53	66	56
(71)	(70)	(67)	(93)	(73)	(66)	(75)
33	29	38	33	35	29	37
(20)	(21)	(25)	(0)	(14)	(28)	(17)
5	6	3	5	7	3	5
(7)	(7)	(7)	(7)	(10)	(5)	(7)
3	5	0	5	5	2	3
(2)	(2)	(2)	(0)	(2)	(1)	(1)
*3	*2	0	*1	*1	*2	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)

V34 R24 Fatal BAC Test (Q10. The County Medical Examiner should be required to obtain the blood alcohol concentration of every driver & pedestrian over 16 who is killed in a traffic accident in Washtenaw County?) MD=9

1. Agree strongly
2. Tend to agree
3. Tend to disagree
4. Disagree strongly
9. NA

V35 R25 Counsel Not Punish (Q11. When problem drinkers are convicted of drunk driving, it is better to place them on probation & into a counseling or treatment program than it is to impose severe penalties?) MD=9

TS	I	P	GP	0	1-15	16+
27	20	37	32	39	20	27
(35)	(25)	(51)	(43)	(42)	(36)	(30)
49	51	47	45	49	57	41
(47)	(53)	(39)	(36)	(50)	(42)	(49)
16	20	12	9	10	18	17
(12)	(16)	(5)	(7)	(4)	(12)	(17)
8	9	5	14	4	9	4
(6)	(5)	(5)	(14)	(4)	(9)	(4)
*1	0	*1	0	0	*1	0
(*3)	(*2)	(*1)	(0)	(*1)	(*1)	(*1)

1. Agree strongly
2. Tend to agree
3. Tend to disagree
4. Disagree strongly
9. NA

V36 R26 Effect Not Likely (Q12. No matter how much additional effort is invested in helping problem drinkers, there is not likely to be much overall reduction in drunk driving?) MD=9

TS	I	P	GP	0	1-15	16+
3	5	2	0	2	3	3
(4)	(4)	(5)	(7)	(6)	(1)	(6)
18	20	15	24	17	20	18
(20)	(23)	(10)	(29)	(16)	(17)	(24)
58	55	67	38	66	60	51
(55)	(57)	(54)	(43)	(55)	(58)	(53)
21	20	16	38	15	17	29
(20)	(16)	(29)	(21)	(20)	(24)	(17)
*1	0	0	*1	0	*1	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)

1. Strongly agree
2. Tend to agree
3. Tend to disagree
4. Strongly disagree
9. NA

V37 R27 Years in Practice (Q13. How many years have you been in medical practice in Washtenaw County?) MD=9

TS	I	P	GP	0	1-15	16+
53	61	56	14	63	39	60
(59)	(61)	(62)	(29)	(67)	(48)	(63)
13	13	18	5	13	15	13
(15)	(16)	(15)	(14)	(8)	(21)	(15)
22	15	20	55	15	28	21
(18)	(15)	(18)	(36)	(14)	(21)	(17)
12	11	7	27	10	18	6
(8)	(8)	(5)	(21)	(10)	(10)	(4)
*1	*1	0	0	*1	0	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)

1. 4 or fewer years
2. 5-9 years
3. 10-19 years
4. 20 or more years
9. NA

V38 R28 Type of Practice (Q14. What is your specialty?) MD=9

TS Freqs	TS%	0	1-15	16+
*80	49	43	39	62
(*112)	(60)	(47)	(60)	(70)
*61	37	47	53	16
(*60)	(32)	(49)	(32)	(20)
*22	13	10	8	21
(*14)	(7)	(4)	(8)	(10)
*1	*1	0	0	*1
*1	*1	*1	0	0
(*1)	(*1)	(0)	(*1)	(0)

1. Internal Medicine
2. Psychiatry
3. General Practice
4. Other (1-Emergency Physician; 2-Occupational Medicine)
9. NA

Percentiles

	TS	I	P	GP	0	1-15	16+
10.	25	80	23	1320	0	30	260
	(47)	(150)	(14)	(1000)	(11)	(50)	(200)
30.	100	400	45	4160	20	100	150
	(200)	(400)	(50)	(2100)	(40)	(150)	(500)
50.	400	500	100	6000	85	150	1000
	(500)	(500)	(100)	(3000)	(150)	(400)	(800)
70.	745	1000	150	7500	200	500	1500
	(1000)	(1000)	(310)	(7000)	(360)	(808)	(1000)
90.	3000	2000	255	9997	750	2500	6767
	(3000)	(3000)	(900)	(9598)	(2100)	(3100)	(4000)

V39 R29 No. of Pts. Past Year (Q15. Approximately how many patients in all have you seen in the past 12 months?) MD=9998,9999

ACTUAL NUMBER CODED

9996. 9996-10,000
9997. Over 10,000 (12,000)
9998. DK
9999. NA

TS	I	P	GP	0	1-15	16+
3	4	2	0	14	0	0
(2)	(1)	(4)	(0)	(8)	(0)	(0)
41	17	90	0	63	61	10
(33)	(20)	(65)	(0)	(55)	(41)	(13)
21	38	5	0	11	21	26
(24)	(29)	(18)	(0)	(18)	(21)	(29)
5	6	2	6	0	2	10
(5)	(9)	(0)	(0)	(0)	(5)	(9)
10	17	2	0	3	3	20
(15)	(19)	(5)	(15)	(5)	(11)	(23)
13	18	0	39	3	8	25
(17)	(18)	(7)	(54)	(13)	(19)	(19)
5	1	0	33	3	3	7
(4)	(4)	(0)	(23)	(0)	(3)	(7)
2	0	0	17	0	2	3
(1)	(0)	(0)	(8)	(0)	(0)	(1)
*1	0	0	6	3	0	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)
*8	*1	*3	*4	*6	0	*2
(*14)	(*8)	(*5)	(*1)	(*11)	(*2)	(*1)

V40 R29A No.Patients-Yr.-8 (R29 collapsed) MD=9

0. None
1. 1-250
2. 251-500
3. 501-750
4. 751-1000
5. 1001-5000
6. 5001-10,000
7. 10,000+
8. DK
9. NA

Percentiles

	TS	I	P	GP	0	1-15	16+
10.	0	0	0	4	0	2	20
	(0)	(0)	(0)	(3)	(0)	(2)	(20)
30.	3	5	4	40	0	1	19
	(5)	(5)	(0)	(10)	(0)	(5)	(40)
50.	10	20	5	50	0	5	37
	(10)	(15)	(5)	(37)	(0)	(6)	(50)
70.	30	50	10	100	0	10	100
	(36)	(50)	(15)	(105)	(0)	(10)	(100)
90.	100	120	15	280	0	30	997
	(150)	(150)	(47)	(312)	(0)	(15)	(290)

V41 R30 PD Patients Past Yr. (Q16. Approximately how many of these patients did you consider to have a serious drinking problem?) MD=998,999

ACTUAL NUMBER CODED

996. 996-1000
997. 1000+ (2,000;6,500)
998. DK
999. NA

TS	I	P	GP	0	1-15	16+
20	18	28	0	97	0	0
(21)	(15)	(36)	(0)	(100)	(0)	(0)
39	31	54	26	0	100	0
(38)	(37)	(38)	(42)	(0)	(100)	(0)
11	9	10	21	0	0	29
(10)	(11)	(9)	(8)	(0)	(0)	(25)
9	13	3	11	0	0	22
(11)	(13)	(9)	(17)	(0)	(0)	(28)
13	20	3	21	0	0	33
(9)	(13)	(2)	(8)	(0)	(0)	(21)
4	8	0	0	0	0	9
(9)	(8)	(7)	(25)	(0)	(0)	(21)
0	0	0	0	0	0	0
(1)	(2)	(0)	(0)	(0)	(0)	(3)
3	1	0	16	0	0	6
(1)	(1)	(0)	(0)	(0)	(0)	(1)
*1	0	0	1	3	0	0
(0)	(0)	(0)	(0)	(0)	(0)	(0)
*8	*3	*2	*3	*8	0	0
(*12)	(*)	(*2)	(*2)	(*12)	(0)	(0)

V42 R30A PD Patients Yr-8 (R30 collapsed) MD-9

0. None
1. 1-15
2. 16-30
3. 31-50
4. 51-100
5. 101-400
6. 401-700
7. Over 700
8. DK
9. NA

TS Freqs	TS%	I	P	GP
*41	25	21	31	18
(*51)	(27)	(21)	(42)	(14)
*61	37	30	53	23
(*66)	(35)	(35)	(35)	(36)
*63	38	49	16	59
(*70)	(37)	(44)	(23)	(50)

V43 R30B PD Patients-3 (R30 collapsed) MD-9

0. None or DK, NA
1. 1-15
2. 16 or over

Percentiles

	TS	I	P	GP	0	1-15	16+
10.	0	0	0	0	0	0	1
	(0)	(0)	(0)	(0)	(0)	(0)	(1)
30.	1	1	3	0	0	2	5
	(1)	(1)	(0)	(0)	(0)	(1)	(5)
50.	5	3	8	1	0	4	10
	(3)	(3)	(5)	(1)	(0)	(2)	(10)
70.	10	9	10	3	0	9	13
	(7)	(7)	(8)	(3)	(0)	(5)	(17)
90.	17	15	20	13	0	13	20
	(20)	(20)	(29)	(5)	(0)	(9)	(30)

V44 R30/R29 PD Patients % (R30/R29 the percentage of R's patients who were problem drinkers) MD-9.99

ACTUAL NUMBERS CODED IN R30 AND R29

000. Inap., no patients at all; or none, no problem drinking patients
996. 996-1000
997. Over 1000
998. DK
999. NA

TS	I	P	GP	0	1-15	16+
29	29	24	44	100	0	0
(18)	(12)	(32)	(0)	(100)	(0)	(0)
19	23	9	31	0	28	20
(48)	(53)	(26)	(100)	(0)	(79)	(40)
8	7	10	6	0	11	8
(15)	(13)	(23)	(0)	(0)	(17)	(20)
25	26	28	13	0	26	36
(10)	(14)	(4)	(0)	(0)	(3)	(20)
16	13	22	6	0	13	26
(8)	(7)	(11)	(0)	(0)	(0)	(19)
2	1	3	0	0	0	5
(1)	(0)	(2)	(0)	(0)	(0)	(1)
1	1	0	0	0	0	2
(0)	(0)	(0)	(0)	(0)	(0)	(0)
0	0	0	0	0	0	0
(1)	(0)	(2)	(0)	(0)	(0)	(0)
*12	*3	*3	*6	*10	0	*12
(*23)	(*13)	(*7)	(*3)	(*20)	(*2)	(*1)

V45 R30/R29 PD Patients %-7 (V44 collapsed) MD-9

0. None, R has not seen any patients in the past year
1. 1-3%
2. 4-5%
3. 6-10%
4. 11-20%
5. 21-30%
6. 31-50%
7. 51-100%
9. DK, NA

V46 R31 Source WCA (Q16a. In addition to self referrals, from which of the following sources have you received patients with a serious drinking problem? (double check the referral source most frequently encountered) A. Washtenaw County Council on Alcoholism?)

TS	I	P	GP	0	1-15	16+
7	3	5	28	0	3	11
2	0	0	11	0	0	3
91	97	97	61	0	97	86

1. Checked
2. Double checked
5. Not checked
0. Inap., R did not see any problem drinker patients

V47 R32 Source Other Agency (Q16b. Other social service agency?)

TS	I	P	GP	0	1-15	16+
11	3	14	28	0	8	13
2	2	2	0	0	0	3
88	95	83	7	0	92	84

1. Checked
2. Double checked
5. Not checked
0. Inap., R did not see any problem drinker patients

V48 R33 Source Court (Q16c. Court?)

TS	I	P	GP	0	1-15	16+
11	2	14	39	0	7	16
3	2	5	6	0	2	5
85	97	81	56	0	92	79

1. Checked
2. Doubled checked
5. Not checked
0. Inap., R did not see any problem drinker patients

V49 R34 Source Employer (Q16d. Employer?)

TS	I	P	GP	0	1-15	16+
10	6	7	28	0	3	16
0	0	0	0	0	0	0
90	94	93	72	0	97	84

1. Checked
2. Double checked
5. Not checked
0. Inap., R did not see any problem drinker patients

V50 R35 Source Spouse (Q16e. Spouse?)

TS	I	P	GP	0	1-15	16+
24	19	19	56	0	11	37
6	2	9	11	0	8	3
70	79	71	33	0	80	60

1. Checked
2. Double checked
5. Not checked
0. Inap., R did not see any problem drinker patients

TS	I	P	GP	0	1-15	16+
25	22	31	17	0	28	22
7	3	17	0	0	8	6
68	75	52	83	0	64	71

TS	I	P	GP	0	1-15	16+
12	19	7	0	0	5	19

2	2	2	0	0	0	3
86	79	91	100	0	95	78

TS	I	P	GP	0	1-15	16+
32	44	21	17	0	43	22
39	38	41	33	0	36	41
16	13	24	11	0	16	16
7	2	12	11	0	5	8
2	0	2	11	0	0	5
3	3	0	11	0	0	6
*1	0	0	6	0	0	2

	TS	I	P	GP	0	1-15	16+
10.	0	0	0	1	0	0	0
30.	1	0	1	3	0	1	3
50.	3	5	2	5	0	2	5
70.	6	10	5	15	0	4	20
90.	30	52	14	429	0	6	96

TS	I	P	GP	0	1-15	16+
25	32	20	7	0	25	24
59	47	71	73	0	75	44
8	11	6	7	0	0	16
2	2	0	7	0	0	4
2	2	3	0	0	0	4
3	6	0	0	0	0	6
0	0	0	0	0	0	0
1	0	0	7	0	0	2
0	0	0	0	0	0	0
*26	*16	*7	*3	0	*13	*13

V51 R36 Source Other Doctor (Q16f. Other doctor?)

1. Checked
2. Double checked
5. Not checked
0. Inap., R did not see any problem drinker patients

V52 R37 Source Other (Q16g. Other?)

1. Checked
   (a) They are brought into the emergency room (4 entries).
   (b) Many are patients where severe drinking is not their major problem (4 entries).
   (c) Full time hospital practice.
   (d) School.
   (e) V.A. Hospital (2 entries).
   (f) Other patients.
2. Double checked
5. Not checked
0. Inap., R did not see any problem drinker patients

V53 R31-37 No.Refer Source (The number of sources which referred patients to each respondent from R31 thru R37 (checked or double checked).)

0. None, or Inap., R did not have any problem drinking patients
1. One
2. Two
3. Three
4. Four
5. Five
6. Six

V54 R38 No Refer Elsewhere (Q17. Approximately how many patients in the past year did you refer elsewhere for help with a drinking problem?)

ACTUAL NUMBER CODED

998. DK
999. NA
000. None, or Inap., R did not see any problem drinker patients

V55 R38A No.Refer Elsewhere-8 (R38 collapsed) MD-9

0. None or Inap., R had no patients with a drinking problem
1. 1-15
2. 16-30
3. 31-50
4. 51-100
5. 101-400
6. 401-700
7. Over 700
8. DK
9. NA

TS	I	P	GP	0	1-15	16+
23	31	18	6	0	24	22
58	46	68	72	0	52	64
19	23	13	22	0	24	15
*19	*15	*4	0	0	*11	*8

TS	I	P	GP	0	1-15	16+
23	31	18	6	0	24	22
20	17	11	50	0	14	25
57	52	71	44	0	62	53
*19	*15	*4	0	0	*11	*8

TS	I	P	GP	0	1-15	16+
23	31	18	6	0	24	22
31	30	34	28	0	24	36
47	40	47	68	0	52	42
*19	*15	*4	0	0	*11	*8

TS	I	P	GP	0	1-15	16+
23	31	18	6	0	24	22
22	19	24	28	0	26	18
55	50	58	67	0	50	60
*19	*15	*4	0	0	*11	*8

TS	I	P	GP	0	1-15	16+
23	31	18	6	0	24	22
33	31	34	39	0	24	42
44	37	47	56	0	52	36
*19	*15	*4	0	0	*11	*8

TS	I	P	GP	0	1-15	16+
23	31	18	6	0	24	22
12	10	5	33	0	8	16
65	58	76	61	0	68	62
*19	*15	*4	0	0	*11	*8

V56 R39 Refer AA (Q17a. Which of the following community/family resources have you used either for referral only or in conjunction with your own treatment of a patient? (a) Alcoholics Anonymous?) MD=9

0. None; Inap., R has had no patients in the past year, or R has had no problem drinking patients in the past year
1. Checked
5. Not checked
9. NA

V57 R40 Refer WCA (Q17b. Washtenaw County Council on Alcoholism?) MD=9

0. None; or Inap., R has no patients in the past year, or R has had no problem drinking patients in the past year
1. Checked
5. Not checked
9. NA

V58 R41 Refer Other Agency (Q17c. Other social service agencies?) MD=9

0. None; or Inap., R has had no patients inthe past year, or R has had no problem drinking patients inthe past year
1. Checked
5. Not checked
9. NA

V59 R42 Refer Other Doctor (Q17d. Other Doctor?) MD=9

0. None; or Inap., R has had no patients in the past year, R has had no problem drinking patients in the past year
1. Checked
5. Not checked
9. NA

V60 R43 Refer Hospital (Q17e. Hospital?) MD=9

0. None; or Inap., R has had no patients in the past year, or R has had no problem drinking patients inthe past year
1. Checked
5. Not checked
9. NA

V61 R44 Refer Clergy (Q17f. Clergy?) MD=9

0. None; or Inap., R has had no patients in the past year, or R has had no problem drinking patients in the past year
1. Checked
5. Not checked
9. NA

TS	I	P	GP	0	1-15	16+
23	31	18	6	0	24	22
20	19	21	22	0	16	24
57	50	61	72	0	60	54
*19	*15	*4	0	0	*11	*8

TS	I	P	GP	0	1-15	16+
23	31	18	6	0	24	22
8	8	5	11	0	6	9
69	60	76	83	0	70	69
*19	*15	*4	0	0	*11	*8

TS	I	P	GP	0	1-15	16+
23	31	18	6	0	24	22
4	6	3	0	0	4	4
73	63	79	94	0	72	75
*19	*15	*4	0	0	*11	*8

TS	I	P	GP	0	1-15	16+
23	31	18	6	0	24	22
22	19	29	17	0	30	15
21	25	16	22	0	20	22
15	10	18	22	0	14	16
9	6	8	22	0	6	13
3	0	5	6	0	2	4
3	2	5	0	0	2	4
2	2	0	6	0	0	4
2	4	0	0	0	2	2
*19	*15	*4	0	0	*11	*8

	TS	I	P	GP	0	1-15	16+
10.	0	0	0	0	0	0	0
30.	0	0	0	3	0	0	0
50.	2	0	2	5	0	0	6
70.	5	5	4	17	0	2	20
90.	25	36	21	439	0	4	90

V62 R45 Refer Spouse Family (Q17g. Patient's spouse or other family member?) MD-9

0. None; or Inap., R has had no patients in the past year, or R has had no problem drinking patients in the past year
1. Checked
5. Not checked
9. NA

V63 R46 Refer Employer (Q17h. Patient's Employer?) MD-9

0. None; or Inap., R has had no patients in the past year, or R has had no problem drinking patients in the past year
1. Checked
5. Not checked
9. NA

V64 R47 Refer Other (Q171. Other?) MD-9

0. None; or Inap., R has had no patients in the past year, or R has had no problem drinking patients in the past year
1. Checked
   (a) Private citizens (most with alcohol problems will not accept help).
   (b) Court.
   (c) Some refuse/referral.
5. Not checked
9. NA

V65 R47A No.Referral Given (The number of referral sources checked by each respondent in R39-R47) MD-9

0. None; or Inap., R has had no patients in the past year, or R has had no problem drinking patients in the past year
1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. Eight
9. NA

V66 R48 No.Treat Specific (Q18. In the past year approximately how many patients did you yourself treat specifically for a drinking problem?) MD-998,999

996. 996-1000
997. Over 1000
998. DK
999. NA

TS	I	P	GP	0	1-15	16+
44	62	31	19	0	55	33
38	18	58	50	0	45	31
11	11	8	19	0	0	22
2	4	0	0	0	0	4
1	0	3	0	0	0	2
3	4	0	6	0	0	6
0	0	0	0	0	0	0
1	0	0	6	0	0	2
0	0	0	0	0	0	0
*26	*18	*6	*2	0	*14	*12

V67 R48A Treat Specific-8 (R48 collapsed) MD=9

0. None; or Inap., R has had no patients in the past year, or R has had no problem drinking patients, or R did not treat specific
1. 1-15
2. 16-30
3. 31-50
4. 51-100
5. 101-400
6. 401-700
7. Over 700
8. DK
9. NA

TS	I	P	GP	0	1-15	16+
42	62	29	17	0	52	33
21	7	18	61	0	18	23
4	2	5	6	0	2	6
33	29	47	17	0	28	39
*22	*18	*4	0	0	*11	*11

V68 R49 Treat Antabuse (Q18a. Which of the following forms of treatment have you found helpful for persons with a serious drinking problem? (Please double check the form of treatment you have found most helpful. (A) Antabuse?)) MD=9

0. None; or Inap., R has had no patients in the past year, or Rhas had no problem drinking patients in the past year
1. Checked
2. Double checked
5. Not checked
9. NA

TS	I	P	GP	0	1-15	16+
42	62	29	17	0	52	33
36	22	47	50	0	28	44
0	0	0	0	0	0	0
22	16	24	33	0	20	23
*22	*18	*4	0	0	*11	*11

V69 R50 Treat Anti-Anxiety (Q18b. Anti-anxiety drugs?) MD=9

0. None; or Inap., R has had no patients in the past year, or Rhas had no problem drinking patients in the past year
1. Checked
2. Double checked
5. Not checked
9. NA

TS	I	P	GP	0	1-15	16+
42	62	29	17	0	52	33
19	9	24	33	0	10	27
0	0	0	0	0	0	0
39	29	47	50	0	38	40
*22	*18	*4	0	0	*11	*11

V70 R51 Treat Anti-Depress (Q18c. Anti-depressant drugs?) MD=9

0. None; or Inap., R has had no patients in the past year, or R has had no problem drinking patients in the past year
1. Checked
2. Double checked
5. Not checked
9. NA

TS	I	P	GP	0	1-15	16+
42	62	29	17	0	52	33
22	7	37	28	0	22	21
10	2	18	11	0	10	10
27	29	16	44	0	16	37
*22	*18	*4	0	0	*11	*11

V71 R52 Treat Ind.Therapy (Q18d. Individual psychotherapy?) MD=9

0. None; or Inap., R has had no patients in the past year, or R has had no problem drinking patients in the past year
1. Checked
2. Double checked
5. Not checked
9. NA

TS	I	P	GP	0	1-15	16+
42	62	29	17	0	52	33
16	7	26	17	0	10	21
4	2	0	17	0	2	6
38	29	45	50	0	36	40
*22	*18	*4	0	0	*11	*11

TS	I	P	GP	0	1-15	16+
42	62	29	17	0	52	33
28	24	32	33	0	22	35
5	9	3	0	0	4	6
25	4	37	50	0	22	27
*22	*18	*4	0	0	*11	*11

TS	I	P	GP	0	1-15	16+
61	76	54	23	0	61	44
7	5	8	14	0	7	9
13	14	10	23	0	13	21
6	3	11	5	0	11	5
6	0	10	18	0	5	9
3	0	3	14	0	2	6
3	3	3	5	0	2	5

V72 R53 Treat Group Therapy (Q18e. Group psychotherapy?) MD=9

0. None; or Inap., R has had no patients in the past year, or R has had no problem drinking patients in the past year
1. Checked
2. Double checked
5. Not checked
9. NA

V73 R54 Treat with Spouse (Q18f. Informal counseling of patient and spouse?) MD=9

0. None; or Inap., R has had no patients in the past year, or R has had no problem drinking patients inthe past year
1. Checked
2. Double checked
5. Not checked
9. NA

V74 R49-54 No.Treat Modes (The total number of treatment modalities which were checked or double checked from R49 to R54.)

0. None; or Inap., R did not have any problem drinker patients
1. One
2. Two
3. Three
4. Four
5. Five
6. Six

TS	I	P	GP	0	1-15	16+
8	13	6	0	0	5	11
(28)	(24)	(34)	(27)		(27)	(27)
0	0	0	0	0	0	0
(9)	(10)	(6)	(18)		(7)	(12)
4	0	5	14	0	0	7
(17)	(18)	(16)	(9)		(13)	(17)
8	9	6	14	0	5	11
(5)	(4)	(9)	(0)		(3)	(6)
2	0	6	0	0	5	0
(5)	(2)	(3)	(27)		(7)	(4)
15	13	17	14	0	15	14
(3)	(2)	(6)	(0)		(5)	(2)
6	6	0	29	0	0	11
(3)	(0)	(9)	(0)		(5)	(2)
0	0	0	0	0	0	0
(1)	(0)	(3)	(0)		(0)	(2)
8	11	6	0	0	5	11
(7)	(8)	(9)	(0)		(7)	(6)
0	0	0	0	0	0	0
(5)	(6)	(3)	(9)		(0)	(10)
6	6	14	0	0	5	7
(11)	(12)	(9)	(9)		(10)	(12)
2	0	0	14	0	0	3
(2)	(2)	(3)	(0)		(3)	(2)
2	0	0	14	0	0	3
(5)	(8)	(3)	(0)		(5)	(6)
54	52	56	57	0	65	46
(16)	(14)	(16)	(27)		(15)	(17)

V75 R55 Alcohol Treatment needs (Q19. What kinds of additional facilities in Washtenaw County do you feel are needed for treatment of persons with a serious drinking problem?) MD-99

00. None existing facilities are adequate; or Inap., R has had no patients in the past year, or R has had no problem drinking patients in the past year, no second response
01. Alcoholism ward in general hospital, admission of alcoholics to general hospital, more beds made available to acloholics in general hospital
02. Inpatient facility specifically oriented to alcoholism treatment
03. Outpatient treatment service by hospitals; alcoholism clinics
04. Outpatient treatment service by social agencies
05. Detoxification facility (with initial treatment service)
06. Halfway House
07. Work farm
08. Increased coordination of community treatment service (i.e., hospital, social agencies, AA etc.)
09. Increased follow-up services wherever treatment is instituted
10. Increased opportunities for group therapy
11. Increased funds for treatment services to low income patients
12. Expansion of existing facilities and programs
88. Other codable response:
    - Driving by persons with a serious drinking problem should be very "highly" monitored by state alcohol control division. Taxes are paid to state and state sells alcohol (state stores) State of Michigan should monitor the use of alcohol for such persons who drink and are not capable of driving.
    - Need transportation for the known alcoholics. No other agencies needed.
    - Not really familiar with available facilities.
    - Treatment has to be individualized to meet the needs of each individual person.
    - Integrated program with an in hospital unit with good para-medical (psych, Soc, clergical) alliance.
    - I think many of us involved in medical care at a large referral center are unaware of facilities available to help with alcoholics. Psychiatry Dept. at U of M helps only very little.
    - Motivation is the key-Antabuse a crutch only!-You cannot force a person to stop drinking. What choice is there for a person or his physician if he must take Antabuse or go to jail. The courts are forcing the physician to prescribe a treatment not always medically indicated.
    - If people lost their license for driving with more than .08 of blood alcohol, problem would rapidly resolve. You cannot change alcoholics easily; you can make it worth their while not to drive.
    - I strongly believe repeated offenders of drunk driving should have their license removed and if caught should be dealt with harshly.
    - I believe adequate facilities are available but are not used.

V75 R55 Alcohol Treatment Needs (cont'd)

88. Other codable response (cont'd):
Information to physicians providing: (1) correct answers to above questions & similar information; (2) Brief description of agencies & facilities in Washtenaw County to assist in alcohol rehabilitation.
Facilities are available if patients will take advantage of them.
Frequent medical consultation-several of his patients quit after he told them in harsh terms of the fatal consequencies of continued drinking.
Lock ups. Long term hospitalization.
An attack on ETOH distributors who sell booze to alcoholics.
Doctor has negative response concerning the use of dropout centers and group therapy.
More widespread availability of marital therapy, Antabuse programs, diseminate information on referral tactics.
Perhaps a format of AA plus behavbr modification geared more for younger and middle aged persons.
Less comment & more community centered affairs for all ages and interests.
Medically support groups and easier committment proceedings.
More MDs willing to work with alcoholics.
A local more accessible "Brighton Hospital".
Doctors should be mailed additional information about different local & state facilities & programs.
Social w/family and employees etc.
Less adversary groups more doing groups - need more end psychotherapy counseling - need Alanon, Alteen & more programs by industry.
Also 03,04 additional comment: the term addition is a mockery there isn't anything now.
More recognition of & attention to individual needs & problems of these drinkers.
Better integration of & planning for existing programs.
More mental health efforts.
Group living quarters, jobs.

98. DK

99. NA

TS	I	P	GP	0	1-15	16+
8	9	11	0	0	10	7
(11)	(16)	(6)	(0)		(13)	(10)
*75	*40	*24	*11	0	*41	*35
(*24)	(*22)	(*1)	(*1)		(*12)	(*9)