THE 1971 SURVEY OF WASHTENAW COUNTY PHYSICIANS CONCERNING ALCOHOLISM AND TRAFFIC SAFETY

SUMMARY REPORT AND CODEBOOK WITH MARGINALS

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16. Abstract This report summarizes the results of a questionnaire filled out by 137 Washtenaw County physicians in the fall and winter of 1971-72. The questionnaire was mailed to a two thirds sample of internists, psychiatrists, general practicioners, and osteopaths, and after two follow-up mailings a 62% response rate was achieved. Content areas of the survey include the role of alcohol in traffic accidents, number of drinks and accident risk, drunk driving countermeasures, experience with problem drinkers, diagnosis and treatment of problem drinking, general attitudes toward alcohol problems, and training for giving help to problem drinkers.

The survey was carried out in order to obtain baseline information useful to the development and evaluation of the public information program for physicians being carried out by the Washtenaw Alcohol Safety Action Program. Among salient findings were that three quarters of the physicians had seen at least one problem drinking patient in the past year, and 11% had seen 100 or more; almost all recognized alcohol abuse as a serious problem, and over half of the treating physicians saw a need for additional treatment facilities in Washtenaw County; and 91% felt positive toward the use of Antabuse in conjunction with other forms of treatment for problem drinking drunk drivers.

Appended to the report is the complete survey codebook showing percentage results to each question for the total sample, three specialties, and three experience categories.

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The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of Washtenaw County.

SUMMARY

A self-administered questionnaire on alcohol and traffic safety was mailed to a two-thirds sample of Washtenaw County internists, psychiatrists, general practitioners, and osteopaths. After two follow-up mailings, a total of 187 questionnaires were returned, a 61% response rate. This included 112 internists, 60 psychiatrists, 9 general practitioners, and 5 osteopaths. Three-quarters of the responding physicians reported having seen at least one problem drinking patient in the previous year, and 83% of these had tried to treat at least one such patient specifically for his drinking problem.

Almost all of the respondents recognized problem drinking as a serious problem in Washtenaw County, but many were quite pessimistic about the prognosis for treatment of such persons. Two-thirds felt that in most cases non-specialists in alcohol treatment were not very effective, and almost half of those who had tried to treat problem drinkers reported referral to Alcoholics Anonymous as the method of treatment they had found most helpful. Sixty-three percent of these treating physicians had had at least one problem drinking patient hospitalized in the previous two years, but half had had fewer patients hospitalized than they thought should have been hospitalized. There was substantial disagreement among responding physicians as to whether or not the hospitals with which they were affiliated would accept patients on a primary diagnosis of alcoholism or problem drinking. Over half of these treating physicians did see a need for additional alcohol treatment facilities in the county. Almost all of the physicians who had seen problem drinking patients expressed interest in more instruction in the diagnosis and treatment of alcohol problems.

Most of the responding physicians also recognized the significant role of alcohol in traffic accidents, although there was considerable variation in opinion as to how much alcohol

would lead to how much increased risk of accident involvement. Most of the respondents also recognized that persons who are problem drinkers are involved in a substantial portion of alcohol-related accidents, and almost all supported the use of Antabuse*in conjunction with other forms of treatment for problem drinkers who are convicted of drunk driving. However, almost two-thirds were dubious about the long-term value of Antabuse if not accompanied by other forms of treatment. Eighty-nine percent of the respondents supported the legislative reduction of the presumptive minimum BAC for drunk driving to .10%, and 91% supported the blood alcohol testing of all drivers involved in fatal accidents.

The general picture emerges that most Washtenaw County physicians in alcoholism-related specialties are concerned about problem drinking but are somewhat pessimistic about its treatment; most do see a need for more treatment facilities in Washtenaw County; and most would like more training in this subject. Most also recognize the significant role of alcohol and problem drinking in traffic accidents and are supportive of the use of Antabuse and of other alcohol safety efforts. However, a large proportion still need more information about the services available from the Washtenaw County Council on Alcoholism and about quantities of alcohol in relation to driving impairment. In addition a small minority still are not convinced of the significant role of alcohol in traffic accidents and of the utility of Antabuse in treatment programs.

THE PHYSICIAN SAMPLE

In November 1971, a questionnaire was mailed to a two-thirds sample of internists, psychiatrists, general practitioners, and osteopaths working in Washtenaw County, Michigan. The names of the physicians were obtained from the staff physician and resident lists of the various hospitals in the County, supplemented by use of the classified section of the telephone directory. After two follow-up mailings, responses were

*Registered trademark for the Ayerst Laboratories brand of disulfiram.

obtained from 187 of the original list of 307 physicians, a 61% response rate. This included 112 of 174 internists (64%), 60 of 101 psychiatrists (59%), 9 of 19 general practitioners (47%), and 5 of 13 osteopaths (38%). For analytical purposes, the 14 general practitioners and osteopaths have been combined. However, statistical comparisons with the other two specialties may be misleading because this subgroup contains so few cases. Almost half of the internists and psychiatrists who responded were residents in the various local hospital training programs.

Almost three-quarters of the responding physicians reported that they had seen patients with a serious drinking problem within the past year; 79% of the internists, 58% of the psychiatrists, and 86% of the general practitioners. It is probable that physicians who had handled problem drinking patients would be more likely to return the questionnaire than those who had not seen such patients; but it is still apparent that a sizeable proportion of all Washtenaw County physicians do recognize that they see patients with alcohol problems at least occasionally. Eleven percent of the respondents said that they had seen 100 or more such patients in the previous year, and 20% reported that at least 6% of their past year's patient load was made up of such patients. However, only two physicians said problem drinkers composed more than 20% of their patient load. Half of the general practitioners, 44% of the internists, and 23% of the psychiatrists had seen 16 or more problem drinking patients in the past year.

As would be expected, physicians with lower patient loads also tended to have seen fewer problem drinking patients. In all, 59% of the respondents reported an annual patient load of 500 or less. Eighty-seven percent of the psychiatrists were in this category, while only 50% of the internists and none of the general practitioners reported having 500 patients or less. One internist and two psychiatrists reported having seen no patients at all.

GENERAL ATTITUDES TOWARD PROBLEM DRINKERS

Some 55% of the responding physicians estimated that 6% or more of the adults in Washtenaw County have serious drinking problems, while only 13% estimated this proportion at 3% or less. When asked to estimate the proportion of these problem drinkers and alcoholics who have total family incomes less than $10,000, there was a great range in responses. Nine percent of the physicians estimated that 20% or less of such persons had incomes below $10,000, while 27% estimated that at least 60% had incomes in that category. The remaining physicians did not guess or chose percentages within the 25-50% range. The annual family income data on 360 Alcohol Safety Action Program referrals who were diagnosed as alcoholics or problem drinkers show that 62% had incomes less than $10,000. Since the 1970 census found that only 36% of Washtenaw County residents had family incomes below $10,000, it appears that those physicians who estimated problem drinking as disproportionately found among lower income persons may well be correct. On the other hand, the persons referred to ASAP may not be a representative sample of all problem drinkers in the county. It may be that lower income persons are disproportionately likely to be apprehended and convicted for drinking driving offenses, or that the ASAP referrals include a disproportionate number of persons in the more serious stages of problem drinking who have already begun to suffer economically from their dependence on alcohol.

In regard to the likelihood of persons with drinking problems being able to overcome their problems, only 3% thought success was likely most of the time, and 32% thought success likely about half of the time. Five percent felt that problem drinkers were almost never able to overcome their problems. The psychiatrists seemed somewhat more optimistic on this question than did the internists, and those who had seen some problem drinking patients were slightly more optimistic than those who had not seen any.

In a similar vein, 78% of the sample agreed that alcoholics are generally less cooperative than other patients, and the great majority (87%) agreed that "most alcoholics can be helped to become total abstainers more easily then they can be helped to cut down their drinking to moderate levels."

Substantial majorities of physicians who had seen problem drinking patients (61%) and physicians who had not seen such patients (58%) agreed that "general hospitals should be willing to admit patients with a primary diagnosis of problem drinking or alcoholism". However, psychiatrists (82%) and general practitioners (79%) supported this view much more strongly than did internists (47%).

Two-thirds of the respondents agreed that "only a few alcoholics can be helped significantly by physicians who are not specialists in the treatment of alcoholism". There were only minor differences in response to this question among physicians who had seen none, a few, and many problem drinking patients. However, psychiatrists were less likely to agree with the importance of specialization (54%) than were internists (71%) and general practitioners (79%).

DIAGNOSIS AND HANDLING OF PROBLEM DRINKERS

As one would expect, the different specialties tended to emphasize different types of symptoms as most prevalent in their problem drinking patients. Forty-six percent of the internists mentioned gastrointestinal and liver complications compared to 21% of the psychiatrists, while 67% of the psychiatrists mentioned emotional dysfunction compared to 43% of the internists. There were decreased specialty differences in the other symptoms mentioned: interpersonal and social problems (mentioned by 43% of all the respondents who had seen problem drinking patients), neurologic and neuropsychiatric complications (16%), effects of alcohol withdrawal (18%), reported abnormal drinking behavior (11%), reported alcohol-related arrests or accidents (10%), and musculo-skeletal complications (3%).

In the light of the general belief in specialization it is surprising to find that some 83% of those physicians who had seen problem drinking patients (thus over one-half of all the responding physicians) reported that they had tried to treat at least some of these patients specifically for their alcohol problems. However, barely half of all the physicians who had seen problem drinking patients (52%) said that they most commonly tried to treat such patients specifically for their drinking problems. Some 35% said treatment for other illnesses without specific treatment for alcoholism was their most frequent mode of handling problem drinking patients, and 13% said referral to other community resources was their most frequent approach for handling a patient's drinking problem. The most common reasons given for not treating patients specifically for their drinking problems were having a specialized practice and the uncooperativeness of such patients.

FORMS OF TREATMENT

Respondents who said they had treated patients specifically for their drinking problems were asked to indicate which forms of treatment they had found most helpful. By far the most frequent method checked was referral to Alcoholics Anonymous (47%). Thirty-six percent of the psychiatrists checked this method, while 32% checked deterrent or anti-anxiety drugs, and 27% checked individual or group psychotherapy. Among the internists, 56% chose Alcoholics Anonymous as most helpful, while only 6% chose drugs, 12% chose psychotherapy, and 19% chose informal counseling. Among all the methods they had found helpful, 72% of the treating physicians checked Alcoholics Anonymous, 51% checked individual psychotherapy, 50% checked anti-anxiety drugs, 43% checked deterrent drugs (70% of general practitioners), 38% checked informal counseling, 34% checked group psychotherapy, 31% checked anti-depressant drugs, 24% checked social service agencies, and 1% checked placebo therapy; while 8% wrote in another response.

This support for Alcoholics Anonymous is also reflected in the fact that half of all the responding physicians agreed with the statement that "the best thing that can be done for most alcoholics is to have the members of Alcoholics Anonymous take over responsibility for helping them". Support for this view was particularly strong among physicians who had seen a small number (1-15) of problem drinking patients.

The treating physicians were also asked about their use of hospitalization for problem drinking patients. Two-thirds said they had had at least one patient in the past two years for whom hospitalization was desirable, and all but four of these had actually hospitalized such patients. However, almost half of these treating physicians had had a smaller number of patients hospitalized than the number they thought should have been hospitalized. The median reported average stay of these hospitalized patients was 17 days.

Just about one-half of these treating physicians said that they were affiliated with a hospital which admits patients on a primary diagnosis of alcoholism or problem drinking. This included 18% who mentioned the VA Hospital and 20% who mentioned University Hospital. Beyer, St. Joseph, Mercywood, Ypsilanti State, and Saline Hospitals also were mentioned by at least one respondent. These compose all of the major hospitals located in Washtenaw County, and most responding physicians must be affiliated with one of them. Yet some physicians associated with each hospital said they were affiliated with a hospital which accepts patients on a primary diagnosis of alcoholism or problem drinking, while other physicians associated with that hospital said they were not affiliated with a hospital which accepts such patients. It is evident that there is a lack of clear understanding about the hospitals' admission policies in the area of alcoholism.

The final question of the survey asked the treating physicians what additional facilities for treatment of problem drinkers were needed in Washtenaw County. Three-fifths of those

answering the question did offer one or more suggestions for improvement, the most common being the need for an inpatient facility specifically oriented to alcoholism treatment, either in existing hospitals or in a new facility. Some other significant suggestions included expansion of out-patient services by hospitals and social agencies; increased opportunities for group therapy; increased follow-up services and coordination of community treatment services; increased use of Antabuse; and establishment of a detoxification facility, a half-way house, and a work farm. It is apparent that a substantial proportion of practicing physicians do recognize a need for additional alcoholism treatment facilities and programs in Washtenaw County.

WCCA AND OTHER COMMUNITY RESOURCES

Somewhat less than half of all the responding physicians (43%) said that they had heard of the Washtenaw County Council on Alcoholism prior to receiving the questionnaire, and only 11% said that they had referred patients to WCCA (29% of the general practitioners and osteopaths). Of those who reported having seen problem drinking patients, 18% had referred some patients to WCCA without attempting to treat them themselves, and 20% had referred some patients to WCCA in conjunction with their own treatment (these two groups probably overlap). General practitioners and those physicians having seen many problem drinking patients were more likely to have utilized WCCA as a treatment resource. However, by far the most common treatment resource for both referral alone and for referral in conjunction with treatment was Alcoholics Anonymous (70% and 22% respectively). It was followed by hospitals (41%, 44%), social service agencies (36%, 43%), and clergy (17%, 35%).

In regard to sources of referral (excluding self-referral) of their problem drinking patients, "other doctors" was the most frequently checked category. Forty-seven percent said they had received problem drinking patients referred by other doctors,

46% had had referrals from spouses, 19% from social agencies, 14% from courts, 13% from employers, 8% from the WCCA, and 23% from other sources. However, as would be expected, only 8% of the GP's reported referrals from other doctors, compared to 47% of the internists and 62% of the psychiatrists.

SPECIAL ALCOHOLISM INSTRUCTION: EXPERIENCE AND NEED

In regard to special instruction in the diagnosis and treatment of alcoholism, slightly more than half of the physicians who had seen problem drinking patients reported that they had not had any such instruction. However, 83% of the psychiatrists had had such instruction compared to 35% of the internists and only 8% of the general practitioners. Twenty-eight percent said they had had such instruction through on-the-job experience or residency programs, 15% mentioned receiving such training in medical school, and 13% mentioned receiving such training in special post-graduate seminars or courses. Almost all (94%) of those physicians who had seen problem drinking patients said that they would like (more) instruction in this area, with particular interest in learning about the effectiveness of various treatment approaches. About one-third expressed interest in learning about alcoholism as a social problem, one-third in psychological effects of drinking, and one-quarter in physiological effects of drinking. Also one-quarter showed interest in learning about the relationship between excessive drinking and traffic accidents (20% said they had previously had such instruction).

ALCOHOL AND ACCIDENTS

The 187 responding physicians were also asked a number of questions concerning alcohol consumption and traffic safety. More than three-quarters estimated that drinking drivers contributed to 50% or more of the fatal traffic accidents, and 21% estimated 66% or more. However, a small proportion (12%) clearly underestimated the role of alcohol in fatal crashes,

choosing a percent of 34 or less. Even these physicians tended to recognize drinking and driving as an important problem, for only two tended to agree that "far too much fuss is made about the dangers of drinking and driving", while 89% strongly disagreed with this statement.

When asked about the relation of number of drinks to accident risk there was considerable variation in the answers given. The situation was posited for a 150 pound person drinking for one hour with no recent food intake, and "a drink" was defined as a 1-ounce shot of hard liquor, a 4-ounce glass of wine, or a 12-ounce bottle of beer. Three doctors said that any drinking was unsafe; 21% said only one drink was safe; 42% chose two drinks as safe; 25% said three drinks would be safe; and 9% picked four or more drinks as still safe. Since three drinks would place such a person at a .06 Blood Alcohol Concentration (BAC), and the Borkenstein study in Grand Rapids* estimated that at .06 BAC the relative probability of an accident was twice that of non-drinking drivers, it is apparent that a substantial number of physicians overestimated the amount of alcohol which can be safely consumed before driving.

However, when asked specifically about the increased chances of accident resulting from three drinks, only 4% said none and 30% correctly said two times, while 63% estimated the increased chance of accident at three or more times. When asked about increased risk after six drinks (which would result in a .12 BAC), one person said none, 3% said two times, 24% picked 3-5 times, 39% chose 6-10 times, 14% selected 11-25 times (the correct category), and 17% estimated an even greater increased risk. When asked about increased risk after nine drinks (which would result in a .18 BAC), two persons said none, 3% said 3-5 times, 28% said 6-10 times, 19% chose 11-25 times, 16%

*Borkenstein, R. F. and Crowther, R. F. The Role of the Drinking Driver in Traffic Accidents: A Summary. Traffic Digest and Review, 12,6:4-7,29, June 1964.

estimated 26-50 times (the correct category), and 29% guessed an even higher risk factor. Thus at three drinks most of the respondents tended to overestimate the increased risk of driving, but at six and nine drinks very large numbers of the responding physicians (67% and 51% respectively) underestimated the magnitude of the increased risk of accident.

PROBLEM DRINKERS AND DRUNK DRIVING COUNTERMEASURES

In regard to possible measures to reduce the incidence of drunk driving, most of the responding physicians recognized that a very large proportion of drinking drivers who are involved in fatal accidents have a serious drinking problem. Only one-quarter estimated this proportion as less than 35%, while 38% estimated it at more than 65%, and 42% estimated it in the middle 35-65% range.

When asked about their opinions of the value of Antabuse in helping drunk drivers who are problem drinkers to gain control of their drinking and thus to avoid repeating their offense, 35% of the responding physicians felt it was likely to be very or somewhat valuable when used alone, and 91% felt it was likely to be very or somewhat valuable when used in conjunction with other forms of treatment. General practitioners were more favorable to the use of disulfiram by itself than were the other two specialties, while physicians who had not seen problem drinking patients were somewhat more skeptical about its value alone than were the physicians who had actually handled such patients. In any event, the survey does indicate very strong general support from Washtenaw County physicians for the use of disulfiram among problem drinkers as one component of a program to reduce drunk driving.

On a complementary question, 82% of the physicians agreed that "when problem drinkers are convicted of drunk driving, it is better to place them on probation and into a counseling and treatment program than it is to impose severe penalties". The responding psychiatrists were somewhat more strongly supportive

of this view than were the internists and general practitioners. Also 75% of all the physicians disagreed that "no matter how much additional effort is invested in helping problem drinkers there is not likely to be much overall reduction in drunk driving". Only 4% were pessimistic enough to strongly agree with this statement.

Turning to other more general countermeasures, 89% of the respondents approved the Michigan Legislature's lowering of the presumptive limit for drunk driving from .15% BAC to .10% BAC. The survey also found strong support for testing of blood alcohol concentrations in all drivers involved in fatal accidents. Seventy-one percent strongly agreed with this suggestion, 20% tended to agree, 7% tended to disagree, and only 2% strongly disagreed. This indicates very substantial physician support, at least in Washtenaw County, for the legislature taking action to expand the definition of situations in which blood alcohol concentrations would be routinely collected. Also 95% of the respondents disagreed with the statement "no person should be denied the right to drive if he needs his car to get to work". This suggests general support for the current procedures of using license suspension as a penalty for drunk driving or other poor driving behavior.

CODEBOOK AND MARGINALS FOR WASHTENAW COUNTY PHYSICIAN SURVEY 1

INTRODUCTION TO CODEBOOK

The following codebook shows the results of self-administered questionnaires on alcoholism, alcoholism treatment, and traffic safety which were completed by 187 Washtenaw County physicians. For Variables 3-43 seven sets of results are shown in the left margin. The first set under the heading "TS" contains the results for the 187 members of the total sample. The second, third, and fourth sets contain the results by specialty. Under the heading "I" are the results for 112 internists; under the heading "P" are the results for the 60 psychiatrists; and under the heading "GP" are the results for the 14 general practicioners and osteopaths. The fifth, sixth, and seventh columns contain the results in relation to numbers of problem drinking patients seen in the past year. Under the heading "O" are the 49 physicians who had not seen any problem drinking patients or who did not say how many they had seen (5 cases). Under the heading "1-15" are the 67 physicians who had seen between one and fifteen problem drinking patients. Finally under the heading "16+" are the 71 physicians who had seen 16 or more problem drinking patients.

For Variables 44-59, which apply only to the latter two categories of physicians who did see problem drinking patients, the "TS" results are for 141 physicians, the "I" results are for 91, the "P" results are for 36, the "GP" results are for 13, the "1-15" results are for 66, and the "16+" results are for 70 physicians. Variables 60-71 apply only to physicians who have actually treated patients specifically for a drinking problem. For these variables "TS" includes 118 physicians, "I" includes 72, "P" includes 33, "GP" includes 12, "1-15" includes 53, and "16+" includes 62 physicians. The specialty of one physician who had seen and treated problem drinking patients is not known. Hence, "TS" includes one case which does not appear in the specialty frequencies. Also under the heading "RR" response rates are given for Variable 3.

For categorical variables the results are given in terms of percentages of those who answered the question, but for most numeric variables percentiles have seemed a more appropriate means of presenting the results in the margins. For these variables (e.g. Var.6 Alcohol % in Fatal Accidents) the tenth, thirtieth, fiftieth, seventieth, and ninetieth percentiles are presented. In most cases percentages add to 100 in each column, but for multiple response variables (e.g. Var.44 Referral Sources) the percentages are based on dividing the number of mentions of a category by the number of respondents and thus usually add to more than 100. Numbers preceded by an asterisk (*) are actual frequencies.

When responses have been placed in an "other" category because they did not fit the established code categories, the substantive content of these responses has been listed following the "other" heading. Additional comments about a variable have been added at the end of the codes for that variable, and the value coded for the comment is contained in parentheses following the comment.

INDEX TO VARIABLES

V1 R1 Data Set Number (05)

V2 R2 Respondent Number

TS Freqs	RR%s
*112	64 (112/174)
*60	59 (60/101)
*9	47 (9/19)
*5	38 (5/13)
*1	
*187	61 (187/307)

V3 R3 Group Number
1. Internal Medicine
2. Psychiatry
3. General Practice
4. Doctor of Osteopathy
9. NA

Percentages

	PD Patients		
TS	0	1-15	16+
60	47	60	70
32	49	32	20
7	4	8	10
*1	0	*1	0

V4 R3A Subgroups-3 MD=9
1. Internal Medicine
2. Psychiatry
3. General Practice/Doctor of Osteopathy
9. NA

		Specialty		
TS Freqs	TS%	I%	P%	GP%
*51	27	21	42	14
*66	35	35	35	36
*70	37	44	23	50

V73 R31D PD Patients Yr.-3 (V40 Collapsed)
0. Physicians who had seen no patients in the past year (3 cases) or who had no drinking patients in the past year (including no answer)
1. Physicians who had seen 1-15 problem drinking patients in the past year
2. Physicians who had seen 16 or more problem drinking patients in the past year

Percentages

	Specialty			PD Patients		
TS	I	P	GP	0	1-15	16+
54	48	55	100	51	64	48
46	52	45	0	49	36	52
*1	0	0	0	0	1	0

V5 R4 Type of Sample MD=9
1. Staff
2. Resident
9. NA

Percentiles

	Specialty			PD Patients		
	TS	I	P	GP	0	1-15	16+
10.	30	30	29	11	30	30	30
30.	50	50	50	50	50	50	50
50.	50	50	50	50	50	50	50
70.	60	60	65	68	52	60	69
90.	75	75	75	78	72	75	75

V6 R5 Alcohol Fatalities % (QA1. 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 PERCENT CODED

97. 97-100
98. DK
99. NA

Percentages

	Specialty			PD Patients		
TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
2	1	3	7	4	1	1
10	10	12	7	6	12	11
9	11	9	0	8	14	6
38	40	36	36	48	39	31
16	18	12	14	15	15	17
18	17	19	29	8	17	27
3	2	5	0	4	1	3
3	2	5	7	6	0	4
*2	*1	*1	0	*1	*1	0

V7 R5A Alcohol Fatalities %-7 (R5 Collapsed) MD=9
0. None
1. 1-19%
2. 20-34%
3. 35-49%
4. 50%
5. 51-65%
6. 66-80%
7. 81-100%
8. DK
9. NA

I=Internal Medicine; P=Psychiatry; GP=General Practice and Osteopathy

Percentiles

	Specialty			PD Patients		
	TS	I	P	GP	0	1-15	16+
10.	20	20	20	20	25	20	20
30.	40	35	50	50	37	30	50
50.	50	50	50	50	50	50	50
70.	70	60	75	72	75	60	70
90.	80	80	86	86	80	80	80

V8 R6 PD % of Alcohol Fatalities (QA2. Of these drinking-related fatal traffic accidents, in what percent would you estimate that the drinking driver is a person who has a serious drinking problem?) MD=98,99

ACTUAL PERCENT CODED

97. 97-100
98. DK
99. NA

*Additional Comments
What is definition of "serious"? (75)
Very high. (99)

Percentages

	Specialty			PD Patients		
TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
5	6	5	0	6	5	6
20	22	17	21	19	29	13
5	6	5	0	6	3	7
28	30	24	36	23	29	31
9	7	12	7	11	6	10
22	22	22	21	23	21	23
7	5	10	7	6	8	7
3	1	5	7	4	0	4
*3	*2	*1	0	*2	*1	0

V9 R6A PD Alcohol Fatalities %-7 (R6 Collapsed) MD=9

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

V10 R7 Antabuse Alone (QA3. 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 avoid repeating their offense after the probationary period? QA3a. When Antabuse is the only form of treatment?) MD=9

Percentages

	Specialty			PD Patients		
TS	I	P	GP	0	1-15	16+
4	2	8	7	4	3	6
31	30	28	50	21	36	32
39	49	55	29	63	48	42
15	19	7	14	10	13	20
1	0	2	0	2	0	0
*1	*1	0	0	*1	0	0

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

*Additional Comments
With tests done to be sure it is taken. (1)
Would they take it? (1)

V11 R7 Antabuse and Other (QA3b. When Antabuse is administered with other forms of treatment (such as group or individual psychotherapy, counseling from appropriate social agencies, etc.)?) MD=9

Percentages

	Specialty			PD Patients		
TS	I	P	GP	0	1-15	16+
27	24	23	61	17	32	28
64	64	72	39	73	61	62
8	11	3	0	8	8	9
1	1	0	0	0	0	1
1	0	2	0	2	0	0
*2	*1	0	*1	*1	*1	0

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

*Additional Comments
Also spot-check urinalyses to insure that the individual is taking his medication regularly. (2)

V12 R9 Alcoholic Percentage (QA4. What percent of the adults of Washtenaw County would you estimate are alcoholics or have a serious drinking problem?) MD=98,99

ACTUAL PERCENT CODED

97. 97-100
98. DK
99. NA

*Additional Comments
What is definition of "serious"? (02)
The statistics are warped. (99)

Percentiles

	Specialty				PD Patients		
	TS	I	P	GP	0	1-15	16+
10.	3	2	5	5	3	2	3
30.	5	5	5	10	5	5	5
50.	8	7	10	10	8	8	9
70.	10	10	10	20	10	10	10
90.	20	20	25	28	23	20	21

V13 R9A Alcoholic %-7 (R9 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

Percentages

Specialty				PD Patients		
TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
13	19	3	0	13	17	10
27	29	26	17	23	25	31
32	29	40	33	33	35	29
15	16	12	17	10	13	19
6	5	7	7	8	3	7
2	1	3	0	0	3	1
0	0	0	0	0	0	0
5	2	9	17	13	5	1
*8	*4	*2	*2	*1	*4	*3

V14 "10 Alcoholism Success (QA5. 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
8. DK
9. NA

Percentages

Specialty				PD Patients		
TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
3	1	3	14	0	3	4
32	27	43	21	31	33	31
61	66	50	64	65	60	59
5	6	3	0	4	5	6
0	0	0	0	0	0	0
0	0	0	0	0	0	0

*Additional Comments
X3-for short periods; X4-for long periods.(4)
Are you asking (1) alone or (2) with help (in any form?). (4)
Without help. (4)
With help. (2)
Less than 50%. (4)
25%. (4)

V15 R11 % Alc.Below $10,000 (QA6. In approximately what percent of the problem drinkers & alcoholics in Washtenaw County would you estimate their family income is below $10,000?) MD=98,99

ACTUAL PERCENT CODED

97. 97-100%
98. DK
99. NA

*Additional Comments
Need to know % of total populace with income less than $10,000 to answer intelligently.(70)

Percentiles

	Specialty				PD Patients		
	TS	I	P	GP	0	1-15	16+
10.	22	20	25	20	20	23	25
30.	50	45	50	48	46	50	40
50.	50	50	60	55	50	50	50
70.	60	60	62	75	60	65	60
90.	80	80	80	80	79	80	80

V16 R11A Alc.Below $10,000 %-7 (R11 Collapsed) MD=9

Percentages							
	Specialty			PD Patients			
TS	I	P	GP	0	1-15	16+	
0	0	0	0	0	0	0	0. None
4	5	2	0	4	5	3	1. 1-19%
16	15	14	23	17	14	16	2. 20-34%
8	9	7	0	4	3	15	3. 35-49%
29	35	21	23	28	34	26	4. 50%
15	12	23	8	15	15	15	5. 51-65%
20	17	20	39	13	23	22	6. 66-80%
4	5	4	0	7	5	3	7. 81-100%
4	1	9	8	11	1	1	8. DK
*7	*2	*4	*1	*3	*2	*2	9. NA

V17 R12 Heard of WCCA (QA7. Prior to receiving this questionnaire, had you heard of the Washtenaw County Council on Alcoholism (WCCA)?) MD=9

Percentages							
	Specialty			PD Patients			
TS	I	P	GP	0	1-15	16+	
43	32	57	64	35	45	45	1. Yes
57	68	43	36	65	55	55	2. No
*1	*1	0	0	*1	0	0	9. NA

V18 R13 WCCA Referral (QA7a. Have you referred any persons to the WCCA for help with a drinking problem?) MD=9

Percentages							
	Specialty			PD Patients			
TS	I	P	GP	0	1-15	16+	
11	6	15	29	8	9	14	1. Yes
32	26	42	36	27	36	31	5. No
*1	*1	0	0	*1	0	0	9. NA
57	68	43	36	65	55	55	0. Inap., R had not heard of WCCA (coded 5 in V17)

*Additional Comments
Conferred jointly with worker from WCCA. (1)

V19 R14 No.of Safe Drinks (QA8. Suppose that a 150-lb person drinks for a one-hour period with no recent food intake. How many drinks do you think he can consume without becoming too drunk to drive safely?) MD=99

Percentages							
	Specialty			PD Patients			
TS	I	P	GP	0	1-15	16+	
2	2	0	8	0	2	3	00. None
21	19	22	23	15	17	29	01. One
42	39	48	39	49	39	40	02. Two
25	29	19	23	23	27	26	03. Three
6	6	7	0	4	13	1	04. Four
2	3	2	0	6	2	0	05. Five
1	1	0	0	0	2	0	06. Six
1	0	2	8	2	0	1	98. DK
*6	*3	*2	*1	*2	*3	*1	99. NA

*Additional Comments
No single answer! (99)
Depends on prior experience with alcohol. Can't be answered. (99)
Depends mostly on previous consumption. (02)
Varies with age, consumption of other drugs and tolerance for alcohol. (02)

V20 R15 Accident 3 Drinks (QA8a. If he consumes 3 drinks, how many times more likely do you think he is to contribute to an accident than a person who has not been drinking?) MD=98,99

ACTUAL NUMBER CODED

Percentiles								
	Specialty				PD Patients			
	TS	I	P	GP	0	1-15	16+	
10.	2	2	2	2	2	2	2	01. No increased chance of accident
30.	2	2	2	3	2	2	3	96. 96-100
50.	3	3	3	5	3	3	4	97. Over 100
70.	5	5	5	10	5	5	5	98. DK
90.	10	10	10	10	10	10	10	99. NA

Percentages — Specialty / PD Patients

TS	I	P	GP	0	1-15	16+
4	4	5	0	4	3	5
30	35	25	14	38	35	21
39	42	36	36	31	41	43
19	16	20	36	16	15	24
2	2	4	0	4	1	1
2	1	2	0	2	3	0
1	0	2	0	0	0	1
0	0	0	0	0	0	0
3	1	5	14	4	1	5
*9	*4	*5	0	*4	*1	*4

V21 R15A Accident 3 Drinks-8 (R15 Collapsed) MD=0

1. No increased chance of accident
2. 2 times
3. 3-5 times
4. 6-10 times
5. 11-25 times
6. 26-50 times
7. 51-100 times
8. Over 100 times
9. DK
0. NA

Percentiles — Specialty / PD Patients

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

V22 R16 Accident 6 Drinks (QA8b. How about if he consumes 6 drinks?) MD=98,99

ACTUAL NUMBER CODED

01. No increased chance of accident
96. 96-100
97. Over 100
98. DK
99. NA

*Additional Comments
Many. (99)

Percentages — Specialty / PD Patients

TS	I	P	GP	0	1-15	16+
1	1	0	0	2	0	0
3	2	5	0	0	5	3
24	26	24	7	36	28	12
39	45	32	29	31	42	43
14	12	16	14	11	8	21
10	9	9	21	7	9	13
6	4	7	14	7	5	6
1	1	0	0	0	3	0
3	0	5	14	7	0	3
*10	*5	*5	0	*4	3	*3

V23 R16A Accident 6 Drinks-8 (R16 Collapsed) MD=0

1. No increased chance of accident
2. 2 times
3. 3-5 times
4. 6-10 times
5. 11-25 times
6. 26-50 times
7. 51-100 times
8. Over 100 times
9. DK
0. NA

Percentiles — Specialty / PD Patients

	TS	I	P	GP	0	1-15	16+
10.	9	9	8	3	8	7	9
30.	10	10	10	38	10	10	20
50.	20	20	20	96	20	20	40
70.	56	50	50	96	50	50	96
90.	96	96	96	97	96	97	97

V24 R17 Accident 9 Drinks (Q8c. How about if he consumes 9 drinks?) MD=98,99

ACTUAL NUMBER CODED

01. No increased chance of accident
96. 96-100
97. Over 100
98. DK
99. NA

*Additional Comments
Many. (99)
Probably couldn't drive! (98)
"Lucky" if he does not crack up. (99)

Percentages — Specialty / PD Patients

TS	I	P	GP	0	1-15	16+
1	1	0	7	2	0	1
0	0	0	0	0	0	0
3	3	6	0	2	5	3
28	29	30	7	36	32	18
19	21	19	7	13	19	22
16	18	15	7	16	18	15
21	21	19	29	22	15	25
8	6	7	21	2	11	9
4	1	6	21	7	0	6
*13	*7	*6	0	*4	*5	*4

V25 R17A Accident 9 Drinks-8 (R17 Collapsed) MD=0

1. No increased chance of accident
2. 2 times
3. 3-5 times
4. 6-10 times
5. 11-25 times
6. 26-50 times
7. 51-100 times
8. Over 100 times
9. DK
0. NA

*Additional Comments (V25 cont'd)
Can't drive! (39)
Should be out! (99)
Actually, with 9 drinks he may be incapable of getting to his car and therefore no hazard (except as a shaky pedestrian). (99)

V26 R18 DUIL Reduct.Feeling (QA9. The Michigan legislature has recently passed a bill to reduce the presumptive minimum blood alcohol concentration for Driving Under the Influence of Liquor from .15% to .10%. How do you feel about that change?) MD=9

Percentages

Specialty				PD Patients		
TS	I	P	GP	0	1-15	16+
59	60	50	86	61	57	59
30	30	33	14	33	33	25
7	5	13	0	4	7	9
1	2	0	0	0	0	3
3	4	3	0	2	3	4
0	0	0	0	0	0	0

1. Strongly approve
2. Tend to approve
3. Tend to disapprove
4. Strongly disapprove
0. No opinion
9. NA

*Additional Comments
It has been clearly shown that judgment is impaired in most people at .05% or higher- some countries accept even a lower minimum. Therefore it is stupid only to reduce the standard to .1%. It ignores the clear evidence that this is still a very dangerous level.(1)
It does not take into consideration the individual variations including the biochemical metabolism of the alcohol at the cellular level. Some other test of subjective and objective functioning would be better.(3)
But this does not take into consideration individual variation in the amount of drug they can or cannot tolerate.(2)
If 2 determinations 20 min. apart are made.(1)

V27 R19 Abstention Easier (QA10. Most alcoholics can be helped to become total abstainers more easily than they can be helped to cut down their drinking to moderate levels.) MD=9

Percentages

Specialty				PD Patients		
TS	I	P	GP	0	1-15	16+
45	45	43	43	45	45	45
42	42	45	29	41	42	42
9	9	7	14	8	9	9
5	4	5	14	6	5	4
0	0	0	0	0	0	0
0	0	0	0	0	0	0

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

V28 R20 Specs. Must Treat (QA11. Only a few alcoholics can be helped significantly by physicians who are not specialists in the treatment of alcoholism.) MD=9

Percentages

Specialty				PD Patients		
TS	I	P	GP	0	1-15	16+
19	17	20	29	18	14	24
47	54	34	50	53	49	42
25	21	32	21	25	30	20
9	8	14	0	4	8	14
0	0	0	0	0	0	0
*1	0	*1	0	0	*1	0

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

V29 R21 Alc.Less Cooperative (QA12. Alcoholics are generally less cooperative than patients suffering from other illnesses.) MD=9

Percentages						
	Specialty			PD Patients		
TS	I	P	GP	0	1-15	16+
34	38	25	36	31	34	37
44	43	50	36	47	43	44
18	14	23	29	22	16	17
3	5	2	0	0	6	3
0	0	0	0	0	0	0
0	0	0	0	0	0	0

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

*Additional Comments
More secretive.(2)
They are cooperative but unreliable.(4)

V30 R22 AA Must Treat (QA13. The best thing that can be done for most alcoholics is to have the members of Alcoholics Anonymous take over responsibility for helping them.) MD=9

Percentages						
	Specialty			PD Patients		
TS	I	P	GP	0	1-15	16+
6	7	3	8	8	8	3
45	45	44	46	35	55	42
42	41	44	46	47	31	49
7	6	9	0	10	6	6
0	0	0	0	0	0	0
*4	*2	*1	*1	0	*2	*2

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

*Additional Comments
Can be helped 25-30% of cases.(9)
At present.(2)

V31 R23 Hospitals Admit Alc. (QA14. General hospitals should be willing to admit patients with a primary diagnosis of problem drinking or alcoholism.) MD=9

Percentages						
	Specialty			PD Patients		
TS	I	P	GP	0	1-15	16+
32	21	50	43	25	34	34
29	26	32	36	33	27	27
27	37	12	14	29	24	28
13	16	7	7	13	15	11
0	0	0	0	0	0	0
*1	*1	0	0	*1	0	0

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

*Additional Comments
Not unless they have a special program for alcoholism.(3)
Would recommend medical follow-up test.(1)
Only if under care of specially trained staff.(2)

V32 R24 Test Crash Drivers (QA15. A test to determine blood alcohol concentration should be made of all drivers involved in a crash resulting in fatalities.) MD=9

Percentages						
	Specialty			PD Patients		
TS	I	P	GP	0	1-15	16+
71	70	67	93	73	66	75
20	21	25	0	14	28	17
7	7	7	7	10	5	7
2	2	2	0	2	1	1
0	0	0	0	0	0	0
0	0	0	0	0	0	0

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

*Additional Comments
Best we have right now? (2)

V33 R25 Not Deny Right (QA16. No person should be denied the right to drive if he needs his car to get to work.) MD=9

Percentages

Specialty				PD Patients		
TS	I	P	GP	0	1-15	16+
1	2	0	0	2	0	1
4	6	0	0	4	3	4
23	15	33	43	16	24	27
72	77	67	57	78	73	68
0	0	0	0	0	0	0
0	0	0	0	0	0	0

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

*Additional Comments
If alcoholic who drinks.(4)
Not if he's an unsafe driver. (3)
Without compelling reason.(2)

V34 R26 Counsel Not Punish (QA17. When problem drinkers are convicted of drunk driving, it is better to place them on probation and into a counseling or treatment program than it is to impose severe penalties.) MD=9

Percentages

Specialty				PD Patients		
TS	I	P	GP	0	1-15	16+
35	25	51	43	42	36	30
47	53	39	36	50	42	49
12	16	5	7	4	12	17
6	5	5	14	4	9	4
0	0	0	0	0	0	0
*3	*2	*1	0	*1	*1	*1

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

*Additional Comments
I've seen too many people killed by drunk drivers on probation from previous corrections and in a treatment program! (3)
Bad question-counseling and mild penalty is my choice. (9)

V35 R27 Too Much Fuss (QA18. Far too much fuss is made about the dangers of drinking and driving.) MD=9

Percentages

Specialty				PD Patients		
TS	I	P	GP	0	1-15	16+
0	0	0	0	0	0	0
1	1	2	0	0	1	1
10	9	10	14	12	7	10
89	90	88	86	88	91	89
0	0	0	0	0	0	0
0	0	0	0	0	0	0

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

*Additional Comments
Only if drunk drivers go to jail as in Scandinavia. (3)

V36 R28 Effect Not Likely (QA19. 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

Percentages

Specialty				PD Patients		
TS	I	P	GP	0	1-15	16+
4	4	5	7	6	1	6
20	23	10	29	16	17	24
55	57	54	43	55	58	53
20	16	29	21	20	24	17
1	0	2	0	2	0	0
*1	0	*1	0	0	*1	0

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

*Additional Comments
The initial step in reducing drunk driving is to get the individual off the road by whatever means or penalties needed! (1)

V37 R29 Years in Practice (QB1. How many years have you been in medical practice in Washtenaw County?) MD=9

Percentages

Specialty				PD Patients		
TS	I	P	GP	0	1-15	16+
59	61	62	29	67	48	63
15	16	15	14	8	21	15
18	15	18	36	14	21	17
8	8	5	21	10	10	4
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

*Additional Comments
Not in practice.(3)
My practice is full time hospital staff in Wayne County.(2)
Do not practice here. Teach here only. (1)

V38 R30 No.of Pts.Past Yr. (QB2. Approximately how many patients have you seen in the past 12 months?) MD=9998,9999

Percentiles

	Specialty			PD Patients		
	TS	I	P	GP	0	1-15	16+
10.	47	150	14	1000	11	50	200
30.	200	400	50	2100	40	150	500
50.	500	500	100	3000	150	400	800
70.	1000	1000	310	7000	360	808	1000
90.	3000	3000	900	9598	2100	3100	4000

ACTUAL NUMBER CODED
0000. None
9996. 9996-10,000
9997.Over 10,000
9998. DK
9999. NA

*Additional Comments
Family evaluation.(0200)
Thousands.(9999)
New ones.(1000)
3000+.(3000)
All as consultant.(0800)
Specialized practice in forensic psychiatry.(0400)
I have no private practice.(9999)
Includes children.(0013)
All institutional.(0060)
Quite a large number.(9999)
All emergency room, no follow up.(1000)
Most of year has been spent in research.(0200)
10,000 (visits).(2500)
10,000 patient visits (2,500 patient average population).(2500)

V39 R30A Total Patients Yr.-7 (R30 Collapsed) MD=9

Percentages

Specialty				PD Patients		
TS	I	P	GP	0	1-15	16+
2	1	4	0	8	0	0
33	20	65	0	55	41	13
24	29	18	0	18	21	29
5	9	0	0	0	5	9
15	19	5	15	5	11	23
17	18	7	54	13	19	19
4	4	0	23	0	3	7
1	0	0	8	0	0	1
0	0	0	0	0	0	0
*14	*8	*5	*1	*11	*2	*1

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

V40 R31 PD Patients Past Yr. (QB3. Approximately how many of these patients did you consider to have a serious drinking problem?) MD=998,999

Percentiles

	TS	Specialty I	P	GP	PD Patients 0	1-15	16+
10.	0	0	0	3	0	2	20
30.	5	5	0	10	0	5	40
50.	10	15	5	37	0	6	50
70.	36	50	15	105	0	10	100
90.	150	150	47	312	0	15	290

ACTUAL NUMBER CODED

000. None
996. 996-1000
997. Over 1000
998. DK
999. NA

*Additional Comments
Am in a specialty which excludes these patients. (010)
Ten were patients seen in V.A. Hospital.(012)
None-under my primary care.(010)
Not as primary patient.(020)
A few.(999)
However in doing some extra work in emergency rooms in Monroe, Michigan, I have seen many alcoholics involved in accidents. Is there an agency like WCCA in Monroe?? (000)
See children.(000)
I see children primarily.(000)

V41 R31A PD Patients Yr.-7 (R31 Collapsed) MD=9

Percentages

TS	Specialty I	P	GP	PD Patients 0	1-15	16+
21	15	36	0	100	0	0
38	37	38	42	0	100	0
10	11	9	8	0	0	25
11	13	9	17	0	0	28
9	13	2	8	0	0	21
9	8	7	25	0	0	21
1	2	0	0	0	0	3
1	1	0	0	0	0	1
0	0	0	0	0	0	0
*12	*8	*2	*2	*12	0	0

0. None
1. 1-15
2. 16-30
3. 31-50
4. 51-100
5. 101-400
6. 401-700
7. 701+
8. DK
9. NA

V42 R31B % PD Patients Yr. MD=9.998,9.999

Percentiles

	TS	Specialty I	P	GP	PD Patients 0	1-15	16+
10.	0	0	0	0	0	0	1
30.	1	1	0	0	0	1	5
50.	3	3	5	1	0	2	10
70.	7	7	8	3	0	5	17
90.	20	20	29	5	0	9	30

ACTUAL PERCENT (DERIVED FROM CALCULATION OF R31/R30 IN FORM X.XXX)

0.000. None
9.998. DK on 1 or both R30 & R31
9.999. NA on 1 or both R30 & R31

V43 R31C % PD Patients Yr.-8 (R31B Collpased) MD=8,9

Percentages

TS	Specialty I	P	GP	PD Patients 0	1-15	16+
18	12	32	0	100	0	0
48	53	26	100	0	79	40
15	13	23	0	0	17	20
10	14	4	0	0	3	20
8	7	11	0	0	0	19
1	0	2	0	0	0	1
0	0	0	0	0	0	0
1	0	2	0	0	0	0
*3	*1	*2	0	*3	0	0
*20	*12	*5	*3	*17	*2	*1

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

V44 R32 Referral Sources (QB4. In addition to self-referrals, from which of the following sources have you received patients with a serious drinking problem?) Responses=7 MD=9

Percentages					
	Specialty			PD Patients	
TS	I	P	GP	1-15	16+
9	5	12	25	5	12
19	13	32	25	11	26
14	4	29	42	5	21
13	13	9	25	15	11
46	37	62	58	41	51
47	47	62	8	47	48
23	24	18	33	16	31

1. Washtenaw County Council on Alcoholism
2. Other social service agency
3. Court
4. Employer
5. Spouse
6. Other doctor
7. Other codable response
   - VA
   - AA
   - Friends of patient.
   - I am a fellow in hematology & patients I have identified as alcoholic were not referred to me for treatment of their alcoholism.
   - Emergency Room - U Hosp.
   - In course of clinic practice.
   - Chronic alcoholism associated with another medical problem for which patient is seen.
   - Self-referred for other reasons.
   - Brighton Hospital.
   - Problem has come to my attention in a clinic setting usually in association with failure to follow through on a medical program.
   - Beyer Emergency Room.
   - I see patients only at University Hospital on the cardiology & internal medicine services. Therefore, they are rarely referred for treatment of alcoholism but it is evident that at least a fifth have significant drinking problems.
   - None of my hospital patients are ever referred for specific reasons of alcoholism. They are essentially alcoholics with other problems or the problems resulting from long term alcohol abuse.
   - Taking history from patient who visited office for other ailment.
   - Hospitalized for medical emergency, e.g. cirrhosis, bleeding varices, gastritis, etc.
   - Emergency room at Community Hospital.
   - U.S. Air Force Unit Commanders while serving in Vietnam first half of 1971.
   - Patients come to VA voluntarily.
   - Admitted from emergency room for complications of alcoholism, i.e. pancreatitis, gastro-intestinal bleeding, cirrhosis, alcohol intoxication, accidents.
   - I am a fellow in hematology & patients I pointed out were not referred to me for the reasons of their alcoholism.
   - General referral.
   - Emergency Room admissions.
   - Ypsilanti State Hospital.
   - Friends, relatives.
   - Referral for other problems or complications of alcoholism.
   - Emergency room.
   - Medical services at West Side VA Hospital, Chicago; 75-80% of all patients admitted alcohol-induced disease.
   - Admission for patients suffering from other or related illnesses.

*14	*9	*3	*1	*5	*5
10	13	6	0	11	8

9. NA
0. Inap., R has had no PD patients in the past yr.* (coded 000 in V40); all of R's PD patients were received by self-referral; no 2nd, 3rd, 4th, 5th, 6th, or 7th response

*NOTE: FOR V44-V71 INAP., ALSO INCLUDES RESPONDENTS WHO WERE CODED 998 OR 999 ON V40 & DID NOT MAKE ANY FURTHER RESPONSES ON THE QUESTIONNAIRE.

V45 R33 Most Frequent Source (Double checked response in V44) MD=9

Percentages				PD Patients	
	Specialty				
TS	I	P	GP	1-15	16+
3	1	8	0	4	2
4	4	0	13	2	5
5	1	12	13	2	7
4	4	4	0	6	2
16	16	4	50	16	17
36	36	48	0	42	30
21	22	16	25	14	28
*35	*18	*11	*5	*16	*16
12	15	8	0	14	9

1. Washtenaw County Council on Alcoholism
2. Other social service agency
3. Court
4. Employer
5. Spouse
6. Other doctor
7. Other codable response
9. NA
0. Inap., R has had no PD patients in the past yr. (coded 000 in V40);all of R's PD patients were received by self-referral

V46 R34 Alcoholism Treatment (QB5. Approximately how often have you used each of the following alternatives in regard to the treatment of your patients' drinking problem? RANK your answers in the order of frequency: 1=most often, etc.) Responses=4 (UNRANKED TOTAL MENTIONS) MD=0,9

Percentages				PD Patients	
	Specialty				
TS	I	P	GP	1-15	16+
74	83	58	58	68	82
61	64	53	66	60	66
82	84	78	75	81	85
80	76	88	83	78	85
*3	*2	0	*1	*1	*2

1. Treatment for their illnesses but no specific treatment for their alcoholism
2. Treatment for their alcoholism without referral to or use of other community/family resources (social service agencies, patient's spouse,etc)
3. Referral to other community resources only
4. Treatment for their alcoholism & use of community/family resources
9. NA
0. Inap., R has had no PD patients in the past yr. (coded 000 in V40);no 2nd, 3rd, or 4th response

V47 R34A Treatment Mix (R34 unranked response combination) MD=99

Percentages				PD Patients	
	Specialty				
TS	I	P	GP	1-15	16+
3	2	3	9	5	0
0	0	0	0	0	0
1	1	0	0	0	1
5	6	6	0	9	1
9	13	0	0	6	10
1	0	3	0	1	0
1	1	0	0	0	1
8	7	11	9	8	7
3	2	6	0	1	4
1	1	3	0	3	0
1	2	0	0	1	1
7	2	14	9	5	7
4	3	8	0	6	3
4	1	6	18	6	1
53	57	42	55	48	60
*4	*2	0	*2	*1	*2

01. Treatment for their illnesses only (1)
02. Treatment for their alcoholism without referral only (2)
03. Treatment for illnesses & treatment for alcoholism without referral (1 & 2)
04. Referral only (3)
05. Treatment for illnesses & referral only (1 & 3)
06. Treatment for alcoholism without referral & referral only (2 & 3)
07. Treatment for illnesses, treatment for alcoholism without referral, & referral only (1 & 2 & 3)
08. Treatment for alcoholism with referral (4)
09. Treatment for illnesses & treatment for alcoholism with referral (1 & 4)
10. Treatment for alcoholism without referral and treatment for alcoholism with referral (2 & 4)
11. Treatment for illnesses, treatment for alcoholism without referral & treatment for alcoholism with referral (1 & 2 & 4)
12. Referral only & treatment for alcoholism with referral (3 & 4)
13. Treatment for illnesses, referral only, & treatment for alcoholism with referral (1,3 & 4)
14. Treatment for alcoholism without referral, referral only, & treatment for alcoholism with referral (2,3 & 4)
15. Treatment for illnesses,treatment for alcoholism without referral, referral only, & treatment for alcoholism with referral (1,2,3,&4)
99. NA
00. Inap., R has had no PD patients in the past yr. (coded 000 in V40)

V48 R35'Alc.Treatment 1st (R34: First ranked response)

Percentages				PD Patients		
	Specialty					MD=0,9
TS	I	P	GP	1-15	16+	
36	47	17	9	39	32	1. Treatment for their illnesses but no specific treatment for their alcoholism
12	11	11	18	9	15	2. Treatment for their alcoholism without referral to or use of other community/family resources (social service agencies,patients spouse, etc.)
13	10	19	9	17	10	3. Referral to other community resources only
39	31	53	64	35	43	4. Treatment for their alcoholism & use of other community/family resources
*4	*2	0	*2	*1	*2	9. NA
						0. Inap., R has had no PD patients in the past yr. (coded 000 in V40)

V49 R36 Alc.Treatment 2nd (R34: Second ranked response)

Percentages				PD Patients		
	Specialty					MD=0,9
TS	I	P	GP	1-15	16+	
16	20	3	22	10	21	1. Treatment for their illnesses but no specific treatment for their alcoholism
22	24	14	33	23	21	2. Treatment for their alcoholism without referral to or use of other community/family resources (social service agencies, patients's spouse,etc)
39	38	48	22	39	37	3. Referral to other community resources only
23	18	35	22	27	21	4. Treatment for their alcoholism & use of other community/family resources
*4	*2	0	*2	*1	*2	9. NA
						0. Inap., R has had no PD patients in the past yr. (coded 000 in V40); no second ranked response

V50 R37 Alc.Treatment 3rd (R34: Third ranked response)

Percentages				PD Patients		
	Specialty					MD=0,9
TS	I	P	GP	1-15	16+	
15	10	30	13	13	17	1. Treatment for their illnesses but no specific treatment for their alcoholism
24	22	35	13	30	20	2. Treatment for their alcoholism without referral to or use of other community/family resources (social service agencies,patient's spouse,etc.)
35	33	25	75	35	35	3. Referral to other community resources only
26	35	10	0	23	28	4. Treatment for their alcoholism & use of other community/family resources
*4	*2	0	*2	*1	*2	9. NA
						0. Inap., R has had no PD patients in the past yr. (coded 000 in V40);no third ranked response

V51 R38 Alc.Treatment 4th (R34: Fourth ranked response)

Percentages				PD Patients		
	Specialty					MD=0,9
TS	I	P	GP	1-15	16+	
31	22	53	50	29	32	1. Treatment for their illnesses but no specific treatment for their alcoholism
31	31	27	33	29	32	2. Treatment for their alcoholism without referral to or use of other community/family resources (social service agencies,patient's spouse,etc.)
28	35	13	0	26	29	3. Referral to other community resources only
11	12	7	17	16	7	4. Treatment for their alcoholism & use of other community/family resources
*4	*2	0	*2	*1	*2	9. NA
						0. Inap., R has had no PD patients in the past yr. (coded 000 in V40);no 4th ranked response

V52 R39 Why Not Treat (QB6. If you have not treated any patients specifically for their drinking problem (a & c above) what were your primary reasons for that decision?) Responses=2 MD=0,9

Percentages					
	Specialty			PD Patients	
TS	I	P	GP	1-15	16+
4	6	0	0	6	3
0	0	0	0	0	0
3	6	0	0	0	7
13	2	42	0	12	17
30	33	21	50	35	20
25	23	26	50	23	30
3	4	0	0	3	3
39	46	47	0	41	43
*59	*36	*12	*10	*24	*34

1. Lack of experience in the area of alcoholism treatment
2. Patient could not afford treatment fee
3. Primarily involved in hospital staff work-no private practice.
4. Treatment of underlying problems instead
5. Referral practice only
6. Patient denied problem, refused treatment, was uncooperative, would not follow up
7. Patient was already in treatment for a drinking problem
8. Other codable response:
   - Most of the patients I see with alcoholism are seen because of end stages liver disease etc. Probable 80% of alcoholics I see are dead in 1 year.
   - I rarely treat them because most are from outside this county.
   - Poor results.
   - I don't think it can be done.
   - Referred to another VA hospital or Psychiatry service for this purpose.
   - Patient lived too far from hospital where I work. Community resource (AA)-could do a better job than I.
   - Absence of facilities & program at the Univ. Hospital & N.P.I.
   - Felt I did not have adequate facilities or ones on a par with AA.
   - We are usually the final referral institution.
   - Time limits.
   - The patient was felt to be a chronic drinker & unable to benefit from further services.
   - Patient seen in emergency room. Referred to private physician &/or community mental health facility.
   - No good facilities for coordinated program at VA Hospital, Ann Arbor.
   - Patients should not be treated in active hospital-specialized hospital or community service required-not enough time nor facility available.
   - Were treated for medical illnesses with SS refer & consultation which would set up long term program if needed (at VA send to Battle Creek).
   - Patient was clearly hopeless.
   - Lack of follow-up & long term care facilities needed for adequate care.
   - I feel putting them into contact with AA is the best treatment-& the only one that might work.
   - Not toxic when seen-referred to intensive treatment facility directly.
   - Patient was examined only for possible relation of condition to occupation.
   - Patient admitted for other medical problems & referred for alcoholic help on discharge.
   - Poor results with multiple recurrent hospitalization for the same problem.
   - I felt that community resources would work better than my treatment.
   - Difficult to answer; have not given Antabuse or sent to treatment facility but have tried talking with patients.
9. NA
0. Inap.,R has had no PD patients in the past yr. (coded 000 in V40) or R has initiated treatment with all of his PD Patients(coded 02,08 or 10 in V47); no second response

V53 R40 Sources for Refer Only (QB7. Which of the following community/family resources have you used either for referral only or in conjunction with your own treatment of a patient? (V53 includes responses to the "referral only" element of B7.)

Responses=8 MD=0,9

Percentages					
	Specialty			PD Patients	
TS	I	P	GP	1-15	16+
70	70	69	67	67	73
18	16	17	50	15	22
36	33	48	17	33	40
41	37	48	67	45	38
17	19	9	33	15	20
33	40	22	17	33	35
2	3	0	0	0	4
10	12	4	17	13	9
*31	*20	*6	*5	*14	*16

1. Alcoholics Anonymous
2. Washtenaw County Council on Alcoholism
3. Other social service agencies
4. Hospitals
   - Brighton, Mercywood, Univ. Hospital
   - Battle Creek VAH, Ann Arbor VAH
   - Wayne County.
   - St. Joseph's Mercy Hospital
   - R gave no names of hospitals
   - Psychiatric
   - Ypsilanti State Hospital
   - Jackson Osteopathic, Addison County, Foote Memorial Jackson
   - Military hospitals related to alcoholic diseases
   - Beyer Hospital
   - Annapolis, Wayne, Michigan
   - VA Hospital
   - Sparrow
5. Clergy
6. Patient's spouse or other family member
7. Patient's employer
8. Other codable response:
   - Social service staff.
   - Specific agencies for alcoholism.
   - Psychiatrist.
   - Patient's private physician.
   - Referred patient back to referring physician (internist).
   - Work at University Hospital.
   - Crisis Clinic, Comm. Mental Health Center.
   - L.M.D.
9. NA
0. Inap., R has had no PD patients in the past yr. (coded 000 in V40),or R has referred no patients for help with a drinking problem or has made referrals only in conjunction with his own treatment (coded 01,04-05,08-09, or 12-13 in V47); no 2nd, 3rd, 4th, 5th, 6th, 7th, or 8th response

V54 R41 Sources for Refer/Rx (QB7. Which of the following community/family resources have you used either for referral only or in conjunction with your own treatment of a patient? (V54 includes responses to the "in conjunction with your own treatment" element of QB7.).) Responses=8 MD=0,9

Percentages					
	Specialty			PD Patients	
TS	I	P	GP	1-15	16+
77	73	92	71	70	82
20	16	24	43	19	22
43	43	40	57	35	51
44	37	60	29	40	44
35	41	20	43	30	35
63	67	64	43	59	64
17	16	20	14	8	24

1. Alcoholics Anonymous
2. Washtenaw County Council on Alcoholism
3. Other social service agencies
4. Hospitals
   - VA, University
   - Brighton
   - Mercywood
   - Battle Creek
   - Ypsilanti State
   - Psychiatry
   - St. Joseph's
5. Clergy
6. Patient's spouse or other family member
7. Patient's employer

Percentages

Specialty				PD Patients	
TS	I	P	GP	1-15	16+
12	14	12	0	5	15
*31	*19	*7	*5	*15	*15

V54 (cont'd.)

8. Other codable response:
   Specific agencies for alcoholism.
   Other physician.
   Visting nurses Association through our social service department.
   L.M.D.
9. NA
0. Inap., R has had no PD patients in the past yr. (coded 000 in V40), or R has made no referrals in conjunction with his own treatment of a patient (coded 01-07 in V47);no 2nd, 3rd, 4th, 5th, 6th, 7th, or 8th response

V55 R42 Alcoholism Training (QB8. Have you had any special instruction in the diagnosis and treatment of alcoholism?) MD=0,9

Percentages

Specialty				PD Patients	
TS	I	P	GP	1-15	16+
45	35	83	8	45	48
55	65	17	92	56	52
*4	*2	*1	*1	*2	*2

1. Yes
5. No
9. NA
0. Inap., R has had no PD patients in the past yr. (coded 000 in V40)

*Additional Comments
But little.(1)

V56 R43 Training Source (QB8a. Where have you had that training?) Responses=3 MD=9

Percentages

Specialty				PD Patients	
TS	I	P	GP	1-15	16+
15	16	17	0	9	21
13	11	20	8	13	15
28	14	74	0	34	24
9	10	9	0	11	7
1	2	0	0	1	1
*5	*3	*1	*1	*2	*3
56	66	17	92	56	54

1. Medical School
2. Post-graduate study (specific seminars or course work)
3. General working experience: residency (no specific training course or seminars mentioned)
4. Own reading, research on the subject
8. Other codable response:
   Armed Forces
   Yugoslavia
9. NA
0. Inap.,R has had no PD patients in the past yr. (coded 000 in V40) or R has had no special alcoholism training (coded 5 in V55);no 2nd or 3rd response

*Additional Comment
Primarily on diagnosis rather than treatment. (1,3)

V57 R44 Training Topics (QB8b. What aspects of alcoholism did your instruction cover?) MD=9 Responses=6

Percentages

Specialty				PD Patients	
TS	I	P	GP	1-15	16+
36	29	63	8	35	39
38	29	71	8	39	40
20	20	29	0	24	33
30	21	60	8	29	33
33	21	71	8	32	36
4	2	11	0	5	4
*7	*5	*1	*1	*4	*3
57	67	17	92	58	54

1. Physiological effects of drinking
2. Psychological effects of drinking
3. The relationship between excessive drinking & traffic accidents
4. The nature & relative importance of alcoholism as a social problem
5. The effectiveness of various treatment approaches
6. Other codable response:
   Alcohol & crime.
   Psychoanalytic concepts & courses.
   Nature of alcoholism as a marital problem.
   An intensive treatment approach.
9. NA
0. Inap.,R has had no PD patients in the past yr. (coded 000 in V40),or R has had no special alcoholism training (coded 5 in V55);no 2nd, 3rd, 4th, 5th, or 6th response

*Additional Comment
Minimal, very minimal. (1,2)

V58 R45 Training Needs (QB9. In what aspects of the diagnosis & treatment of alcoholism would you like to have (more) instruction?) Responses=6 MD=9

Percentages						
	Specialty			PD Patients		
TS	I	P	GP	1-15	16+	
24	25	23	11	25	18	1. Physiological effects of drinking
33	30	37	44	28	35	2. Psychological effects of drinking
26	23	33	33	23	26	3. The relationship between excessive drinking & traffic accidents
34	31	40	33	35	29	4. The nature & relative importance of alcoholism as a social problem
88	89	79	100	88	89	5. The effectiveness of various treatment approaches
11	13	10	0	12	9	6. Other codable response:
						Long term studies lacking.
						Glad to attend a few seminars.
						The damaging effect of alcohol on various organs (physiologic effects).
						Guidelines to physicians not involved directly in treatment of alcoholics for referral of patients to appropriate agencies.
						All aspects-symposium.
						More information on WCCA.
						The cause of alcoholism.
						Causes and predisoposing factors.
						The problems of alcoholism in industry.
						The problems of alcoholism in industry, evaluation of local social agencies.
						Possibilities of coordinating treatment with other agencies.
						What can & should an internist do for the patient who is alcoholic.
						Anything new in 1 thru 6, B8b above.
						Correct thinking to add to older studies & treatment.
						How to prevent the problem.
						A sociological approach to alcoholism as an effect of our society in conjunction with drugs, neuroses, etc.
*17	*6	*7	*4	*10	*6	9. NA
6	8	3	0	5	5	0. None; inap.,R has had no PD patients in the past year (coded 000 in V40);no 2nd, 3rd, 4th, 5th, or 6th response

V59 R46 Alcoholism Symptoms (QB10. What symptoms of alcoholism or problem drinking have you found most prevalent among your patients?) Responses=4 MD=0,9

Percentages						
	Specialty			PD Patients		
TS	I	P	GP	1-15	16+	
18	22	12	11	12	23	1. Adverse effects of alcohol withdrawal: tremulous, disorientation, hallucinations, seizures, delirium tremens
11	15	6	0	9	13	2. Abnormal drinking behavior: morning drinking, high quantity/frequency
37	46	21	22	25	43	3. Gastrointestinal complications, cirrhosis & related complications: gastritis, peptic ulcer, pancreatitis, hypoglycemia, fat infiltration of liver, esophageal varices, ascites, coagulation abnormalities
3	5	0	0	3	3	4. Musculo-skeletal complications: neuromuscular problems, primary alcoholic myopathy, cardiovascular problems
16	18	9	22	11	18	5. Neurologic & neuropsychiatric complications: blackouts, polyneuritis, Wernicke's encephalopathy, Korsakoff's psychosis, brain atrophy
49	43	67	44	42	53	6. Emotional dysfunction: anxiety, depression, denial, & related intrapsychic problems
43	39	51	44	51	33	7. Interpersonal & social problems: irresponsible behavior, family problems, vocational difficulties
10	7	18	11	9	12	8. DUIL & D&D arrests, alcohol-related crashes
*19	*12	*3	*4	*10	*8	9. NA
						0. Inap., R has had no PD patients in the past yr. (coded 000 in V40);no 2nd, 3rd, or 4th response also other symptoms not in above list.

V59 (cont'd).

*Additional Comments and Other Symptoms
Recidivism associated medical problems.(00)
...or other mental deterioration.(0)
Loss of appetite.(0)
Infection.(0)
Plus strong family history.(0)
Hematologic because of my specialization.(0)
Alcoholic myopathy.(4)
Related diseases.(0)
Physical deterioration.(extra)
Association with alcoholics.(0)
Reactivation of tuberculosis.(0)
Usually complain about everything but ETOH problems.(0)
Death.(0)
Depressions, low frustration tolerance,etc.(00)
Most of my patients are 'women alcoholics' the men seem to be covering up well enough to hang on to their jobs.(0)
Difficult to identify.(6)
In most, it has been virtually asymptomatic.(7)
Medical complications.(0000)
Malnutrition. (0)
Other physical abuses, poor physical health.(00)
Continual reinforcement by friends & family.(0)
It is very difficult to separate the symptoms or conditions that may have led to alcoholism from some of its effects on a person who is addicted to it.(9999)
Weight loss, loss of appetite.(0)
Declining personal function.(0)
Impairment of intellectual potential.(0)
Tuberculosis.(0)
Recidivism.(0)
Physical & mental deterioration.(0)
Primarily the deterioration of other underlying diseases due to lack of adherence to prescribed therapy.(0)
I see only hospitalized patients.(3)
Medical complications.(0)
Appetite & weight loss.(extra)
Physical deterioration.(0)

V60 R47 Helpful Treatment (QB11. Which of the following forms of treatment have you found helpful for persons with a serious drinking problem?) MD=00,99
Responses=5

Percentages						
	Specialty			PD Patients		
TS	I	P	GP	1-15	16+	
43	31	55	70	46	41	01. Deterrent drugs
50	41	71	30	46	53	02. Anti-anxiety drugs
31	20	55	10	28	33	03. Anti-depressant drugs
1	0	0	10	3	0	04. Placebo therapy
51	45	65	40	51	51	05. Individual psychotherapy
34	29	48	20	31	35	06. Group psychotherapy
38	51	26	10	41	35	07. Informal counseling of patient & spouse
72	73	74	60	74	69	08. Referral to Alcoholics Anonymous
24	29	16	30	26	22	09. Referral to an appropriate social service agency
8	10	6	0	5	10	10. Other codable response Hospitalization. Conjoint therapy with spouse. Conditioned reflex method. Referral to Battle Creek VA Hospital. Dietary therapy. Conjoint therapy. Confrontation-group therapy approach.
*13	*8	*2	*2	*5	*7	99. NA
						00. Inap.,R has had no PD patients in the past yr. (coded 000 in V40); or R has treated no patients for a drinking problem (coded 01 or 04 or 05 in V47)

V60 (cont'd).

*Additional Comments
Deterrent drugs-none used. Group psychotherapy-no experience.(00)
My few patients have refused Antabuse, but I suspect it would be quite helpful.(020508)
Only initially.(02)
Have had very little follow-up so unsure if any techniques work-usually refer to AA.(08)
Combination of treatment is usually always necessary.(01,02,03,05,07)
Private social agencies-e.g. church operated havens, etc.(extra)
These are not patients I have followed for their alcoholism but for cardiac problems.(01,02,06,09)
My definition of problem drinking is different than is yours, in that the patients I see present the abnormality of hyperlipidemia &/or atherosclerosis & are usually motivated to change dietary (& alcohol) intake to correct the hyperlipidemia.(07,08,10)

V61 R48 Most Helpful Treatment (double-checked response in V60) MD=00,99

Percentages					
Specialty				PD Patients	
TS	I	P	GP	1-15	16+
13	3	23	33	16	12
5	3	9	0	8	3
0	0	0	0	0	0
0	0	0	0	0	0
7	6	9	0	4	9
10	6	18	0	8	9
10	19	0	0	8	12
47	56	36	33	48	47
5	3	0	33	8	3
3	3	5	0	0	6
*58	*40	*11	*6	*28	*29

01. Deterrent drugs
02. Anti-anxiety drugs
03. Anti-depressant drugs
04. Placebo therapy
05. Individual psychotherapy
06. Group psychotherapy
07. Informal counseling of patient & spouse
08. Referral to Alcoholics Anonymous
09. Referral to an appropriate social service agency
10. Other codable response:
1,2,3 & 6 in conjunction.
Confrontation-group therapy approach.
99. NA
00. Inap.,R has had no PD patients in the past yr. (coded 000 in V40), or R has treated no patients for a drinking problem (coded 01 or 04 or 05 in V47)

V62 R49 Hospitalization Need (QB12. For approximately how many of your problem drinking patients in the past 2 years have you felt that hospitalization was desirable for treatment?) MD=99

Percentiles						
	Specialty				PD Patients	
	TS	I	P	GP	1-15	16+
10.	0	0	0	0	0	0
30.	0	0	2	1	0	0
50.	2	0	4	7	0	7
70.	6	3	10	10	2	20
90.	40	43	57	75	8	96

ACTUAL NUMBER CODED

96. 96-100
97. Over 100
98. DK
99. NA
00. None; or inap., R has had no PD patients in the past year (coded 000 in V40); or has treated no patients for a drinking problem (coded 01 or 04 or 05 in V47)

*Additional Comments
Can't answer-all patients were hospitalized.(99)
I work on inpatient staff only.(60)
Institutionalization.(97)
For drinking only-many for complications.(00)
Dictated by type of practice(VA hospital).(96)

V63 R49A P.D.'s Need Hosp.-7 (R49 Collapsed) MD=8,9

Percentages				PD Patients	
	Specialty				
TS	I	P	GP	1-15	16+
32	44	14	18	37	27
31	24	46	27	48	16
11	7	14	27	8	14
10	10	11	9	4	16
6	7	4	9	2	10
2	2	4	0	0	4
4	5	0	9	0	8
3	2	7	0	0	6
*19	*13	*5	*1	*5	*11

0. None
1. 1-5
2. 6-10
3. 11-24
4. 25-54
5. 55-84
6. 85-100
7. Over 100
9. DK, NA
8. Inap., R has had no PD patients in the past yr. (coded 000 in V40), or R has treated no patients for a drinking problem (coded 01 or 04 or 05 in V47)

V64 R50 No.Pts. in Hosp. (QB12a. Approximately how many of these patients were actually hospitalized?)

Percentiles					PD Patients	
	Specialty					
	TS	I	P	GP	1-15	16+
10.	0	0	0	0	0	0
30.	0	0	1	2	0	0
50.	1	0	3	3	0	2
70.	4	2	5	4	2	10
90.	35	28	62	29	5	81

ACTUAL NUMBER CODED MD=99

96. 96-100
97. Over 100
98. DK
99. NA
00. None; or inap., R has had no PD patients in the past year (coded 000 in V40), or R has had no PD patients who needed hospitalization (coded 0 in V63) or R has treated no patients for a drinking problem (coded 01,04, or 05 in V47)

V65 R50A PD's in Hosp.-7 (R50 Collapsed) MD=8,9

Percentages				PD Patients	
	Specialty				
TS	I	P	GP	1-15	16+
37	50	21	9	43	31
41	26	54	82	51	31
5	7	4	0	0	10
5	5	7	0	4	6
5	5	4	9	2	8
2	2	4	0	0	4
3	5	0	0	0	6
2	0	7	0	0	4
*20	*14	*5	1	*6	*11

0. None
1. 1-5
2. 6-10
3. 11-24
4. 25-54
5. 55-84
6. 85-100
7. Over 100
9. DK, NA
8. Inap., R has had no PD patients in the past year (coded 000 in V40), or R has treated no patients for a drinking problem (coded 01 or 04 or 05 in V47)

V66 R49B Service/Need Ratio (R50/R49) MD=8,9

Percentages				PD Patients	
	Specialty				
TS	I	P	GP	1-15	16+
9	12	9	0	10	8
1	3	0	0	0	3
5	3	0	22	0	8
8	3	4	33	10	6
17	12	17	22	17	17
9	12	4	11	3	14
0	0	0	0	0	0
51	55	65	11	60	44
*20	*13	*6	1	*5	*12

0. 0.000-0.000
1. 0.001-0.105
2. 0.105-0.245
3. 0.245-0.445
4. 0.445-0.645
5. 0.645-0.845
6. 0.845-0.999
7. 1.000-4.000
8. Inap., R has had no patients in the past year (coded 000 in V40), or R has treated no patients for a drinking problem (coded 01, 04, or 05 in V47); or R has had no PD patients who needed hospitalization (coded 0 in V63)
9. NA

Percentages

Specialty				PD Patients	
TS	I	P	GP	1-15	16+
33	46	14	18	37	29
3	2	4	9	0	6
3	0	7	9	0	6
11	9	11	27	8	14
19	14	32	9	23	16
5	5	0	18	4	6
4	7	0	0	6	2
21	19	32	9	21	22
*19	*13	*5	*1	*5	*11

V67 R49C % PD's Need Hosp.-7 (R49 divided by 2X R31 & collapsed) MD=8,9

0. None
1. 0.5-2.5%
2. 3-4.5%
3. 5-9.5%
4. 10-24.5%
5. 25%
6. 26-37.5%
7. 38-100%
8. Inap., R has had no PD patients in the past year (coded 000 in V40), or R has treated no patients for a drinking problem (coded 01, 04, or 05 in V47)
9. NA

Percentages

Specialty				PD Patients	
TS	I	P	GP	1-15	16+
38	52	21	9	43	33
8	3	7	36	0	16
5	3	4	18	0	10
13	9	14	27	15	11
15	12	29	0	21	10
5	5	4	9	9	2
2	3	0	0	0	4
13	12	21	0	13	14
*20	*14	*5	*1	*6	*11

V68 R50C % PD's in Hosp.-7 (R50 divided by 2X R31 & collapsed) MD=8,9

0. None
1. 0.5-2.5%
2. 3-4.5%
3. 5-9.5%
4. 10-24.5%
5. 25%
6. 26-37.5%
7. 38-100%
8. Inap., R has had no PD patients in the past year (coded 000 in V40), or R has treated no patients for a drinking problem (coded 01, 04, or 05 in V47)
9. NA

Percentiles

	Specialty			PD Patients	
	TS	I	P GP	1-15	16+
10.	7	7	7 -	10	7
30.	12	10	14 -	14	10
50.	17	13	21 -	14	13
70.	22	14	30 -	15	14
90.	37	15	58 -	36	31

V69 R51 Days in Hospital (QB12b. What was the average length of hospitalization?) MD=00,99

ACTUAL NUMBER CODED (IN DAYS)

96. 96-100
97. Over 100
98. DK
99. NA
00. Inap., R has had no PD patients in the past yr. (coded 000 in V40), or R has treated no patients for a drinking problem (coded 01, 04, or 05 in V47)

*Additional Comments
Many walk out.(14)
Referred. Unknown. (98)
No data available.(99)
Two with cirrhosis (one had perforated infected diverticular abscess-stayed 25 days other 10 days. One with thorazine jaundice on Rx-stayed 8 days.(15)

Percentages

Specialty				PD Patients	
TS	I	P	GP	1-15	16+
18	25	13	0	5	20
2	0	0	18	2	2
2	4	0	0	2	2
4	2	6	9	5	4
20	21	25	0	27	15
3	0	9	0	2	4
6	6	6	9	2	10

V70 R52 Alc.Hosp.Affiliation (QB13. Are you affilated with a hospital which admits patients on a primary diagnosis of alcoholism or problem drinking? IF YES, Which hospital(s)?) Responses=2 MD=0,9

1. VA Hospital of Ann Arbor
2. Beyer Memorial Hospital (Ypsilanti)
3. St. Joseph Mercy Hospital (Ann Arbor)
4. Mercywood Hospital (Ann Arbor)
5. University Hospital, University of Michigan
6. Ypsilanti State Hospital
7. Other codable response:
   Saline community.
   Anapolis Hospital, Wayne, Michigan.
   Jackson Osteopathic Hospital, Addison Community Hospital.
   Wayne County General Hospital.
   Center for Forensic Psychiatry; only by criminal court order.

V70 (cont'd)

Percentages					
	Specialty			PD Patients	
TS	I	P	GP	1-15	16+
54	59	41	64	56	52
*10	*8	*1	*1	*5	*4

8. No, not affiliated with such a hospital.
9. NA
0. Inap., R has had no PD patients in the past year (coded 000 in V40) or R has treated no patients for a drinking problem (coded 01, 04, or 05 in V47); no second response

*Additional Comments

Wayne County Jail. (0)
But rarely!
Can be hospitalized if physically ill at St. Joseph Mercy. (8)
Was consultant to Brighton Hospital. (8)

V71 R53 Alc.Treatment Needs (QB14. What kinds of additional facilities in Washtenaw County do you feel are needed for treatment of persons with a serious drinking problem?) MD=99 Responses=2

Percentages					
	Specialty			PD Patients	
TS	I	P	GP	1-15	16+
28	24	34	27	27	27
9	10	6	18	7	12
17	18	16	9	13	17
5	4	9	0	3	6
5	2	3	27	7	4
3	2	6	0	5	2
3	0	9	0	5	2
1	0	3	0	0	2
7	8	9	0	7	6
5	6	3	9	0	10
11	12	9	9	10	12
2	2	3	0	3	2
5	8	3	0	5	6
16	14	16	27	15	17

00. None, existing facilities are adequate
01. Alcoholism ward in general hospital, admission of alcoholics to general hospital, more beds made available to alcoholics 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. Half-way 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:
    State Hospital use.
    Good public relations especially with spouse, husband or wife as to cause of alcoholism.
    MD's should best handle it rather than rehabilitation in institutions which have failed to solve the problem in most instances.
    Until we have something better to offer all drinking drivers, persons not holding jobs & on relief due to alcoholism, persons neglecting children because of it should be forced to take Antabuse (unless contraindicated) and to have the regular tests to make sure they are taking it.
    Adequate law enforcement to ensure that drinking drivers are apprehended, their license suspended and that they do not drive for the period of the suspension.
    For individual psycho-therapy of low income patients including incomes well above indigent levels.

V71 (cont'd)

88. Other codable response (cont'd):

Facility with social readjustment and N.P. functions.

None. Unless our society is willing to combat the causes of alcoholism. Then there is no point in trying to alter the taste of the wine from society's fruit.

Encouraging the public-the physicians and all social agencies of the availability and effectiveness of programs and treatments available.

Greater use of Antabuse.

Case finding!

24 hour O.P.D. (Drug Abuse).

The V.A. here should be encouraged to set up a program for alcoholic veterans.

House-call social service case workers.

I would prefer a unit for Washtenaw County affiliated with the Brighton Program for inpatient services.

Resources which provide a family-centered approach to alcoholic excess.

98. DK

99. NA

00. Inap., R has had no PD patients in the past year (coded 000 in V40) or R has treated no patients for a drinking problem (coded 01, 04, or 05 in V47); no second response

*Additional Comments

Expand WCCA. (extra)

Individual psychotherapy plus overall supportive services. (extra)

Soical service agencies programs. Information must be better distributed. (extra)

Reinforcement by family counseling, use of drugs as necessary, etc. (extra)

...strong working relationship with AA strictly for the treatment of alcohol abuse. (03)

Group meetings without hospitalization. (10)

...with contact made while patient is hospitalized. (01)

I have not considered the problem. (98)

Percentages

Specialty				PD Patients	
TS	I	P	GP	1-15	16+
11	16	6	0	13	10
*24	*22	*1	*1	*12	*9

V72 R31D PD Patients Yr.-3 (V40 Collapsed)

TS Freqs.	TS%	Specialty I%	P%	GP%
*51	27	21	42	14
*66	35	35	35	36
*70	37	44	23	50

0. Physicians who had seen no patients in the past year (3 cases) or who had no problem drinking patients in the past year (including no answer)

1. Physicians who had seen 1-15 problem drinking patients in the past year

2. Physicians who had seen 16 or more problem drinking patients in the past year