The advisability of placing health warning labels on alcoholic beverages has become a big topic on Capitol Hill and within the Carter Administration. The Senate recently held hearings focusing on a bill introduced by Senator Bellman to grant the Department of Health, Education, and Welfare (HEW) clear-cut authority to require that warning labels be placed on alcoholic beverages.

Testimony at the hearings encompassed a broad range of issues related to labeling: Does the government have the responsibility to protect the public by requiring that manufacturers and sellers of health-threatening products inform consumers of possible hazards? Should

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general health warning labels be required on such products? Should labels specifically directed to pregnant women be used? Or should labels that list the ingredients used in a product be required? Questions were also raised about the effectiveness of warning labels as opposed to other forms of health education, as was the issue of whether the authority for labeling should reside within the Food and Drug Administration (FDA), which has overall authority concerning food, drugs, and cosmetics, or the Department of the Treasury. (In 1976, the Federal District Court for western Kentucky ruled that the Department of the Treasury had exclusive authority to label alcoholic beverages.)

Both the FDA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) favor the use of labeling in conjunction with public education. Although the liquor industry has launched a year-long public education campaign in cooperation with the Treasury Department in an attempt to focus on pregnant women and prevent fetal alcohol syndrome, an evaluation will be made at the end of the campaign to determine whether the need for warning labels still exists. Thus far, there has been no evidence that the labeling of tobacco and saccharin has resulted in the reduced consumption of these substances. Nevertheless, nothing indicates that labeling has not prevented some people from using them.

HEW INITIATIVES

HEW has announced department-wide initiatives relating to alcohol abuse and alcoholism for fiscal year 1980. Special notifications announcing the initiatives were mailed to over 4,000 programs. NIAAA will be the focal
point for many of the efforts to be undertaken, which will include an expansion of research, treatment, and prevention services directed toward young people and women and the problems of fetal alcohol syndrome, domestic violence, and occupational alcoholism. (The President's budget for NIAAA includes a proposed increase of $22.5 million to fund these services.) In addition, the institute is interested in continuing to receive proposals for grants relating to other high priority areas, such as demonstration prevention projects and treatment services for American Indians and Alaskan natives, other minorities, the elderly, and families of alcohol abusers and alcoholics.

Dr. Dale Masi, associate professor of social work at Boston College, has been selected as director of HEW's Office of Employee Counseling Services, which was created as part of the department's initiatives on alcohol. On loan from Boston College, Dr. Masi is to develop a counseling program at HEW that will serve as a model for other federal departments.

In relation to the recently announced initiatives, HEW urged the federal Office of Personnel Management and the Office of Management and Budget to join in working toward the inclusion of broader insurance coverage for the treatment of alcoholism in health plans for federal workers. Specialized alcoholism treatment facilities are generally excluded from receiving insurance payments under these plans, even though they serve as a major cost-effective resource throughout the United States in regard to inpatient and intermediate care.

In addition, HEW's Health Care Financing Administration was directed to review its policies concerning the coverage of alcoholism services under
Medicare and Medicaid and to devote $1 million to demonstration projects to provide alcoholism services in new, less expensive, and more effective ways. Medicare and Medicaid regulations will also be reviewed in an attempt to cover such services on a broader basis than before.

LEGAL DRINKING AGE

The increasing number of traffic accidents involving teenagers who have been drinking alcoholic beverages and driving has caused states such as Minnesota, Iowa, Montana, Tennessee, Massachusetts, Maine, and New Hampshire to raise their legal drinking age to 19 or 20. An increase in the legal drinking age is also being considered in states such as Connecticut, Maryland, Rhode Island, and New Jersey.

Michigan, the first state to return its legal drinking age to 21, reports that alcohol-related traffic accidents among drivers aged 18 to 20 years old dropped 24.6 percent in the first three months of 1979, as compared with figures for the preceding year. During the same period, alcohol-related traffic accidents involving drivers of all ages increased by 13.9 percent.

The question arises of how the incidence of highway accidents would be affected in states who raised their legal drinking ages when neighboring states did not. Even if many states raise the legal drinking age within their own borders, there is no guarantee that teenagers will stay within their own state. Many of us can recall weekends when we were teenagers and drove to a state where we could drink legally—and then drove long distances to get home. Raising the drinking age
without limiting the availability of alcohol, putting more police on the road, and providing alcohol education classes for drivers and public education about alcohol may not be the answer.

**INTERNATIONAL RESOLUTION**

The Thirty-Second World Health Assembly of the World Health Organization held in May of this year adopted a resolution titled “Development of the WHO Programme on Alcohol-Related Problems.” The resolution identifies alcohol-related problems and the excessive consumption of alcohol as being among the world’s major public health problems and urges member states to pay greater attention to them. Member states are also encouraged to reduce the consumption of alcohol among all people but especially among pregnant women and the young; to develop intensive programs of prevention that include public education and legislation; to provide prevention, treatment, and rehabilitation services and the necessary personnel to deliver these services; to collect reliable statistical information; and to study behavioral and sociological factors contributing to alcohol abuse. This resolution should stimulate concern and direct increased attention among nations toward dealing more effectively with alcohol-related problems.

**SURGEON GENERAL’S ADVISORY**

U.S. Surgeon General Julius Richmond has issued an advisory to physicians and health professionals about paying greater attention to the possible dangers of prescribing certain drugs to people who use alcohol. Al-
Alcohol used in combination with other drugs accounts for approximately 20 percent of the total number of drug-related accidents and suicides each year. The advisory urges physicians and health professionals to document and scrutinize routinely patients' histories and patterns of alcohol consumption, to be alert to the possible interaction of other drugs with alcohol, to pay careful attention to inserts in drug packages that describe drug-alcohol interactions, to limit as much as possible the quantity of prescribed drugs to be dispensed, and, when deciding on and evaluating a course of treatment, to consider the likelihood of the patient's following orders and refraining from using alcohol while taking medication.

It should also be noted that the use of alcohol in combination with prescription drugs is a major issue in the treatment of women. Drug advertisements in leading medical journals have been criticized for their depiction of women as likely candidates for treatment with mood-altering drugs. This has led many physicians to prescribe drugs more frequently to women than to men. In addition, women use the services of physicians more often than men do. Physicians who have not been trained to diagnose alcoholism among their patients will often prescribe drugs to alleviate complaints that are actually symptoms of alcoholism. The result is that women become victims of addiction to both alcohol and prescription drugs. When treating patients, one must be very alert to the great possibility of dual addiction among alcoholics, especially women.