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The Evolution of Alcohol and Drug Studies: An Interview with Gail Gleason Milgram, Ed.D. Professor Emerita Center of Alcohol Studies Rutgers University

William L. White

Introduction

Certain people and certain institutions can become inseparable in one's mind, and such is the case with Dr. Gail Milgram and the Rutgers Summer School of Alcohol and Drug Studies. This distinguished institution holds an honored place within the history of modern addiction treatment and recovery. (Imagine a time when you could attend training and rub elbows with the likes of Norman Jolliffe, E.M. Jellinek, Seldon Bacon, Dwight Anderson, Bill Wilson, Marty Mann, and other early pioneers of modern addiction treatment and recovery in the US.) Since its transition from Yale to Rutgers, Gail Milgram has been an institution herself as she oversaw the evolution of the Summer School in tandem with the progressive professionalization of the field. It was a great honor for me to have been invited to lecture at the Summer School, and I shall always remember Gail's gracious hospitality and the stirring conversations we had during my visits there. Gail recently retired from Rutgers Center of Alcohol Studies after more than 40 years of service. I recently asked her to reflect on her career, on the work she loved so much, and on the history and future of the field. Please join me in this engaging conversation.

Coming to Rutgers

Bill White: There is a story behind how each of us came to the central work of our lives. What is the story of how you came to Rutgers?

Dr. Milgram: My first encounter with the Center folks was soon after they moved into the Center's building, which still houses the Center, on the

Busch Campus in Piscataway. When they (Mark Keller, Selden Bacon, Leon Greenberg, and John Anthony Carpenter) first came from Yale, they were located in a house in New Brunswick while the Center's building was being constructed. I was working on my doctorate at the Rutgers Graduate School of Education at the time and was looking for a thesis topic to submit to my Committee. Though they agreed that I could work on my first choice topic (adolescent sexuality and how it was dealt with in the educational system and by parents), the consensus was that no one would agree to discuss this topic with me, which meant that either I wouldn't finish or in a few years, I'd decide to change my topic. As you can see, my Committee members were very astute and handled the situation in a wonderful way; I think that if they had said "no," I would probably have dug in for a few years.

Of course, I decided that I needed to change my topic, and one of the Committee members suggested that I go over to meet the folks (i.e., Selden Bacon, John Anthony Carpenter, Leon Greenberg, and David Lester) who had come from the Yale Center of Alcohol Studies. It turns out that they had already hired some people (Robert Zucker, Robert Jones, etc.) and were working on a few projects. Bob Zucker was the first Center person I met, and he said that the framework of my original idea for a dissertation might work if I switched to youthful drinking and alcohol education. I wasn't so sure that this would be a good fit, as alcohol hadn't seemed too interesting to me at the time. Bob Zucker was a wonderful person to have as a guide to the alcohol field; he gave me a few books to read and said that I should make an appointment to chat with him after I'd read them. When I came back and we chatted, it was clear that our interests were aligned. I agreed to do my dissertation on alcohol, and he agreed to be on my Dissertation Committee. However, Bob Zucker didn't stay at the Center for too long and moved to the University of Michigan; Bob Jones took his place on my Committee.

My dissertation, "Teenage Drinking Behavior and Alcohol Education in High School Perceived by Selected Reference Groups" was completed and approved, and I graduated from Rutgers University with an Ed.D. in 1969. Our first daughter, Lynn, was born in September that year, and our second daughter, Anne, followed in December 1970. My thought had been to be a stay-at-home mom for a few years and then return to the workforce when the girls were in school. That changed after a trip to the mall with Lynn and Anne. As we were walking around, I bumped into Tim Coffey, who was the Managing Editor of the *Journal of Studies on Alcohol* at the time. Tim said that the Center had just received a grant and wondered if I'd like to work on it. I told him that I couldn't work full-time but that I'd

happily consider part-time work if that was possible. He said that I'd have to come in to speak with Selden Bacon to see if we could work it out. I met with Selden, who was fine with my working part-time and was also happy with my idea to collect and annotate alcohol publications that were for the general public, including students.

Bill White: For readers who may not be aware of its historical significance, could you provide a brief summary of the Center's history?

Dr. Milgram: Yale faculty members who shared a common interest in studying alcohol joined the Laboratory of Applied Physiology, which was directed by Yandel Henderson and Howard Haggard. E.M. Jellinek was hired by them to work at the Section of Alcohol Studies, as it was then called. Mark Keller was hired by E.M. Jellinek to review the alcohol literature. Over time, Selden Bacon, Leon Greenberg, John Anthony Carpenter, David Lester, and others joined the Section.

Mark Keller collected all the scientific research reports on alcohol that he could find and wrote an abstract of each of the items. This information was published in the first issues of the *Journal of Studies on Alcohol*, which was edited by Mark. By so doing, one of the four pillars of the present Center (i.e., documentation and publication of the alcohol literature) was underway. Mark wanted to create a system of easy access and use of the literature in the field for researchers. The CAAAL system that he created was actually the prototype of the computer information sort system. That is, Mark had the author, title, and source of the article put on a card along with the abstract. (By the way, the abstracts were so well done that the reader knew a substantial amount of information about an article after reading the abstract.) Mark then created a system that had a hole punched on each card in a certain place to indicate an area that was found in the article. For example, when I first started to look into the area of youthful drinking, I went to the CAAAL system and took out all of the cards on alcohol use. I then took the huge needle that came with the system and put it in the hole representing studies of drinking by the young. All of the studies of youthful drinking fell out of the pile of cards that I was holding and wound up on the table in front of me. I continued sorting all of the cards in the category until I had all of those that were coded for youthful drinking. After that, I went through the cards on youthful drinking to sort out the studies conducted on males and those that studied females. The sorting of the cards could continue by geographic area, timeframe, etc.

The CAAAL system had a variety of major categories, which provided easy access to the literature in the alcohol field. Since Mark had research reports and articles from the late 1880s from around the world, the number of cards was significant. Mark continued to have individuals in the publications department collect and abstract the alcohol literature for years. In fact, the Center sold sets of the CAAAL cards to libraries around the world. Though the CAAAL system no longer exists, the Journal still does and is now called the *Journal of Studies on Alcohol and Drugs*; it publishes scientific articles in the alcohol and drug field. The Center's Library, which was a direct off shoot of Mark's original collection of material in the field, exists today as an excellent resource of books, collections, and publications of material in the field.

Another pillar of the Center established by the faculty of the Section of Alcohol Studies was research. [Note: The Section of Alcohol Studies became the Center of Alcohol Studies in 1950.] Leon Greenberg worked on development of a device that would measure the alcohol in a person's breath. Though he moved with the Center from Yale, Leon didn't stay at Rutgers too long and returned to Connecticut, which was home to him. Leon's alcometer was the precursor of the breathalyzer. David Lester focused on an array of projects; he was looking for a substance to replace Antabuse, and he also developed a strain of rats that would choose alcohol from an assortment of beverages. (As we all know, animals would normally not choose alcohol if there were other beverages available, so this was a major accomplishment. Dave's rats were shared with other researchers who were studying alcoholism.)

Selden Bacon was the policy maker and the Center person who came up with interesting questions. For example, Selden wondered if a drinking experience was a drink before dinner and a second experience was a drink during dinner or if both drinks were part of the same drinking experience. He worked on national committees, wrote extensively, conducted research, and was a leader in the field as well as the Center of Alcohol Studies. Robert Strauss, who was also a Center faculty member at that time, worked with Selden. They co-authored "Drinking in College," which was the first book to focus on college drinking.

Selden was the person who worked on gathering resources to move the Center from Yale to Rutgers. Since the Center moved in 1962, the negotiations had to have been going on for awhile before that. Though I wasn't part of the Center at that time, the story that I was told was that Yale did not want to have a Center focusing on applied research on alcohol at the University and told the faculty that they could stay at Yale and return to their

original departments or move the Center. The decision was made that the Center would look to find a university that was a good match for them. Rutgers University tuned out to be that match, and the Center moved to New Brunswick, NJ, in rented space in 1962. The transition to Rutgers went smoothly, thanks to R. Brinkley (Brink) Smithers, NIMH, Marty Mann, and other supporters, and Selden Bacon became the Center's Director during this process. Thanks should also be given to Rutgers; Mason Gross, the University President at that time, facilitated the Center's move.

Jellinek and others conducted the first School of Alcohol Studies, which was six weeks, in 1943; this established another pillar of the Center (i.e., Education and Training). The School was also directed by Selden Bacon; Raymond McCarthy then became the School's Director, followed by Milton Maxwell, Ronald Lester, and then me.

The fourth pillar, Treatment, began with the Yale Plan Clinics. When the Center left Yale in 1962, the clinics remained in Connecticut. The treatment pillar didn't return to the Center at Rutgers until Peter Nathan, the Center's Director at that time, recruited Barbara McCrady, Ph.D., to join the Center faculty to direct the Clinical Division.

Though E.M. Jellinek was connected to the Center when it was at Yale and actually moved with the Center to Rutgers, he didn't stay at the Center at Rutgers for too long. He left the Center to work in Canada at World Health. J. George Strachen, who was a leader in the field in Canada, gave me the original drawing made by Jellinek (affectionately called Bunky) to show the phases of the disease of alcoholism. This drawing is in the Center's archives at this time.

In addition to incredible faculty members at the Center, there were outstanding graduate students who worked with the faculty. Edith Lyzanski Gomberg began her career as a graduate student at the Center at Yale, working with John Anthony Carpenter. Carrie Randell, who worked with David Lester, was also a graduate student at the Center at Rutgers.

Bill White: What are your early remembrances working at the Center?

Dr. Milgram: The University was wonderful about time schedules back then, and I began working part-time at the Center in 1971. Sometimes I worked 50% time; other times I worked 75% time, then back to 50%, etc. Of course, that was the time that I was in the office; at other times, I worked from home to keep up. Publishers were incredibly helpful and anxious to have their publications listed in a system that would be available to the field and also to the general public. (Since the publications that I looked at were

ones that didn't fit into Mark Keller's CAAAL, my work was complementary to Mark's abstracts of the alcohol research literature.)

From part-time work in the early 1970s to full-time in the mid-1970s, I worked with Mark Keller, the Editor of *The Journal of Studies on Alcohol*, in the Center's Publications Division. The Center published the first two volumes of my work (i.e., *Alcohol Education Materials: An Annotated Bibliography* in 1975 and *Alcohol Education Materials 1973-1978: An Annotated Bibliography* in 1980), and Gerald Globetti, the Editor of the *Journal of Alcohol and Drug Education*, published three extra issues that were devoted to the annotated material: one in 1979, another in 1980, and a third in 1981.

In the mid-1970s, Ron Lester, who was the Director of Education and Training, asked if I'd like to conduct one of the Advanced Schools that he ran every couple of years. I was excited to do this and combined working in Publications with working in Education and Training for some time. When Ron left the Center, I became Acting Director of Education and Training in 1981 and then Director of the Division in 1982.

Bill White: What was it like to enter the field at such a critical period and to enter one of the institutions most central to the history of modern addiction treatment and recovery?

Dr. Milgram: I was introduced to the field by giants. Selden Bacon spent time with me once a week to discuss the field and to hear about my work. Though this was intimidating for a very, very junior faculty member, it was incredibly helpful. Mark Keller would share stories on occasion about people in the field. As I was learning about AA, Mark would tell stories about William Wilson. (He used William Wilson, Director, Alcoholics Anonymous, when he lectured at the first School of Alcohol Studies in 1943 and the second one in 1944. In 1945, he added his middle initial and was listed as William G. Wilson, Director, Alcoholics Anonymous, and in 1946 and 1947, he was W.W., Co-founder, Alcoholics Anonymous; 1947 was the last year that he was listed as a Lecturer in the School's brochure. Isn't this amazing!)

Mark mentioned that Bill W., a few of the faculty, and himself discussed the principle of anonymity during evenings at the School. Mark said that Bill W. first thought that it was OK to list his name when he was teaching in an educational setting but then changed this position and decided that it would never be OK to use his first and last name when he was lecturing. Being a fly on the wall during the early days of the School would

have been wonderful. Bill W. was discussing issues at the School in the early days. Marty Mann was a student in the 1944 School and spent time with the faculty designing and developing the Committee on Alcoholism Education, which evolved into the current NCADD.

The alcohol studies field had great leaders when it was first founded. Bill W., Marty Mann, Geraldine Delaney, etc. were visible icons. E.M. Jellinek, Selden Bacon, Mark Keller, etc. were academics who were also involved in policy making. Of course, there are wonderful people in the field today, but few stand out as the leaders that the early folks were.

Individuals such as R. Brinkley (Brink) Smithers, who were private citizens connected to the field, also did amazing things back then. [Note: Brink attended the School to learn more about alcoholism; while there, he became very interested in the employee assistance field and also in the National Committee on Alcoholism Education that was being run by Marty Mann.] Brink went out of his way to support what he believed in; he was influential in moving the National Committee with Marty Mann as head to New York, strengthening the NCA as it evolved into the NCADD, helping move the Center of Alcohol Studies from Yale to Rutgers, etc.

By the way, my understanding is that Marty Mann worked at the Center at Yale for five years or so until Brink Smithers supported the move into New York. It's incredible to me to think that Marty Mann was the original Center person in the Education Division, as it was then called.

Bill White: When we both entered the field, there were really two fields—an alcohol field and a drug field, and we lived through the contentious debates that integrated those two fields into one. How do you view this integration process as you look back on it?

Dr. Milgram: The debates on whether to combine the alcohol field and the drug field into one were indeed contentious. Individuals on both sides were protecting their field and the way they conducted the various elements (i.e., prevention, education, treatment, etc.). However, after considerable time and much discussion, it became clear that the two fields should become one. Combining the alcohol field and the drug field has had mixed outcomes in my opinion. In many ways, this combination was necessary (e.g., people only wanted to attend Schools and programs that included other drugs). In other ways, this may not have been positive, as society's negative image of drug users committing crimes may have been a factor in raising the stigma of alcoholism. Unfortunately, stigma seems to be more prevalent today than it was in the 1980s/1990s.

Bill White: The field went through another transition in the 1980s and early 1990s with the advent of an aggressive form of managed care that led to altered treatment designs and the closing of many programs. What do you recall of this period?

Dr. Milgram: Unfortunately, lack of evaluation of thriving treatment programs created a sense that they weren't accomplishing much. Though the field knew that treatment worked, it assumed that this message would get out to the public on its own. Also, the range of costs associated with treatment programs in the 1980s led the way for insurance companies to decide to reduce the amount of treatment that they would cover. Managed care seems to have been a significant factor in the reduction of individuals in the field and also those entering the field, which has resulted in fewer individuals attending educational programs. Unfortunately, I also think that aggressive managed care has negatively impacted treatment availability. Though care needs to be managed, this should be done with the goal to positively impact the patients and not the insurance company's bottom line.

The Evolving State of Addiction Studies

Bill White: Let me take you back to the Rutgers story. What are your most striking remembrances of the School over these past decades of your involvement?

Dr. Milgram: The growth of the field, as it is reflected in the School of Alcohol Studies, is important to consider. As I mentioned, Bill W. was an instructor at the School (1942, 1943, 1945, and 1946), and Marty Mann was a student at the 1944 School and founded the National Committee on Alcoholism Education with faculty members at the School. Rev. David A. Works was a student in the 1951 School. After attending the School, he organized the North Conway Institute, which conducted a statewide seminar in New Hampshire to educate clergy about alcohol and alcoholism. (In personal conversation with David years ago, he credited his attendance at the School as being the catalyst to his founding the North Conway Institute.) The National Association of Lesbian and Gay Addiction Professionals (NALGAP) was founded at the School in 1979 by Dana Finnegan, Ph.D. and Emily McNally, Ph.D. The School trained the leaders in the field and provided an atmosphere encouraging the formulation of other organizations.

The School of Alcohol Studies was six weeks when it was at Yale and three weeks when it was held at Rutgers in 1963. During the 1970s and early to mid-1980s, the School enrolled about 550 participants. The Education and Training Division also conducted a one week Advanced School and a one week New Jersey School in the summer, totaling five weeks of programming. As time went on, the School became two weeks and then was cut to one week; the School today is one week and enrolls about 200 individuals. At this time, there are no other one-week Institutes that are conducted by the Center of Alcohol Studies. It should be noted that many programs in other states replicated the School so there are now many more education programs around the country.

Bill White: Who are some of the teachers at the school that stand out in your mind?

Dr. Milgram: Though I wasn't part of the School when it was at Yale, the instructors must have been outstanding, as the group included Bill W., Selden Bacon, Mark Keller, Raymond McCarthy, Leon Greenberg, David Lester, Georgio Lolli, Mary Mann, etc.

The School had wonderful teachers during all the years that I was a part of it.

As an instructor at the School in the mid-1970s, it was clear that Dan Anderson and Vernon Johnson had huge followings. Dan brought Gordon Grimm and Damian McElrath to the School. Gordy only taught for a few years, but Damian, who was a born teacher, stayed on for years and was still at the School in the 2000s. Other amazing faculty members over the years include Bruce Carruth, Kathi Bedard, Patricia Burke, Carolyn Hadge, Ray Dreitlein, Jane Nakken, James Emmert, Thomas Griffin, Bill Kane, John Kriger, Bob Lynn, Ed McDonnell, Larissa Pohorecky, Diane Rullo, Mel Sandler, Jack Schibik, Roger Svendsen, Paula Toynton, Mark Wallen, Joni Whelan, and Helene White. Specialized courses have been offered by Calvin Chatlos, Ellen Egan, Edward Flynn, Alan Lyme, Gregory McBride, Bill O'Donnell, Patricia and Fred Reihl, Mita Ray, Megan Sullivan, Richard Talty, Alvin Taylor, and John Wolfe.

Incredible instructors who offered lectures as well as courses were David Anderson, David Hall, Thomas Legere, Craig Nakken, Robert Pandina, David Powell, Riley Regan, Bette Ann Weinstein, and Janet Woititz. Our wonderful lectures at the School provided insight into specific topics for our students; these were offered by Sheila Blume, Mark Gold, Stanley Gitlow, Terry Gorski, Ernie Kurtz, Father Martin, Stephen Kipnis,

Paul Roman, and, of course, Bill White. You gave our students the perspective to understand how the field had developed, where it stood, and what the future might look like.

Bill White: You have witnessed the transition from a small number of addiction studies programs in the United States to hundreds of such programs. How would you characterize the evolution and current state of addiction studies in the United States?

Dr. Milgram: Addiction studies programs have grown astronomically during my days in the field. Many states decided that it would be more beneficial and cost effective to conduct their own program rather than send their people out of state. Though this is true, unfortunately, it reinforces the state's policies and programs and doesn't expand the knowledge of their participants beyond their boundaries to other ways of doing things. Though the one state approach is limiting, it does allow the state to train a larger number of individuals.

The very large number of available programs has been positive, as they've increased the availability of training; however, it's also been negative in that it's decreased the number of participants in each program.

Bill White: How do you perceive the future financial viability of the country's addiction studies programs?

Dr. Milgram: The future financial viability of addictions studies programs is directly related to the total number of available programs and also to the number of individuals in need of training. In addition, this will be affected by the number of undergraduate and graduate programs that are available.

The 2011 School of Alcohol and Drug Studies had a total of 200-plus students enrolled. Unfortunately, it wouldn't be cost effective to conduct a School with less than that number enrolled. To maintain financial viability of programs, the enrollment needs to increase. In order for this to happen, treatment programs and prevention programs need to increase the number of individuals who are employed, which will also increase the number of individuals who need training. Unfortunately, I don't see this happening in the short-term, as the financial state of the field is not as strong as it once was.

Bill White: How have the characteristics of those entering the field changed, if at all, over the course of your career?

Dr. Milgram: Years ago, the majority of people came into the field as part of their own recovery. These individuals hadn't taken specific courses but were creating the field from their experiences. Others were drawn to the emerging field from other professions: their life experiences motivated them to want to be a part of the field. We owe a lot to the early individuals in the field, as they devoted their time and energy to putting the field together. Though these individuals still exist, a much larger number of newcomers in the field have attended training programs in the field and/or have a degree that prepared them to enter the field.

When I was first a part of the School as an instructor in the mid-70s, recovering individuals would discuss the one substance to which they were dependent. Today, participants discuss use and/or dependence on more than one substance. In addition to impacting treatment, this has impacted self-help groups. At the Open AA meeting, which is held as one of the closing activities of the School, speakers often mention other drugs that they used during the time that they drank; however, there is always some type of apology for bringing up the topic of other drugs.

Tension between the recovering community and the professionals in the field was very apparent when I first took over as Director of the School of Alcohol Studies. The recovering community often noted that the professionals (e.g., doctors, psychologists, etc.) they went to had not correctly diagnosed their addiction or missed it completely. The good news is that this has changed remarkably as both the recovering community and the professionals have learned from each other. The Scaife Family Foundation has sponsored scholarships for medical students to attend the School for many years. On the opening night of the School, I always listed special groups that were in attendance. When I mentioned that medical students had given up some of their short vacation to participate in the School, the participants would give them a round of applause.

The medical students take a 24 hour course, designed and instructed by Mark Wallen, M.D., the Medical Director of Livengrin, Bensalem, PA, and they also take a 12 hour course of their choosing at the School. At the end of the School, each medical student writes a letter about his/her experience. In addition to saying that they learned a lot about addiction (i.e., symptoms, characteristics, impact on the individual and his/her family, types of treatment, etc.), they all state that the day trip to Livengrin with Dr. Wallen was incredibly important, as it gave them the opportunity to visit a treatment facility and to speak with counselors and patients. Unfortunately, the medical students often note that they had very little education on alcohol

and drug dependence and treatment options before participating in the School. The field's leaders need to continue to advocate for medical schools to provide more courses in alcohol/drugs for our future physicians.

It's also important to comment that graduate programs that train professionals are incorporating courses on addiction into their curricula. Students in education, law, psychology, social work, etc. need courses in addiction, alcohol/drug issues, and problems they will deal with in their respective professions.

During the late 1970s and early 1980s, there was a feeling of being united for a cause, which created an environment of helpfulness in the field; unfortunately, this isn't as strong as it was. The decrease seems to be related to the fact that agencies/departments now need to compete for limited resources, as the amount of federal and state dollars that come into the field for research, prevention, and treatment have been reduced over time due to the economy. In addition, most health insurance plans provide fewer days in treatment than the 28 days covered by many insurers in the early 1980s. This has reduced the number of treatment facilities, which in turn has reduced the number of people in the field.

Bill White: You have been in a unique position to witness the professionalization of the field of addiction counseling. What are your perspectives on the process of counselor certification and licensure?

Dr. Milgram: Though professionalism in the field has grown and continues to grow, the issue of certification of alcohol/drug counselors in the US has been a thorny one. There are no national standards and the two major agencies (NAADAC and the IC&RC) seem to be competing against each other. To make matters worse, the standards for the IC&RC vary from state to state and from member organization to member organization; that is, the number of required classroom hours vary, the categories in which classroom hours are mandated differ, etc. For the field and reciprocity of credentials, IC&RC divisions should use the same systems. In truth, I would like to see the IC&RC and NAADAC unite to form one national system.

Though I support certification and licensure, I worry that there doesn't seem to be a place for the individuals who are coming into the field because of their life experiences. To receive certification, 270 classroom hours must be taken and 4,000 supervised practical hours must be logged by the individual. In order to receive these hours, a person may be fortunate enough to get an introductory job in a treatment facility. However, in many cases, people can't get employed in a treatment facility without being

certified. It's important that the field find ways to help these individuals become certified, as they are important to the treatment process.

Bill White: Addiction studies programs, including Rutgers, have relied on long-tenured leaders to convey their knowledge to new generations of workers. We are presently experiencing the mass aging out and exodus of such leaders from the field. What are your thoughts on how well we are handling the transitions in the field's leadership?

Dr. Milgram: As you correctly state, addiction studies programs, including Rutgers, have relied on long-tenured leaders in the field. Presently, our faculty is aging out of the field, so the short answer to your question is that we aren't handling the transition of the field's leadership well at all. Though there are talented young professionals who are entering the field, it will take some years for them to fill the shoes of those who are retiring out of the field. Unfortunately, we haven't been providing enough slots in our programs to give the new/younger professionals a chance to try out lecturers/seminars. Programs haven't been adding additional training venues because the enrollment has been decreasing.

The model of residential training programs provides a wonderful chance for individuals to delve into subjects in a manner not possible in a few hours or a one-day program. The residential model also affords the individual the opportunity to get to know individuals in the field from other geographic areas. Individuals who commit to teach a course at one of the programs (i.e., one week or one day) need to set aside the time in their schedule. If the course doesn't enroll and has to be cancelled, the instructor is left with open time in his/her schedule, which is often difficult for the person to fill.

Bill White: You have served on the editorial boards of several of the field's scientific journals, including the *Journal of Studies on Alcohol and Drugs*, *Alcoholism Treatment Quarterly*, and the *Journal of Chemical Dependency Treatment*. Has the quality of scholarship in the field changed over the course of your career?

Dr. Milgram: The number and quality of research studies in the alcohol/drug field has increased substantially during my time in the field. For many years, the *Journal of Studies on Alcohol*, now the *Journal of Studies on Alcohol and Drugs*, was one of the only peer reviewed journals

that accepted articles on alcohol; today many journals focus on articles on alcohol/drugs.

I've had the privilege of referring articles for *JSAD*, *Alcoholism Treatment Quarterly*, the *Journal of Chemical Dependency Treatment*, and years ago, I read over articles for *The Counselor*. The fact that many more articles are submitted to these and other journals than are accepted at this time indicates that the number and quality of articles has increased. Unfortunately, subscriptions to many excellent journals have decreased due to the economic downturn. This has made it difficult for journals to support the many professionals and staff needed to process and review the articles that are submitted.

Online abstracts made available by some journals (e.g., *JSAD*) are helpful to the field. Online journals are also having a positive impact, as they are providing additional outlets for the dissemination of research. However, production of online abstracts and journals also requires staff. Hopefully, the field will support the published journals and the online items by subscribing to them.

International Work

Bill White: Your work at the Center has afforded you opportunities to work internationally and to work with people from many countries who have come to Rutgers to help them respond to the alcohol and other drug problems in their respective countries.
What have you learned from these international encounters?

Dr. Milgram: Global issues and programs had a great start in the late 1980s/early 1990s. The first international program conducted by the Center's Education and Training Division was in Israel. It came about through a student, Pnina Eldar, who had taken my course at the School. During class, she kept saying that we had to come to Israel to provide training on alcoholism to her colleagues. A three-day program was designed and conducted in Israel with very positive results. Pnina and her colleagues began providing outpatient treatment throughout the country of Israel. Pnina invited us to return to conduct additional training to coincide with the opening of the first residential treatment center in Israel. The program in Israel was followed by a couple of one-week schools in Denmark, which also came about with the help of students who had attended the School at Rutgers and felt that the School's courses would benefit individuals in Denmark. The education program helped provide counselor training for the

newly opened treatment facilities, which were being run by the School's former students.

In a different approach to our global world, R. Brinkley Smithers provided scholarships for Soviet narcologists to attend the School at Rutgers. One of the Soviet narcologists, who was part of the first exchange that attended the School, returned to Moscow and started a treatment facility. He came back to the School a few years later with colleagues who were counselors who worked in his facility; he had brought them to attend the School that year.

I had the privilege of being part of one of the first delegations from the US to Russia, when the Soviet Union was still in place. It was clear to our delegation (i.e., a representative from AA's General Service Board; Gordon Grimm, a Chaplain from Hazelden; James West, the medical director of the Betty Ford Center, etc.) that the Soviets we met were focused on similar issues and problems. The Soviets were concerned about public intoxication and societal problems related to alcoholism; they were also supporting programs on prevention and had a national program to reduce the number of alcohol outlets and also the number of drinkers. It seemed to me that the Soviets at that time were only comfortable admitting to the same problems that we acknowledged having; they didn't want it to seem as if their problems were greater than ours. When we asked how many alcoholics they had in their country, they said that they'd check and get back to us; they then would ask us the number of alcoholics in the US. The next day, they would tell us that they checked and that they had the same number of alcoholics that we had in the US. I think that the Soviets' pride in their country caused them to not want to appear to have more alcohol problems then we had in the United States.

David Powell, Ph.D., President, International Center for Health Concerns, Inc., developed a program bringing representatives from Russia to the US. During my first visit to the then Soviet Union, a leading narcologist, responsible for many programs in Russia, didn't support the type of treatment programs (e.g., Minnesota model) offered in the US. He was one of the individuals to visit the US as part David's program. As fate or coincidence would have it, this gentleman spent a few days with Father Martin at Ashley. After spending time with Father Martin, he stated that the type of treatment provided at Ashley and self-help groups were important for alcoholics and addicts and also for their families. Clearly, the time spent with Father Martin changed his opinions and inspired him. David also put together a training program in China; he had individuals from many agencies and academic institutions offer courses there. As part of the program in

China, we all went to various local facilities to speak with the individuals who were running the facility as well as the patients. This was a significant learning experience for both sides. At a facility for heroin addicts, we were asked about our methadone maintenance programs; the questions specifically focused on the number of doses of methadone that a person could receive during treatment. The few of us who had gone to this facility stated that an addict received the number of doses that they needed and stayed in the program as long as necessary. We also explained that methadone was given on an outpatient basis. This answer shocked both the folks running the facility and the young addicts there for help. One young woman responded that she could only receive 10 doses during her stay at the facility. The difference in philosophy and program specifics in our countries at that time was very clear. Hearing both approaches to the same problem motivated discussion, which enlightened both positions.

The Center of Alcohol Studies and Hazelden entered into a partnership to offer global training programs. The first program was developed for Denmark; this followed the Center's two programs in that country and was supported by many people who had attended the School at Rutgers and also those who had participated in Center programs conducted in Denmark earlier. Following the program in Denmark, a one-week program was developed for Melbourne, Australia. Unfortunately, misconceptions about US positions on critical issues made this flounder. For example, the US' political rhetoric (i.e., War on Drugs) had the treatment community in Australia thinking that the US was abstinence only and wouldn't consider harm reduction programs (e.g., clean needles, methadone maintenance, reduction of DWI, etc.). The small group that attended the Rutgers-Hazelden School in Melbourne realized that a variety of programs were supported in the US and expressed hope that we'd conduct another program there. This wasn't to be, as the cost factor made this prohibitive.

It's clear to me that the benefits of global education and interaction are significant and that conducting educational programs in other countries produces benefits for all. After we admit to having similar societal problems, we can then discuss the impact on individuals, their families, and their communities. Sharing strategies to deal with these problems is also important.

Bill White: Are there any stories that come to mind that illustrate the value of these international exchanges?

Dr. Milgram: International exchanges are incredibly valuable, as they put us on the same page. That is, by discussing the meaning of terms and how they're used, we become aware of what's actually going on in other countries. This gives us the opportunity to learn from others and provides others the opportunity to learn from us.

During the trip to the Soviet Union that I mentioned, the government under Mikhail Gorbachev was implementing a program to reduce the amount of alcohol that was available. Places of sale of alcohol were not allowed near schools or other places where children would congregate. However, the program was specifically focused on vodka and not other types of alcoholic beverages. The interesting thing about this was the fact that many people in our country discussed alcohol in terms of distilled spirits and didn't include beer and wine at that time.

As part of the program in China, David Powell, Ph.D., organized a dinner for the faculty and the participants. The young physician sitting next to me introduced himself as the director of a detox program. I asked him how long detox was in China and was surprised when he said two years. I told him that detox was usually 5 to 7 days in the US and was then followed by a treatment program of a few weeks in length. As we explored the difference in the timeframe of the detox programs in our respective countries, I realized that he was describing a confinement of two years for individuals who had violated the alcohol and drug laws in his country. Lightbulbs went off in my head that the individual ran a detox program that was part of a jail sentence. This incident illustrates that words have different meanings in other places, making clarification of the meaning of terms being used very important.

Alcohol Problems on Campus

Bill White: One issue that permeates your career is your interest in alcohol problems on our nation's college and university campuses. What are the most effective strategies that have emerged to respond to these problems?

Dr. Milgram: My interest in alcohol use and alcohol problems among the young began with the research that I did for my dissertation. Teaching college students made me realize that though they had some knowledge about alcohol, it wasn't personalized. Students would say that they didn't plan on drinking, it just happened, or they would say that they knew that they were going to have a few drinks at a party but were surprised when they wound up intoxicated. I would ask them to give thought to whether they

wanted to drink before they went to an event and then to stick with their decision when they got there. If they decided that they would consume alcohol, I'd ask them to calculate the Blood Alcohol Concentration that they'd wind up with based on their body weight, number of drinks, and length of the drinking event. Using the Alco-calculator, which was developed by David Lester, they'd figure the BAC. Since that number was usually higher than they thought or were happy with, I'd have them adjust the number of drinks and/or the length of time of the drinking event until they arrived at a level that they were comfortable with.

Robert Pandina and I were invited to be members of the first Rutgers University Alcohol Policy Committee. Though it doesn't seem startling now, the first policy recommendation was at the time. It stated that non-alcoholic beverages and food must be served when alcoholic beverages were served at all functions (i.e., gatherings of administrators, faculty functions, and student parties). Another policy stated that alcoholic beverages would no longer be allowed in the stadium. An employee assistance program and also a student assistance program were written into the policies and were implemented after the policies were approved in 1980. The policies changed the way the Rutgers community thought about alcohol; some practices also changed as a result of the policies. After about 20 years, it was determined that more needed to be done, so a second alcohol policy committee was formed. This second committee added to the existing policies and recommended that the University reallocate funds to pay for activities (e.g., coffee house, late night pool hours, movies, etc.) to compete with alcohol functions. Though we didn't think that these activities would eliminate drinking, the committee felt that by competing with drinking events, consumption could be minimized. In addition, these events would provide places for non-drinkers to gather.

David Anderson from George Mason University and I were both interested in what colleges/universities were doing to deal with alcohol on campus. Funded by The Century Council, we asked colleges/universities to submit programs that they were conducting that they thought were promising. We received an incredible number of programs that we asked our Advisory Panel (i.e., Allan Cohen, Bruce Donovan, Drew Hunter, Alan Marlatt, and Carole Middlebrooks) to review. *Promising Practices: Campus Alcohol Strategies* was published by the George Mason Press; a follow-up study was done and was also published by the George Mason Press. The findings of this work were that 1) college programs at that time in the US were very diverse, 2) though desired, a comprehensive approach was rarely achieved, 3) campus initiatives often didn't articulate their goal, 4) most

programs weren't evaluated, 5) campus efforts were dominated by awareness programs, peer-based programs, and environmental/targeted ones, 6) many programs were blended with health-oriented programs, 7) the message regarding alcohol on campus was often not consistent, and 8) program personnel often had limited time and limited financial support.

David and I, along with our Advisory Panel, then worked on a Task Force Planning Guide, which was designed to help campuses coordinate their efforts. Following publication of the Task Force Planner, we developed an Action Planner: Steps for Developing a Comprehensive Campus Alcohol Abuse Prevention Program, which was published by the George Mason University Press in 2000. (As with all of our Promising Practices work, this project was supported by a grant from The Century Council.) The introduction to the Action Planner states that there is no simple solution to address problems associated with alcohol on campus. It further states that the strategies toward providing solutions are complex. For a university to achieve a comprehensive alcohol abuse prevention program, a commitment is required of the university community for planning, preparation, implementation, and sustenance. The Action Planner lays out an eight step model:

1.) Establish a Task Force.
2.) Determine guiding principles.
3.) Set vision and goals.
4.) Clarify needs and assess resources.
5.) Prioritize action.
6.) Articulate and market.
7.) Coordinate.
8.) Institutionalize.

The above steps will lead to the most effective strategies to deal with alcohol and alcohol problems on campus. The discussion required all the campus stakeholders to consider the actual nature of the problems, which would indicate the activities that needed to be addressed. For example, if tailgating before a football game is the source of many alcohol-related problems, it might be advantageous to limit the amount of time for tailgating. If significant problems for the student body are associated with spring break, a discussion of alternatives might occur; that is, the days could be split into a fall break and a spring break, which might change the type of activities and locations that have become spring break havens. Another example might be the problems associated with community alcohol outlets;

the Task Force and related discussion committees might invite the owners of the establishment to campus to discuss the situation and possible solutions in a partnership fashion. The college/university stakeholders will meet with other community groups to identify other partners; for example, the local hospital is a source of a great deal of information related to events during and after parties on campus, as are the local police. Though many examples have been given, there are a great many more. It's important for a college/university to explore internal and external forces related to drinking on campus and to plan action to produce a safe and healthy living and learning environment.

Concerns about Terminology in the Addictions Field

Bill White: In 2004, you wrote a very interesting article in *Alcoholism Treatment Quarterly* about the prevailing terminology used within the field. Could you share and update your concerns about this issue for our readers?

Dr. Milgram: Mark Keller always talked about the need for terms to be clearly defined so that everyone in a discussion knew what the other participants meant by the terms they used. He and Vera Ephron spent years working on defining terms; they published the *Dictionary of Words about Alcohol*, which was a significant contribution to the field. My concern related to terminology was founded in my discussions with Mark and also in the number of times I consulted the *Dictionary*.

Integrating the need for precise terminology into my own work, I would often begin a lecture asking participants to complete a name tag. Under their name, I would ask them to identify themselves as a "drinker" or a "non-drinker." After a long pause, hands would go up and questions would pour forth: How much do you have to drink to be considered a drinker? If I only have a drink a few times a year, should I list that I'm a drinker? Another question, which caused me to believe that the amount of alcohol in the various beverages was confusing, would often follow: Would I be considered a drinker if I only drink beer? After explaining the amount of alcohol in normal size drinks of the various beverages (e.g., a 12-ounce can of beer), I would help the group understand that approximately the same amount of alcohol is in each of the normal size drinks of beer, wine, and distilled spirits. At this point, I would then state that I hadn't asked if they were a drinker of alcohol, which was assumed by everyone in the room. After indicating that they were correct that I had meant alcoholic beverages,

I would point out that the question to a guest (i.e., What would you like to drink?) about beverages would be interpreted by the guest to mean an alcoholic beverage. I would point this out to help participants realize that our society often doesn't explain terms. That is, when I ask someone if they'd like a drink, I should follow by listing the available options (e.g., soft drink, iced tea, beer, coffee, etc.) so that the person doesn't feel as if the answer could only be a beverage containing alcohol.

This short exercise would then lead to a discussion of statistics on how many individuals in our society consume alcohol. I would then ask the participants to complete more questions, also on their name card, and more confusion would arise when they were asked to write down the age of their first drink. Questions from them would be around what is a drink; that is, is it a sip, a half glass, a whole drink, etc. I would use these questions to help the participants understand that the first consumption of alcohol is often in small amounts, which are given by parents as a taste of what they're consuming. This would set the stage for a discussion of the introduction to alcohol, which is often not even considered as such by the parent population. However, the following question (i.e., what was the first alcoholic beverage consumed and with whom did the consumption occur?) would be answered very matter-of-factly by most in the room. That is, the beverage was the one that their parent or senior family member was consuming and the initial consumption of alcohol for most occurred in the home or in a family setting.

The responses to this short exercise produced the realization that many words in our field aren't understood: drink, drinker, alcoholic beverages, initial consumption to name a few. Following this train of thought, the term "adolescent drinker" is heard as a negative; however, if it is used to describe a young person who is receiving "Holy Communion" in a Catholic ritual, it would be heard as a positive. Underage drinking is thought of as what teenagers do with other teenagers and not what might occur in a family setting. Though underage alcohol use is a problem in one setting, it might be part of a family activity (i.e., religious, social, etc.) in another setting. To have this discussed by parents, we have to help them understand the meaning of the words and the context that changes an activity from a positive to a negative or vice versa, and help parents understand that all of these activities should be discussed by them with their children. Young people need to know what defines an alcohol problem and, therefore, how a person with an alcohol problem can get help. This discussion can't happen if terms are not understood.

Field Politics

Bill White: You have witnessed the fields of prevention and treatment transition from social movements to industries—evolutions marked by intense politics every step of the way. What are your thoughts as you look back on the politics of the field?

Dr. Milgram: For as long as I can remember, there's been a struggle between the alcohol and drug constituencies and mental health groups. The struggles between these three groups can be seen in various national agencies; the fight to see which one is most powerful and receives the most money plays out at the national, state, and local levels. Politics has affected many aspects of our field. On the national front, we've had the War on Drugs for many years. This "War" has always seemed to me to be counterproductive. It has criminalized individuals in ways that made it appear to be a war on users and not a war on drugs. It also created a false sense that illegal street drugs, which were the focus of the War on Drugs, were the entire drug problem. Alcohol, over-the-counter substances, and prescription drugs weren't considered. The field would have been better served by a movement supporting treatment, when necessary, and education, when appropriate.

Incarceration of individuals who use and carry drugs is at astronomical proportions today both nationally and on the state level. Society seems to think that punishment is the way to handle alcoholics and drug addicts. There seems to be a belief that prison will reform/rehabilitate individuals who are dependent on drugs, so more and more individuals are incarcerated. Of course, the belief mentioned may not exist; society might just want to punish these individuals. Politics is behind the rationale in some states (e.g., NJ) that needles cannot be purchased without a prescription. The conservative thinking is that if individuals could purchase needles, young people would do so and use drugs. The fact that the HIV positive rate is high due in large part to addicts sharing needles doesn't change the mindset that one shouldn't be allowed to buy needles. The medical marijuana issue seems to be mired in political rhetoric as well.

Politics has also affected the way agencies and institutions work together. The idea that we're all working for a common cause is sometimes lost in the struggle for power and money.

Bill White: There have also been intense politics within the field itself.

Dr. Milgram: Politics in the alcohol/drug field seems to affect every aspect. Research on certain topics (e.g., Fetal Alcohol Syndrome) or parts of the body (e.g., liver) stops when a new topic/area (e.g., brain) gains momentum. This is not to imply that research on the brain is not important, as it certainly is; however, since Fetal Alcohol Syndrome and Fetal Alcohol Effects still exist, research should be funded in this area as well as in other areas.

Though there needs to be a place for the alcohol industry and professionals in the field to work together on agreed upon projects, it's difficult for those in the field and those in the industry to trust each other. Good work can be accomplished on joint projects, but it takes a major effort. The same situation may be occurring with major pharmaceutical companies and professionals now that the number of people addicted to prescription drugs is increasing.

The alcohol field has always stood out from other professions because of the warmth and caring of the people in it. Unfortunately, there are instances now where people don't agree to disagree; rather than trying to understand the opposing view, they are likely to discount it or misinterpret it. One example of this is related to the original Students Against Drunk Driving (SADD) organization; this is the organization that publicized the Contract for Life that students and their parents signed related to a drinking driver. The Contract had the student agree to call their parents if the driver of the car that they were to ride in had been drinking or if they themselves had been drinking and were supposed to drive. The parents signed that they would pick the young person up and promised that the issue would not be discussed until the next day. As a member of the SADD Board in those days, I would frequently mention this in a lecture as an option for parents to deal with the possibility of their child being involved in drinking and driving. Many times, someone in the audience would angrily state that this type of measure encouraged young people to drink. This always astounded me, as the Contract seemed like a great way to prevent an accident caused by a drinking driver; it also provided the opportunity for the parents and their child to discuss the issue of alcohol and driving and its consequences in a calm and non-emotional manner.

Related to the SADD issue is the fact that communities have been passing laws to curtail underage drinking. Though this is an excellent goal, some of the laws seem draconian, and people in the field have taken sides on whether this is positive or negative. For example, in a lovely suburb in New Jersey, the community passed a law that said that anyone who knew (how this would be ascertained is beyond me) that young people were drinking

inside a house could call the police. The police were given the right to enter the home to check, and if they found underage young people drinking, they could arrest them. Unfortunately, this law was abused by neighbors who didn't get along with the family with teenagers that lived next door. The police actually went in unannounced to confront the family and their young people. Needless to say, the incident caused unhappiness for the family and controversy in the community.

Another suburban school district passed a policy that said that any student who was caught by the police in a situation where drinking was occurring would be removed from school teams, clubs, etc. and that their parents had to personally pay for a number of treatment counseling sessions. The policy only stated that the student was present where drinking was occurring. Even if it said that the student had been drinking, the punishment seems arbitrary. A student who might be at a party and not drinking shouldn't be punished in the same way as a student who might have had a small amount of alcohol. That individual should experience consequences; however these consequences shouldn't be as severe as those given to the student who was intoxicated. Though some of the students might need treatment, others certainly don't; however, they may need education or some type of session to determine how to modify their behavior. The most amazing part of this policy is that the school system put it in place 24-7 all the months of the year. The infraction that resulted in a student not being able to play on a sports team or be a member of the debating club could have occurred after school hours, on a school vacation, etc. This type of policy has also polarized the field. Some support it and would like to see it expanded into other communities, whereas others would like to have it modified to be more helpful and supportive.

It seems to me that though the goal of preventing/eliminating underage drinking is positive, the laws mentioned above overlook the basic tools of prevention: parents discussing alcohol with their children, educational programs in schools, student assistance programs, community programs such as health fairs, etc. Creating a system that's supported by the stakeholders (i.e., parents, school administrators, teachers, police, religious sites in the communities, and also the students) is significant to the process. This concept also fits our college/university system. Key stakeholders need to develop policies for the institution. When David Anderson, Ph.D., and I were working on *Promising Practices*, we continually found that institutions of higher education lacked policies on alcohol and drug use. In fact, we often found that many different programs with opposing philosophical positions (e.g., abstinence, responsible decisions about use, etc.) were being

offered in the same institution. It's imperative that the leaders of our colleges and universities, as well as other educational systems, bring together representatives of many parts of the institutions, including students, and work out the policies that will guide the institution's programs.

In summary, the field needs to promote balanced discussions on the strategies and techniques to be used to achieve a goal. Also, the best strategies to achieve the goal need to be discussed. The field needs to be aware of and safeguard the goal from politics that often change the message and/or the method to reach the goal.

Legacy

Bill White: Gail, you have spent your life helping bring people into this field and nurture their ongoing professional development. What personal guidance would you offer to a person who was thinking about entering this field we have so loved?

Dr. Milgram: I think that what held true when we entered the field is still true today. If helping others is your passion, then a person who's thinking about entering the field should jump in. However, if an individual is looking to make a lot of money or to have a great deal of free time, he/she should probably find another field.

The rewards of being in the alcohol/drug field are enormous. A person in the field will always feel as if his/her time has been well spent; he/she will feel personal gratification in knowing that he/she helped a person, his/her family, their community, and society.

Bill White: When you look back over the course of your career, what do you feel best about?

Dr. Milgram: I feel blessed to have been a part of this amazing field. The participants in the School and the other programs that I've directed have enriched my life, as have my colleagues. My time in the field has been very special; I don't think that I could have asked for a more rewarding career. My life's journey has been a joy, an honor, and a privilege.

Bill White: Dr. Milgram, thank you for this interview, and thank you for all you have done and will continue to do for the field.