



# Utah Alcoholism Foundation

2875 SOUTH MAIN

SALT LAKE CITY, UTAH 84115

PHONE 487-3276

## NEWS LETTER

JULY 1973

Volume 4, Number 7

*"Now, first I give my thanks to You  
For yesterday. You helped me thru.  
You gave what means the most to me  
---Peace of mind and sobriety." \**

And then Clyde Gooderham went to work! Clyde believed that guidance came from Above but action was initiated on earth. The work that he did in the field of alcoholism over a quarter of a century became legal in Utah and acknowledged throughout the nation. Virtually every alcoholism endeavor in the State was initiated or sustained by Clyde. For twenty years, from 1951, he was executive director of the Utah State Board on Alcoholism. The University of Utah School on Alcohol Studies was his inspiration and partly through his efforts it gained its national prominence. He was a former board member and treasurer of the North

CLYDE WILLIAM GOODERHAM  
1907 - 1973



American Association of Alcoholism Programs.

Clyde was a founder of the Utah Alcoholism Foundation and our administrative officer from 1953 to 1970. At the time of his death he was an active consultant. His stamp was hard pressed into our organization and our present position is due largely to his tremendous labors and farsightedness.

Clyde Gooderham was awarded numerous national and local honors for his work in the field of alcoholism, but perhaps the greatest awards are the silent ones made by the literally hundreds of recovered alcoholics in Utah that he personally started on the road to sobriety. In every area of the State the statement is heard -- "I owe my sobriety to Clyde Gooderham

*\*From, "MY QUIET TIME",  
---By Clyde Gooderham---*

*"All I want to do is to  
help the alcoholic."*

Often Charlie Reynard made this statement and then with tenacity seldom seen, he would surge ahead. Once a goal was established, nothing could deter him. He had great feeling and sympathy for the alcoholic -- remarkable in that he was non-alcoholic and an abstainer from alcohol.

Charles Reynard was a retired Lieutenant Colonel, U.S. Air Force. He recently had retired as a caseworker for the Division of Family Services. He was chairman of the Alcoholism Coordinating Services Council of Greater Salt Lake; Board

CHARLES LISLE REYNARD  
1907 - 1973



member and secretary of the House of Hope Alcoholism Council; member of the Board of Trustees of the Utah Alcoholism Foundation.

Charles had the faculty to perceive future problems and begin solutions for them before they occurred. At the time of his death, he had started action on such a situation that ultimately will prove to have literally saved a portion of the alcoholism programming in the Salt Lake area.

Charles Reynard's remark was more than words -- it was deeds in action! He did help the alcoholic!



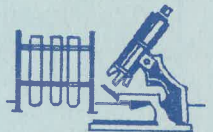
PREVENTION



EDUCATION



TREATMENT



RESEARCH

## THE NEED FOR VARIETY IN TREATMENT PROGRAMS

All too often, a procrustean perspective is found among persons involved in the treatment of substance dependencies. An extreme example is the assumption that only a person who has been alcoholic can understand, relate to, and help other alcoholic persons. Conversely, it is often held that only the person with expertise based on professional credentials is qualified to provide treatment.

Particular treatment modalities are praised as "the only effective way" by their enthusiasts and denigrated by advocates of competing models. Such monopolistic perspectives foster a closed-mind mentality which avoids seeking evidence for the outcome of treatment and neglects to devise even more appropriate criteria for improvement. In its worst form, the procrustean approach leads treatment personnel to try to shut off anyone or anything that does not "fit".

*"Little is known about the relative effectiveness of various treatment methods for different types of problem drinkers. Which factors are associated with 'recovery' and which are associated with 'failure'. According to Plaut and his associates, "Clinics, as well as inpatient and intermediate types of treatment facilities, should utilize many different kinds of treatment relying on assessments of individual needs and avoiding the ideological rigidity that still persists in the treatment of problem drinkers.*

In a recent authoritative report, "ALCOHOL and HEALTH", issued by the National Institute on Alcohol Abuse and Alcoholism, the findings do not indicate any significant change since earlier reports: "Although each technique has its partisans, the critical research has not been done to demonstrate convincingly which approach works best with each specific person."

### FOCUS on ABUSE

Despite the evidence that multiple approaches are needed, serious gaps in treatment exist because of excessive concentration on favored modalities. One of the major program deficiencies is to focus entirely or primarily on the abuse of the substance and to give little or no attention to the other needs of the individual and to his environment.

Problem drinkers, also, have a large array of service needs, are often stigmatized, and sometimes encounter trouble with the law. The HEW report, "ALCOHOL and HEALTH", estimated that about 9 million men and women are alcohol abusers and alcoholic individuals and that only 3 to 5 percent of these are inhabitants of skid rows across the country. This report concluded:

*No battle against a public health problem can gain a significant victory if it attends only to the casualties. Appropriate treatment of persons who are abusing alcohol---the primary condition that may lead to alcoholism---can intercept the development of many cases of alcoholism. Yet much of the work in the field of alcoholism has been focused on treating late-stage victims of the disorder. Programs that are exclusively therapeutic or rehabilitative will not result in long-term*

*conquest of the problem unless ways of preventing new cases of alcoholism are developed.*

The monopolistic perspective in treatment also has another aspect---the frequent lack of services for women. Admittedly, men make up the majority of problem drinkers and of individuals dependent on narcotics, but in the U.S., a large number of women have the same problems. It has been estimated that in the alcoholic population the sex ratio is 5 men to 1 woman.

Many treatment and rehabilitation programs, however, give inadequate or no service to such women who need help, though the stigma against them is often even more severe than for men.

The procrustean approach and monopolistic perspectives in treatment are beginning to give way in the face of alternative models, increased governmental support for innovation, and such developments as the National Council on Alcoholism. However, the spirit of monopoly never really dies. As we gratefully acknowledge every sign of innovativeness and open-mindedness, we must also expect to encounter frequently some new Procrustes---stretching and lopping away in order to fit everything into his iron bed.

\* \* \*

## THE DRINKING DRIVER

The NATIONAL HIGHWAY TRAFFIC Safety Administration reports that driver mistakes cause 87 percent of all highway accidents. This is based on a study made by the Cornell Aeronautical Laboratory.

But drivers who drink make many times more mistakes than drivers who abstain. The study revealed that drivers who had been drinking were cited as being to blame for 91 percent of all the crashes in which they were involved.

The Motor Vehicle Manufacturers Association reports an interesting situation in Michigan:

In that state, highway accident statistics for nine months of 1972 indicate a 120 percent increase in alcohol-related accidents involving 18-20-year-old drivers compared to the same period in 1971.

The figures show that alcohol-related crashes killed 101 youths in this age-group for a 66 percent increase, and 2,659 were injured, a 114 percent increase.

The 18-year-olds may be old enough to vote but how much judgment do they have?

Strange it is that with all the statistics available proving the lethal effects of liquor on the highway, not to mention the tremendous economic loss caused by drinking, our nation still tolerates beverage alcohol.

But then, it may not be so strange after all. Money is deeply involved, and where money controls, even life seems to lose its prime importance.

What is it the scripture said about the 'love of money'?

\* \* \*

No sword bites so fiercely as an evil tongue. Learn to say kind things. Nobody ever resents them.

\* \* \*

CHARACTER IS NEVER BUILT ON A  
NEGLECTED CONSCIENCE.

MARIE AND CLYDE GOODERHAM  
SCHOLARSHIP FUND

The First Annual Session of the University of Utah School on Alcohol Studies was held in June 1951 under the direction of Clyde Gooderham who conceived the idea for the School. His dedication and devotion to the field of alcoholism was a significant force in guiding the School to its present eminence.

The Twentieth Annual Session (1971) was expanded to include Other Drug Dependencies. This session was dedicated to Mr. Gooderham and a special ceremony was held with the announcement of the establishment of the MARIE and CLYDE GOODERHAM SCHOLARSHIP FUND made possible through the generosity of his associates.

The purpose of the Scholarship Fund is to enable deserving students to attend the School through scholarship.

A fitting tribute to Clyde Gooderham's memory would be a contribution to the Fund bearing his name and dedicated to the perpetuation of his life's work.

The following form may be mailed to Post Office Box 2604, Salt Lake City, Utah 84110:

MARIE and CLYDE GOODERHAM  
SCHOLARSHIP TRUST FUND, Inc.

To afford others the opportunity of attending the University of Utah School on Alcoholism and Other Drug Dependencies; and to perpetuate the good works of Clyde W. Gooderham through the Scholarship Program, I pledge: \$\_\_\_\_\_ to be paid in the following manner:

( ) Monthly      ( ) Quarterly      ( ) Annual  
( ) Cash Payment

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Street) \_\_\_\_\_

(City) \_\_\_\_\_

(State) \_\_\_\_\_

UNITED WAY DECLINES HOUSE OF HOPE

An application by the Utah Alcoholism Foundation for membership in the Salt Lake United Way for the House of Hope, a female facility, was recently declined. The Admissions Committee of the United Way expressed a favorable impression of the Agency and acknowledge the need for alcoholism treatment programs. It was the contention of the Committee, however, that the operating deficit of the House of Hope could be offset by the Alcoholic Recovery Center, a male facility.

The Ogden United Fund has again accepted the Ogden Alcoholic Recovery Center as a participating member. For many years they have acknowledged the services rendered to their community by the Center and its needs for assistance. It is hoped that individuals interested in our cause and being in the Ogden Area will substantially support their United Fund.

\* \* \*

DRIVER LICENSE AND A.S.A.P. INTERACT....

Driver License activities seek to insure that Utah Drivers are both safe and competent. Interrelated activities identify problem drivers needing additional help and training to encourage safe driving practices. ASAP and Driver License activities intersect at this point.

Department of Transportation information links alcohol and 50% of all auto fatalities. Further research indicates that nearly two-thirds of the drivers responsible for alcohol related crashes can be identified as problem drinkers when thorough background investigations are conducted.

Problem drinkers create a real hazard on the road, but Utah's Drinking-Driving laws provide an excellent basis for control. Driver License revocation is mandatory upon DWI conviction.

PUBLIC INFORMATION

The Driver License Division has a major role in educating the driving public. All drivers applying for new or renewed licenses must pass written tests.

A supplement to the general Driver License manual has been prepared. The information includes risk of accident involvement after drinking, DWI laws, and Blood Alcohol Levels.

Driver License operations encompass comprehensive methods for control of drivers. They have responded to the Drinking Driver Problem with innovative approaches and are making valuable contributions to driver safety.

\* \* \*

*"It isn't what you eat, but what you digest that makes you strong. It isn't what you earn, it is what you save that makes you rich. And it isn't what you preach, but what you practice that makes you a Christian."*

....FRANCIS BACON...  
16th Century Statesman

## NUTRITION: A STEP TOWARD NEW LIFE

It is common knowledge that alcoholics are generally poor eaters.

At one time it was thought alcoholism might be the direct effect of nutritional deficiencies. It was suggested that a balanced diet of natural conventional food might actually be a cure for alcoholism.

It is not that simple, of course. A proper diet is good medicine for the alcoholic---but nothing more than that.

Part of the problem with alcohol is that it is a food as well as a drug. Like a food, it has a high caloric content and is widely consumed, often in association with a complete meal. Unlike other foods, however, alcohol supplies "empty calories" without the daily minimum requirement of vitamins, minerals, protein and amino acids. One expert has called alcohol the only "nutrient anti-nutrient" because it is a food that causes a very special kind of malnutrition.

Alcohol is an anti-nutrient because it triggers a vicious cycle in the alcoholic that progressively robs him of the basic human desire to supply his body with enough food to stay healthy.

With the intake of high levels of alcohol, there is corresponding rapid rise in the blood sugar level. This sets off the bodily production of more insulin than is needed to digest sugar at a normal rate. The excess of insulin, in turn, causes an abnormally rapid fall in blood sugar level (hypoglycemia) with a return of such symptoms as fatigue, nervousness and sometimes weakness, easy perspiration, apprehension, mental confusion, agitation or depression. To revive himself, the alcoholic drinks more alcohol and the cycle continues until he is intoxicated.

Fortunately, many alcoholics are not continuous drinkers. Although they eat poorly--and perhaps not at all while drinking--they may eat adequately during periods of sobriety. Thus, most alcoholics don't exhibit the symptoms of strict textbook malnutrition.

In the later stages of drinking, gastritis causes discomfort as a person eats. Alcohol has an anesthetic effect on gastritis, "this gives the alcoholic an added reason to drink and not eat. If a lack of money is a factor, drink then becomes more important for relieving discomfort than food."

During recent years, the close relationship between diet and health has become increasingly evident.

Rehabilitation of the alcoholic, of course, does not consist simply of a substitution of food for alcohol.

The nutritional management of alcoholic patients is not considered to be an unusually complicated process. But it is a continual daily challenge to motivate and direct the alcoholic's desires and appetite toward taking nourishing food on a regular basis. That is one important thing a patient can take home with him as the beginning of a new way of life.

\* \* \*

Most of us are just about as happy as we make up our minds to be.

## BELIEVE IN SOMETHING BIGGER THAN YOURSELF....

We all believe in the importance of money, prestige, service, and personal growth, and we all work for these things, but with this difference: The unhappy person usually thinks of these things for others as well as for himself. The happy person believes in and dedicates himself to all those things that are bigger than he is: FAITH, LOVE, BEAUTY, TRUTH, HONOR, LOYALTY. The happy person believes that life is good -- and then sets out to make it so.

Sincere thanks to the  
UNKNOWN AUTHOR....

\* \* \*

On January 1, 1972, drinking became legal in Michigan for 18-year-olds. In the next six months, the state recorded 1,251 accidents involving 18-year-old drivers who had been drinking. The same period in 1971 showed 501.

\* \* \*

## LETTERS TO THE EDITOR:

"Gentlemen: I do enjoy the Newsletter--- much thought and work must go into the preparation and distribution.

I am sorry to be such an ineffectual member. When you raised membership to \$5.00 I was also caught in the spiral of advanced living costs -- I'm 70, live alone, and using only one eye -- because I do not know when I may need to submit to surgery and am concerned about paying my way.

Here's my \$1.00 -- plus a stamp to cover the mailing of my membership.

I wish I had the energy and time to help!  
Good luck in your good work!

...Cedar City....

||||

"Dear Sir: Please DON'T send us your letter anymore. My husband is a good man and lives a clean good life. You don't know what your letter does to a good man. We don't know where you got his name and address, but my husband is no alcoholic!

SO LAY OFF !!

...Brigham City...

||||

"Dear Sirs: I would appreciate being on your mailing list for the Newsletter from the Foundation.

...Idaho Falls, Idaho..

||||

Dear Sir: "We are a newly-formed organization in this area and have just been informed about your Newsletter. We are very much interested in receiving it.

Would you please add us to your mailing list, and let us know what the charge will be. Thank you.

...Anniston, Alabama....

||||

"I still see no service in this and think it's a waste of your money --- and mine."

....Salt Lake City....



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## NEWS LETTER

JUNE 1973

Volume 4, Number 6

### HOUSE OF HOPE

...AID to the WOMAN ALCOHOLIC

June 3rd, 1973, an anniversary of 20 years of operation for the House of Hope, was celebrated with Open House festivities. For the past 20 years the House of Hope, as the small porch sign denotes, has done just that -- offered hope and a new start for the woman alcoholic.

Mrs. Regina Frandsen, the Director of the Center, and her assistants were hostesses to many friends, residents, former residents and their families, and many representatives from the agencies in our area who are involved and interested in combatting the illness of alcoholism. Mrs. Frandsen enjoyed the pleasure of visiting with those who had been in contact with the House through her sixteen years as director, some of whom served on the House of Hope Councils, past and present, who have been instrumental in developing policies and guidelines that have proved successful in aiding those women involved with alcohol and alcohol-related problems.

Since the time the doors were opened, June 1, 1953, the House of Hope has continued to grow and expand its program toward the development of better meeting the needs of the woman alcoholic through counseling, therapy and nutrition.

An average of 60 women enter the treatment center yearly and stay usually for a period of days or more if needed. While in the center, the women learn not only how to overcome their problems through counseling, group therapy and comradeship, but also to start a new life, one where drinking is not the focal point.

\* \* \*

PEOPLE CAN BE DIVIDED INTO THREE GROUPS:

Those who make things happen  
Those who watch things happen, and  
Those who wonder what happened.

...John W. Newbern...

### QUOTING A RECENT LETTER

TO ANN LANDERS.....

Dear Ann Landers:

You've printed lots of letters from kids who are unhappy because their fathers drink. But I don't think that you've ever printed a letter from a teenager whose father stopped drinking.

Here's one.

For as long as I can remember my dad and mom had trouble because he never came home from work when he was supposed to. When he did come home he was plodded. On weekends he'd get completely smashed. About a year ago mom told him to get some help and shape up or she was going to a divorce lawyer. She said it was absolutely his last chance. My life is so different now I can barely believe it.

Dad is home after work every night at 6:15. Our whole family has dinner together. I just found out he is really smart! He can talk intelligently on many subjects. We never knew it because he never made any sense at night and in the morning he was too hung over to talk. I'm not afraid to invite company to the house any more. I used to shudder when my friends came over because I never knew what shape dad would be in. When he was drinking his language wasn't the best.

Last summer we took our first real vacation. We're going to do it again in July. Life is so great when you have something to look forward to!

I wonder if men who drink realize what a difference their boozing makes to their families. Tell them, will you?

SIGNED: A Happy Kid



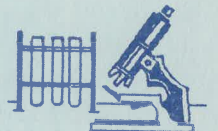
PREVENTION



EDUCATION



TREATMENT



RESEARCH

## HIGHWAY CARNAGE .....EPIDEMIC

It is only recently that we have begun to appreciate how fully alcohol and drugs contribute to the frightening epidemic of highway carnage.

In almost 50% of the road deaths which occurred in one year, alcohol played some part. Spot checks of cars on the road at night led to the disturbing finding that one in 25 automobiles was being driven by an impaired driver.

Despite the millions of dollars and man hours expended on "IF YOU DRINK, DON'T DRIVE" campaigns; despite the introduction of deterrent legislation such as Breathalyzer tests, license suspensions, jail sentences, etc., the slaughter on our streets and highways, at the hands of impaired motorists, continues unabated. We have YET to discover the instruments which would reverse the climbing curve of fatalities.

Indeed, there's reason to believe that the drunk-driving picture may worsen in the future.

The proportion of adults in the general population who drink alcoholic beverages is increasing. So is the amount they consume. Inevitably, this will swell the ranks of the problem drinkers. Thus, in the future, there will be more individuals who will be a potential source of an inordinately large number of impaired driving mishaps.

HAVE ANY OF THE LEGISLATIVE OR ENFORCEMENT PROGRAMS DESIGNED TO CURB IMPAIRED DRIVERS SHOWN PROMISE OF PRODUCING POSITIVE RESULTS?

Trying to subjectively assess how much alcohol a person has consumed can be a chancy game. To be sure, motorists displaying gross symptoms of drunkenness can be detained, but any system still allows some drivers who have been drinking heavily to slip through unscientific screening.

In a modern society where driving a car is an absolute necessity for many people, one would imagine that the threat of having one's license suspended for several months would drastically reduce the occurrence of impaired driving. Obviously, from data gathered, this has not been the case.

One contributing reason may be that a high proportion of "suspended" motorists flout the law and continue to drive. The risk of being caught is relatively low.

It's been suggested that instead of suspending the impaired driver's license, his car and/or the license plates should be impounded for a stated period. But would it be fair? Often, the convicted motorist does not drive his own car. Even if he does, other members of his family may require the vehicle for essential purposes. In such instances, the members of the offender's family are being unduly punished.

"Selective suspension" is a refined version of withdrawing the right to drive from a convicted impaired driver.

Perhaps the main reason why punitive measures have failed to appreciably reduce deaths and injuries due to drunken driving is that a significantly high proportion of road accidents are caused by a minority of motorists who have a drinking problem. They may be alcoholic or near alcoholics.

Numerous enquiries attest to the fact that the problems of impaired driving and alcoholism are, to a large extent, synonymous. The people who are uncontrolled, compulsive drinkers, are the same people who cause alcohol-related vehicular accidents.

The alcoholic is a particular source of danger on the highway not only because he drinks a lot and frequently, but because of his personality characteristics and his behavior after drinking.

The myth that "the drinking driver who becomes involved in an accident is usually much the same as the rest of us in his drinking-driving habits, only unluckier" is refuted by Professor Joseph Little, a University of Florida law professor who has written extensively on legal aspects of alcohol and traffic safety.

To be sure, large numbers of social drinkers take to the highways after over-imbibing, but, they don't do it with any great frequency, and, when they do, they usually drive only a short distance, maybe five or ten miles to get home. Furthermore, if he hasn't consumed a massive quantity of alcohol, he drives with some caution, because "He's aware that he's been drinking and he wants to keep out of trouble."

But the alcoholic is a different breed of driver after he's been drinking.

He's more likely to be a person possessed by strong feelings of self-destructiveness, hostility, and invulnerability---feelings he expresses in his drunken driving.

Without a law requiring problem drinkers to undergo treatment, without trained social workers to work with courts to determine whether a driver has a drinking problem, and without proper clinics to carry out treatment, we are by and large, wasting our time.... Compulsory treatment of problem drinkers and D.W.I. repeaters must be given high priority."

\* \* \*

IT HAS BEEN SO MUCH FUN WE DON'T LIKE TO SEE IT END !!

*Those readers who have participated in the UAF Golf Classic Tournaments know of what we speak.*

The last Tournament will be held at Wasatch State Park in Midway on July 29. SIGN UP NOW -- NO LATER THAN JULY 22 !

*There will be prizes for the winners of that 18 holes, plus, the winners for the 72-hole Tournament will be announced.*

*(Scoring is by Callaway System)*

"I wonder if I could learn to golf as well as the "BOY WONDER", Kevin Ames from Ogden who is the leading low scorer in the Tournament!?!"

*... (Even Newsletter Editors indulge themselves in a little wishful thinking!)*

# INVOLVEMENT

## KEY TO THE COMMUNITY CONTROL OF ALCOHOLISM

Stigma, fear and ignorance prevent people from seeking treatment for alcoholism at time when the potential for recovery is good. The moral and emotional stigma associated with alcoholism causes a denial of the condition to be widespread and a lack of adequate understanding prevents those with alcoholism, and those closely associated with them, from recognizing the early symptoms.

EDUCATION IS THE CRUX OF COMMUNITY ACTION AND ALCOHOLISM PREVENTION, AND SINCE EDUCATION IS THE MAJOR ALCOHOLISM-RELATED NEED OF MOST PEOPLE, NEW EDUCATIONAL MODELS ARE BEING TESTED.

Development of public understanding of the disease process of alcoholism and support for reducing or eliminating the disease is necessary.

We must involve community officials and significant community groups in combatting a major public health hazard -- ALCOHOLISM AND ITS ATTENDANT SOCIAL DISLOCATIONS. Such a community focus is warranted and necessary if the same gains are to be made in reducing the incidence of alcoholism that have been made in reducing communicable disease earlier in this century.

Effective action in reducing alcoholism must be aimed at a community level, in a similar way as preventive measures in communicable diseases have been established. The community tolerates precipitating conditions in an analogous fashion and the effects are similarly felt throughout the entire community.

COMMUNITY ACTION CAN RESULT ONLY THROUGH A HEALTH EDUCATION AND INTERVENTION PROGRAM WHICH WILL LEAD TO AN ALTERATION OF ATTITUDES AND BEHAVIOR BY COMMUNITY MEMBERS.

Another prerequisite is recognized as the ability to treat the environment which tolerates induces, supports or perpetuates alcoholism as a part of treating the alcoholic. It obviously does not make sense to treat the symptoms evidenced by any given individual and then return him to the environment which initially fostered the illness.

Only by removing the underlying causes of alcoholism, and changing the attitudes and social structure which permits these causes to be perpetuated, can the illness be treated directly.

Marty Mann, a noted author and lecturer in the field of alcoholism, has indicated:

*"...and there is education that is so informal as to be amorphous. This last is perhaps the most important, and it is the least recognized. It is the one-to-one or the one-to-a-small group transmittal of information, ideas, opinions, beliefs. It is the major method of changing people's thinking, gaining acceptance of a new idea 'stirring up a storm' against something, or developing a demand for something else. IT IS THE QUICKEST AND BEST WAY OF PREPARING A COMMUNITY FOR ADEQUATE TREATMENT OF ALCOHOLIC."*

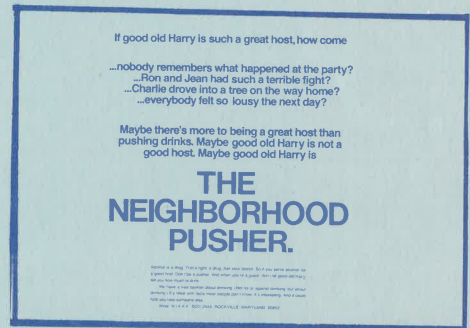
\* \* \*

## DIRECT TALK . . .

About two years ago a friend provided me with some useful wisdom, "Just remember, the worst thing "they" can say is "NO", or not respond the way you wish -- but don't let that stop you from asking -- give them the opportunity to respond -- go ask -- you'll never find out unless you ask them directly."

We do have the responsibility to ask, to listen more, to go for advice -- even though we all have preconceived stereotypes that people will respond in a certain way. Therefore, sometimes we either put off approaching them or stay with our preconceived notions, thus actually eliminating the opportunity of finding out "how they feel."

People don't always say "NO", and they are concerned and willing to help in our effort to reduce the role that alcoholism and problem drinking plays in fatal crashes, injuries and property damage. Every day we discover that people are more responsive than we thought, and that they do not fit our stereotypes.



### WHY ARE YOU SO TIRED?

The next time people ask you why you are so tired, tell them! Your exhaustion is fully justified and you can prove it by a few simple statistics:

The U.S. has a population of 200 million. Of these, 72 million are over 65, leaving 128 million people to do the work. When you subtract the 75 million people under 21, you get 53 million. There are also 27,471,002 employed by the Federal Government in one capacity or another, which leaves 25,528,998 to do the work. The 8 million in the Armed Forces leave only 17,528,998 to do the work and when you subtract from this the 15 million on state and city government payrolls and the 1,520,000 in hospitals, mental institutions and similar places, the work force is reduced to 1,520,000. FINE! --But -- there are an estimated 800,500 bums, vagrants and others with a pathological fear of work. That leaves 208,498 people to carry the national workload, 208,496 of whom are presently behind bars. Which, brother, leaves you and me. And I don't know about you, but I'm getting tired !!

\* \* \*

*IT ISN'T THE INCOMPETENT WHO DESTROY AN ORGANIZATION. THE INCOMPETENT NEVER GET IN A POSITION TO DESTROY IT. IT IS THOSE WHO HAVE ACHIEVED SOMETHING AND WANT TO REST UPON THEIR ACHIEVEMENTS WHO ARE FOREVER CLOGGING THINGS UP.*

...F. M. Young...

EXCERPTS...

AN INTERVIEW WITH DR. MORRIS CHAFETZ  
*The Director of the National  
Institute on Alcohol Abuse and  
Alcoholism Discusses Goals and  
Priorities.*

"Alcoholic persons want to be helped, they will accept help, and they can be helped," says Dr. Morris Chafetz, director of the National Institute on Alcohol Abuse and Alcoholism.

Establishment of the NIAAA in 1971 came in response to a growing public concern over the huge number of Americans afflicted by alcoholism and the "TERRIBLE COST OF THIS MALADY IN TERMS OF MONEY AND LIVES." Joined to this concern was the awakening recognition among many citizens that alcoholism is a treatable medical and behavioral problem.

Dr. Chafetz said the need is great for finding new approaches to treatment and rehabilitation, for establishing effective modes of prevention, for training more personnel in the field of alcoholism, and for erasing public misconceptions about the nature of the ailment.

"A lot of people", he continued, "have been permitted to destroy themselves, even forced to destroy themselves, not because they didn't want to be helped, but because of an inadequate mode of social response to them."

"IF I UNDERSTAND THE MANDATE OF CONGRESS AND THE PRESIDENT WHICH CREATED THIS WHOLE THRUST, SOMEONE'S SAYING: 'STOP! LET'S GET OFF THE MERRY-GO-ROUND AND TAKE CARE OF THESE ALCOHOLIC PEOPLE!'"

Getting off the "MERRY-GO-ROUND" means encouraging States and localities to maintain adequate treatment facilities. It also means providing care and rehabilitation programs for drinking drivers and chronic alcoholism offenders. It means making special effort to treat particularly vulnerable population groups like the poor and the Indians, and it means confronting the alcoholism problem in the Nation's working force -- from the Government rolls and the military to private industry and business.

"We need for the general public to see what we have known for years -- that these people can be helped fairly readily," said Dr. Chafetz.

An effective prevention program is divided between youth education and community efforts. In the area of youth education, activities include development of curriculum guidelines and teaching materials which aim to give young people the facts on alcohol and to stress responsibility.

In the community area of prevention, he said some primary objectives are: RECOGNITION by both public and health systems that alcoholism is an illness; PUBLIC AWARENESS of the properties and effects of alcohol; and, in the long run, a NATIONAL ENVIRONMENT in which the irresponsible use of alcohol is socially unacceptable. Close COLLABORATION with community organizations is being sought in order to get the prevention message across.

The Institute's main emphasis in prevention is the early identification and prevention of problem drinking. As one way of accomplishing this, he said, "We are trying to dispel the myths surrounding alcohol, replacing them with knowledge."

One widely believed myth that has prevented the country from facing up to alcoholism as a major health problem is the view that public inebriates and skid-row people are the "typical" alcoholic persons. Actually these people account for less than 5 percent of the Nation's alcoholic persons.

In another basic misconception, many persons refuse to admit that alcohol is a drug. Society's failure to accept alcohol as a drug has handicapped the campaign against alcoholism by damaging the credibility of the effort, especially among the young.

Another common misconception about alcohol holds that its use permits people to relate better to one another.

How does one go about rooting out such misconceptions and otherwise changing public attitudes on alcohol? Dr. Chafetz suggests the best way is to get the public involved -- in this case, by letting people know they are a part of the alcohol problem even if they don't drink to excess. He said it is crucial for people to recognize "their contribution to the death and destruction that come from alcoholism."

"PEOPLE ARE NEITHER QUEER, STRANGE, NOR DIFFERENT IF THEY CHOOSE NOT TO USE ALCOHOL."

A guest has the right to expect that his host won't let him leave the party "anesthetized", and a customer should be able to rely on a bartender or stewardess not to "PUSH DRINKS" on him and to stop serving him after he reaches a state of intoxication.

People are "fundamentally decent", and if they resort to excessive use of alcohol it's because it is the best means they've found to cope with their pressures and problems. "I don't believe anybody wants to be an alcoholic person," he said.

"WE ARE TRYING TO DISPEL THE MYTHS SURROUNDING ALCOHOL, REPLACING THEM WITH KNOWLEDGE."

Research into alcohol problems has been sparse up to now, but enough has been learned to dispel the popular, but erroneous, belief that alcoholic individuals are derelict of responsibility, immoral, and beyond help.

"Today we know," Dr. Chafetz said, "that alcoholic persons want to be helped, they will accept help AND THEY CAN BE HELPED."

\* \* \*

H	A	L	T
	DON'T GET		
H	TOO HUNGRY		
A	TOO ANGRY		
L	TOO LONELY		
T	TOO TIRED		





# Utah Alcoholism Foundation

2875 SOUTH MAIN

SALT LAKE CITY, UTAH 84115

PHONE 487-3276

## NEWS LETTER

MAY 1973

Volume 4, Number 5

### CELEBRITY TO SPEAK AT SCHOOL

Another FIRST for the University of Utah School on Alcoholism and Other Drug Dependencies. Mr. Art Linkletter has accepted our invitation to be the Guest Speaker for the "Open Public Meeting", Tuesday, June 19, 1973, 7:30 p.m. in the Special Events Center, University of Utah for the Alcoholism and Other Drug Dependencies School.

A television and radio star for more than 30 years, Art Linkletter has performed in two of the longest running shows in broadcasting history: HOUSE PARTY, on daytime CBS television and radio, 5 days a week, 52 weeks a year, for 25 years, won an Emmy Award for best daytime show on television and four Emmy nominations.

Seven honorary doctorate degrees from colleges and universities have been awarded to Mr. Linkletter for his humanitarian work and his interest in youth. He has been named Speaker of the Year in 1969 by the International Platform Associates, Salesman of the Year, Grandfather of the Year, and his national charity work has rewarded him with citations as Chairman of National Easter Seal Week, National Heart Week, National Cancer Week, National Arthritis Foundation, Foster Parents Plan, Goodwill Industries and YMCA and Boy Scout leaderships.

Currently, Mr. Linkletter is on the President's Commission for the United Nations, and on the Presidential Commission to Improve Reading in the U.S. and also is president of the National Coordinating Council on Drug Abuse Education and Information, Inc., headquartered in Washington D. C. He is a busy, involved businessman with many interests; however, his chief interest today is his work in the crusade against drug abuse. He writes, speaks, and broadcasts from coast to coast in the fight against the drug epidemic threatening our nation.

Following the death of his daughter, Diane, two years ago while experiencing suicidal panic from an LSD flash-back, Art Linkletter began a crusade against drug abuses, appearing on television, radio, motion pictures, and making numerous talks across the country before government educational, and business leaders. He has written a number of national magazine articles on the topic.



His work has taken him to the ghettos of the big cities, to group encounters at rehabilitation centers and he has interviewed many addicts and young drug experimenters.

Not a psychologist, pharmacologist, or social scientist, Mr. Linkletter is considered an expert in this field, having attended numerous drug seminars and expended much time with top drug authorities.

The Linkletters had five children, three daughters and two sons. Of the four remaining children, Jack is the eldest, married, and has two sons and a daughter; Dawn is next, is married and has twin boys; Sharon is married and has a daughter, and finally, Robert, who at 25 is a rising young inventor and mechanical wizard. Art and his family are great outdoor people, taking pack trips into the mountains, swimming, surfing and scuba diving in the summer and skiing at Sun Valley, Aspen and abroad in winter.

We all welcome Mr. Linkletter to Utah and are most pleased that he can be our Guest Speaker for the "Open Public Meeting" at the 22nd Annual Session of the University of Utah School on Alcoholism and Other Drug Dependencies.

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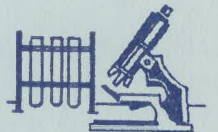
PREVENTION



EDUCATION



TREATMENT



RESEARCH

## MOST ABUSED DRUG - JUST PLAIN BOOZE

In a recent column in the Salt Lake Tribune, Dr. T. R. Van Dellen, author and commentator on medical problems, states:

"Statistics on alcohol consumption are frightening. Of the 90 million Americans who imbibe, it is estimated that 12 percent are heavy drinkers. The yearly nationwide per capita average is 30.3 gallons of liquor, wine, and beer. Alcohol is our most abused drug and the cause of America's largest "untreated, treatable illness." It is now a major factor in suicides, automobile and other accidents, and injuries and death due to violence.

"It causes cirrhosis of the liver, the fifth leading cause of death among men from 25 to 64 years of age. Drinkers also run the risk of developing a variety of diseases that cut 10 to 12 years off their lives.

"What can be done about it? It is a real hot potato so far as the government is concerned.

### POLITICIANS 'CONFUSED'

"Our politicians are not about to revive anything that smacks of prohibition. They conveniently have trouble determining whether alcohol is a beverage, food, drug, medicine, poison, anesthetic, liniment, or germ killer.

"Obviously, most of us regard alcohol as a drug, and as such, the sale of alcoholic beverages could be regulated, advertising controlled, or warnings listed on the label.

"We wonder what would happen if it were subjected to the same types of tests that were used to incriminate the cyclamates and many other chemicals.

"Oddly, we have a law that makes it mandatory to list the side effects of therapeutic drugs, but none that covers the most dangerous and abused of them all.

### STUDY NOTED

"Alcoholism is expensive to treat and the results are disappointing. Medical Tribune published some terrifying statistics from the Karolinska Hospital (Stockholm) where a follow-up study of 200 alcoholic patients was conducted.

"During an eight-year period, 44 died, 60 became chronically ill, 40 were still on booze, and 56 appeared to be cured. This is a poor record considering that Karolinska is one of the world's great medical centers.

"For those who regard alcoholism as a disease, A DEATH RATE OF 22 PERCENT AND A 30 PERCENT INCIDENCE OF CHRONIC ILLNESS ARE EXCESSIVE."

\* \* \*

A DIEHARD IS A MAN WHO WORSHIPS  
THE VERY GROUND HIS HEAD IS IN.

## EDITORIAL.....

As taken from ADDICTIONS, a Quarterly Journal published by Addiction Research Foundation of Ontario.....

Recent preoccupation with "youth and drugs" has nearly obscured the fact that abuse of the old drug, alcohol, remains our biggest chemical problem. Trends are now being reported which, if verified, could lead to new priorities for research, treatment, and education in this field.

The once ubiquitous drug-crisis intervention centres seem to be losing their popular appeal and support to more comprehensive community information and referral centres. Another trend, attributed by some to lowering the legal drinking age, is apparent increase in consumption of alcohol by young people. First indications came from youth workers concerned about growing public intoxication among street kids. More recently, health workers report teen-age "juice freaks" vying with "speed freaks" for medical services.

Overall it would appear that panic is being displaced by perspective and the drama and distortions of the past are being tempered with information and experience. And some good lessons have been learned.

One of them is that the day of unilateral institutional or professional response is over. Cooperation between agencies and individual workers can provide better services at lower cost. New complex health and social problems require bold, innovative responses. Traditional services and experimental programs alike can learn from each other without the burden of irrelevant dogmas, rhetoric, and hostility.

With more than 50% of traffic fatalities attributed to drinking and driving, it is time now to bring the benefits of cooperation to bear on the impaired driver. Evidence and concern from courts, police, and motor vehicle-licensing authorities suggest a promising coalition.

If we are to deal effectively with the appalling consequences of impaired driving, careful research plus innovation in treatment and educational programs and cooperation between relevant agencies are necessary. The experience of other Foundation projects exploiting early intervention and providing viable alternatives to neglect of punishment is available. What is also needed is the same sense of urgency and concern that produced useful programs in the past, to mobilize the required resources for this important future action.

L.A.P.

\* \* \*

The great thing in this world is not so much where we are, but in what direction we are moving.

To be seventy years young is sometimes far more cheerful and hopeful than to be forty years old. ...OLIVER WENDELL HOLMES.

## UNDERSTANDING THE ALCOHOLIC

"WHY ALCOHOLISM IS A SOCIAL ILLNESS  
ALWAYS INVOLVING TWO OR MORE PEOPLE"

...Alexandra Wright...

In diagnosing and treating the illness of alcoholism in one individual, it is very important to quickly identify the significant intimates in the life of that alcoholic who may be, many times unconsciously, contributing to and perpetuating the illness. We say that "ALCOHOLISM is a social illness, always involving two or more people." This often shocks people, including people who work in the field of alcoholism themselves, and they ask an explanation of what is meant by this. In other words, why is it important to get to the non-alcoholics surrounding the drinking member in an alcoholism family?

The illness of alcoholism must be supported in order to be continued. Someone off stage must be picking the alcoholic up, brushing him off, ameliorating his crisis, covering for him, and in general, keeping his show on the road, or helping him to keep his own show on the road. The old adage, "it takes two to tango" might easily be changed to "it takes two to keep alcoholism going."

Naturally, when the alcoholic himself comes in for treatment and sincerely asks for help, the treatment can begin right there with him. In these cases, which unfortunately are in the minority, the alcoholic has tacitly expressed a desire to get a new show on the road. Family counseling should be very strongly recommended, even in these cases, as without a healing of his environment, the same pressures will be there as were before and will compound the difficulties in permanent recovery.

Most often, however, in the vast majority of cases, those seeking help for the alcoholic are members of his family, or close associates. In almost all of these cases, the alcoholic in question will be denying that he has a problem. The one seeking help will be insisting, often adamantly, that you go and help the person who is not seeking help and doesn't want to be bothered particularly. This can be most frustrating to an alcoholism counselor. Therefore, it should come as good news that alcoholism recovery can often best be initiated by someone other than the alcoholic.

How is this done? Mainly the process in dealing with non-alcoholics in the illness of alcoholism is one of education. Sometimes just giving them a brief description of the stages in the family illness (denial, home treatment, chaos and control) will bring a tremendous amount of self-awareness. If they can, in fact be brought to see that they are acting as supports to the illness, they will sometimes make quick changes.

They should be told that someone is assuming the responsibility for the alcoholic's irresponsible actions, or else the irresponsible actions would have to stop. They can gently be led to some self-insights about the roles they might be playing in the illness. At this point, some alternative behaviors can be pointed out. It

needn't be a grim process, and sometimes can be fun, although it may take an enormous amount of courage for a husband or wife to cease acting as supports.

In some cases, I have suggested to a wife that the next time her husband cannot make it to work because of drinking or a hangover, that she NOT call the boss and lie for him. The main problem here is the wife's very real economic dependence on her husband and the very real threat of his job loss. These are some of the reasons that a wife will protect (consequently furthering his alcoholism) her husband from crisis. Counseling in a case such as this would have to include working on the feelings of self-reliance of the wife.

There are many other rather common conditions in alcoholism where the support to the illness provided by someone close to the alcoholic can be seen and subsequently dealt with, or corrected.

In many cases, the supports provided to the illness of alcoholism by non-alcoholics are more subtle, less easily identified, and therefore much more difficult, if not impossible, to remove. We are here speaking of the alcoholic who appears to be drinking in isolation, or has been removed from his family. Is he really "in isolation"? If one looks hard enough, can he not discover the enablers, facilitators, and supporters even in these cases? In some cases, supporters here can be agencies and institutions, as well as hospitals, and even recovery centers which encourage long stays, quick returns, and most especially encourage the prolongation of dependency habits in the alcoholic. These conditions, virtually untreatable at the present time, still reflect the primary hypothesis that alcoholism is a social illness-- always involving two or more people.

\* \* \*

### R E M E M B E R

ART LINKLETTER SPEAKS

Tuesday, June 19th

7:30 p.m.

SPECIAL EVENTS CENTER

UNIVERSITY of UTAH

SCHOOL on ALCOHOL STUDIES  
& OTHER DRUG DEPENDENCIES

FREE of CHARGE - OPEN TO PUBLIC

INVITE

Your FRIENDS and NEIGHBORS

to attend with you

!!!

DID YOU KNOW.....

There are 336 dimples in a golf ball ?!

\* \* \*

If you want to relax these days you've got  
to work at it.

## THE LATEST TEEN DRUG: ALCOHOL

Every parent of adolescent children knows that in recent years, increasing numbers of teen-agers have been experimenting with dangerous drugs---LSD, speed barbiturates, even heroin. Perhaps the most frightening aspect of this trend is that in well-to-do suburban communities and inner-city ghettos alike the age of the youthful drug experimenters has been steadily dropping; there have even been cases of heroin addiction among elementary school children. Now, however, the trend seems to be away from these drugs. From nearly every quarter of the nation, school authorities and teen-agers themselves report that the latest fad in juvenile drug abuse is one that has a familiar ring to the older generation: the drug of choice these days, they say, is alcohol.

Youthful drinking, of course, has always been an important rite of passage, and for a time it looked as if the use of marijuana might be replacing alcohol as an expression of rebellion against the older generation. Many teen-agers now are discovering that alcohol is just as much fun as grass, and a lot easier to obtain. "A lot of us used to smoke," Steven Brodsky, a senior at a Brooklyn high school, told NEWSWEEK's Barbara Davidson, "but we gave that up a year or two ago. Now my friends and I drink a lot---and in my book, a high is a high."

-SWEET-

Not surprisingly, most parents are relieved to discover that their children are using alcohol rather than less familiar drugs. But many adults who are themselves connoisseurs of fine wines and good whisky are appalled by some of the alcoholic beverages their offspring favor. Besides beer, the most popular intoxicants are the heavily advertised sweet wines. The sweet wines are almost entirely a youth market--you won't find many adults who can stomach them.

The most serious aspect of the drinking revival, authorities believe, is that the use of alcohol is now spreading down to schoolchildren in the lower grades.

Clearly, one reason for the proliferation of young drinkers is widespread tolerance by their parents, most of whom are drinkers themselves. "Parents who hassled their kids about other drugs are willing to look the other way on alcohol", notes Norm Southerby of the Los Angeles County Alcohol Safety Action Program. One couple in California's Newport Beach, Southerby says, had experienced such anguish as a result of their 19-year-old daughter's use of pot and pills that when their younger daughter started drinking they were deeply relieved. "She'd get so drunk that she would be throwing up in the morning," Southerby recalls, "yet her parents were happy." Levittown's Neidich agrees. "I get parents in here to talk about an incident involving their kid drinking," he comments, "and the first thing they say is 'Thank God, it's not drugs!'"

**PROBLEM:** But alcohol, of course, is a drug with a high potential for addiction. According to Los Angeles's Southerby, one teenager out of every twenty in southern California has "A DRINKING PROBLEM," and the National Council on Alcoholism reports that in 1972, the age of the youngest alcoholics who came to their attention dropped from 14 to 12. And for those who add alcohol to an existing drug habit, the result can be tragic. Last year a top student and member of the swimming team at San Francisco's Woodrow Wilson High School popped some pills, washed them down with several drinks---and was found dead the next morning.

But despite the risks, teen-agers are taking to the bottle in growing numbers. Tacit parental acceptance is one reason for the trend; so are peer pressure, family and school problems and the ubiquitous desire to appear grown up. "Teen-agers have always used alcohol," points out Milton Wolk of the alcoholism division of the Massachusetts Department of Public Health, "and they always will. And because teen-age use is patterned after adult use, there's no way kids are going to stop drinking until adults do."

....NEWSWEEK - March 5, 1973...

\* \* \*

Of himself and by himself - man is nothing! He is merely an animal! It is only when he relates to God and his fellow man that he becomes more than an animated vegetable. No matter what a man has, or is, he could not have, or be, without others! If man has egocentric or false pride that blinds him to this truth, it will in the end destroy him. Humility is the only quality that can bring any depth of satisfaction into our lives and in whatever degree we can achieve it, thus shall we be rewarded in kind. We believe that humility goes beyond mere "lack of pride" - to us it means - HONEST evaluation of SELF in relation to God and to others and putting ourselves in proper perspective! For most of us, even to point in this direction it will take some staggering readjustments in both our attitudes and our sense of values, for as long as "egosatisfactions" remain the paramount objectives in our lives, this long will pride rule and destroy any chance we might have of finding the REAL VALUE of LIFE !

\* \* \*

### A GUIDE TO LIVING

Acquire the habit of being faithful to friendships and responsibilities.

Have the moral stamina to stand firmly for right, truth, and justice.



# Utah Alcoholism Foundation

2875 SOUTH MAIN SALT LAKE CITY, UTAH 84115 PHONE 487-3276

## NEWS LETTER

APRIL 1973

VOLUME 4, Number 4

### ALCOHOLISM -- IT'S A BAD HABIT

"Alcoholism is not a disease," says Dr. Jane Higbee. "It is just a bad habit."

Dr. Higbee is the new superintendent of the Alcoholic Rehabilitation Center at Swannanoa, North Carolina. She thinks learning to face life squarely without illusions helps solve problems, including alcoholism.

"Even if alcoholism were a disease," she continues, "there is nothing about it that would make a person drink if he didn't want to. A lot of people fall for this slick slogan that alcoholism is a sickness. We tell them, yes, they are sick. Drinking would make anybody sick."

The psychiatrist questions myths about alcoholism. She says:

"Alcohol is a mind-altering drug. It is the cheapest, most freely available, most socially acceptable drug."

"A toddy is not good for the body. Alcohol is more poisonous to the body than heroin. It kills brain cells by the thousands and they don't grow back."

"Nobody drinks alcohol because they like the taste of it. It tastes awful. They drink it because of the way it makes them feel."

"Kids are drinking pop wines because they are sweet like fruit punch and don't taste so bad. It gives them a quick buzz and a nice warm, relaxed feeling. Most kids are up-tight and scared, but they want to seem tough and cool."

"Job and family are the greatest motivation for an alcoholic to stop drinking. We don't have much success with very young alcoholics because most of them don't have these reasons to stop drinking."

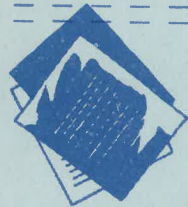
"We are born dependent, not like animals who can get up and run around the minute they are hatched. It is easy for us to depend on drugs, food, cigarettes, or coffee."

"A self-defeating habit is one that keeps you from being, doing, or having what you really want in life. Drinking, drugs, and over-eating are some examples of self-defeating habits."

--Cont'd Next Column---

Cont'd Page 3, Column 1

<b>UTAH ALCOHOLISM FOUNDATION</b>			
is pleased to			
ANNOUNCE			
The			
FIRST ANNUAL			
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GOLF CLASSIC			
WRITE			
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for			
RESERVATIONS			
WILLIAM BILLS, CHAIRMAN			
SIGN UP FOR APRIL NOW		TEE TIME 9:05 APRIL 29 MOUNTAIN VIEW GOLF COURSE	
ENTRY FEE pays GREEN FEES		AWARDS for INDIVIDUAL 18-hole ROUNDS plus GRAND PRIZES for 72-hole TOURNAMENT	
Single Entry Fee: \$5.00			
Each Additional Family Entry: \$4.00			
Calloway System Scoring			



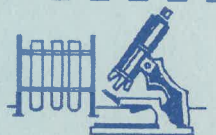
PREVENTION



EDUCATION



TREATMENT



RESEARCH

## THE DRINKING DRIVER

Recently Morris E. Chafetz, M.D., Director, National Institute on Alcohol Abuse commented in a booklet, "CURRENT PROBLEMS IN DRIVER LICENSURE":

"We are going about this (...total experiential and informational involvement in learning) by attempting to dispel some of the mysteries and misunderstandings that have grown up about alcohol and alcoholism. For example, we must make an attempt to define, as best we can, responsible social drinking for those who choose to drink."

How complex is the problem of defining how many drinks it takes for "ANYMAN" to reach impairment levels of alcohol in his blood?

Well, it depends on his weight, what he had for lunch, the proof of the alcoholic beverage, his metabolic rate, whether he got a "long" or "short" pour, and sundry psychological variables. "ANYMAN" is a tag tough to generalize about, but generalize we must if we are to define, "as best we can, responsible social drinking for those who choose to drink." THE FINE LINE THAT DIVIDES:

Are you still a social drinker, or have you slipped over to the other side? If you drink 6 ounces or more of alcohol per day, you're a heavy drinker. And if you have been gradually increasing your consumption, you may be in trouble -- perhaps passing the point of no return. What is now a psychological dependence can become physical, making it even harder to stop. So warns Dr. Harry J. Johnson of the Life Extension Institute.

Dr. Johnson offers a simple test to find out if you have become an alcoholic: Stop drinking for seven days. He says that anyone who can give up booze for a week without feeling martyred from an endless craving is still a social drinker. If you can't give it up for a week, acknowledge your problem and SEEK HELP.

\* \* \*

YOU CANNOT BRING ABOUT PROSPERITY BY DISCOURAGING THRIFT. YOU CANNOT STRENGTHEN THE WEAK BY WEAKENING THE STRONG. YOU CANNOT HELP THE WAGE EARNER BY PULLING DOWN THE WAGE PAYER. YOU CANNOT FURTHER THE BROTHERHOOD OF MAN BY ENCOURAGING CLASS HATRED. YOU CANNOT HELP THE POOR BY DESTROYING THE RICH. YOU CANNOT KEEP OUT OF TROUBLE BY SPENDING MORE THAN YOU EARN. YOU CANNOT BUILD CHARACTER AND COURAGE BY TAKING AWAY MAN'S INITIATIVE AND INDEPENDENCE. YOU CANNOT HELP MEN PERMANENTLY BY DOING FOR THEM WHAT THEY COULD AND SHOULD DO FOR THEMSELVES.

...ABRAHAM LINCOLN...

\* \* \*

## RESEARCHER EXPLORES ALCOHOL PROBLEMS IN OVER-50 POPULATION

More than 1 million Americans 50 years and older suffer from alcoholism, estimates Milton A. Maxwell, Ph.D., of the Center of Alcohol Studies at Rutgers University.

This figure is a most conservative estimate, said Dr. Maxwell in a report representing the first year's findings in a two year study of alcohol problems in the Nation's older population. His observations have convinced him that there are "substantially larger numbers" of alcoholic persons in the 50-and-over group than is generally believed. Alcoholism may even be epidemic in this group, Dr. Maxwell said.

Obtaining accurate figures on the dimensions of the problem among older citizens is rendered difficult both by the drinker's denial that he has a problem and by the concealment often practiced by children, spouses, employers, associates, and friends.

In addition, if a person arrives at the age of 55 or 60 without becoming known as an alcoholic, he's not apt to acquire that label at a later stage. He assiduously practices the art of concealing his addiction to alcohol in response to society's position that alcoholism is an "admission of failure in our society, especially in an older person," Dr. Maxwell said.

Most alcoholic persons over 55 have not been longtime heavy drinkers. The chances are that they drank moderately until their social world collapsed around them, perhaps as a result of a spouse's death or their own retirement from a productive career.

Among other problems which the older drinker seeks to forget with the use of alcohol are a drop in status and income, feelings of uselessness, and a decline in physical vigor.

There is a need for expanding the study of aging and its relationship to drinking problems, Dr. Maxwell said. Due to medical progress, the number of older persons is increasing, but, meanwhile, little is being done to offer them a more meaningful place in society. As a result, Dr. Maxwell suggested, the stresses of life may be increasing for the elderly and possibly their drinking problems are on the rise.

\* \* \*

The quality of man's character is judged by his ability to COPE with temptation -- NOT his success in AVOIDING it.

\* \* \*

SPREADING DIRT DOES LOTS OF GOOD -- IN THE GARDEN !!

## ALCOHOLISM -- It's a Bad Habit, Cont'd

"As long as we are ashamed of a self-defeating habit, it is almost impossible to break it. If we call ourselves slobs because we eat too much and make ourselves fat, we'll keep right on eating too much and hating ourselves for it."

"Blame and inertia are at the roots of most human misery. People tend to stay in a familiar hell rather than risk a change."

"The past has no power over you whatsoever. A bad childhood is no excuse for adult failure. Everybody had a difficult childhood."

"Life is lousier than it used to be. There's no place to escape anymore. The world's a tougher place to grow up in."

"People, particularly kids, have gotten the idea that there should be no stress in their lives, that life should be free and easy."

"It is not what happens to you that makes you unhappy. It is what you think about it that gets you in trouble."

From LISTEN NEWS - March  
1973

\* \* \*

## NATIONAL HANGOVER IS COSTLY

The U.S. today is suffering from a national hangover costing a staggering \$15 billion a year.

Of this, \$10 billion is the price our economy pays for lost work time, and \$5 billion the cost of welfare payments and of the damage to the alcoholic's health and to property.

This estimate is from the National Institute on Alcohol Abuse and Alcoholism. About 9 million Americans are alcoholics. The yearly cost of the estimated 4 1/2 million on-the-job alcoholics, according to the National Council on Alcoholism, is \$8 billion, double the \$4 billion a mere four years ago. This is a drain of \$32 million on business and industry each working day.

Absenteeism is 2 1/2 to 3 times as great for alcoholics as for non-alcoholic workers. Alcoholics average three times as much sick pay as others, and their accident rates also are much higher. Many alcoholic workers lose a full month of working days each year.

Even more devastating is the towering problem of "on-the-job absenteeism" where an alcoholic employee may fritter away hours each morning recovering from a hangover or sleep off a multi-martini lunch in the local movie use.

Aside from the losses to business and industry, 28,000 fatal highway crashes involving drunken drivers occur each year, an economic loss of billions of dollars on top of the incalculable human loss. And over all this is the high rate and high cost of home accidents, 40 percent due to drinking.

\* \* \*

NO ONE CAN HELP EVERYBODY, BUT  
EVERYONE CAN HELP SOMEBODY.



ROBIN LUCH - First Place

## DRINKING DRIVER POSTERS

Two hundred students from Wasatch Front High Schools submitted posters for ASAP's Drinking Driver contest. The entries included cartoons, photographs, water colors and acrylics. Six judges, including artists, advertising personnel and traffic safety advisors, rated the posters giving 150 points to the winner and ranking the remaining 14 choices and assign-

ing corresponding points. The three winning posters were submitted by Robin Luch, a Senior at Granger High School who won first place in the contest. Second place award went to Doug Vandergrift, Viewmont High School and third place winner was Steve Lyman from Bountiful High School.

East High School had the highest representation in the winners' circle. They had 8 posters in the top 16 and accumulated 2050 points.

\* \* \*

FIVE TO 10 PERCENT OF CORPORATION EXECUTIVES ARE ALCOHOLICS, according to the National Council on Alcoholism. ALSO, 45 PERCENT OF THE ALCOHOLICS IN THIS COUNTRY ARE PROFESSIONAL OR MANAGERIAL WORKERS. THE TYPICAL ALCOHOLIC HAS BEEN AT HIS JOB 12 YEARS. HE'S BETWEEN THE AGES OF 35 AND 54, THE KEY PRODUCTIVE YEARS.

\* \* \*

## COFFEE DOESN'T SOBER

Drinking coffee after imbibing at parties can do you more harm than good, according to the Keystone Automobile Club.

Roy D. Hanshaw, safety director, says coffee has no sobering effect on a person, and the danger is that those driving home from a party think it does.

"According to medical thinking, once alcohol gets into the blood nothing can dilute it or dilute its effects. Because of popular belief, however, many people get a false sense of security from drinking coffee and think they are sober when they are not," says Hanshaw.

"In fact," he says, "a hostess would probably be better off serving coffee at the beginning of the party rather than at the end. This would tend to fill a reveler's stomach and leave less room for alcohol."

\* \* \*

All true love is founded on esteem.

RICHARDSON ANNOUNCES MAJOR REPORT  
TO CONGRESS ON ALCOHOL AND HEALTH

H.E.W. Secretary Elliot L. Richardson calling alcohol "the most abused drug in the United States" today said nine million Americans suffer from its abuse and told Congress that alcoholics must no longer be treated as criminals.

Secretary Richardson sent the first annual report on ALCOHOL AND HEALTH to Congress, saying "there can be no question that the toll exacted from our society by alcoholism is intolerable."

The new comprehensive report was prepared by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) of the National Institute of Mental Health (NIMH).

Among the findings of the report:

- . Nine million Americans are alcohol abusers and alcoholic individuals, almost 10 percent of the nation's work force.
- . Alcohol plays a major role in half of the highway fatalities in the United States and each year costs thousands of lives.
- . Public intoxication accounts for one-third of all arrests reported annually.
- . Among American Indians, alcoholism is at an epidemic level, more than twice the national average.
- . Alcoholism is an illness or disease which requires rehabilitation through a broad range of health and social services.
- . Present programs dealing with alcohol abuse and alcoholism are accorded a low priority and are unrelated to most of the health and social resources within communities.
- . Establishment of modern public health-oriented facilities to deal with intoxicated persons will free law enforcement agencies from being overburdened by a large population of ill people.
- . The criminal law is not an appropriate device for preventing or controlling health problems. To deal with alcoholic persons as criminals because they appear in public when intoxicated is unproductive and wasteful of human resources.

Secretary Richardson stressed HEW's multiple role in mobilizing the nation's resources to deal with the alcohol problem. He pledged NEW support to state and community alcohol abuse programs, as well as to medical and social research efforts. He also emphasized the need for the Federal Government to set the example of a new attitude toward alcoholism as an illness.

---Cont'd Next Column---

Secretary Richardson said public intoxication accounts for 2,500,000 annual arrests, or 40 percent of the total for non-traffic offenses.

"Public intoxication should be removed from the criminal justice system through implementation of the Uniform Alcoholism and Intoxication Treatment Act by individual States," Secretary Richardson said, "under the Act, instead of police detention on criminal charges, alcoholic individuals will receive medical treatment with appropriate follow-up involving medical, social, vocational and rehabilitative services."

Secretary Richardson has written to all state governors and members of Congress recommending that they take the lead in pressing for adoption of the Act in their respective States.

\* \* \*

HOW TO GET THROUGH THE DAY

JUST FOR TODAY I will live through the next 12 hours and not tackle my whole life problem at once.

JUST FOR TODAY I will improve my mind. I will learn something useful. I will read something that requires effort, thought, and concentration.

JUST FOR TODAY I will be agreeable. I will look my best, speak in a well-modulated voice, be courteous and considerate.

JUST FOR TODAY I will not find fault with friend, relative, or colleague. I will not try to change or improve anyone but myself.

JUST FOR TODAY I will have a program. I might not follow it exactly, but I will have it. I will save myself from two enemies---hurry and indecision.

JUST FOR TODAY I will exercise my character in three ways. I will do a good turn and keep it a secret. If anyone finds out, it won't count.

JUST FOR TODAY I will be unafraid. Especially will I be unafraid to enjoy what is beautiful and believe that as I give to the world, the world will give to me.

...Sent in by a reader to  
ANN LANDERS...

\* \* \*

A wise philosopher once made this classic comment: Half the world is composed of people who have something to say and can't, while the other half have nothing to say but keep on saying it.





# Utah Alcoholism Foundation

2875 SOUTH MAIN

SALT LAKE CITY, UTAH 84115

PHONE 487-3276

## NEWS LETTER

MARCH 1973

Volume 4, Number 3

### RED LETTER DAY.....

#### UTAH ALCOHOLISM FOUNDATION SCHOOL OF ADMINISTRATION AND DIRECTORS TRAINING

During its near quarter-century of operation, the Utah Alcoholism Foundation has played a supportive role in various seminars and training programs for related agencies, as well as organizing and serving as co-sponsor of the University of Utah School of Alcohol Studies.

Because of the continuum in upgrading and professionalizing of its recovery and rehabilitation programs, as well as facility operations, increasing focus has been brought to bear on the need for trained and qualified staffing personnel.

Concurrent with the needs of the Foundation, it may be noted that alcoholism programs throughout the nation, faced with the same demand for growth and expansion that is taking place in Utah, are confronted with this same scarcity of professionally trained administrative personnel.

In response to this need, the Foundation's Committee for Education outlined a proposal for a training program for directors of recovery centers. The Program was implemented in 1972 and known as the School of Administration and Directors Training. The School has been accredited by the Utah State Board of Education. The central office of the School is in Provo and is administered by a Board of Regents with V.M. Sevy, M.D. as Dean and James Hale as the Director. The Utah State Division of Rehabilitation Services has been a prime force in the support of the School.

The Program has just completed its first year and has had a total of 14 Trainees enrolled.

March 12 marks the completion of the training course for four of the Trainees:

William Reilley                      Cal Bench  
John Russell                          Frank Jensen

A banquet and a graduation ceremony is planned for March 22 to honor this first graduating class from the School.

\* \* \*



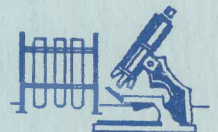
PREVENTION



EDUCATION



TREATMENT



RESEARCH

### ANNUAL MEETING OF MEMBERSHIP

The annual meeting of the membership of the Utah Alcoholism Foundation will be held Wednesday, March 28, 1973 in the City Commission chambers at the Salt Lake City and County Building, between 4th and 5th South on State Street, Salt Lake City, Utah. (Enter through East door.)

The Board of Trustees has extended an open invitation to all interested individuals to attend this meeting. Reports on Foundation operation will be made and routine business conducted. Two proposed amendments to the Bylaws will be presented to the membership.

### Quiz: Are You in Danger?

Alcohol seems to be becoming as much a problem as other drugs among southern California young people.

The Youth Information Branch of the Alcoholism Council of Greater Los Angeles has come up with a questionnaire to identify the teen-age problem drinker.

The questions are patterned after the 20 questions used by Johns Hopkins University Hospital to decide whether or not a patient is an alcoholic.

As with the Johns Hopkins questions, it is suggested that if a person answers Yes to even one question, it is definite warning that he may be an alcoholic. Yes to any two questions and the chances are that he is an alcoholic. Three Yes answers mean he is definitely an alcoholic.

The questions:

1. Do you lose time from school due to drinking?
2. Do you drink because you are shy with other people?
3. Do you drink to build up your self-confidence?
4. Do you drink alone?
5. Is drinking affecting your reputation—do you care?
6. Do you drink to escape from study or home worries?
7. Do you feel guilty or bummed after drinking?
8. Does it bother you if somebody says that maybe you drink too much?
9. Do you have to take a drink when you go out on a date?
10. Do you make out generally better when you have a drink?
11. Do you get into financial troubles over buying liquor?
12. Do you feel a sense of power when you drink?
13. Have you lost friends since you've started drinking?
14. Have you started hanging out with a crowd where stuff is easy to get?
15. Do your friends drink less than you do?
16. Do you drink until the bottle is done?
17. Have you ever had a complete loss of memory from drinking?
18. Have you ever been to a hospital or been busted due to drunk driving?
19. Do you turn off to any studies or lectures about drinking?
20. Do you think you have a problem with liquor?

## DRUNK DRIVERS

Highway death and destruction, much of it related to excessive consumption of alcoholic beverages by far too many drivers, has been increasingly in the news. Editorials like *Alcohol and High Risk Highways*, a Washington Post editorial, deplore the appalling costs in life and property and call for action now.

"No drug," observed the Post, "is more widely abused than alcohol and no machine is involved in more carnage than the automobile. When abused, each is a potential menace by itself but when they are combined---the drunk citizen who drives---the results are chaotic. Each year, highway accidents involving drinking motorists account for 25,000 deaths and an economic loss of \$8 billion. Perhaps because alcohol and cars are so common in American life ---many are convinced we could not survive without either---there is seldom any collective outrage at the constant killing and maiming. More Americans were killed on the highways between 1961 and 1970 than were killed in Vietnam, but there have been no marches on Washington against drunk driving. Firearms are a deadly menace but alcoholic drivers kill two to three times more Americans than gun toters. Is it less a waste to be dead from an alcohol-related highway crash than from war or gun play?"

Henry C. Parrish, president of the National Association of Insurance Agents declared in the New York Times recently that the United States might be accused of "fatal permissiveness" in its handling of drunk drivers. He notes that in San Salvador that "the punishment for drunken driving is execution by the firing squad. In South Africa it is ten years in jail and a \$2,800 fine. In Turkey the driver is forced to walk twenty miles under escort. In Scandinavia there is on-the-spot arrest."

Conceding that these penalties may seem extreme in our society, it is Mr. Parrish's suggestion that strong measures are urgent if we are to cope with the problem effectively. Incidentally, he estimates the annual deaths at 55,000 as opposed to the lower figure cited by the *POST*, but whatever disagreements there may be about statistics, there is unanimous opinion that even the lowest estimate adds up to a national disgrace. According to Parrish:

"More than half of the people are victims of the habitual offender, who accumulates multiple traffic offenses including drunk or reckless driving, speeding or driving without a license. But he usually gets a reprimand, fine or suspension instead of prison. Then he gets right back into his car and drives away from the courthouse.

"A devastating example of how far

Cont'd Next Column.....

the habitual offender can go was disclosed recently through the files of the Indiana State Police Department. This driver was a 49-year-old married male. In eleven years he was arrested 25 times for traffic violations. His record included ten arrests for drunk driving, ten arrests for driving under suspension and five arrests for speeding, reckless driving, running a red light, signal violation and failure to display plates. He has been arrested on an average of 2.3 times a year and has held his license legally for only three months during the eleven years. He continues to drive.

"The only sensible thing to do is to get the habitual offender off the road. So far, no safety program has been able to do this."

It would be difficult to dissent from the principle that drunks should not be driving. However, most of the advocates seem to think that getting the drunk driver off the road is enough---especially if they are jailed. We continually look for words from those who recognize it only as the first step and beyond is the much more difficult job of mobilizing resources to treat the offender as a sick person after he has been taken off the road. And then there is that vast, unexplored area of PREVENTION WHICH MIGHT DEFLECT MANY DRUNKEN DRIVERS FROM GETTING ON THE ROAD IN THE FIRST PLACE.

\* \* \*

TAKE TWELVE FINE FULL GROWN MONTHS. SEE THAT THESE ARE THOROUGHLY FREE FROM ALL OLD MEMORIES OF BITTERNESS, CANTOR, HATE AND JEALOUSY. CLEANSE THEM COMPLETELY FROM EVERY CLINGING SPITE. PICK OFF ALL SPECKS OF PETTINESS. CUT THESE MONTHS INTO THIRTY TO THIRTY-ONE EQUAL PARTS. DO NOT ATTEMPT TO MAKE UP THE WHOLE BATCH AT ONE TIME, BUT PREPARE ONE DAY AT A TIME, AS FOLLOWS:

INTO EACH DAY PUT EQUAL PARTS OF FAITH, PATIENCE, COURAGE, WORK, HOPE, FIDELITY, LIBERALITY, KINDNESS, REST, PRAYER AND MEDITATION. ADD ABOUT ONE TEASPOON OF GOOD SPIRITS, A DASH OF FUN, A PINCH OF FOLLY, A SPRINKLING OF PLAY AND A HEAPING CUPFUL OF GOOD HUMOR. POUR LOVE INTO THE WHOLE BATCH AND MIX WITH VIM. SERVE WITH QUIETNESS, UNSELFISHNESS AND CHEERFULNESS.

\* \* \*

ALCOHOLISM CLAIMED RARE IN HONG KONG...

Alcoholism is reported rare among the Chinese population of Hong Kong, despite a rate of alcohol consumption comparable to the United States. The reason is believed to be the disciplined social behaviour of the Chinese who tend to drink alone rather than disrupt their family or social life.

## Would change adult attitudes toward "social drinking" myth

Social Drinking is a delusion. It's a handy euphemism to protect us from the unpleasant thought that we are alcoholics but it can't protect us from the dangers of even light drinking.

Dr. Max Hayman, director of the Alcohol and Drug Dependence Centre of the Compton Foundation Hospital in Compton, California, has come to the conclusion that "social drinking is qualitatively the same as the disorder commonly known as alcoholism---but in a less intensified form."

In an article published in the Feb. 1 issue of Report on Alcohol, Dr. Hayman contends that the effects of alcohol consumption are bad no matter how little the drinker takes.

He has lined up an impressive list of facts based on blood-alcohol levels and mortality statistics to support his theory.

Dr. Hayman contends that the damage caused by alcohol consumption is on a continuum and the relationship between the amount consumed and the degree of damage is "roughly linear".

"The drinking man's body, which does not distinguish between the terms 'social drinker' and 'alcoholic', experiences some degree of harm even in amounts generally considered as social."

Definitions of what constitutes alcoholism are nebulous in most cases says Dr. Hayman. Yet people continue to believe there is a certain point when alcoholism suddenly appears.

More sensitive measures of mental and physical disturbance show that even at a very low blood-alcohol level, complex auditory and visual tests have revealed that divided attention tasks were interfered with.

"Why then is the maximum permissible blood-alcohol-content level for drivers set so unrealistically high throughout the country?" Dr. Hayman asks. "It seems evident that the courts are trying to arrive at a point of measurement where a person is inarguably intoxicated so that conviction becomes inescapable. But should not the permissible level be set at a point where the safety of society is of prime concern?"

By ROSE MARIE EARLE



Health and mortality statistics provide further proof to Dr. Hayman. Alcohol consumption is up and so is cirrhosis of the liver which is "probably 80% due to alcoholism."

Deaths due to cirrhosis have increased from 13.8 per 100,000 population to 18.0 per 100,000. The world's highest cirrhosis death rate is in wine-drinking France at 50 per 100,000 of population.

He cites a study which showed liver damage when alcohol was introduced into the diet for only two days.

He refers to another problem, blood sludging, an agglutination of red blood cells and slow flow, which isn't found in healthy, normal people but occurred in subjects with blood alcohol concentration ranging up from .012%.

Alcohol can also damage the fetus of alcoholic mothers. Increasing alcohol levels showed increasing incidents of oral cancer of the tongue, uvulva, soft palate and hypopharynx. Heavy drinking also contributed to secondary impotence in 35 of 213 men in a study of sexual problems, he states.

He cites home accidents as one of the indirect results of drinking. A study of 847 deaths showed drinking was responsible for 100% of freezings, 50% of poisonings, and 15 to 25% of gas inhalation, falls, smoking in bed, shooting, choking on food and drowning.

In 1967, he says, more than two million, or between one-third and one-half, of arrests in the U.S. were associated with alcohol, either for drunkenness, drunk driving or disorderly conduct usually associated with drinking.

Dr. Hayman debunks theories that there are social and cultural advantages to drinking. He concludes that education and training to change adult attitudes towards social drinking, to be passed on to children, is the only way of cutting down on deaths associated with alcohol.

Dr. Hayman suggests that "deliberate, serious, economic planning to curtail production and distribution of alcohol," although difficult for most people to accept at the present time, may be the only way of cutting down this health hazard.

#### Facts on Alcoholism

- Alcohol is a mood-changing drug, as are marijuana, heroin, cocaine, barbituates and amphetamines.

- The alcoholic is addicted to alcohol and therefore an addict. He takes alcohol as a drug.

- Dr. Roger Egeberg, Assistant Secretary for HEW, has declared alcoholism the No. 1 health problem affecting 6.5 million Americans. Researchers at George Washington University set the figure at nine million, with millions more on the verge of a serious drinking problem.

- Were 6.5 million Americans to contract a serious disease, an epidemic would be declared and the country would be "in a state of emergency." Abuse of hard drugs and marijuana has nowhere reached the proportions of alcoholism, yet concern for alcoholism is far less than for hard drugs.

- Alcoholism is a progressive disease. Alcoholics are sick just as people suffering from heart disease are sick.

- One in every 13 employees is an alcoholic. Losses in industry because of alcoholism have been computed at \$6 billion annually. The total cost to the nation and the human loss to individuals, families and

communities is incalculable.

- The "skid row" alcoholic represents less than 5% of the total number of alcoholics. More than 95% of all alcoholics are found in homes, factories, offices and communities — they have families and are employable. A large number are to be found in executive offices as well as in the arts.

- 57.4% of all car accidents involve alcohol.

- 50% of all fatal car accidents involve alcohol.

- The FBI reports that every third arrest in the USA involves public drunkenness.

- More than 95% of short-term prisoners serve time in jail because of alcoholism.

- One in three suicides involves an alcoholic.

- The ratio of alcoholics to non alcoholics committing suicide in the USA is 58:1.

- Among Federal civil employees the estimated annual cost for alcoholism in the Federal Government runs between \$275 million and \$550 million. Savings from alcoholism programs in the Federal Government could run from \$135 million to \$280 million a year.

(data from the National Council on Alcoholism, Inc.)

#### WATCH YOUR STEP.....

Drunk driving laws in Russia are so strict that hardly anybody who gets loaded ever attempts to drive. Yet, about one-third of the country's 30,000 annual traffic deaths are due to drinking. Seems that when the Muscovite gets a heavy load on, he starts to walk home and staggers in front of oncoming cars!!

\* \* \*

#### TEST BLOOD ALCOHOL LEVEL WHEN LEAVING BEVERAGE ROOM

Breathalyzer machines in all beverage rooms have been suggested to complement a general crackdown on a Manitoba law prohibiting beverage rooms from serving intoxicated people.

The Manitoba Liquor Control Commission has been studying the use of breathalyzer machines in beverage rooms for several months, although it is unlikely such machines would be made compulsory.

A breathalyzer unit valued at \$1,300 was installed in a Regina beverage room recently. Patrons wanting to test their blood-alcohol content blow into an attached tube. If the reading exceeds the legal limit of .08 the patron is advised to leave his car in the parking lot.

....Toronto Journal.....

\* \* \*

#### POET'S NOOK

It looks like smoking  
is here to stay----  
More people quit  
tomorrow than today.  
..Arnold Glasow

#### WILLPOWER IS THE WRONG WORD

Certain unenlightened people who know nothing about alcoholism are apt to congratulate me on my "terrific will power" which they consider has enabled me to stop drinking, and I find it very hard to convince them that they are talking nonsense.

They seem to think that I have tapped some hitherto undiscovered source of immense self-control so that I am able to defeat my depraved taste for strong drink. But I know that I have done nothing of the kind, and that I had just as much will power many years ago. It evidently is a widely-held view that it requires more will power to refuse all offers of alcoholic refreshment than to stop after one or two; whereas I know that in actual fact the reverse is true.

The mistaken idea about will power appears to be part and parcel of the viewpoint which holds that "giving up drink" is on a par with "giving up sweets"...a voluntary self-sacrifice which is a virtue and not a necessity.

In my opinion, the words "will power" and "giving up" have no actual place whatsoever in the system of thinking and living; for if we accept the facts conclusively established by the lives of 600,000 AA members, we must surely see that "giving up" is a very inaccurate description of the realization that our constitutions have become incapable of coping with alcohol; and it will be equally evident that will power (in the sense of control) cannot mean much to any one who has approached the Third Step with any sanity.

In any case, the words "will power" convey to me a sense of struggle and the fight against some overpowering attack; whereas few recovered alcoholics would be able to avoid slips if sobriety were as difficult as that. As it is the acceptance of facts and the faith in God as we understand Him eliminate any necessity for struggle and give us a new leisure for our search for serenity.

....ANONYMOUS.....



# Utah Alcoholism Foundation

2875 SOUTH MAIN

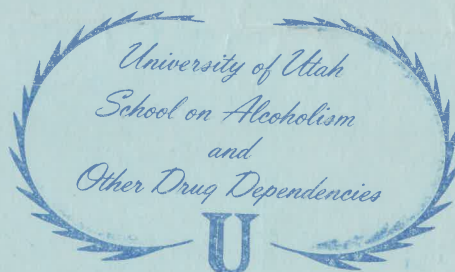
SALT LAKE CITY, UTAH 84115

PHONE 487-3276

## NEWS LETTER

FEBRUARY 1973

Volume 4, Number 2



Jointly Sponsored by University of Utah • Utah State Division of Alcoholism and Drugs • Utah Alcoholism Foundation

The Twenty-second Annual Session of the University of Utah School on Alcoholism and Other Drug Dependencies will be held June 17-22, 1973. Fees are \$70 for tuition and \$50 for on-campus room (Double occupancy) and board.

Graduate or undergraduate credit (2 Qtr hours) may be obtained for the course by proper registration and payment of a \$5 examination fee.

In addition to the 16 Group Sections previously included in the program, a Social Seminar Section has been added. The Section will be conducted by NIMH personnel and deals with attitudes and understanding as well as learning.

The Special Course for Physicians will be held Monday, June 18, through Wednesday, June 20. Tuition scholarships for 16 Utah doctors will be provided from Division of Alcoholism and Drugs State Master Plan funds. Physicians interested in participating in the training should contact: James R. Swenson, M.D., c/o Department of Community and Family Medicine, Bldg. 10, V.A. Hospital, 500 Foothill Drive, Salt Lake City, Utah 84113. Category one credit is offered by the American Academy of General Practice for physicians.

Scholarships from Master Plan funds are also available for Utah judges and attorneys to attend the Criminal Justice Section of the School. Under the leadership of Judge Leon Emerson, an excellent program has been planned for this section this year and sub-sections will focus on special problems of judges and prosecuting attorneys.

Partial scholarships are available to a limited number of other individuals who qualify. If assistance is desired, application should be made as soon as possible.

Two meetings will be open to the public. These are:

**OPEN PUBLIC MEETING:** Tuesday, June 19  
7:30 p.m. - University of Utah  
Special Events Center.

A nationally prominent individual will speak.

A bulletin with additional details will be available later.

**OPEN A. A. MEETING:** Wednesday, June 20  
7:30 p.m. - University of Utah Union  
Building Ballroom.

A special speaker from California will participate in the program.

*For advance announcement with additional information and application form, please contact:*

UNIVERSITY OF UTAH SCHOOL on ALCOHOLISM  
&

OTHER DRUG DEPENDENCIES

P.O. Box 2604

Salt Lake City, Utah 84110

Phone: (801) 487-7866



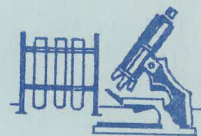
PREVENTION



EDUCATION



TREATMENT



RESEARCH

## FLARE-UP: STRESS TIME IN RECOVERY FROM ALCOHOLISM\*

In recovery from alcoholism, and during the first two years of sobriety there are predictable "STRESS" times which occur. In this article these times will be referred to as *flare-ups*. In understanding flare-ups, it must be remembered that emotional and biological crises are interacting.

It is necessary also to remember that when we talk about the emotions of an alcoholic, we are talking about affective responses which are actually appropriate to the perceptual mode as it functions at the time. We are not talking about what a person might have been prior to the onset of this progressive disease process. We must further refine our thinking by considering that by the time the average alcoholic is in treatment he has already made tremendously unsuccessful attempts to handle the enigma of his problem. He is, in short, one who has been an unrecognized alcoholic for a number of years with the resultant attrition this must produce in the very complex structure of a man.

With this background in mind, it is a good idea, when thinking of the word "ALCOHOLIC" to imagine a human being in whom most reactions are parts of a progressive and continuous confusion, and in whom cognitive distortions are compounded. It is helpful to look at the alcoholic individual as one who is constantly alerted and on guard against the dissolution of his identity, a situation manifested by anxiety.

**ANXIETY:** Anxiety has become a word standing for something bad or evil. It is generalized as the offending instrument underwriting most forms of aberrant behavior. If however one views anxiety as an alerting mechanism which provides or creates the opportunity for coping action, then its significance becomes positive rather than negative. Thus, it is not anxiety per se which deserves therapeutic attention, because by itself it is an adaptional syndrome.

**SUSTAINED ANXIETY** is another matter. The prolongation of an otherwise normal phenomenon becomes diabolical to the host for two major reasons. One deals with the pain attached to the unresolved identity confrontation and the "emotionalism" appropriate to it. It is the opinion of the authors that the identity crisis is the agony, not the anxiety. When unresolved, the agony amounts to annihilation.

There is great hope for the psychiatric casualty who suffers from anxiety, because he is struggling to confront his situation and to establish a more authentic relationship with life. The person who is anxious is in a situation which he feels is potentially threatening to his concepts. Such a situation represents a moment of truth in terms of his identity structure. He may or may not meet the challenge effectively....what he does at such a moment is largely related to his entire experiential past.

*\*Extracts from an article that appeared in The Osteopathic Physician.*

## THE FORGOTTEN CHILDREN . . .

### A STUDY OF CHILDREN WITH ALCOHOLIC PARENTS

*Extracts from a book written by R. Margaret Cork, published by PAPER JACKS, General Publishing Co in association with Addiction Research Foundation of Ontario.*

Who are the forgotten children? "It's too late to make things different for me---but if somebody understands how awful it really is, maybe they will help some other kids." These are the words of Peter who is fifteen, and they illustrate the plight of many children of alcoholic parents. It is time now to take a look at my group of 115 children as a whole.

Considerable research into the causes of alcoholism has been carried out over the past few decades. Great efforts have also been made to treat alcoholism. But only in comparatively recent years have we begun to study the families of alcoholics. At all levels of research and treatment, their children have been grossly neglected. By talking to them, I hoped to gain new insight into the alcoholic and his mate as well as a deeper understanding of the effects of their home life on their children.

Until now, most research on families of alcoholics has been focused on those in the lower socio-economic levels. Very little attention has been paid to those in the middle or upper socio-economic groups....People cling to the idea that alcoholism seldom affects family life except at the lower socio-economic levels....In actual fact, a majority of the children in this study came from middle or upper class families.

*"I don't go places with my friends and their parents because I can't ever take my friends places."*

While the majority of these children said they had playmates or acquaintances, only a few told of friendships in which they felt secure enough to share their troubles. In the average family, children show some reticence in discussing family affairs with others. Where a parent's behavior seems to them to reflect on their own worth, they tend to hide that behavior. Nevertheless the children in most healthy families have at least one close friend with whom they feel free to talk frankly and openly about their parent's idiosyncrasies. By contrast, most of the children in my study tended to try to hide nearly all parental behavior from other children. Thus, their friendships were not as deep as they might otherwise have been.

A few children, particularly the younger ones, said that they occasionally brought friends into their homes. But most said they did not because they were afraid their friends would witness parental drinking or fighting. As a result, most of the children habitually played in the streets.

\* \* \*

The deep respect and trust of a friend is probably the most satisfying of life's experiences....

\* \* \*

UNIVERSITY OF UTAH SCHOOL  
ON  
ALCOHOLISM AND OTHER DRUG DEPENDENCIES

In 1951 the Utah State Board on Alcoholism approved a plan to send 3 people each year to the Yale School of Alcohol Studies which was, at that time, the only school of alcohol studies in existence. Mr. Clyde Gooderham had been hired as Executive Director for the Board on Alcoholism and was one of the individuals sent to Yale that year.

Mr. Gooderham was very impressed with the value of this type of training and on his trip back to Salt Lake City conceived the idea that if Utah could develop a School of Alcohol Studies, many people could receive training for the cost of sending 3 people to Yale. He presented the idea to his Board, and, after a good deal of persuasion, they agreed to let him investigate the possibility of establishing such a school.

His next step was to get permission from the University of Utah to hold the school on campus. The president pointed out that they "had enough problems without a bunch of drunks on campus," and, "it was a controversial subject." Finally, Dr. Harold Bently, dean of Summer School, agreed that the school could be held in the old Union Building on the University campus but the University's name was not to be connected with the School nor could individuals attending be housed on campus.

The Utah Alcoholism Foundation, then known as the Utah Committee on Alcoholism, was asked for support and they agreed to back the venture financially. A budget of \$1,600 was set up for the School, however, in reviewing the Utah Committee assets, it was learned they had only \$8.35.

Committee members, however, vowed they would raise the money and canvassed the entire State for help. By the time June 1952 came, these dedicated people had raised the necessary funds and the first session of the School was held. Including staff members, 103 persons were enrolled. When the bills for the School were all received, the expenses exceeded the income by \$45. Nine of the Utah Committee members each gave \$5 to make that first session of the School of Alcohol Studies an educational and financial success.

Many fine professional people also gave their counsel and support in planning that first School. A few of these should be especially mentioned for the contribution: Mrs. Marty Mann, director of the National Council on Alcoholism, Dr. Ewart Swinyard, Dr. Chester Swinyard and Dr. E. T. Demars. Dr. Demars served as Director of the School from 1954 to 1962 and Dr. Ewart Swinyard has served in that capacity from 1963 to the present date.

The original session of the School consisted of general session lectures with an hour each morning and afternoon allowed for four group sessions. There were 22 lecturers and consultants.

The University of Utah was impressed with the concepts presented at the School and wanted to take it over. The State Board on

Alcoholism and the Utah Committee gave up the School but did set up the sessions under a co-sponsorship which included the University of Utah, Utah Alcoholism Foundation and the Utah State Board on Alcoholism. The University of Utah furnished the facilities, the Utah Alcoholism Foundation guaranteed the School against loss and the Utah State Board on Alcoholism furnished the manpower.

Each year the School has grown in stature and attendance, and has for many years been recognized as one of the best, if not the best, School of its kind in the world. There are now 23 other similar schools in the United States and still the Utah School was able to attract 1,315 people from 46 states and Canada to their 1972 session.

In 1963, the format of the School was changed to 1 1/2 days of general session lectures and 3 1/2 days devoted to 10 specialized workshops. As other interest groups have emerged, additional group sessions have been added to the School.

There will be 17 group sections in the 1973 program.

Through the efforts of Dr. Chester Swinyard, then director of the Rehabilitation Division, University of Utah College of Medicine, a grant was approved through Health Education and Welfare to sponsor a special training course for physicians. It was to be held at the University of Utah Hospital to run simultaneously with the School. The course proved to be very successful and even though Federal funds have now been discontinued, the physicians training course has continued as a part of the School.

As public concern about other drug abuse rose, the planning committee voted to include studies in this area also. In 1971, the title of the School was changed to University of Utah School on Alcoholism and Other Drug Dependencies and in 1972, two separate workshops were added to deal with other drug dependencies.

Last year the University of Utah School on Alcoholism and Other Drug Dependencies was set up as a separate corporation with a Board of Directors made up of representatives from the 3 sponsoring agencies. Since this change, the Utah Alcoholism Foundation has taken on a new role with the School and is now the public relations arm within the State. Through its councils it will encourage individuals throughout Utah to seek knowledge and lend their support not only in coping with alcohol and drug abuse problems, but also emotional stresses imposed by the complexities of living in today's fast moving society.

Utah may be proud of this great School that over the past 21 years has brought information and training to nearly 10,000 people throughout the world.

\* \* \*

Strength and struggle travel together. The supreme reward of struggle is strength. Life is a battle and the greatest joy is to overcome. The pursuit of easy things makes men weak....

--Continued Next Column--

## "OUR LIVES BECOME UNMANAGEABLE"

Everybody's life becomes unmanageable for a while if they get drunk; so everybody in the world could make the admission that their lives were unmanageable when they were flat on the floor, blind drunk.

What I had to admit as an alcoholic was that my life had become unmanageable *"while I was sober."* I knew that I usually made a mess of things when I was drunk, but I thought I was rather a brilliant gentleman when I was sober; and that I was utterly irresistible when I had just a few drinks to bring out the real attractiveness of my personality.

But if I was all that brilliant and irresistible when I was sober, why did I keep on getting drunk again and repeating the mess of last week and last month and last year? In spite of the years of evidence as to what that first drink was going to do to me and to all those around me, my idea of life-management was such that I still thought of taking this first drink as a good idea.

Under my management, I ended up without a friend in the world, disimproving rapidly at work, with a home on the verge of disintegration, bankrupt financially, mentally, emotionally, and spiritually; running like a hunted animal and finding peace only in unconsciousness. Any manager who runs a business like that should be fired, and somebody new put in the driver's seat.

On my own, I CANNOT MANAGE MY OWN LIFE.  
I NEED SOME OTHER POWER THAN MINE.

From: "The Road Back"  
June 1970

☆ ☆ ☆

IT ISN'T EASY ... To apologize,  
To begin over,  
To be unselfish,  
To take advice,  
To admit error,  
To face a sneer,  
To be charitable,  
To keep on trying,  
To be considerate,  
To avoid mistakes,  
To endure success,  
To profit by mistakes,  
To forgive and forget,  
To think and then act,  
To keep out of a rut,  
To make the best of little,  
To subdue an unruly temper,  
To shoulder a deserved blame,  
To recognize the silver lining,  
... BUT IT ALWAYS PAYS!

- As Observed by Dave Gurule

"Perhaps the most valuable result of all education is the ability to make yourself do the thing you have to do, when it ought to be done, whether you like it or not."

...Thomas Huxley...

## DIAGNOSIS OF ALCOHOLISM

For too many years the designation of alcoholism as a *"disease"* has borne a somewhat academic tint. The reason is that diseases can usually be classified, described in detail, their symptoms and manifestations enumerated and their diagnoses defined.

The nature of alcoholism however, has never allowed this degree of accuracy and precision. Its overlap into social and legal sequelae has made it a hybrid problem easily diverted into other fields.

Consequently, though the pressure has been building for the physician to assert his rightful role in detection and treatment of this disease, the means have not always been at hand.

It is highly significant therefore, that the National Council on Alcoholism has managed to develop specific criteria for the medical diagnosis of alcoholism and has organized these criteria into retrievable form.

The fact that these guidelines have been published jointly in the American Journal of Psychiatry and the Annals of Internal Medicine indicates their high priority among large -  
ments of the medical profession.

Despite the specific nature of the published guidelines, however, it would be a serious mistake to think that the diagnosis of alcoholism has overnight become an exact science free of the physician's need to exercise diligence and imagination.

As Dr. Samuel Kaim, Chairman of the Criteria Committee has emphasized: "A purely mechanical selection of items is not enough. The history, physical examination and other observations plus laboratory evidence must fit into a consistent whole to ensure a proper diagnosis."

Earlier, more positive entry into the continuum of treatment must have a solutary effect upon the relationship between physician and patient. But condification of the signs of alcoholism cannot be considered as more than a means to an end.

The physician must still have the desire to become involved in treating the alcoholic patient---with all the attendant pitfalls and frustrations.

The development of the NCA criteria is a major step forward in detection and treatment of alcoholism, but it must become an adjunct, to, and not a substitute for, the physician's own sense of intuition and perseverance.

\* \* \*

.....LAUGH CORNER

Senator was giving advice to some younger politicians. "In a meeting where others were to speak," he said, "I was told I had been allotted five minutes. I began by saying, 'If I speak more than five minutes, I hope you will vote for my opponent, and that he will be elected.' I DID ---AND THEY DID --- and HE WAS."

\* \* \*

HAPPINESS ABIDES NOT SO MUCH IN FORTUNE,  
FAME OR POSSESSIONS AS IN WEALTH OF  
THOUGHT....

\* \* \*



MAYBE THIS EXPLAINS IT...  
Taken from American Issue

Have you wondered why there are so many crazy styles in women's clothing these days? Perhaps it is due to alcohol. Women's Wear Daily advertises that over 90% of its clientele use alcoholic beverages including scotch, rye, bourbon, gin, vodka, rum, brandy and tequila. The 83,000 readers of WWD simply can't get their weird designs and colors and styles from coffee, tea or milk.

\* \* \*

### PROBLEM DRINKING DRIVER

As with all generalized labels, the term, "PROBLEM DRINKER-DRIVER" has its limitations. Because it is his business to design and implement programs which relates to the many kinds of "PROBLEM DRINKER-DRIVERS," Lefty Engebritson, a Re-education and Rehabilitation Coordinator, recently reflected on the meaning of this term.

He noted, that while the ultimate objective for his countermeasure is to assist the problem drinker-driver to reorganize his life around the realities of a problem with alcohol, problems differ with each individual.

Engebritson offered these thoughts on the variety of conditions which produce the "PROBLEM DRINKER-DRIVER."

---IGNORANCE. Many incur problems with drinking as the result of ignorance about the physical and emotional effects of alcohol. Many drivers simply do not realize that alcohol is an anesthetic which impairs judgment, vision and reaction time.

---INAPPROPRIATE DRINKING. Some incur problems with alcohol because they thoughtlessly develop habits associated with alcohol not sanctioned by society at large. Examples of this type of problem are those who drink on the job, or use money for alcohol when they have other more pressing financial needs.

---EXHIBITIONISM. Many young people incur problems with alcohol because they see the excessive use of alcohol as a badge of their independence. These young people many times purposely drink to excess for the purpose of showing off their capacity for booze.

In each of the cases cited above some sort of irresponsibility is operating, Engebritson noted. He concluded by saying that these different conditions (and there are many more) must be taken into account when assisting the problem drinker-driver to reorganize his life around the realities of a problem with alcohol.

\* \* \*

Do you see your setbacks as adversities or adventures? Confinements or challenges? Dungeons or doorways?

\* \* \*

Most of us are just about as happy as we make up our minds to be.

"OUT OF THE MOUTHS OF CHILDREN....."

The Division of Neighborhood Services team, in addition to their routine responsibilities of working with families who have a problem with alcoholism, have been attending schools, lecturing and forming panel discussions on alcoholism. The DNS team believe in the value of presenting such information to school children at an early age. This is an age group that is hungry for knowledge on the effects of drugs (including alcohol abuse) and are at a time in their lives where behavioral patterns are being formed.

After a recent visit to Kearns Junior High School, the students who had been listening to and participating in the panel discussions were asked to write what they had learned about the problem.

..."I think it is someone who drinks and they're dependent on alcohol. Alcohol is a drug and it's like they're addicted to alcohol."

..."I think alcohol is a disease that people get when they have problems in there familys."

..."Alcohol is a very dangerous drug. It helps people with their problems for just a while. Then "pooie" there is their problem facing them in the face again."

These excerpts of letters from elementary and junior high school students express what they feel about the problem of alcoholism---they were written as their minds were fresh from the lectures.

Accurate, aren't they?  
Quite.

\* \* \*

### SEEDS OF MENTAL HEALTH YOU CAN PLANT:

...Be as kind to someone you don't like as to someone you do.

...Be skin-color blind.

...Understand that people who behave badly may be very sad indeed.

...Get a very shy person to talk to you.

...Be patient with people who learn slowly. Even if they are you.

\* \* \*

"Gratitude is a useful art for it lubricates the machinery of personal relations, business, and community life. Gratitude is also a 'fine' art for it nourishes the high nature of man, adds beauty to human life, intensifies all the faculties of mind and soul which make for success . . . . When one comes to a point of decision to live a more joyful life, there is a way to accomplish it. He can begin by mentally reviewing the past week and giving thanks for the good that has come to him, and also giving thanks for each test and challenge ---for these things are always revealing.

## SUPPORT HOME

It has been five months since the Utah Alcoholism Foundation opened the Support Home at 209 Douglas Street. The success of such a facility has been far greater than we had anticipated. It fulfills a need we have had for some time---a facility for men who have completed their alcoholism treatment program within a recovery center and are not yet ready to return to the same environs that seemed to contribute to their problems in the beginning.

The Support Home is funded through the Division of Aging and is for men who are 50 years of age and over.

The success of the facility tells us of the need for other similar operations to enable men of younger years to have a place to live while gaining strength in their fight against alcoholism

A Support Home is neither the beginning nor the end of treatment, but has clearly shown its value in further assisting those who have shown they are "sick of being sick" and who feel they must learn to live and work without alcohol.

The men who are now living in the Support Home are becoming concerned and productive citizens of our community again. Most of them are gainfully employed and are genuinely interested in their full recovery and ready to assist others in gaining the peace of mind and improved self-image that sobriety brings.

We hope that such a program can be expanded to encompass men (and women) of all ages and will strive to bring about such expansion.

\* \* \*

### MY CREED "For Success"

That man is a success who has lived well,  
laughed often and loved much.

Who has gained the respect of intelligent  
men and the love of children...

Who has filled his niche and  
accomplished his task;

Who leaves the world a better place  
than he found it,

Whether by an improved poppy, a  
perfect poem or a rescued soul

Who never lacked appreciation of Earth's  
beauty...or failed to express it!

Who always looks for the best in others  
AND GIVES THE BEST HE HAS!

...Robert Louis Stevenson...

\* \* \*

*There's no future in any job;  
the future lies in the one who's  
doing the job.*

\* \* \*

## PRAYER for STEWARDSHIP.....

*Our God of Spirit and Truth, we live in a money-motivated culture where a person is judged not by who he is on the inside, but by what he is on the outside. In our daily tasks we have submerged the Christian values of stewardship, comradeship, integrity, hard work beneath the secular injustices of underhanded dishonesty, blind ambition, cushioned greed, faulty workmanship. Why have we wasted our time? What have we done with our talents? Why have we lost faith in what You can do through us? We are guilty, Lord, for betraying you into the hands of a material security and for selling our souls for less than thirty pieces of silver. Therefore, liberate us from the illusion that money buys everything and that everything comes at the right price. Forgive us...help us...love us...so that we may possess the vision to recognize the right, the courage to accept your truth, the wisdom to love others through Jesus Christ, our Lord.*

.....Amen

\* \* \*

## ELECTIONS: UAF BOARD OF TRUSTEES

Election of officers of the Utah Alcoholism Foundation Board of Trustees was held in the January meeting.

JOHN O. GRIMMETT, Ph.D., was re-elected as Chairman of the Board. Dr. Grimmatt has long been in the active forefront of the Foundation for more than fifteen years of its development---his dedicated efforts have been instrumental in the development of new programs and accomplishments within the Foundation.

Dr. Grimmatt's acceptance of another period at the helm of the Board of Trustees foretells major landmarks of progress.

DAVID C. STEPHENS has accepted the request that he serve another year as Vice Chairman of the Board. Mr. Stephens has long been a driving force in Foundation matters and exemplifies the resourcefulness and dedication needed to assist the Foundation in its development and resource growth.

RONALD K. AMES was re-elected to the Secretary-Treasurer position and the Board, as well as the Foundation, will benefit from his expertise---his integrity and competence in fiscal matters will be of continuing benefit.

\* \* \*

EVERYBODY IS FACED WITH A SERIES  
OF OPPORTUNITIES BRILLIANTLY  
DISGUISED AS INSOLUBLE PROBLEMS.

\* \* \*

*YOU CAN'T DISCOVER NEW OCEANS UNLESS  
YOU HAVE THE COURAGE TO LOSE SIGHT  
OF THE SHORE.*

\* \* \*



# Utah Alcoholism Foundation

2875 SOUTH MAIN • SALT LAKE CITY, UTAH 84105 • PHONE 487-3276

## NEWS LETTER

JANUARY 1973

Volume 4, Number 1

### AN OPEN LETTER

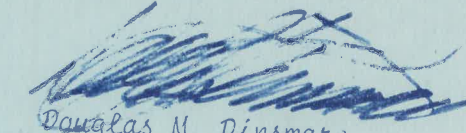
Dear Friends:

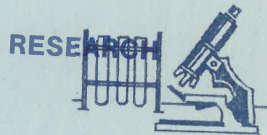
As we begin our 27th year, a major goal is to open and expand the membership of the Foundation. Many who receive this Newsletter are not members and it is to you we address our appeal. It is our belief that in order to provide the best rehabilitative services to the greatest number, a broad membership base, dedicated and devoted to our cause, is mandatory. From our standpoint, interest alone is not sufficient--- we must have commitment! While the membership fee is quite small in itself, the value of having a large membership is incalculable. The type and quality of services provided speak for themselves, however, an important adjunct required for support of present and future programming is a strong membership comprised of those who share our concern for the alcoholic, the illness and its terrible cost to the individual, family and society.

We ask that you review the few major statistics on Pages 3 and 4 and then decide if you would not like to be a part of our organization and to attend us in this work.

Should we merit your esteem, and you believe our efforts to be worthwhile, please join with us. A combination application for membership and return envelope is enclosed. Won't you return it today?

Sincerely,

  
Douglas M. Dinsmore  
Executive Director



## WHAT IS AN ALCOHOLIC ?

At long last, there is a set of rules to define an alcoholic.

For some years, the National Council on Alcoholism, while putting up a dogged fight to prevent or remedy the disease, merely described an alcoholic as:

*"A person who is powerless to stop drinking and whose drinking seriously alters his normal living pattern."*

Even Alcoholic Anonymous, which has both the experience and the research to know a great deal about the problem, says alcoholism could be described as a physical compulsion coupled with a mental obsession.

Now, the National Council on Alcoholism has established definite standards, following a year-long study.

The major indications of alcoholism are:

- ...Withdrawal symptoms, tremors, hallucinations, seizure, or delirium tremens when deprived of alcohol.
- ...Abnormal tolerance for alcohol indicated by the failure to appear intoxicated despite very high blood levels of alcohol.
- ...Continued drinking even when there has been strong medical advice against it, or such social reasons as the loss of job or breakup of marriage.
- ...Daily consumption of a fifth of whiskey, or an equivalent amount of wine or beer. The much lower alcoholic content of the latter two must be taken into consideration.

Here are minor indications:

- ...Physical disorders, such as irregular heartbeat.
- ...Gulping drinks.
- ...Drinking on the sly.
- ...Morning drinking.
- ...Drinking to relieve anger, insomnia, or depression.

But the National Council on Alcoholism says that *"there is no single symptom, laboratory test, or physical sign which is, in itself, specifically diagnostic of alcoholism."*

Most drinkers fall into one of three phases:

**THE SOCIAL DRINKER.** He drinks only occasionally and claims to have innocent and harmless reasons. He could stop for a long period of time and never notice it.

**THE ALCOHOL-DEPENDENT DRINKER.** He drinks every day and depends on alcohol more than he will admit. Having to do without it is a difficult and unpleasant experience, although he will argue vehemently that he can cut it out with no difficulty. During this stage the individual usually becomes a heavy drinker.

**THE ALCOHOLIC.** He has lost control over his drinking, and one drink means another. Alcohol is seriously interfering with every aspect of his life, although he may

---Cont'd next column---

not admit it. There is perhaps even a step between the alcohol-dependent and the alcoholic in which the individual finds alcohol affecting his life. He hasn't honestly recognized that alcohol has become all too important and that it is having more influence on him than he is willing to admit.

....Extract from LISTEN NEWS

\* \* \*

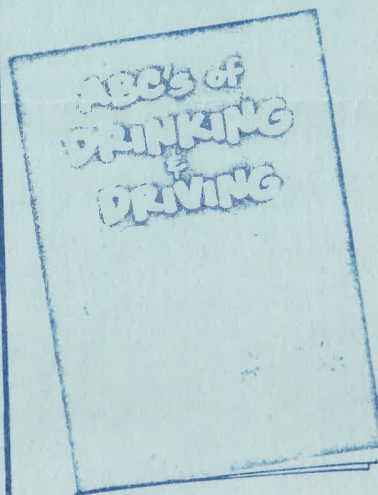
QUOTE FOR THE MONTH:

*"In a kind of frenzy too many of us rush through our days not living life, but consuming it. We are mere machines---the victims of our high-pressure age. Our nervous excesses are responsible for more unhappiness than any other one cause. The haste of modern living is waste in the truest, deepest sense. We are so busy reaching for things beyond us that we miss eternal values which are near at hand...A healthy mind must be housed in an unhurried body...Happy is the man who has learned how to substitute faith for frenzy, and rest for rush."*

...Alfred A. Montapert...

\* \* \*

### Here's a "BEST SELLER"...



...that contains plenty of sobering information about our No. 1 highway menace **DRUNKEN DRIVING!**

"The ABC's of DRINKING and DRIVING" presents the facts on how drinking affects driver's judgment and reactions... dangerous changes caused by even small amounts of alcohol... a program of sensible drinking for people who intend to drink and drive.

The scriptographic style is an effective, easy-to-understand combination of key words and graphics, checked for accuracy by leading authorities.

Alcohol plays a deadly role in at least half of all highway fatalities. You can help cut down this tragic toll by distributing this important booklet (or getting others to sponsor it) in your community.

Available from our Publications Department @ 25 ¢ Each.

STATISTICAL REPORT 1972



OGDEN A.R.C.  
 Capacity: 35  
 Average No.: 24  
 Admissions: 138  
 Discharges: 101



PROVO A.R.C.  
 Capacity: 27  
 Average No.: 24  
 Admissions: 184  
 Discharges: 177



HOUSE of HOPE  
 S.L.C. - A.R.C.  
 FOR WOMEN  
 Capacity: 15  
 Average No.: 7  
 Admissions: 51  
 Discharges: 58



S.L.C. A.R.C.  
 Capacity: 38  
 Average No.: 35  
 Admissions: 201  
 Discharges: 198



ROOSEVELT A.R.C.  
 Capacity: 18  
 Average No.: 8  
 Admissions: 76  
 Discharges: 61



S.L.C. SUPPORT HOME  
 (For aged 50 and over  
 Began operation 9/72)  
 Capacity: 18  
 Average No.: 13  
 Admissions: 22  
 Discharges: 12

AVERAGE TOTAL CAPACITY:	135
AVERAGE NUMBER RESIDENTS:	107
TOTAL ADMISSIONS:	730
" DISCHARGES:	661
AVERAGE OCCUPANCY RATE:	79.8%
TOTAL MEALS SERVED:	116,855



CEDAR CITY A.R.C.  
 Capacity: 9  
 Average No.: 6  
 Admissions: 62  
 Discharges: 54

*The Foundation published, circulated and sold 58,673 books, pamphlets and other pieces of literature.*

*The average circulation of the Newsletter was 4,824. The current circulation is 8,266 in 46 states and 3 Provinces of Canada.*

ABSTRACTED OPERATING STATEMENT\*

SUMMARY OF THE TREATMENT PROGRAM

INCOME:

CONTRIBUTIONS	\$ 19,570.67
" Church of Jesus Christ of Latter-day Saints	
FOOD COMMODITIES:	7,171.26
	<hr/>
	\$ 26,741.93
RESIDENT FEES:	158,586.35
(Includes Uncollected Fees of \$29,507.86)	
ASSISTANCE:	64,282.27
(State of Utah & Political Subdivisions)	
PUBLICATIONS & OTHER INCOME:	43,545.00
	<hr/>
TOTAL INCOME:	\$293,155.55

EXPENSES:

TOTAL EXPENSES: 293,863.91

OPERATING LOSS: (\$ 708.36)

\*Fiscal Year: 1971-72

AUDITORS: Elmer Fox & Co.

An effort is made to have the programs within each Center similar. While the college communities of Salt Lake City, Provo and Ogden have greater professional facilities and personnel services available, considerable uniformity of programming is maintained throughout the Centers.

Professional treatment is stressed in combination with the principles and concepts of the Fellowship of Alcoholics Anonymous.

Each applicant for admittance is interviewed to form a diagnostic impression and screened to determine motivation. On acceptance and admission, the resident's immediate medical needs are ascertained through a physical examination. When indicated, psychological evaluation is ordered.

The program is geared to an optimum 60-day period with periodic progress evaluations. It consists of audio visual lectures and presentations, group and individual counseling, group psychotherapy, open and closed A.A. meetings and 12-Step philosophy. The medical, psychological and psychotherapy services are provided by professional staff consultants representing the various disciplines.

Melieu therapy is structured to each resident in consideration of, and in harmony with, the group. Vocational counseling and placement services are provided.

NOW CONSIDER THIS.....

There are many statements which could be stressed such as these:

- ...Alcohol is America's Number 1 drug problem.
- ...45 million persons (9 million alcoholics plus 36 million close friends and relatives) are living in anguish and chaos because of the ravages of alcohol.
- Note: (Many other facts from the *Alcoholic Scoreboard* can be emphasized.)
- ...Alcoholism begins with social drinking.
- ...80% of the alcohol is consumed by 20% of the drinkers---the alcoholics and the problem drinkers.
- ...Brain damage results from the consumption of small amounts of alcohol.
- ...How can parents who are "hooked with martinis" condemn their children for fooling with "pot"?
- ...55% of the highway fatalities are the result of alcohol.
- ...At \$140,000 estimated cost for each fatality, the alcohol-related deaths cost nearly \$4 billion per year.
- ...Alcoholic rehabilitation is vital (How much more vital is prevention?!)
- ...Is life so tough that Americans have to depend on alcohol and other drugs just to keep going?!
- ...What better way to get along with liquor than to get along WITHOUT IT?

-Continued next Column-

- ...Alcohol has now reached an all-time high in per capita consumption. ISN'T IT HIGH TIME AMERICAN FACED THE FACTS ABOUT ALCOHOL?
- ...AMERICA now leads all other nations in consumption of distilled spirits. IS THIS A RECORD TO BE PROUD OF?!

\* \* \*

PEACE IS NOT MADE BY TREATIES OR AT THE COUNCIL TALKS BUT IN THE HEARTS OF MEN.

\* \* \*

LIFELINE

Man is biologically distinguished from other members of the animal kingdom by his high degree of ability to learn. He grows mentally by his accumulation of knowledge and his experience with that knowledge. Therefore, it is important that man devote a certain amount of his time to learning.

---Cecil A. Poole---

\* \* \*

Anyone who can anger you can conquer you

ADULTS SHOULD PROVIDE YOUTHS WITH SOUND  
DATA ON DRINKING

"Since two of three adult Americans use alcohol today, it is not surprising that teenagers experiment with drinking," says Dr. Morris E. Chafetz, Director of the National Institute on Alcohol Abuse and Alcoholism.

"Children learn more from observing their parents and other adults than they do from anything else," Dr. Chafetz writes in an article, "THE TIPPLING AMERICAN: ON THE ROCKS", in the May issue of PTA Magazine. "The example that parents set in their own drinking habits has a fundamental, strong, and lasting effect on their child."

He continues, "It's up to adults, therefore, to make certain that young people receive sound information about the use of alcohol. They need facts -- nothing less -- in order to decide, when the time comes, whether they themselves will drink."

Dr. Chafetz pointed to signs of "an alarming increase in drunkenness among teenagers."

Arrests of intoxicated boys 18 and younger have more than doubled and arrests of intoxicated girls of the same age have more than tripled during the last decade, he said.

Dr. Chafetz said both parents and young people should be aware that:

..."IT IS NOT ESSENTIAL TO DRINK."

No one should be pressured into drinking.

..."EXCESSIVE DRINKING DOES NOT INDICATE ADULT STATUS, VIRILITY OR MASCULINITY."

..."UNCONTROLLED DRINKING OR ALCOHOLISM IS AN ILLNESS," and an alcoholic person can and should be helped.

..."SAFE DRINKING DEPENDS ON...EARLY DEVELOPMENT OF HEALTHY ATTITUDES TOWARD DRINKING; PREVENTION OF HIGH INTOXICATION LEVELS; RECOGNITION THAT DRINKING IS DANGEROUS WHEN USED IN AN EFFORT TO SOLVE EMOTIONAL PROBLEMS; and A PUBLIC ATTITUDE THAT DRINKING TO THE POINT OF INTOXICATION IS SOCIALLY UNACCEPTABLE."

"Alcohol education should not be restricted to education about alcoholism or alcohol... (but) should be considered as only one specific topic of education about living, coping with life, and developing self-respect."

"The need for responsibility should also be stressed in a youngster's decision on alcohol use," Dr. Chafetz said, "Before making this decision, a youth should be encouraged to review the possible consequences of drinking and he should understand 'THAT IF HE CHOOSES TO DRINK, HE MUST NOT RUIN HIS OWN LIFE OR THE LIVES OF OTHERS THROUGH THE ABUSE OF ALCOHOL'."

*This, in the broadest sense, is what is meant by 'RESPONSIBLE DRINKING.'*"

In advising against the use of alcohol to cope with problems, adults should help young people understand that "alcohol can't change the reality of a difficult situation . . . only an individual's perception of a problem."

\* \* \*

SECOND ANNUAL CONFERENCE

The second annual Conference of the Greater Salt Lake Alcoholism Coordinating Services Council will focus on the possibility of diverting a percent of liquor revenue into alcoholism programs. The Conference, hosted by the Veterans Administration Hospital, will be held October 25th from 9:30 a.m. to 4:30 p.m., at the V.A. Little Theatre.

Representatives from all phases of alcohol treatment and education will discuss their services and present an overview of the kinds of services that need development and expansion.

Everyone concerned with the problems of alcohol abuse and alcoholism has experienced a sense of frustration over the increase in official recognition on one hand and the decrease in available funds on the other. It is believed in some areas that State liquor profits are a logical source of fun and such enabling legislation may be introduced in the next session of the Legislature.

Those interested in learning about alcoholism programs and helping develop support for legislation are invited to attend the Conference.

\* \* \*

Salt Lake City A.R.C.

OPEN HOUSE

SEPTEMBER 28TH

6:30 P.M.

PRIME RIB DINNER

\$1.50 per plate

Everyone is invited to attend this annual affair. Renew acquaintances, make new friends, tour the facilities.

\* \* \*



# Utah Alcoholism Foundation

2875 SOUTH MAIN SALT LAKE CITY, UTAH 84115 PHONE 487-3276

## NEWS LETTER

SEPTEMBER 1973

VOLUME 4, Number 8

### TREATMENT EFFORTS MUST DEAL WITH PROBLEMS BEHIND DRUGS....

I AM Mr. ALCOHOL

Personality is a more important factor than pharmacology in the treatment of chemical abuse the medical director of a special unit for alcoholics and drug addicts has stated.

Dr. D. L. Peterson, M.D., of the Willman State Hospital of Minnesota, bases his observations upon the treatment of about 1,800 patients a year.

"The effectiveness of what you do depends upon the people behind the drugs, and behind the alcohol."

"We have to be very careful about zeroing in on agents as the problem. It's people who are the problem."

The problem of chemical dependence is not restricted to young persons. Most alcoholics are adults, and so are most narcotic addicts and many of those using hallucinogens.

"We're dealing with an adult world of unrest, an adult world of violence, an adult world of dependence, and we wonder why young people respond in the same way!"

"Acquisitiveness current in modern society makes it stressful. There is a widespread concept that 'everyone is omnipotent and can always do better', and the demands made by this philosophy may lead to chemical abuse."

The answer to stress is not just another tranquilizer.

He noted that chemical agents offer an immediate change in outlook for those who feel they cannot otherwise cope with the pressures of continuously improving education, financial stature, family life or health.

"Ultimately, the process of INSTANT RELIEF from the pressures of life becomes a new and more threatening problem than the ones the person tries to escape", Dr. Peterson reminded.

Chemically-dependent persons tend to regress rather than progress in the maturation process of life.

I am more powerful than the combined armies of the world;  
I have destroyed more men than all the wars of the nation;  
I am more deadly than bullets, and I have wrecked more homes than the mightiest of guns;  
I am the world's slyest thief, I steal millions of dollars each year;  
I spare no one, and I find my victims among the rich and poor alike, the young and the old, the strong and the weak; Widows and orphans know me;  
I loom up to such proportions that I cast my shadow over every field of labour;  
I lurk in unseen places, and do most of my work silently;  
You are warned against me, but you heed not;  
I am relentless;  
I am everywhere---in the home, on the street, in the factory, in the office, and on the sea;  
I bring sickness, degradation and death, and yet few seek to destroy me;  
I destroy and crush, I give nothing and take all;  
I am your worst enemy. I am MR. ALCOHOL.

\* \* \*

#### LAUGH CORNER

Personnel director of large manufacturer received government questionnaire which asked, among other items: "How many employes do you have, broken down by sex?" The director answered: "Liquor is more of a problem with us."

# Does Success Spoil The Alcoholic?

Mark M., 55, worked hard during treatment, achieved his sobriety, and went home to live a normal life for the first time in 20 years. He lived happily every after. Right?

Wrong! His wife didn't like him any more. She says he's no fun now that he's sober. Their marriage is coming apart at the seams.

Fred S. married Sandra when he was 32. He was drinking heavily even then. But now that he's sober for the first time in many years, Sandra says she feels like she's living with a stranger. "He's definitely not the man I married," she says, "I think I liked him better when he was drinking."

But for most, that's only the starting point for a whole new set of problems and readjustments that can be as awesome as any actual physical or psychological craving for alcohol.

Clearly, an alcoholic is faced with a tremendous obstacle to sobriety when confronted with a spouse or a family that reinforces the drinking pattern. Whether such reactions to a recovering alcoholic are overcome or not, they are quite human and understandable.

The spouse may be fulfilling many personal needs by dominating the alcoholic. "When he was drinking, I really felt he needed me," one long-suffering wife said. "To be honest about it, there were times when I think I wanted him to start drinking again so he would need me as much as he used to."

This wife successfully made the difficult adjustment to a new relationship with her recovered husband. "What we are developing now is so much more beautiful," she says, "When he was drinking, I felt needed. Now I feel wanted which is something entirely different. Being needed is fine. But being wanted is much, much, better."

One successfully recovered alcoholic told how he made a special effort to include his wife in the process of rearranging his lifestyle. "I tried to make her feel that our relationship is closer now than it has ever been. I let her know that she had done a great deal for me. She responded by telling me that while she helped, it was ME that accomplished the sobriety. By supporting each other's needs in this way, we grew together and shored up our strengths. After going through hell together, life has become a beautiful thing for both of us."

An alcoholic helps himself by permitting his wife to share the spotlight with him while friends and family shift their admiration from the martyred spouse to the rehabilitated alcoholic.

It helps when a family works together to convince an alcoholic that he's worthy of being successful -- that they'll support him and love him as he really is without the backing of a bottle. As one happily recovered alcoholic put it, "The attitude of my wife and children changed when I stopped drinking. They were so happy that it was like being on a honeymoon all over again. Even my dog's attitude changed for the better. Now, when I take him for a walk, he knows he's not just an excuse to get out of the house so I can get another bottle. Even animals can sense the difference."

But even with the encouragement of a loving family (and a dog), the price of sobriety is tremendous. And the whole family must help pay the price. As one alcoholic said, "I was working out my own problems, but my family had just as difficult a time adjusting to the changes in me."

One of the things the alcoholic misses is the attention he was able to gain by drinking. Any attention, even if its negative, is better than no attention. To remain sober, the alcoholic must give up alcohol as an attention-getting mechanism and learn new, constructive ways to fulfill the same needs. The spouse can really help here. One wife who was extremely successful helping her husband recover, explained it this way: "Now he gets more attention than when he was drinking. And I give it him because I want to -- not because I have to anymore. It's a beautiful thing that way."

Does success spoil the alcoholic? Well, perhaps, in some ways it does. Certainly in many cases, he's not the good-time Charlie he's been as a clown or as a person.

Good 'ole Charlie may have to sacrifice a great deal to gain his sobriety. At times, it may not even seem worth it. But Charlie has to learn to live with his alcoholism.

The rewards are hard to measure. The alcoholic gains absolutely nothing with his sobriety. In fact, he may have already lost a great deal along the way. The alcoholic has already lost the right to live a completely normal life. But he can make it meaningful once again. That is, if he takes his life one day at a time!

\* \* \*

Families can be dissolved in alcohol. But the buffering effect of family therapy can stop the action.

\* \* \*

MORE MEN FAIL THROUGH LACK OF PURPOSE THAN LACK OF TALENT

THE GREAT THING IN THIS WORLD IS NOT SO MUCH WHERE WE ARE, BUT IN WHAT DIRECTION WE ARE MOVING.

...OLIVER WENDELL HOLMES.

\* \* \*

EDITORIAL...

ADDICTION RESEARCH FOUNDATION of ONTARIO  
...LAWRENCE PURDY, Ed.

Dealing with the abuse of alcohol and drugs has been characterized by an incredible and often contradictory range of recommended solutions. The way out of the chemical dilemma runs the gamut from legislative control to informed personal choice.

The riddle is compounded by the realities of conflicting values, new information, and constant change in the context and climate of society. In its "REPORT TO THE NATION" a few years ago, a U. S. Commission appeared to commend a national capitulation to prevalence of alcohol use in society. Hope, it seemed, was to be found by improvements and increases in the occasions and opportunities to purchase and consume beverage alcohol. One aim was to diminish the mystique and preoccupation with drinking by establishing norms for the circumstances, frequency, and amounts consumed. In short, RESPONSIBLE DRINKING.

More recently, with the rapid increase in the chemical inventory, social and cultural rationales for drug use have almost mimicked those conclusions by espousing the concept of personal freedom, responsibility, and "appropriate use". Both points of view conflict with the evident relationship between overall consumption and consequent personal and social damage.

Research, treatment, and educational programs---important in developing social policies and controls---have tended to focus on prevalence and incidence of alcohol and drug abuse. However, an alternative which seems forgotten in the debate is NON USE. When alluded to, non-use often gets brief, even condescending mention as an option. While our knowledge about the drug age increases every day, much less is really known about those for whom chemicals, whatever the substance and circumstance, have little or no relevance.

There ARE people who do NOT drink alcohol. There ARE kids who are NOT into drugs. More needs to be known about, and heard from, those whose lives are founded on convictions instead of chemicals. There is a place for a viable and articulate position which could be called, in short, RESPONSIBLE ABSTINENCE.

The struggle for normalcy in the American family is a long and hard one when the alcoholic comes home from treatment. But a fervent desire for



happiness can give the family the fortitude it needs to withstand the hardships of a complete revolution in inter-relationships.



9 of 10 STUDENTS SEE NEED TO LEARN MORE ABOUT  
ALCOHOL

A survey indicates that 9 of 10 high school students are eager to learn more about alcohol and drinking and believe there is a great gap between what they are taught in the classroom and what they need to know. Gerald Globetti, PhD., a sociology professor at the University of Alabama, said these findings resulted from a poll of 440 students.

Dr. Globetti contended that both parents and educators have failed to provide the broad alcohol education that teenagers require to cope with what he calls "our drinking society".

He advises parents to stress adult behavior and moderation in instructing their children about drinking.

Dr. Globetti expressed the opinion that young people will not accept the idea of a complete prohibition of drinking. The goal of educating young people about alcohol should therefore be to encourage responsible drinking habits in those who make the decision to drink.

He suggested that parents point out the harmful effects of alcohol in a factual way to help prepare their children to make this decision.

Alcohol education has failed, Dr. Globetti contends, largely because it reflects what the older generation thinks younger people should be told rather than being directed to what youths want to know. When young people detect such a bias, they stop listening to their elders. They continue to say, when asked, that they would rather go to their parents for information on drinking---but only if the latter are knowledgeable, understanding, and trustworthy.

Despite its inadequacies, education---rather than prohibition or use of the legal system---holds forth the best promise of achieving the goal of controlling alcohol abuse, Dr. Globetti said.

Dr. Globetti was critical of the textbooks and course offered in schools on alcohol. They present the pharmacology of alcohol, and a description of the social problems it causes, but little or nothing on the real concerns of the students---the cultural and social functions of alcohol and its role in the daily lives of individuals, he said.

The failure of both parents and educators to give needed information drives youngsters to seek enlightenment about drinking from their peers. The net result, Dr. Globetti says, is "an exchange of ignorance and hearsay."

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Best thing to keep a man on his toes  
is somebody on his heels.

M E M O R A N D U M

TO: All Teaching Staff  
FROM: FENTON MOSS, Project Director  
U of U Alcoholism Training Center

SUBJECT: Change in "Teaching Definition"  
Alcoholism.

In researching definitions for the film strip, "What is Alcoholism?", I am now defining "Alcoholism" as: "A CONDITION OF DEPENDENCY ON ALCOHOL WHICH ALTERS NORMAL FUNCTIONING AND PERMITS THE ESCAPE FROM OR THE ENHANCEMENT OF ANY LIFE SITUATION."

This definition delineates two major characteristics of alcoholism: (1) dependency on alcohol, and (2) alteration or normal functioning. Alteration of normal functioning can mean either (a) interference or decrease in normal functioning, or (b) enhancement or increase in normal functioning. The main point is that the alcoholic is "dependent on alcohol" -- whether drinking interferes with or enhances his functioning.

This definition helps us account for those persons who are dependent on alcohol in order to function and/or whose drinking appears to improve their functioning -- with dependency or need for the drug alcohol being the main identifying characteristic of alcoholism.

This definition also helps us deal with the apparent movement in normal functioning in some persons during the period following the first drink or two, when his, or her, functioning is exhilarated or enhanced rather than depressed or decreased. Here again, the main point, regardless of whether normal functioning is improved or depressed, is the fact that the person "depends on alcohol" to alter his functioning. When this occurs, whether it is a small amount of dependency or a large amount of dependency, we have identified the condition called "alcoholism".

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BELIEVE IN SOMETHING BIGGER THAN YOURSELF

We all believe in the importance of money, prestige, service, and person growth, and we all work for these things, but with this difference: The unhappy person usually thinks of these things for others as well as for himself. The happy person believes in and dedicates himself to all those things that are bigger than he is: FAITH, LOVE, BEAUTY, TRUTH, HONOR, LOYALTY. The happy person believes that life is good and then sets out to make it so.

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The man who wastes today lamenting yesterday  
will waste tomorrow lamenting today.



# Utah Alcoholism Foundation

2875 SOUTH MAIN SALT LAKE CITY, UTAH 84115 PHONE 487-3276

## NEWS LETTER

OCTOBER 1973

VOLUME 4, Number 9

### Did you know this about alcoholism?

There are some 100 million persons over the age of 15 in this country who drink. Of these, an estimated 9 million are alcoholics.

Alcoholism is a complex, progressive illness. Alcoholics are sick, just as people suffering from any disease are. If not treated, alcoholism can end in permanent mental damage, physical incapacity, or early death.

The average alcoholic is a man or woman in the middle thirties with a good job, a good home and a family. Less than 5% of alcoholics are found on Skid Row.

Some 6.5 million employed workers are alcoholics. Loss of productivity because of alcoholism has been computed at 10 billion dollars annually.

Forty percent of all male admissions to state mental hospitals suffer from alcoholism.

Alcoholism accounts, directly or indirectly, for 40% of the problems brought to family courts.

Thirty-one percent of those who take their own lives are alcoholics. Their suicide rate is 58 times that of non-alcoholics.

Alcoholism is treatable. Effective business and industry employee alcoholism programs show recovery rates of 65 to 70%.

Alcoholics Anonymous in the United States now has a membership of some 400,000 persons.

Education, early detection and community treatment facilities are the greatest forces operating today for the control and reduction of alcoholism.

Alcoholism ranks among the major health threats to the nation, along with cancer, mental illness and heart disease. It is the nation's number one drug problem. Yet the U.S. Department of Health, Education and Welfare has termed alcoholism this country's most neglected disease.

NATIONAL COUNCIL ON ALCOHOLISM, INC.

#### What Is One's Bottom?

To hit bottom is to reach the quiet of despair that makes it possible to hear the tough, harsh voice of reality, causing one to accept the disease concept, the crisis in one's life, and the identification of one's self as an alcoholic.

Through the three solid virtues of honesty, willingness and humility, one must find new methods of reducing tension, (the main source of an alcoholic's tension being frustration, conflicts, and threats). As these tensions lessen through therapeutic intervention, be it professional, AA, or religious, to quote Dr. Carl Jung, "A psychological conversion can take place." The wall of resistance is breached, and one is able to start a personality reorganization process through which total surrender replaces mere compliance, either in a treatment facility or in AA.

----Cont'd next Column----

At this point a sense of responsibility and independence, of giving rather than receiving, a graduation from egoism and competitiveness to cooperation and love for another human being, the ability to know fact from fancy, a knowledge that hate, anger and cruelty are weaknesses, and that gentleness, kindness, and goodwill are strengths, a flexibility to adapt to changes and misfortunes, these are the results of this psychological conversion.

Then and only then can one find peace with the God of his choice, and a sober, happy life.

Anonymous

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#### HEALTH NOTE.....

Now that the age of cheap beef and cheap gasoline is gone (probably forever), maybe some of us will do more walking, put on less weight and live longer, healthier lives!!

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DRINKING MAY AFFECT MEMORY. . . .

There may be a connection between that highball before dinner and an inability to remember old What's-his-name's phone number.

All drinking, even light social drinking, apparently harms the brain and damages the ability to remember, says Dr. Earnest Noble, professor of psychiatry, psychobiology, and pharmacology at the University of California at Irvine.

Regular social drinking -- "The chronic ingestion of small amounts of alcohol, the way most people drink" -- such as a highball before dinner, a Saturday night cocktail, or a beer in front of the television every night -- may be responsible for enough brain damage to cause the annoying forgetfulness that afflicts many people in middle age, Dr. Noble says.

Alcohol damages the ability of the brain cells to make proteins and RNA or ribonucleic acids, which play a crucial role in "consolidating memory traces" he says.

"The important thing is that consolidation of memories is an actual physical or chemical process. Something really changes in the brain."

Studies have shown that alcohol shrinks the brain, he says, but the most important indication of this research is that there is always some effect, even from small doses.

Dr. Noble's experiments included examination of a special strain of laboratory mice, who were given a mixture of 90 percent water and 10 percent alcohol to drink for long periods.

Examination of their brains proved that even this weak mixture caused the brains of mice to lose much of their ability to manufacture protein molecules. Other mice of the same strain, given pure water, retained the protein-making ability.

### Editorial

## Balance Sheet

Any business must from time to time produce a balance sheet in order to show its true condition and how its products or services are faring.

Each year the liquor industry brings out what it calls a "facts book" to show its operations for the year. Its 1972 edition presents a picture as rosy as a summer sunset. Of course it complains of taxes it considers too high, and it shows a little embarrassment that some of its customers abuse its product. Basically, however, it passes lightly over these rough spots.

On the other hand, it boasts of its conviction that "fostering sound drinking practices is of basic value in preventing alcohol abuse." It talks of "responsible drinking" and of alcohol's place in "a more mature society."

It lists what are considered to be "constructive culture attitudes" as shown by the fact that now 73 percent of the nation's 130.7 million adults are drinkers, and that geographic areas permitting legal sales now encompass 95 percent of the population.

It points to an increase of 4.6 percent in apparent consumption during 1972, a gross industry product of \$25.6 billion, and revenues to governments of \$10.1 billion—a record, it says, "in keeping with its responsible performance over the years."

It is obviously very happy over the 16 states which in 1972 lowered the minimum drinking age, and the two states which liberalized election day sales laws, also the rising trend to allow sales on Sunday.

It looks with pleasure at the growing number of colleges and universities which are "realistic" in permitting on-campus drinking to offset "the off-campus excesses of the past."

It says that "the pastoral responsibilities of the major churches with regard to alcohol-related issues are receiving increasing emphasis and clarification," one such "clarification" being that "temperate consumption is compatible with morality."

On traffic problems, it carries on a "Know Your Limits" campaign to educate "the vast majority of normal, social drinkers." This, it says, is a "comprehensive, humane" program to replace "simplistic crack-down 'solutions' and propagandistic sloganeering."

This, then, is one side of the balance sheet—but only one side. A glimpse at the other side, is afforded—the December, 1971, report on Alcohol and Health by the Secretary of Health, Education, and Welfare to the U.S. Congress.

This shows alcohol to be "the most abused drug in the United States," its problems having reached "major proportions."

Alcohol drains the economy of some \$15 billion a year, costs 28,000 lives on the nation's roads. The ratio of alcohol-related fatalities among young people rising to six out of ten highway deaths. Public intoxication alone accounts for one third of all arrests annually. But, with other alcohol-related offenses included, the ratio rises to between 40 and 49 percent.

An estimated 5 percent of all adults in the nation "manifest the behaviors of alcohol abuse and alcoholism." Some nine million men and women are alcoholics.

And all this says nothing of major crime involvement, family problems, political interference, environment pollution tendencies, and loss of physical health, mental acuity, and emotional stability.

This is the other side of the balance, a side that is as dark and foreboding as a tornado cloud, a side ignored by the industry's "facts book."

But, to be accurate, the balance sheet of any business must show both debits and credits!

..Editor "Listen" Magazine

## WE CAN HELP THE ALCOHOLIC BY CLOSE ADHERENCE TO THESE FIVE "R's"

### RECOGNIZE . . . . . IS FIRST

*We must learn to recognize the problem basically as an illness, and we must learn to recognize the alcoholic basically as a sick person who needs help.*

### RESPECT . . . . . IS SECOND

*We must learn to respect the alcoholic as a human being -- as we respect the man with an ulcer or with a heart condition. We must not condemn him as a wino and a vagrant, as a weakling and as a bad actor. We must help him restore his health and self-respect.*

### REFER . . . . . IS THIRD

*We must recognize the fact that the alcoholic needs competent help. We must learn about existing community facilities, and we must help establish facilities where none exist. We should refer the alcoholic to the proper agency or service -- and follow through.*

### RECLAIM . . . . . IS FOURTH

*Labor and management and treatment facilities must work together to help reclaim the alcoholic person to full employment on the job and a first class citizenship in the community.*

### READJUST . . . . . IS FIFTH

*We must help the alcoholic person to readjust himself to life, to his job, to his family, to his fellow workers and to his fellow citizens -- and yes, to some of the same tensions and frustrations without returning to the bottle. Here, may we suggest the slogan -- "TO BATTLE WITHOUT THE BOTTLE !!"*

### LAUGH CORNER....

The boss was very angry. Calling the bookkeeper in, he shook his fist furiously at him.

"Look here, Smith! Your work is getting messier every day. See this 3? Why, it looks like a 5!"

"It is a 5, sir."

"Then why," the boss roared, "does it look so much like a 3?"

### R E M E M B E R

### PLAN TO ATTEND !

The Second Annual Conference of the Greater Salt Lake Alcoholism Coordinating Services Council -- OCTOBER 25th

V. A. HOSPITAL THEATER

500 Foothill Drive

(Please use parking lot South of Building)

! Time !  
! Change !  
1:30 p. m.

Representatives from all phases of alcoholism treatment and education will discuss their services and present an overview of the kinds of services that need development and expansion.

WE LEARN HOW TO MAKE DECISIONS BY MAKING MORE DECISIONS.

\* \* \*

Do you know how much \$1 billion really is? It would take almost 2,000 uninterrupted years of receiving one dollar every minute of every day, 24 hours a day, 7 days a week, until you finally collected \$1 billion. That is, if you could live that long!

\* \* \*

### AN INCESSANT CYCLE

Alcohol, long thought of as a sleep-inducing agent, has been shown actually to retard the anxiety-relieving effects of sleep. According to a study by Dr. Paul M. Roman of Tulane University, consumption of alcohol prior to bedtime will help bring sleep, but will also diminish REM (rapid eye movement) which signals dreaming sleep. As it is dreaming sleep which reduces anxieties accumulated through the day, lack of it will increase anxiety the following day. Dr. Roman finds that when one spends a sleepless night, he is inclined to rely on caffeine beverages for stimulation. At night, finding it difficult to unwind, the individual will dose himself with alcohol, thus reducing REM and guaranteeing yet another anxiety-ridden day. ALCOHOL IS, INDEED, A MANY-BLADED SWORD.

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\* \* \*

### OPEN HOUSE

CELEBRATING

OUR FIRST ANNIVERSARY

OCTOBER 31, 1973

4 to 7 P.M.

Salt Lake County

DETOXIFICATION CENTER

COUNTY COMPLEX

175 East 21st South

ALCOHOLISM PROGRAMMING  
PAYS YEARLY DIVIDENDS  
TO UTAH EMPLOYERS  
AND EMPLOYEES

The stakes are high! In the face of tremendous inflationary pressure, Phase 4 restraints, dramatic stockmarket fluctuation and dismal future economic forecasting, Utah's businessmen are increasingly concerned about the high costs of operations. New assistance offered through the Occupational Services Program at the Division of Alcoholism and Drugs offers surprising dividends with very little expense to the employer. High costs of absenteeism, botched work, and related costs within the nation's work force, recently were reported at \$8-billion to \$10-billion a year. The financial loss is small compared to the loss of workers and families destroyed through the affliction of alcoholism and problem drinking. The problem is not confined to any particular industry or to any particular level in the industrial hierarchy.

A generation ago, firing the alcoholic worker would probably have been the one recourse for most employers. This action reflected the attitude that the alcoholic had to hit rock bottom, redeem himself, and dry out, before he was re-employable. Terminating is costly, however, in terms of re-hiring and re-training. Modern managers, faced with the demands of social responsibility and a need for better management techniques, are questioning the wisdom of "firing and rehiring".

"Occupational Programs can be designed for any employer, large or small", states Lorraine LaTulippe, Director of the Occupational Services Unit and consultant to the Occupational Program for Utah State Employees.

Changing personnel policies of "fire and re-hire" is one of the first steps of the new approach. The dividends are gained in the employer's unique ability to deal with the problem "where it's at" -- on the job.

While occupational programs emphasize job performance and early identification of troubled employees, supervisor referrals are generally small in number compared to voluntary requests for assistance made by employees and their families. Built-in protection of confidentiality and company concern for an employee's job security, gradually establish a high feeling of trust and credibility in services. Effective alcohol or "troubled employee" programs have a recovery rate of

60% to 80%, double that of any other kind of alcoholism treatment programs.

Mrs. LaTulippe and Ms. Yvonne G. Dehm are currently assisting companies in creating employee alcoholism programs. The technique they teach will be those found in the most successful company programs today: *RATHER THAN FIRE THE PROBLEM WORKER, THE EMPLOYER ASSISTS HIM TO OBTAIN TREATMENT while keeping a clear understanding that alcoholic behavior will not be tolerated indefinitely.* Although the humanitarian and social benefit is a primary consideration for most employers, the financial dividend to business is also attractive. Mr. James Ray of Employers Insurance of Wausau, consultant to several companies, estimates an employer saves \$10 in losses for every \$1 invested in a program.

It is a conservative estimate, based on statistics found by local industrial programs and national organizations, that there are 22,200 problem drinkers in the Utah employed work force. By establishing a process whereby appropriate corrective action may be taken, valuable manpower can be retained and efficiency and productivity increased.

Several Utah employers are leading the way. Employee Assistance programs, or troubled people programs, are now operating for employees at Kennecott Copper Corporation, Union Pacific Railroad, Hill Air Force Base, Ogden Defense Depot, Tooele Army Depot, and also for Salt Lake County and Utah State Employees.

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*OPTIMISM is one of the most significant factors in the maintenance of health, and one which is generally not given the attention it deserves by patients ---although medical authorities have long acknowledged the value of a positive attitude of mind as an adjunct to good health ....If a man thinks himself well, he is more likely to be well, or get well quickly, than if he broods over real or fancied ailments and, by doing so, makes them worse.*

---DIANA DUPRE---

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DID YOU KNOW that man is the only member of the animal kingdom who laughs? But that's not so remarkable when you realize that the other members don't have goofy-looking hippies, TV comedies or mothers-in-law to laugh at.



# Utah Alcoholism Foundation

2875 SOUTH MAIN SALT LAKE CITY, UTAH 84115 PHONE 487-3276

## NEWS LETTER

NOVEMBER 1973

VOLUME 4, Number 10

*OUR THANKSGIVING found we soon had much to be thankful for --- we felt gratitude and it felt good.*

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More Americans died on the highways last year (56,770) than in 12 years of armed conflict in Vietnam (56,333). Another 5 million persons were injured in traffic crashes.

Approximately half of these highway deaths resulted from crashes involving abusive use of alcohol -- about 673 per week. In addition, alcohol is a factor in at least 800,000 "run-of-the-mill" crashes yearly.

Approximately 7 percent of all licensed drivers in the U.S. are responsible for 66 percent of all the alcohol-related traffic deaths.

HO HUM !! We've been hearing statistics like these for years. But, like war and taxes, what can be done about them?

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AS THE TWIG IS BENT . . . .

As with most health problems, the key to fighting alcoholism lies in prevention and it is important to begin to shape attitudes at a very early age. Maryland schools have for some time offered alcohol education beginning in the fifth grade with a special emphasis on alcohol vis-a-vis the automobile. This year, selected schools are broadening their approach to discussing alcohol in general and to include younger children as low as kindergarten level. This program will attempt to give children a fuller appreciation of the dangers and misconceptions of alcohol and that the decision to drink should not be made in response to a challenge or because it seems adult. Above all, it is hoped that children will learn "TO FEEL GOOD ABOUT THEMSELVES WITHOUT THE USE OF A DRUG OR ANY CRUTCH."

## Wives Often Drink Alone

There is a lot more alcoholism among housewives than is suspected or discovered, says a noted sociologist.

J. W. Bedell, professor and chairman of the department of sociology at California State University at Fullerton, said that many alcoholic housewives are "9 a.m. to 3 p.m. drinkers" who drink only during school hours when they are alone.

Bedell said a great many housewives, when they begin to fear that their drinking has been noticed by neighbors, persuade their husbands to move to a new town and get a new job.

According to Bedell, about two thirds of women drinkers have had husbands who were alcoholics, and a third of them had alcoholic fathers.

"This is in marked contrast to the general population in which figures show that only about 2 percent of people grow up in families with alcoholic fathers," Bedell said.

Some psychologists have theorized that many alcoholic women grew up in homes where the father adjusted "orally" to day-to-day tensions.

"That is, little compulsive habits such as biting fingernails, gnawing knuckles, working jaw muscles, and chewing the lower lip."

Two other important examples are smoking and heavy drinking. Social psychologists call these habits "oral indulgences," and consider them an indication of emotional weakness.

Their theory, if correct, holds that women who grew up with fathers who are oral indulgers may have learned how to regard men from the



According to sociologists, housewives often drink alone, and often they try to hide their alcoholic problems.

way their passive and weak fathers were treated by their mothers.

"That is, they may have learned to treat husbands with disrespect, either overt or covert, and may have subconsciously chosen husbands who were passive like their fathers," Bedell said.

The natural emotional complications of marriage are thus made more involved and difficult for them to cope with.

In interviews last summer with women in detoxification and rehabilitation programs, Bedell found that most were trapped in pathological marriages.

"A large percentage were beaten by their husbands, were vilified and constantly criticized by them and made to feel worthless," he said.

Another reason alcoholic housewives may be more difficult to detect, according to Bedell, is that women in general seem to function better than men after a long period of drinking.

# THE BIG LIE

## ABOUT MODERATE DRINKING

...PAGEANT MAGAZINE, November 73  
by WILLIAM RAMBO

The editors of PAGEANT magazine bring you the kind of report on alcohol and drinking that has long been necessary. This report does not concern the man or woman who drinks too much. It is not about alcoholism or alcoholics. It is about you -- the average man or woman, the moderate drinker. It shows you exactly what happens to you when you drink even a little. It is not designed to make you stop drinking or to scare you. The editors of PAGEANT drink as much as you do and enjoy it every bit as much. But they learned a great deal from this report, and we hope you will. We also hope you will think as you lift your glass and say, "To your health!"

**WHAT IS ALCOHOL?** It is a poison and acts upon the brain as an anesthetic. We are speaking about ethyl alcohol, which is found in liquor, wine and beer. The very word "intoxicated" means "being poisoned." A Seattle psychiatrist and neurologist says: "Alcohol is a habit-forming drug and should be grouped with the narcotics and barbiturates, for it can produce physical as well as psychological habituation." A toxicologist adds: "Alcohol is a poison classed among the narcotic drugs along with chloral, ethyl chloride, chloroform, ether, toluol and benzol. It acts as poisons act."

**WHO USES IT?** Of adult Americans, 64 percent drink; 70 percent of the men and 58 percent of the women. In their twenties, 70 percent of Americans drink, in their thirties 74 percent. The total percentage of drinking Americans is steadily rising. According to most authorities at least four million of these drinkers are alcoholics. Some estimates run as high as nine and one-half million.

**HOW MUCH DOES IT COST?** Producing what these Americans drink is a **TEN BILLION DOLLAR A YEAR BUSINESS**. Far more than we spend on education.

**IS MORE SPENT ON LIQUOR, WINE OR BEER?** Beer leads the rest, followed by liquor in all its forms, then wine.

**WHY DO PEOPLE DRINK?** People drink from innumerable individual motives, but the main answer to the ten billion dollar question is that they drink because they enjoy it. Social custom exerts its pressure. Even advertising (men of distinction) has an effect.

**WHAT IS AN ALCOHOLIC?** A drinker who has lost control of his ability to stop drinking is an alcoholic.

There is only one kind of person who does not have to worry about the facts in this article -- the man who has never drunk alcohol in any form -- and the man who never intends to drink alcohol.

You have something to worry about if you drink as little as one cocktail at lunch, two before dinner and several on Saturday night. You have something to worry about if you drink only to be sociable on weekends. You have, in short, something to worry about every time you take a drink.

*WHY? Because every time you take a drink you die a little!*

Up to now you may have thought of yourself as a moderate drinker, and, therefore, safe. But, for one thing, the idea that you are safe is a flat lie; and, for another, there is no real standard by which moderation in drinking can be measured. There is no real definition of the "moderate" drinker.

Taking even the kindest definition of "moderation", you are doing yourself progressive physical harm. Beyond a very small amount, alcohol triggers the whole complicated defense and repair system of the body. If the system is subjected to repeated reactions to emergency situations, it eventually is weakened.

Although the body has great regenerative powers, the cells of the brain and nervous system, once destroyed are lost forever. Habitual drinking will cause lasting impairment to brain, nervous system and liver.



### CREEPING DESTRUCTION

Brain and nervous system cells are the first to be affected by alcohol. After destruction by alcohol, they're lost forever. Unlike most other body cells, they cannot be regenerated.

*The pattern of drinking is clearly defined. It rarely varies. It starts with pleasure and ends, if you're lucky, in stupor. But once the pattern becomes a habit, you are on the way to the morgue.*

Alcohol can make you happy, sad, sleepy, sexy, sick, unconscious and dead. Reaction to alcoholic drinks follows a pattern which can be generally charted.

Sooner or later, the moderate drinker who makes a habit of getting drunk begins experiencing "blackouts", or loss of recent memory. Usually, he dismisses them with sheepish apologies to his wife and friends, as social

lapses. Actually, they are red flags of danger. Alcoholism is approaching. The moderate drinker on the downgrade has ample warning if he only recognizes it.

Even one drink affects the uppermost level of the brain, which is the center of restraint, inhibitions and judgement.

For some reason, alcohol seems to have an affinity for nervous tissue. In some way, according to the latest theories, it prevents the nerve cells from utilizing oxygen normally. And it is the very cells of the central nervous system which require much more oxygen in the first place than those of other tissues.

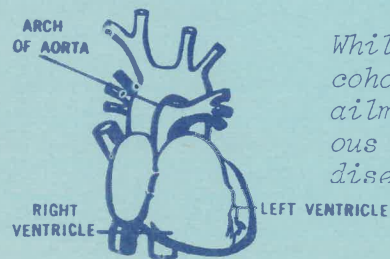
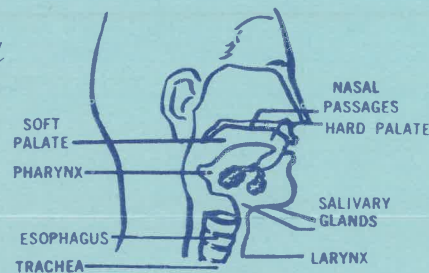
**TOTAL INVASION!** *After only one drink, you can feel alcohol in your fingers and under your skin. You can see it in your eyes. It throbs in your head and it throbs in your feet. WHY DO WE IGNORE ALL THIS?*



More and more, physicians are revising their easy-going attitude toward "moderate" imbibing. *Statistically, they know, one social drinker out of every 15 will wind up as an alcoholic!*

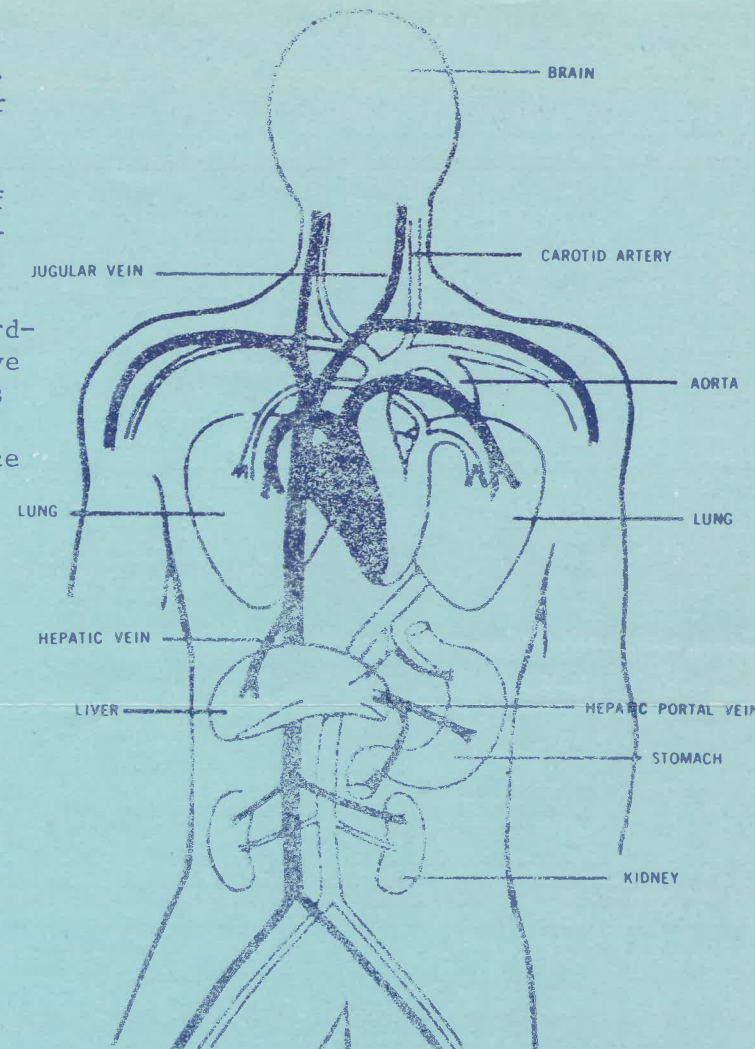
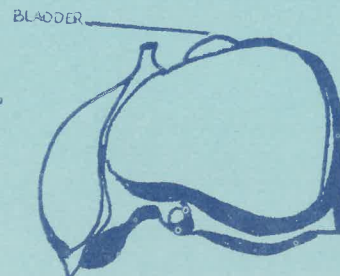
**Liver and kidneys:** It has been discovered that the first stage in the body's oxidation of alcohol occurs only in the liver, with the help of a liver enzyme. Heavy drinking often causes this organ to become swollen, greasy and yellow with fat. Very likely this condition is responsible for the development of cirrhosis of the liver, which occurs among alcoholics about eight times as often as it occurs in the rest of the population.

*Inflammation and actual damage to mouth and throat tissues can result from the frequent drinking of straight whiskey.*



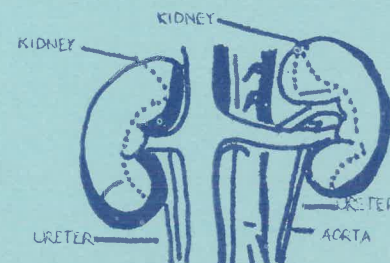
*While moderate amounts of alcohol will not cause heart ailments, drinking is dangerous for a man with heart disease.*

*Liver tissue has a high regenerative power but permanent damage will occur when it's repeatedly exposed to alcohol.*



*These are the major parts of the body affected by alcohol. Analysis of vital organs of one alcoholic-poisoning victim disclosed the alcohol he drank which had not been assimilated was concentrated in two organs and the blood: 47 percent in the brain, 33 percent in the blood, and 20 percent in the liver.*

**Thyroid and pituitary glands, whose endocrine passes directly into blood, are especially sensitive to alcohol**



*The kidneys react to changes in other tissues and organs and are, themselves, subject to troubles caused by alcohol.*

### THE HANGOVER: WHAT CAUSES IT?

The easy one-word answer to this is: "DRINKING"

The type of hangover which most of us get will continue to be cured only by time, sobriety and rest.

**HAIR** of the cog that bit you: Taking alcohol defeats recovery.

'Merry Christmas . . . we were driving home together'



...The liquor industry sells much of its product in the current November-December holiday season. December is far and away the biggest sales month for hard spirits.

...In December, 1971, according to industry figures, sales of distilled spirits reached 47 million gallons, and 38 million in November. The only other month to top 32 million gallons was June.

...Highway safety officials are especially worried since countless Americans travel in the holiday season, many on wintry roads.

...Though facing the general cost-price squeeze in America today, as well as stiff competition, rising taxes, and a tangle of federal, state, and local regulations, the industry turns out substantial, and in some years, outstanding, profits.

...It is estimated that the 9 million alcoholics in the United States each directly touch the lives of almost 4 other Americans, and ring up a social cost of about \$15 billion a year, let alone human suffering. Drunken drivers cause economic losses of \$7 billion to \$8 billion.

...In American industry, 5 to 10 percent of any given work force is likely to be made up of alcoholics. These people take a staggering toll in work inefficiency, added labor costs, as well as enormous rehabilitation burdens to corporate America.

...The total dollar costs in alcoholism to the American economy -- about 15 billion annually -- are way above the industry's \$8.2 billion tax payments. For states and local municipalities, the cost/alcohol-tax differential may be larger.



# Utah Alcoholism Foundation

2875 SOUTH MAIN SALT LAKE CITY, UTAH 84115 PHONE 487-3276

## NEWS LETTER

DECEMBER 1973

VOLUME 4, Number 11

THE  
SPIRIT  
OF CHRISTMAS

~~This Christmas~~

Mend a quarrel.

Seek out a forgotten friend.

~~Dismiss a suspicion replacing it with trust.~~

Write a love letter. SMILE. Share some treasure.

Give a soft answer. ENCOURAGE YOUTH. Keep a promise.

Manifest your loyalty in word and deed. FIND the time.

Forego a grudge. FORGIVE an enemy. LISTEN. Try to understand.

Apologize if you are wrong. ENJOY good music. Examine demands of others.

~~Think first of someone else.~~ BE APPRECIATIVE. Flout envy. Go to Church.

LAUGH. Laugh a little more. Deserve confidence. Take up arms against malice.

Decry complacency. GLADDEN THE HEART OF A CHILD. Welcome a stranger.

Take pleasure in the beauty and wonder of the earth. BE PATIENT.

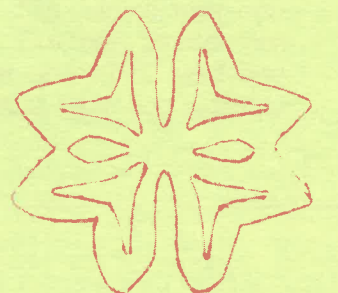
Enjoy the quiet of solitude. Cast aside anger. Be unafraid.

Be not ashamed to speak your love.

EXPRESS your GRATITUDE.

BE GENTLE.

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E



IF we could do whatever we want to do,  
to make complete your gladsome Christmas day,  
We wouldn't bring a single thing to you,  
but we would come and take some things away.

We'd take all fear and worry from your heart,  
Each pain and sorrow we would have removed,  
And anything for which you sadly grieved,  
And anything that gave a single smart.

WE'D have them all be gone, forever gone,  
Gone like the things that cannot be  
Then all that would be left,  
would be good things, don't you see?

Now, that is what we would like to do,  
If we could do the things we wish for you  
THIS CHRISTMAS.

W I L L O F C H A R L E S L O U N S B U R Y

*I, Charles Lounsbury, being of sound and disposing mind and memory, do hereby make and publish this, my last will and testament, in order to distribute my interest in the world among succeeding men.*

*That part of my interest which is known in law as my property, being inconsiderable and of no account, I make no disposition of. My right to live being but a life estate, is not at my disposal, but, these things excepted, all else in the world I now proceed to devise and bequeath:*

Item. I give to good fathers and mothers, in trust for their children, all good little words of praise and encouragement, and all quaint pet names and endearments, and I charge said parents to use them justly and generously, as the needs of their children may require.

Item. I leave to children inclusively, but only for the term of their childhood, all and every, the flowers of the fields and blossoms of the woods, with the right to play among them freely, according to the custom of the children, warning them at the same time against thistles and thorns. And I devise to children the banks of the brooks and the golden sands that dip therein, and the white clouds that float high over the giant trees. And I leave to children the long, long days to be merry in, in a thousand ways, and the night and the moon and the train of the Milky Way to wonder at, but subject nevertheless to the rights hereinafter given to lovers.

Item. I devise to boys jointly all the useful idle fields and commons where ball may be played; all pleasant waters where one may swim; all snow-clad hills where one may coast and all streams and ponds where one may fish, or where, when grim winter comes, one may skate.

Item. I give and bequeath to girls, all beauty and gentleness; and to them I give the crown of purity and innocence which is theirs by right of birth and sex; and also in due season, the abiding love of brave and generous husbands, and the divine trust of motherhood.

Item. To our loved ones with snowy crowns, I bequeath the happiness of old age, the love and gratitude of their children, until they fall asleep.

Item. To lovers, I devise the imaginary world and whatever they may need, as the stars of the sky, the red roses by the wall, the bloom of the hawthorn, the sweet strains of music, and aught else by which they may desire to figure to each other the lastingness and beauty of their love.

*In the ragged coat belonging to one of the inmates of a Chicago poorhouse, there was found, after his death, a will. The man had formerly been a prominent lawyer and the will was later read before the Chicago Bar Association.*

WHAT DO YOU KNOW ABOUT IT?

1. Do more people drink today than 20 years ago? a. Yes, b. No.
2. Which age group has the most drinkers? a. 20-30, b. 30-40, c. 40-50.
3. Has science found a sure cure for the hangover? a. Yes, b. No.
4. Which do we spend the most money on? a. Liquor, b. Wine, c. Beer.
5. Is heredity a factor in how you handle your booze? a. Yes, b. No.
6. Will one or two cocktails increase your appetite? a. Yes, b. No.
7. Why is liquor forbidden in most reducing diets? a. Increases appetite, b. Destroys will power, c. Contains concentrated calories.
8. Is alcoholism a disease? a. Yes, b. No.
9. Can you inherit a predisposition for alcoholism? a. Yes, b. No.
10. Approximately what percentage of adults drink in the U.S.? a. 25 to 35, b. 40 to 50, c. 60 to 70.
11. Which cocktail has the most wallop? a. Manhattan, b. Martini, c. Sazerac.
12. Do alcoholic drinks have any food value aside from calories? a. Yes, b. No.
13. Will you get drunker by mixing your drinks? a. Yes, b. No.
14. What percentage of alcohol in the blood will make you drunk? a. .05 to .08, b. .1 to .2, c. .3 to .5.
15. Will a workout and steam bath shorten a hangover? a. Yes, b. No.
16. Can a man hold his liquor better than a woman? a. Yes, b. No.
17. Is moderate drinking dangerous? a. Yes, b. No.
18. Can drinking lead to sexual promiscuity? a. Yes, b. No.
19. Which is best to take for a hangover? a. Exercise, b. Honey, c. Beer, d. Oxygen.
20. What percentage of alcohol in the blood will cause death? a. 4.2 to 5.3, b. 1.8 to 2.9, c. Less than 1.1.
21. Are there really "two-quart-a-day" men? a. Yes, b. No.
22. Can drinking cause permanent insanity? a. Yes, b. No.
23. Can you handle more liquor the longer you drink? a. Yes, b. No.
24. Which organ is most important in ridding the body of alcohol? a. Lungs, b. Liver, c. Kidneys.
25. What is regarded as the greatest single cause of insanity in the U.S.? a. Syphilis, b. Alcohol, c. Income tax.

Few men ever drop dead from overwork, but many curl up and die from under-satisfaction.

\* \* \*

NEW PRIORITIES NEEDED?

Alcohol is a mind-affecting drug, just as are marijuana, heroin, cocaine, amphetamines and barbiturates, and its serious effects are more extensive and damaging than all the others combined. Yet there is a curious fragmentation of priorities and attitudes in our society regarding alcohol and other drugs and their patterns and consequences of use, misuse, and abuse.

New York City spends \$1,000,000 a year on rehabilitation for its 1,000,000 alcoholics and \$40,000,000 a year for its 250,000 drug addicts, while six out of ten addicts on a methadone program there have to be discharged for unmanageable alcoholism!

From ALCOTHON.....

ANSWERS: 1. Yes, ten to 12 percent more. 2. The 30 to 40 group are tops at 74 percent. 3. Yes, ACE intravenous injection. 4. Beer, followed by liquor, then wine. 5. Yes, all investigators agree. 6. Yes, increased gastric flow and stomach motility result from drinking a few cocktails. Large amounts stop digestion entirely. 7. All three are correct. 8. Yes. 9. Yes. 10. 64 percent of all adults. 11. Martini. 12. Yes, beer and wine retain some nutritive factors, distilled liquors do not. 13. No. Drinks made with cream, egg-white and fruit juices, however, may slow the absorption of the alcohol slightly. 14. In 18 states, 0.15 percentage of alcohol in the blood is proof of intoxication. 15. No. 16. Yes, he is bigger. 17. Yes. 18. Yes, and also to crimes of violence. 19. Honey. Fructose, the sugar abundant in honey, has been found one of the best treatments for a hangover. 20. Less than 1.1 percent, .6 to .7 percent to be exact. 21. No. The average man can handle at the most a pint to a pint and half of whisky in 24 hours. 22. Yes. 23. No, tests prove the opposite. 24. Liver. 25. Alcohol.

The Key to Quitting

GOING on the wagon merely to please your wife, or because you have read an article written by an amateur counselor, or in order to keep your job are usually inadequate reasons by themselves.

Clues that may help you decide to take the cure come in diverse forms. Under the foot of an irate wife, you may consider quitting to placate her. That's not reason enough—you'll be back on the bottle before the weekend is over.

A scare story about the evils of demon drink won't frighten you one bit. You may, in fact, drink to it.

The confirmed, 20-year professional drunk has had many close calls, but scare tactics are not enough. I've wrecked four cars, talked to coconut trees, and counted purple ducks doing drill on my chest while under the influence of alcohol—without a single quit-the-bottle scare.

Life's frustrations gang up on you: the TV quits, the family car won't start, you're gaining weight, a tooth needs soothing, you're always tired. Still you drink.

Threats don't do it either. My wife has threatened to leave me, bosses have threatened to bust me, and doctors have warned of premature death from drinking, and yet I continued.

Only my own decision to quit has now kept me dry for three years. When a psychiatrist asked me a few months ago how I did it, I said, "I decided to."

What helps one decide to quit?

Many things: Memory of the "wooden mouth," the kind you awaken with that has live coals and ashes still in it. A silent house from which wife and kids have gone home to her mother. A billfold empty from buying another round for the house. A medical doctor telling you that you've had enough experience with alcohol to be able to control it, and that the beneficial effects of alcohol are limited.

The path to the decision to dry out is often littered with lies you've told yourself, such as—your wife doesn't understand you; your family doesn't appreciate all the good things you're doing for them; your boss lacks proper appreciation for all your dedication and hard work, or doesn't find time to tell you about it if he has it.

The solution to sobriety for me—and maybe you—is: don't take the first drink; it's just the swallow toward the bottom of the bottle—and the wooden mouth, and loss of wife—maybe loss of life.

Why should any of this interest you, a person with no drinking problem? I don't know. Why did you read all of it?

Maybe it might be of interest to you—if you have a drinking problem and are trying to decide to quit.

LISTEN NEWS

If you are trying to decide

cliff rhodes