

**NEW PROGRAM**

Assisting employers develop more effective personnel procedures is a prime objective of a new project being undertaken by the Utah Alcoholism Foundation in cooperation with the Division's Occupational Programs Unit. A separate occupational division will work with any size employer in the Greater Salt Lake Area.

Businessmen are faced with rising costs, reductions in resources, and questionable economic stability. In the face of these problems, techniques can be applied which will capitalize on existing human resources within the work force. It is known that absenteeism, bad decisions, botched work, and other related costs are draining the nation's industrial economy of \$8 - \$10 billion a year. The financial loss is small compared to the loss of talent and life through the affliction of alcoholism and problem drinking, a health problem which can be identified in most all employee populations and at all levels of responsibility.

Occupational programs can be designed to meet the needs and fit the organizational structure of any employer, large or small. Ms. Yvonne G. Dehm, Occupational Program Consultant, will provide technical assistance to the Utah Alcoholism Foundation occupational service, incorporating the concepts presently used effectively by large companies. This non-profit, cost-sharing program can pay attractive financial dividends, in addition to providing a humanitarian and social benefit. James Ray of Employers Insurance of Wausau, consultant to many companies, calculates an employer saves \$10 in losses for every \$1 invested in a program.

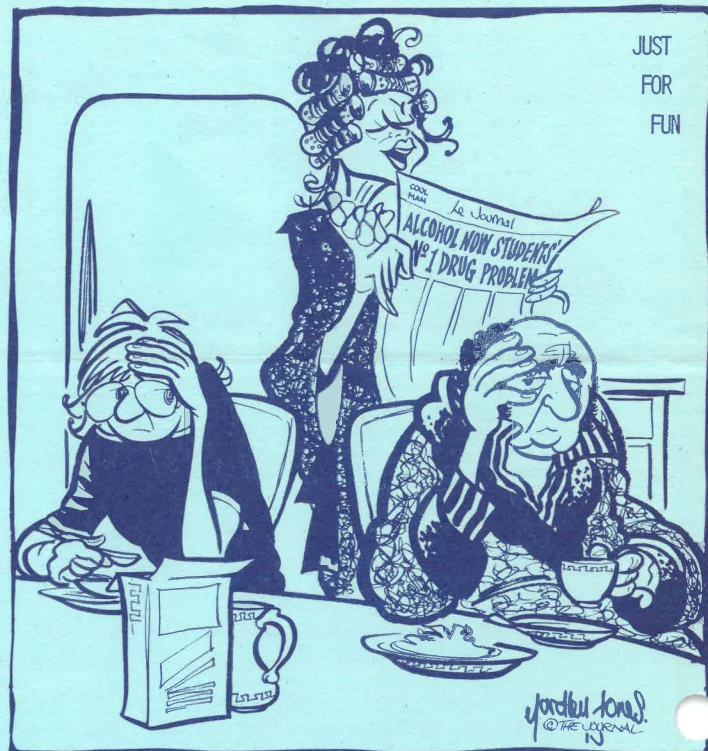
While many local employers are being personally contacted, inquiries are welcomed and may be directed to either the Utah Alcoholism Foundation, (801)487-3276 or Ms. Yvonne G. Dehm, (801) 487-7866, or at either the State Division on Alcoholism and Drugs or the Foundation offices at 2875 South Main Street, Salt Lake City, Utah 84115.

\* \* \*

I have been driven many times to my knees ...by the overwhelming conviction... that I had no place else to go! My own wisdom...and that of all about me...seemed ...insufficient for the day."

...ABRAHAM LINCOLN...

\* \* \*



"Well, at least you two finally have something in common... a hangover..."

**ALCOHOL AND DRUG PROBLEMS ASSOCIATION OF NORTH AMERICA**

The Alcohol and Drug Problems Association of North America (ADPA) announces the publication of an Alcoholism Treatment Facilities Directory, providing descriptive information for 2,565 alcoholism treatment facilities in 50 states -- a source reference for those who have need to refer, for treatment, persons with alcohol problems and/or their families.

This Directory is available through the Alcohol and Drug Problems Association of North America, 1130 Seventeenth Street, N.W., Washington D.C. 20036, @ \$7.50 per copy, plus 50¢ for postage and handling.



**Utah Alcoholism Foundation**

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

**NEWS LETTER**

JANUARY 1974

VOLUME 5, Number

Dear Friends:

Again this year a primary goal is to expand the membership of the Utah Alcoholism 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 paramount. From our standpoint, interest alone is not sufficient -- we must have commitment! While the membership fee is 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 the following pages and then decide if you would not like to be a part of our organization and 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.

Sincerely,

*Douglas M. Vinsmore*  
 Douglas M. Vinsmore  
 Executive Director



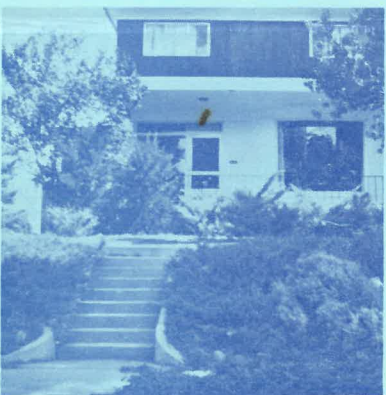
OGDEN A.R.C.

Capacity: 29  
 Average Number: 24  
 Admissions: 124  
 Discharges: 114



S.L.C. A.R.C.

Capacity: 36  
 Average Number: 33  
 Admissions: 208  
 Discharges: 196



S.L.C. SUPPORT HOME  
 (Nine Months)

Capacity: 18  
 Average Number: 13  
 Admissions: 18  
 Discharges: 24

STATISTICAL REPORT 1972-73 \*

TOTAL CAPACITY:	144
AVERAGE NO. RESIDENTS:	119
Total Admissions:	710
Total Discharges:	660
AVERAGE OCCUPANCY RATE:	82.6%
TOTAL MEALS SERVED:	130,305



ROOSEVELT A.R.C.

Capacity: 12  
 Average Number: 10  
 Admissions: 82  
 Discharges: 76



CEDAR CITY A.R.C.

Capacity: 9  
 Average Number: 6  
 Admissions: 55  
 Discharges: 53

The average circulation of the Newsletter published monthly was 4,900.

(This includes mailing to 46 states and 3 Provinces of Canada.)

\* \* \*

The Foundation published, circulated and sold 67,535 books, pamphlets, and other pieces of literature.

(Of this number, 15,680 were copies of the book, "Search for Serenity", by Lewis F. Presnall.)

DOES YOUR LIBRARY INCLUDE THIS BOOK?



HOUSE of HOPE  
 S.L.C. - A.R.C.  
 FOR WOMEN

Capacity: 14  
 Average Number: 10  
 Admissions: 62  
 Discharges: 60



PROVO A.R.C.

Capacity: 26  
 Average Number: 23  
 Admissions: 161  
 Discharges: 137

ABSTRACTED OPERATING STATEMENT\*

INCOME		EXPENSES	
Contributions	\$ 8,921.39	Operating Expenses	\$ 325,349.21
" Food Commodities (LDS Church & USDA)	15,188.12	Reserve for Expansion	5,861.41
Resident Fees (Includes Uncollected Fees of \$20,593.13)	176,982.98	<b>TOTAL EXPENSES</b>	<b>\$ 331,210.67</b>
Assistance (Political Subdivisions)	8,726.18		
Service Contracts (State & Family Services)	59,096.55		
Publications & Other Income	62,295.45		
<b>TOTAL INCOME</b>	<b>\$ 331,210.67</b>		

\*Fiscal Year: 1972-73

An effort is made to have the programs within each Center similar. While the 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.

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

- . . . Alcohol plays a role in fifty percent of all highway deaths.
- . . . The number one killer of young Americans is young Americans. What can young Americans do and what should they be doing to counter-act their involvement in alcohol-related fatalities? Youth advisory committees, education efforts, and community awareness campaigns are some areas where youth participation is particularly effective.
- . . . The problem drinker and YOU . . . . the problem is the problem drinker -- the relationship between problem drinking and traffic safety involves YOU.
- . . . The car has become more deadly than the gun. Traditional punishments do not stop the problem drinker.
- . . . Courts, officers and counselors have long been aware of the "revolving door" syndrome in the population arrested for public intoxication. . . . Out of 2,134 DWI convictions in 1969, 599 were re-convicted by December 31, 1972. . . . The re-conviction rate is even more appalling when you consider that the probability that a drinking driver will be arrested on any given evening is about 1 in 500. . . . There are certainly repeat drinking drivers who are never re-arrested.

## CHILDREN ...THE NEWEST PROBLEM DRINKER

The newest problem drinker causing concern among the nation's doctors and mental health workers is not a pressured executive, a bored housewife, or skid-row bum -- it is a child -- sometimes no more than 11 or 12 years old.

Authorities and self-help groups say pre-teen and teen-age alcoholism is a serious problem and growing fast.

Parental tolerance of this changing situation reflects "an extreme lack of awareness and knowledge among both adults and youth about alcohol and alcohol problems."

Dr. Morris Chafetz, Director of the National Institute on Alcohol and Alcohol Abuse, says that before parents finish sighing with relief over the apparent decline in young people's use of hard drugs and hallucinogens, they should take note of what is supplanting this drug use in the lives of their children.

"Every indicator and every statistic we have tell us that the switch is on -- from a wide range of other drugs to the most devastating drug of all: alcohol," he said, "pop wines sales to youthful drinkers have increased 10-fold in the past four years."

It is not uncommon to see severe alcoholism problems in kids 9, 10, 11, 12 years old says Dr. Chafetz. It is a far more serious problem than we ever imagined.

Dr. Chafetz says one estimate is that there are 450,000 child and teen-age alcoholics in the country. Alcoholics Anonymous has noted the problem and now has a number of programs for the young.

At a recent Alcoholics Anonymous meeting one member was honored for having made it a year without drinking. He was 11 years old. A ten-year-old reported that he had been sober for a month.

Chafetz says many parents do not realize that their children may be headed for alcoholism.

"Parents who learn that their children are not using the so-called 'other drugs' but the drug, alcohol, are relieved," says Chafetz. "Since no drug comes close in any measurement to the human and social destruction of alcohol problems, these parents are being relaxed into a situation that is like 'jumping from the frying pan into the fire'".

One former alcoholic, 19-year-old Ben, said he and his friends began using liquor to get high because other drugs were illegal.

.....LISTEN NEWS.....

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Moderation in temper is a virtue,  
but moderation in principle is a vice.

At a recent Jaycees convention, Dr. Chafetz urged the Jaycees to "focus their attention more on how youth drinks and why, not so much on whether they decide to take alcohol or not. Accept the fact that young people will make their own decisions -- but seek to guide them honestly -- not by prescription or prohibition, but by example and honest answers.

Education of youth by adult example, Dr. Chafetz indicated, may be the most difficult part of the total task because it requires that adults first set their own thinking straight. "You must accept the fact that it is the most common drug man has historically taken to alter his reality from time to time. You must be familiar with what alcohol does to one's system and to one's mind."

"We must all be aware of our attitudes and unconscious assumptions which we may exhibit and express," he further stated, "Young people are quick to sense adult ambivalence toward the use of alcohol and they read it -- correctly -- as hypocrisy."

"Young people," Dr. Chafetz said, "do have a sense of social responsibility....They are seeking answers, searching for adult roles which they can comfortably adopt." He said that "what we do, by and large, they will do."

We should make it clear that the decision on whether to take alcohol is a personal and private one. "And certainly," he said, "there should be no stigma or social pressure, however indirect or implied, on those who choose not to drink."

Speaking a few days later at Austin, Texas, Dr. Chafetz said, "When I see fast-action commercials targeted at inexperienced drinkers who, by the way, are inexperienced drivers; when I see alcoholic pop wines advertised as though they were soda pop; when I see the Nation's most devastating drug being handled in this way; then I think we have to ask some hard questions: 'Has our concern with profit become greater than our concern with people? Have producers been neglecting their social consciences? And, have purveyors been unaware or unconcerned with the drug implications of what they are doing?' If these are truly responsible people -- and I think they are -- then I believe they must do some serious self-examination and take some positive action for themselves before they are compelled to do so by society."

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THOSE WHO LIVE FOR SELF ALONE NEVER SUCCEED  
IN SATISFYING THEMSELVES ... OR ANYBODY ELSE



# Utah Alcoholism Foundation

2875 SOUTH MAIN

SALT LAKE CITY, UTAH 84115

PHONE 487-3276

## NEWS LETTER

MARCH 1974

VOLUME 5, Number 2

### NEW DIRECTOR

### NEW DIVISION



Dr. Richard F. Gaufin has been appointed to get the ball rolling on the Occupational Programs Division of the Utah Alcoholism Foundation.

Dr. Gaufin expects to coordinate closely with the Industrial Alcoholism Consultants of the State Division on Alcoholism and Drugs; and to work closely

with the other Divisions of the Foundation. These resources are expected to play a significant role in providing both guidance and treatment which will be needed by this new program.

The Division will focus primarily upon assisting participant firms to develop management policies and practices which will facilitate preventive detection of employee problem drinking, chronic problem behavior and drug abuse which affects on-the-job performance. The Division will also provide services to assist identified employees to determine and obtain the best treatment resources for their individual needs.

This emphasis on management practice and employee referral will require extensive cooperation and interest on the part of existing treatment resources. Dr. Gaufin looks to a satisfying relationship with the treatment personnel.

Dr. Gaufin is one of those new mavericks in the field of human behavior. He obtained his Ph.D. in Biology from the University of Utah while he was actively involved in revising the Teaching Assistant Program for the University. He subsequently served as a Health Science Administrator for H E W and as management consultant in race relations and community

development. He most recently served as director of the Davis County Community Services Council and was instrumental in initiating a concern for social as well as physical planning in that county.

Dr. Gaufin is currently on a Post-Doctoral appointment in the Clinical Psychology program at the University. He is interested in family therapy; and is vitally concerned with the role which alcoholic and schizophrenic parents have in transferring these behavior patterns to their children.

Dr. Gaufin's interest in occupational programs parallels his concern with the family. He sees the work setting as a primary social system in which problem behaviors tend to be perpetuated because of an unwritten agreement which is normal for most organizations. This agreement -- "We'll overlook your problems until we can't afford you anymore" -- is based on the outworn idea that problem behavior is a reflection of moral weakness. The system concept, held by Dr. Gaufin, suggests that the problem worker and the employer are actually in partnership as regards to what happens -- they choose the direction they go in and go there together.

He states, "The alcoholic worker, in fact, does the employer a favor. While progressing along the road of unchecked deterioration, the alcoholic helps to surface all the denials and casual management practices which may exist in a given work setting. Thus, getting the alcoholic recovered can also get the management practices improved. As a result, the employee's life becomes more stable and the employer improves production."

This challenge to improve management, prevent employee deterioration and to focus on effective treatment is the theme which Dr. Gaufin expects to meet.

"Welcome aboard, Dick !!"

MANY NEW MEMBERS !!

The response to our request in our January Newsletter for interested individuals to join the Foundation has been exceptional. If you have not yet renewed or initiated your membership, please do it now. Everyone is important to us!

ALCOHOL HOME TRUTHS . . . .

\* \* \*

If someone in your family is a compulsive drinker with an apparently unsolvable problem:

- DON'T treat him like a naughty child. He will be suffering from guilt feelings far worse than can be imagined by the non-drinker.
- DON'T remind him of his social failings or of his neglect of the family. Don't threaten and scream. It will only add to his guilt and give him more cause in his own mind to drink.
- DON'T search for hidden liquor, or pour liquor down the sink or check the level in the bottle. He can always find some more. You are merely postponing the problem. He has to want to get away from the pain and the consequences of his drinking.
- DON'T pay bouncing checks or overdue bills. Don't go to his boss to stand up for him. The suffering you are trying to ease may be the very thing that is needed to bring on a crisis. The crisis may be a blessing in disguise opening his eyes to the seriousness of the situation. If you cover up for him, he will know that he can get away with it again.
- DON'T threaten unless you are willing to carry out the threat.
- DON'T overprotect him when he is coming off alcohol. He must learn to live with drinking going on around him and learn to say "no". You can expect fatigue for a year or more during withdrawal.

\* \* \*

TO BE AN ACHIEVER ONE MUST FIRST BE A BELIEVER.

GREATER EFFORT URGED TO HELP FAMILY OF ALCOHOLIC PERSONS . . . . .

"More effort must be concentrated on aiding the families of alcoholic persons," said Reverend Joseph L. Kellerman at a meeting in Washington (D.C.).

"Most of the help in the alcoholism field is being directed toward the nation's nine million alcoholic persons and very little toward the needs of the estimated 36 million family members who are being 'seriously injured' by the drinking of their kin," said Mr. Kellerman, director of the Charlotte N.C. Council on Alcoholism.

He said this approach must be changed, mainly to enable the families "to free themselves from the enslavement of alcoholism and to become human beings in their own right." An accompanying effect of helping the families will be to "multiply the recovery rate" of alcoholic persons, Mr. Kellerman said.

Society's attitude raises obstacles to the spouse's efforts to gain freedom from an alcoholic husband or wife. The family and friends of the alcoholic person often greet such efforts with hostility.

When these people exert pressure on the spouse to stay with the alcoholic person, they are in effect "riding the merry-go-round of denial" and perpetuating the drinking by their reaction, Mr. Kellerman contended.

"The spouse," he said, "is not a tool to be used scientifically in the recovery process of the alcoholic, but a human being in need of understanding and love. The tragedy is that she rarely gets this from the significant others in her primary circle of family and friends or from most professional persons.

"There are millions of families in our country who are suffering from alcoholism without hope, for they do not know there is help through the fellowship of Al-Anon", Mr. Kellerman said.

"Perhaps the greatest educational need is to convince alcoholism program directors of the need of families for help, and to persuade them that giving such help increases the probability of recovery for the alcoholic person, in addition to providing the essential help so desperately needed by the family," he said.

\* \* \*

SEMANTICS. . .

Where you live certainly makes a big difference. Take for instance, the city fellow who's known as a dashing society playboy. If he moved to the country, he'd be called the town drunk!

INTEGRATE ALCOHOL EDUCATION INTO THE TOTAL SCHOOL CURRICULUM,, PHELPS

Education on alcohol abuse can be effective among youngsters if it is integrated into the total school curriculum and stresses "discovery" of the facts rather than preaching, according to Donald G. Phelps.

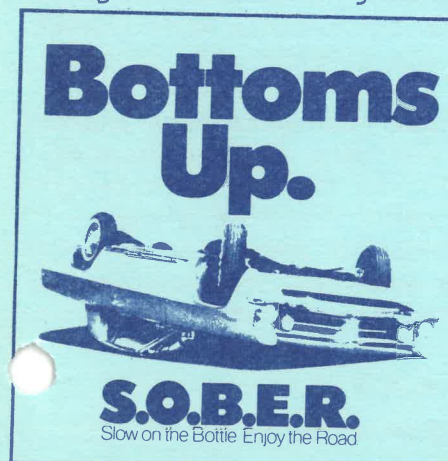
Mr. Phelps, Director of the Division of Prevention, National Institute on Alcohol Abuse and Alcoholism, says it is important to let the student know he is involved in the decision-making process and to gear teaching to "real-life situations."

"I think the teacher has an obligation, as does the parent and the rest of the adult community, to let our youth know that he does have some control over his or her life and that while we as the adults, or in this instance teachers, are concerned and would oftentimes like to protect him or her from a poor decision, the best protection we can afford is providing the tools for young people to make the best possible decisions through what we offer in the way of viable learning experiences."

Mr. Phelps said it should be made clear to young people "that self will is just as important as peer approval," and "that there will be no social stigma attached to the decision not to drink alcoholic beverages." He noted that the pressure on youths to drink usually comes from their peers.

To be effective in alcoholism education, teachers need first to examine their own values pointed out Mr. Phelps, a onetime teacher himself. "Whether we drink or not," he said, "in dealing with alcoholism it is vital that we as teachers deal with our own hangups before we begin dealing with the needs of students."

"Furthermore," he added, "As adults, we need to provide youngsters with standards that we can not only espouse, but standards that we recognize and live by ourselves."



One of the posters circulated in connection with "S.O.B.E.R." week held in the Philadelphia area.

- S...Slow
- O...on the
- B...bottle.
- E...Enjoy the
- R...road.

"You don't have to be an alcoholic to die like one."

WHAT IS HE WORTH?

...PAUL C. YOUNG, PH.D.

"WHAT IS HE WORTH?" Not how much money has, not his status in the community, certainly not his own self-evaluation; rather is he living to the full the possibilities inherent in his make-up as conditioned by his surroundings? A man is to be valued merely for what he can do but by what he does. But what he does or would do depends on many things. In the final analysis it depends only on what he wants to do, but also on what he can do, given his natural and acquired abilities and acting under the internal and external circumstances. If he is asleep or physically exhausted, he can do almost nothing if mentally ill, the most gifted can do almost nothing rightly; if intoxicated, the most dowered among us can at best show only a caricature of himself; at worst he will believe even destroy his own abilities.

To be competent, to know what he can do and to be able to act at any and all times what he believes he can do, is the acme of maturity. In fact, it is a measure of development at any age. Just as the two-year-old jumping off the footstool cries, "Look at the teenager glowing over his scholastic or athletic achievement, and, the university student accepting his diploma, just so the older person in acknowledging his promotion carrying out his plans, earning his salary doing his duty, is showing his competence.

This competence can be increased by diligence in study and practice, through observation and experience, by means of self-examination and commitment to worthy goals but it can be weakened or destroyed by the use of artificial means to increase it or maintain it. Drugs give an illusory ability to think, to feel, and to experience marvelous things. Alcohol lowers one's ability at the very time the drinker believes himself to be performing spectacularly. In every way alcohol lessens competence. Any person using to increase his courage or self-confidence to improve his sociability, to deepen his understanding, or to assuage his feelings of guilt, may be hoping for a good end -- but is certainly using the wrong means. "DUTY COURAGE" is proverbial; "DRUNKEN HUMOR" is self-contradictory. The dreams of the inebriate are horrendous. As Emerson said, "The end pre-exists in the man", and if alcohol is the means used, the end is not greater sociability, nor harder work, not more self-reliance, nor release from feelings of guilt but the futility and the degradation of alcoholism.

\* \* \*

SIGN UP NOW

# UTAH ALCOHOLISM FOUNDATION

is pleased to ANNOUNCE

## the SECOND ANNUAL U. A. F. GOLF CLASSIC

ENTRY FEES pay GREEN FEES

Single Entry: \$6.00

\*\*\*

Additional Family Entry: \$5.00

April 19th - Closing date for signup.

### FOR MORE INFORMATION

Write or Phone

WILLIAM BILLS

2875 South Main Street  
487-3276

Scoring will be based on HANDICAP system

SUNDAY

April 28

MOUNTAIN VIEW

GOLF COURSE

Salt Lake City

TEE TIME: 9:05

###

SATURDAY

May 18

BEN LOMOND

GOLF COURSE

Ogden

TEE TIME: 9:00



# Utah Alcoholism Foundation

2875 SOUTH MAIN

SALT LAKE CITY, UTAH 84115

PHONE 487-3276

## NEWS LETTER

APRIL 1974

VOLUME 5, Number

### WITH YOUR HELP WE WILL BUILD A NEW HOME

To be situated in a quiet environment, Provo's new Center for Alcoholism Recovery Training will offer one of the most comprehensive and individual-oriented programs to be found in the nation.

Every aspect of the resident's stay will be correlated to provide individual treatment consistent with the most advanced medical and other therapeutic dynamics for optimum recovery.

Upon admission, each resident will be provided with advantage of a complete physical examination. Medical needs and treatment facilities, when indicated, are made available.

Amid these pleasant surroundings, friendly open discussion groups are encouraged to aid the resident in discovering the vital keys to renewed values and peace of mind.

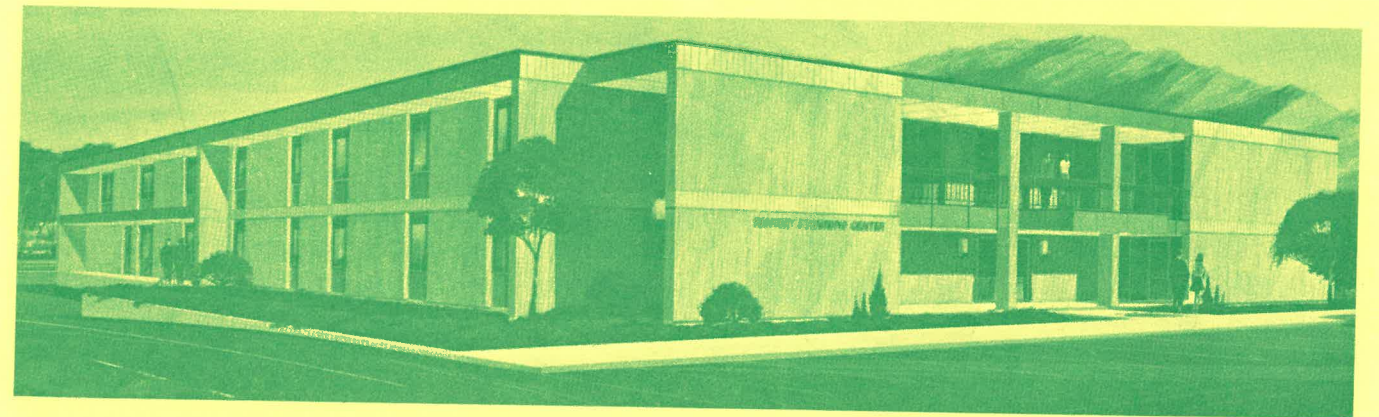
### GROUND BROKEN FOR ALCOHOLISM RECOVERY CENTER



A fund raising drive to raise money for the construction of a new Central Utah Alcoholism Recovery and Training Center to be built directly North of the Eldred Manor in Provo has been launched.

Drive Chairman, Dr. Tom Purvance, states that present fund raising activities will be directed toward industries and businesses in an effort to raise part of the \$500,000 needed for the Center.

Alcoholism is the Nation's NUMBER ONE drug problem and the new facility will be an advancement in modern recovery facilities to be used as a tool in combatting this illness. It will be built to handle over 60 people and provide for their needs.



INQUIRIES SHOULD BE DIRECTED TO:

UTAH ALCOHOLISM FOUNDATION  
2875 South Main, Salt Lake City  
Telephone: 487-3276 84115

### THE ULTIMATE JUSTICE. . . .

After mysteriously disappearing for two months, E. Michael O'Brien has returned to his job as Mayor of Peoria, the third largest city in Illinois. Calling a news conference, he openly stated that he had been undergoing treatment for alcoholism at the Hazelden Foundation, a private institution in Minnesota. Throughout his absence, his job was carried on by the City Manager with messages relayed between the two when necessary.

Praised for this courageous public revelation, the Mayor instantly became the boast of the town. "The people have been marvelous and wonderful since I got back. They greet me on the streets, in restaurants, and keep the phone ringing on my desk. They have a wonderful understanding. Alcoholism touches more people than most people realize," the Mayor declared.

Why should there not be confidence in the ultimate justice of the people? Is there no better or equal hope in the world?

....ABRAHAM LINCOLN....

Presidents can resign from office for any number of reasons and newspaper readers in the United States have been exposed to a variety of points of view regarding the domestic front. But this is also a matter of concern in other parts of the world and the President of Zambia must have created some kind of precedent when he threatened to resign because, as he told a stunned audience of political officials, "I refuse to lead a nation of drunkards." Commenting angrily on the increase in excessive drinking in that African nation, President Kenneth Kaunda deplored the fact that "Zambians have hit the bottle so much that the situation is getting from bad to worse." He indicated his willingness to give his countrymen time to taper off but added: "If in five years you don't change, you are voting me out of the country's leadership!"

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OCCUPATIONAL PROGRAMS DIVISION

UTAH ALCOHOLISM FOUNDATION

Dr. Richard F. Gaufin  
Director

Tel: 322-2581 610 E. South Temple  
487-3276 Salt Lake City, Utah 84102

IF THE USE OF ALCOHOL CAUSES YOU TO DO WHAT YOU DON'T WANT TO DO -- or, KEEPS YOU FROM DOING WHAT YOU WANT TO DO --- YOU ARE AN ALCOHOLIC !!

\*\*\*

# Two-faced

No longer is there any question as to what our greatest drug problem is today.

The President's Commission on Marijuana and Drug Abuse pointed it out when it reported that 9 to 10 million people are dependent on alcohol. "Far and away, this represents our society's most significant drug problem." And the commission's report called alcohol "the most widely used" and "most abused" drug in the United States, causing "our number-one drug problem."

Echoing this conclusion, Dr. Morris E. Chafetz, director of the National Institute on Alcohol Abuse and Alcoholism, says that alcohol "remains the most misused drug of all." When asked what the worst problem today is, he replied, "Why, alcoholism, of course."

Dr. Chafetz comments on "an alarming increase in drunkenness among teen-agers." He points out that 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.

Thus, there is no hesitation about the problem. However, what to do about it seems to be another matter.

The commission blithely passes it off with no specific recommendations, claiming that "a regulatory scheme tends to increase use." Its chairman, when asked why alcohol is not regulated as a drug, said, "Because, by law, it is classified as a food." Incidentally, what other so-called "food" is involved in the making of some 10 million addicts?

Another question came to Governor Raymond P. Shafer, commission chairman, as to whether this sort of semantics wouldn't lead to a credibility gap as to the Government's intent in regard to drug abuse control.

"We have many inconsistencies in our lives," Governor Shafer said. "Most of our dealings with complex social issues are based not so much in logic and consistency, but in experience and compromise."

In the meantime, such "compromise" is causing a half million or more new alcoholics each year.

And Dr. Chafetz, who heads the Federal program against alcoholism, refuses to face the issue squarely. He toys with such expressions as "responsible drinking" and "safe drinking."

He says it is up to adults "to make certain that young people receive sound information about the use of alcohol. They need facts—nothing less."

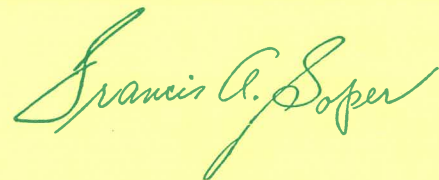
In addressing the President's Conference of the United States Brewers Association on September 25, 1972, Dr. Chafetz went so far as to tell the brewers, "It is our considered opinion that there is no reason to be defensive about your product."

And he was speaking about a product which he had just previously told the group "is related to one third of the suicides and one half of the homicides, in each case amounting to more than 7,000 deaths annually," a product which plays "a major role in half the highway fatalities in the United States," a product which "accounts for 1,500,000 arrests in the United States each year, or one third of all arrests reported annually."

Moreover, Dr. Chafetz assured the brewers that "we will not play a role for or against alcohol use." And he went on, "I do not want you to misconstrue the battle against drunkenness as a battle against drinking."

There seems to be a word to describe such an attitude of trying to deal with the number one drug problem by encouraging its cause!

That word is "two-faced."



## AN OUNCE OF PREVENTION. . . .

Arguments in favor of lowering the legal drinking age are the usual ones: *IF THEY'RE OLD ENOUGH TO GO TO WAR, MARRY, ENTER INTO CONTRACTS, PAY TAXES, and SERVE ON A JURY, THEN THEY'RE OLD ENOUGH TO SIP A BEER. . . . Besides, promoters of the bills say, "THE KIDS WILL DRINK ANYWAY, YOU CAN'T LEGISLATE AGAINST SIN, IT'S UP TO PARENTS TO RAISE THEIR KIDS RIGHT. . . and, WELL, WOULDN'T YOU REALLY RATHER HAVE THEM DRINKING BOOZE THAN SMOKING POT?"*

Arguments against lowering the drinking age are also the usual ones: *NO REDEEMING SOCIAL VALUE. . .MIGHT CAUSE SOMEONE TO BECOME AN ALCOHOLIC. . .WE'RE DELIBERATELY EXPANDING USE OF AMERICA'S NUMBER ONE DRUG PROBLEM. . .ENDORING SOMETHING THAT CAN LEAD TO MURDER, RAPE AND OTHER CRIMES. . . and, BESIDES, WE SHOULDN'T LEGALIZE A VICE JUST BECAUSE SOME KIDS ARE GOING TO DRINK ANYWAY.*

By far, however, the most important issue about lowering the minimum drinking age was the matter of drinking and driving. There are many people -- and some of them are experts -- who believe that a combination of inexperienced drivers and inexperienced drinkers mean big trouble on our highways.

Intoxicated people, of course, tend to drive faster and more erratically, showing less caution. The effect on a young driver's motor control may be even more pronounced. And there are some indications that alcohol may anesthetize that portion of the brain that stores knowledge of the most recently acquired skills, thus having an added effect on the young at just the time when they are perfecting their driving reactions to outside stimuli.

Drivers' handbooks should be revised to include more information about the effect of alcohol on driving behavior and the penalties for driving while intoxicated. The slaughter on our highways further demands that DWI educational concepts be expanded beyond rehabilitation to problem-prevention through high school drivers' education courses.

Several states have given their young people the right to drink. Now...if they do choose to drink, we should do everything we can to help them drink responsibly. The alternative is too frightening to just let happen.

\* \* \*

Paying your income tax has one good purpose: KEEPING YOU OUT OF JAIL.

## THOUGHTS on SOCIAL DRINKING . . .

If there is one thing we have an ample supply of, it is a supply of definitions of alcoholism. Depending on the position of the definers, the definitions range from one extreme to another. Some are utopian, some oversimplified, and very few, if any, are accepted without reservations.

The definition of social drinking is even more ambiguous and covers the ceremonial champagne punch drinker as well as the habitual heavy drinker, who says he, too, is a social drinker, which is a frequent rationalization of alcohol abusers.

By redefining social drinking to exclude patterns of drinking that result in irresponsible behavior, then getting this definition accepted into the attitudes and values of society, we may at last focus our attention at the point where the most beneficial results will be obtained. In the past, there has been a tendency to mention social drinking and intoxication, then move rapidly to a more comfortable discussion of the problems surrounding the chronic, late-stage alcoholic person.

Historically, illnesses have never been eradicated by treating only the casualties. For too long, professionals in the field of alcohol abuse and alcoholism have used this method and the results are dismally obvious.

Irresponsible drinking, including intoxication, does not belong in the definition of social drinking. Intoxication has been ignored by professionals and sniffed at by abstainers -- but worse, it has been condoned by society.

Behavior -- drinking or otherwise -- is changed by a change in values and attitudes. Realistically evaluating intoxication as unacceptable, as a danger not a delight, and as degrading rather than desirable, may well be the keys to changing our drinking patterns.

The outstanding educational campaign of the NIAAA says, *"IF YOU DRINK TO BE SOCIAL, THAT'S NOT SOCIAL DRINKING."*

So long as our definition of social drinking covers both a "SIP" and a "SHIPLOAD", it will adversely influence our drinking behavior. Society must learn that social drinking, by definition and design, means responsible drinking. Neither social drinking nor social thinking should consider intoxication social.

*from ALCOTHON.....*

\* \* \*

When you realize that 80% of our population lives on only 2% of our land -- you know we don't have over-population of cars and people --- just over-concentration.

## CONFORMITY - COOPERATION?

Most people mistake conformity for cooperation. We must not expect everyone to march to the same drumbeat. Conformity is mutual enslavement. It is the destruction of cooperation. Conformity prevents individual contribution and self-realization.

Doing things together may or may not be cooperation, nor is helping others necessarily cooperation. The baker must set his dough and bake his bread at night to be ready to supply his customers in the morning, whereas the butcher or candlestick maker may work any hour as long as he has his product available on demand. If the butcher and the candlestick maker insisted on helping the baker, the whole scheme of things would be upset and the bread would probably be inferior as a result.

Each cooperator must be free to satisfy his own needs first. He will not be able to accomplish his function if he is hobbled by the need to please others first. We please others best when we have done our own job to the fullest of our capacity. We serve ourselves and them least when we merely "go along" on any other basis.

Much unhappiness arises among people who they have a mistaken concept of cooperation. They may be tempted or persuaded to "go along" on ventures and fail to maintain their own initiative. In that case they would be failing to fulfill their own function without truly adding anything to the situation. They would have deprived themselves without enriching others. And, by "going along" against their inner will and judgement, they would feel a basic resentment against the one with whom they cooperated in a mistaken way.

Cooperation is never similar to mutual enslavement. The end result should be individual self-realization.

\* \* \*

HOO BOY !

A Dallas man got into his car in a parking lot adjacent to a cocktail lounge where he had been imbibing freely. He turned on the ignition and drove straight into the building, causing considerable damage. The police promptly arrested him for driving while intoxicated and he was found guilty. The Texas Court of Appeals reversed the decision, however, on the grounds that he never left the parking lot.

Do you control alcohol -- or, does alcohol control you?

## DRINKING DRIVERS. . .DEV. OF THE ROAD

An on-going nationwide program to spearhead "a national effort to get problem drinkers off America's highways and to keep them off until their problem is alleviated," has been initiated by the National Highway Safety Administration.

Recent research has shown that "excessive drinking" or "alcohol abuse" is the one persistent factor in half of all highway deaths in the United States.

Of the 56,600 traffic deaths that occurred in 1972, 28,300 persons, almost half of them totally innocent victims, died in crashes involving "drunk drivers."

Contrary to long-held popular opinions, studies show that most traffic fatalities are not primarily the result of actions by what is commonly known as the "moderate social drinker," but by the driver or pedestrian "who drinks to excess."

Nearly seven percent of the nation's 118,200,000 licensed drivers have a drinking problem. This means 8,270,000 problem drinking drivers, one of every 15 drivers.

The current studies of alcohol-related highway fatalities is that the driver in nearly all cases had a "blood alcohol concentration" well above the one-tenth of one percent level.

For an average 180-pound man to reach 0.10 percent blood alcohol level, it takes four normal-sized drinks (about one-half ounce pure alcohol each) consumed within one hour on an empty stomach.

The same level can be reached by drinking two similar-sized drinks an hour over an extended period. It is possible to reach the level by consuming large quantities of beer, though it will take longer.

Whatever way a drinker attains the 0.10 percent alcohol level, that drinker, according to the National Highway Safety Administration, is presumptively "intoxicated".

Extensive research shows that no one is physically or mentally fit to drive an automobile when the blood-alcohol concentration reaches 0.10 percent.

The National Safety Bureau indicates that 46 percent of the drivers in fatal traffic accidents had blood alcohol levels of over .25 percent.

The safety program is attempting to tighten up law enforcement, traffic courts, driver counseling assistance, and public information in a campaign to "GET THE PROBLEM DRINKER OFF THE ROAD --- FOR HIS SAKE . . . AND YOURS!!"

\*\*\*

## THE DRUG IS ENDED

In the emergency room of New York's Bellevue Hospital, a doctor bent over the ragged, unkempt, bleeding figure of a man. It was January 10th, 1864.

The policeman who brought him in reported, "Another alky from the Bowery, Doc. Fell and hurt himself on a china washbowl. Looks bad, eh?"

The doctor nodded then turned to a nurse who was sorting the man's possessions. "Anything?" he asked.

"Not much," the nurse said, "38 cents and a scrap of paper. Something's written on it." She studied the writing.

"It says, 'Dear friends and gentle hearts'. Sounds like a poem."

The doctor smiled sadly, "It takes all kinds -- well, let's get him into bed -- probably his last bed, too. There is a possible fracture or concussion. And, obviously he is an alcoholic," he finished grimly.

Further investigation brought an air of excitement to Bellvue. For this was no ordinary Bowery bum -- this was a 38-year-old who had the looks of 60. Doctors and patients came to stare at the pitiful dying figure, for here was one who had given golden moments to all of them often -- to everyone but himself. Unhappily married, he had taken to drink, squandered his money, and finally, ill and impoverished, had drifted to the Bowery.

He lived for three days at Bellvue. And when at last it was over, the hospital seemed to echo with familiar loved music -- "MY OLD KENTUCKY HOME," "OLD BLACK JOE" and "OH, SUSANNA." . . . . .

Stephen Foster was dead.

From Toledo Area News

### U.A.F. GOLF CLASSIC

#### IN FULL SWING !!

*(The NORTH POLE has promised to keep their weather at home!)*

NEXT SCHEDULED TOURNAMENT. . . . .

JUNE 2 - Davis County Golf Course  
Fruit Heights - Above  
Layton

TEE TIME: 9:00 a.m.

Single Entry Fee: \$6.00

Additional Family: 5.00

Closing Date for Reservations:  
May 24th, 1974



# Utah Alcoholism Foundation

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

## NEWS LETTER

MAY 1974

VOLUME 5, Number 4

### TWENTY-THIRD ANNUAL SESSION UNIVERSITY OF UTAH SCHOOL ON ALCOHOLISM AND OTHER DRUG DEPENDENCIES

JUNE 16-21, 1974

#### FOREWARD

The School, which is recognized internationally, has continually expanded its scope to keep pace with increased awareness of the health and social problems of alcoholism and other drug dependencies. All areas of these problems are presented in training sessions for lay and professional personnel. The School provides students with the latest methods and techniques for working effectively in their respective disciplines.

#### GENERAL SESSIONS

Provide one-half day of general information on prevention, education, treatment, medical, social, psychological, and religious aspects of alcoholism and other drug problems.

#### SUB-GROUP SESSIONS

Monday afternoon and Tuesday morning the student body will be divided into four common-interest groups. These groups will participate in an interaction period with General Sessions speakers and an interface meeting as a preliminary to specialized Group Sections.

#### GROUP SECTIONS

Provide special information, instruction, demonstrations and discussions on casework, treatment, counseling, teaching methods, industrial problems, organization of community and state programs, and other techniques. The following workshops are offered:

- |                  |                            |
|------------------|----------------------------|
| Nursing          | Prevention and Education   |
| Clergy           | Professional Treatment     |
| Youth            | Social Work and            |
| American Indian  | Social Welfare             |
| Residential      | Community Resources        |
| Facilities       | Vocational Rehabilitation  |
| Religion (lay)   | Counselors - School and    |
| Programs for     | Youth                      |
| Employees        | Drugs: Social and Cultural |
| Criminal Justice | Drugs: Treatment -         |
| Social Seminar   | Rehabilitation             |

#### FACULTY

The School has more than 130 instructors, lecturers and special consultants, including world leaders and authorities on alcohol and other drug abuse.

#### CREDIT

Graduate or undergraduate credit (2 qtr. hours) is offered by proper registration and payment of an examination fee of \$5.00.

#### FEES

Registration and Tuition \$70.00. Examination Fee \$5.00. Board and Room (double occupancy) \$50.00 per person.

#### FACILITIES

Food and lodging provided on campus; air-conditioned dormitories and classrooms.

#### SCHOLARSHIPS

A limited number of partial scholarships are available. (For Utah Physicians, Judges and Attorneys.)

#### PARKING

A \$1.25 fee will be charged for on-campus parking during the School (5 days).

#### SERVICES AND GENERAL INFORMATION

Literature and information kits will be supplied to students at the time of registration. Manuals containing General Sessions lectures will be mailed to attendees approximately six months after the close of the School.

#### Other services available:

Tapes (cassette or reel) of General Sessions lectures may be ordered during the School.

By special arrangement, students may tour Salt Lake alcoholism and drug treatment facilities.

University of Utah Marriott Library (alcohol and drug abuse materials)

University of Utah Eccles Medical Science Library (complete classified alcoholism archives)

#### SPONSORS:

University of Utah  
Utah State Division on  
Alcoholism & Drugs  
Utah Alcoholism Foundation

## LIQUOR AND RESPONSIBILITY

How much responsibility do we share for the social and economic costs which flow out into the land along with its product?

Not surprisingly, it is easier to document the well-publicized social and economic problems uncorked by the use of alcohol than to come up with answers on how to apportion responsibility for doing something about them. Recognizing there are widespread social attitudes and habits involved, we need to explore the broader dimensions of the problems arising out of alcohol consumption so that they may be seen more clearly.

When a social practice with widely detrimental results continues to receive general public support, and when past efforts at prohibition have failed abjectly, condemnation or blame-laying is clearly not the answer. Neither will punitive or harshly repressive actions against the liquor industry be useful.

The key to at least an intelligent beginning to meet the manifold and growing problems, we think, lies in the word "RESPONSIBILITY". There is a need to appeal to the most responsible impulses of all concerned to seek an acceptable degree of restraint on all sides.

There are a number of areas in which greater responsibility can and should be shown by various groups involved in the situation. Advertising, for example, which promotes drinking as a means to social success, which equates it with the warmth of the family circle (ignoring its devastating impact on family life), which aims toward teenagers, or which links drinking with driving -- each of these prevalent approaches shows a lack of restraint. The advertising industry must show a greater sense of responsibility here.

A clear-eyed evaluation of when is the right time to give how much responsibility to young people must be made. Are legislators acting responsibly when they put liquor into the hands of teenagers?

Likewise, the radio broadcasting industry, which has a "good taste" agreement not to portray the use of alcohol on the screen, nevertheless is letting that practice creep into programming more and more.

As these instances indicate, liquor manufacturing, promotion, regulation and consumption in the United States all are areas in which self-examination, self-restraint and the acceptance of responsibility can and should be improved to the general betterment of society. At stake is the saving of not only human lives, but of the quality of life -- for drinkers, for their families and for the community.

\* \* \*

(From "Clues For Parents About Alcohol and Drugs". Published by Addiction Research, Foundation, Ontario, Canada.)

Although there is no clear personality type in the case of the alcoholic, a certain number of characteristics are frequently found:

1. There is an unusually high level of aspiration together with a limited actual achievement.
2. There is poor restraint, poor control over his impulses.
3. There is a tendency to withdraw from the environment and a great difficulty in establishing smooth relations with people.
4. There is usually a rather self-centered thinking pattern.
5. There are wide and poorly controlled mood swings.
6. There is the overuse of the mechanism of denial.
7. There is an underlying wish for the passive role.
8. There is a need for self punishment.
9. The alcoholic has what is called the schizoid personality. That is to say, he is estranged from people. He is a little suspicious of the motives of others.
10. He tends to be depressive. There is a sense of hopelessness, sadness, futility. He expresses feelings of worthlessness and describes his great boredom and loneliness. Thirty three percent make suicide attempts and twenty five percent have had life-threatening accidents.
11. He is dependent. There is emotional reliance upon external agents for security. He forms taking relationships, not trusting and giving ones.
12. He is hostile.
13. There is frequently a certain degree of social and sexual immaturity.

It is important to realize that a person may have many of these traits without actually being an alcoholic. It is also true that in a society where alcohol is specifically forbidden, a much more obvious degree of personality conflict is necessary in order for alcoholism to be manifested. Where cultural attitudes arouse powerful counter-anxiety, more severe characteristic disorders will be necessary for the cycle mentioned above to be initiated.

## Mc KAY FIGHTS LIQUOR TAX BREAK

WASHINGTON -- Congressman Gunn McKay has recently co-sponsored legislation which would disallow liquor advertising as a tax deduction. The Utah congressman said he hoped that such legislation would make it more difficult for the liquor industry to portray drinking as an attractive social habit.

Advertising the alcohol creates a distorted impression of the dangers of drinking, said Rep. McKay. The liquor industry spent \$247 million in 1972 to convince the public that drinking is associated with the good life, friendship, the great outdoors, and a number of other desirable activities.

"The \$75 million the government spent on alcohol abuse education programs last year hardly compares with the nearly quarter of a billion dollars spent by the liquor industry," McKay said. "Total cost for alcoholism in this country may be as high as \$15 billion."

McKay cited some of the reasons why he felt alcohol abuse should be curbed. Alcohol was a factor in over 25,000 of the 50,000 fatal automobile accidents last year, he said, and figured in about one-half of all homicides and a third of all suicides. The problems aren't confined to any economic strata, McKay continued, noting that 45 percent of all alcoholics are professional or managerial workers.

"This legislation is a modest effort to offset the distorted image presented by the liquor producers," McKay said. "It would simply deny the tax break for advertising alcohol products that was previously enjoyed, eliminating the possibility of claiming these expenditures as legitimate business expenses. Hopefully, it will make it more difficult to instill in people's minds the desirability of using alcohol."

\* \* \*

### NOTICE of ANNUAL MEETING

The Annual Meeting of the Utah Alcoholism Foundation will be held June 26, 1974, at 8:00 p.m. in the Commission Chambers of the City & County Building, Salt Lake City, Utah.

## Some Interesting Thoughts

We frequently utilize this space to voice editorially our concerns, hopes, and aspirations about matters we feel are critical to the welfare and sound progress in the field of alcoholism. We do not always follow the well-marked paths, made smooth by the feet of many travellers. Today our thoughts turn to an area we call—"rights and responsibilities" or "what about the poor alcoholic?" Perhaps another way to highlight the apprehension we feel is to suggest we need to take a good look at the difference between what we say about alcohol, alcoholics, and alcoholism and what we do about alcohol, alcoholics, and alcoholism. For example, we say the number one priority, the greatest need is for public information, the spread of knowledge that will bring about a better understanding of the problems created by or related to the use and misuse of alcohol. Programatically, we spend little time, less effort and no money on our number one priority. We say, and all nod heads wisely in affirmation, that we cannot solve the problem of alcoholism by treating the casualties; yet we continue to pour all our effort and resources into treatment and rehabilitation. We say alcoholism is an extremely complex problem that requires a massive readjustment over a long period of time; we continue to invest monies in detoxication and short-term intensive treatment programs in the face of obvious inadequacy and repeated failures of these kinds of services for chronic alcoholics. Most recently we have witnessed a new and insidious kind of sickness generated in man's inherent nature to have power and control over others (encouraged by Federal policies and guidelines),—a condition we have labeled "alcoholism coordinitis," guaranteed to result in many meetings, lots of talk, great organization, and no services for alcoholics.

These are but a few examples of our inconsistency; space does not permit either an exhaustive list or adequate discussion. There is, however, one other matter of deep and immediate concern. We talk at great length about the development of healthy attitudes about drinking and non-drinking. We see nothing healthy about the way people working in the field go about proving "their right to drink." Certainly it is most noticeable at Alcoholism Schools and national meetings. There seems to be some kind of need, a grim determination to demonstrate just how far one can go under the heading of "social drinker." . . . We see nothing healthy about the prevailing permissive attitude about intoxication (drunkenness) that finds expression in the language of the Uniform Alcoholism Intoxication Act. It is almost as if a group of frightened, as yet unidentified, alcoholics are trying desperately to erect a barrier that would forever protect them from recognition. Certainly a man or woman in our society has a right to drink, perhaps even to get drunk, if he can find a place to be drunk in isolation. But no man has any kind of right to impose upon others, especially his family, the kind of gross behavior that accompanies the kind or amount of drinking that produces drunkenness.

If we would move ahead toward the kind of attitudes which hopefully will reduce alcoholism, we think it is high time the alcoholics and non-alcoholics became a little less concerned with *rights* and a good deal more concerned about *responsibilities*—individually and collectively.

JWN and PERSPECTIVE

From C.A.T.C. News





# Utah Alcoholism Foundation

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

## NEWS LETTER

JUNE 1974 VOLUME 5, Number

### NOTICE of ANNUAL MEETING

The Annual Meeting of the Utah Alcoholism Foundation will be held June 26, 1974, at 8:00 p.m. in the Commission Chambers of the City & County Building, Salt Lake City, Utah. PUBLIC INVITED

### AMERICA'S 150 YEAR WAR . . . ALCOHOL vs ALCOHOLISM

To understand the state of the struggle against alcoholism in the United States today, it is necessary to look at history. The primary object of concern for most of the 150-year war was with the bottle rather than the person in trouble. Prohibition, unhappily, created more problems than it solved. Whiskey, brought over on the Mayflower, had established a tradition of heavy drinking in this country, and, until 1935, received more attention than the alcoholic. In that year science began to examine alcoholism. Dr. Haggard and Dr. Jellinek at Yale University, initiated studies on drinking problems. Meanwhile, William G. Wilson and Dr. Robert Smith, setting out to help other alcoholics, founded Alcoholics Anonymous. In 1944 the National Council on Alcoholism brought the scientists and alcoholics together. In 1966 the Federal Government entered the scene, with President Johnson's decree establishing the National Center for Prevention and Treatment of Alcoholism, and the 18-member National Advisory Committee on Alcoholism. The 150-year war is over, and the alcoholics have won. The solution to the problem of alcoholism is coming through the active partnership of the scientists and the alcoholics.

. . . Marty Mann . . .

Men of good-will with a true concern: his guests will be happy to follow these common sense rules in their celebrations no matter what the occasion:

1. DON'T COAX: He, who refuses to drink may be an alcoholic.
2. DON'T PRETEND: If the punch, egg nog or fruit-cake contain liquor -- SAY NO.
3. DO SERVE SOME NON-ALCOHOLIC DRINKS: to the non-drinkers.
4. DO CALL A TAXI: if your guest drinks too much. YOU MAY SAVE A LIFE !!
5. DO CALL UTAH ALCOHOLISM FOUNDATION: for anyone who wants to quit drinking.
6. DO RUSH ACUTELY ILL PEOPLE TO THE HOSPITAL: Some alcoholics take a overdose and if they drink they get very sick and can even die.
7. DO WRITE TO US: If these reasonable sensible rules appeal to you and if you would like to participate in developing common sense attitudes about alcohol use, abuse and non-use.

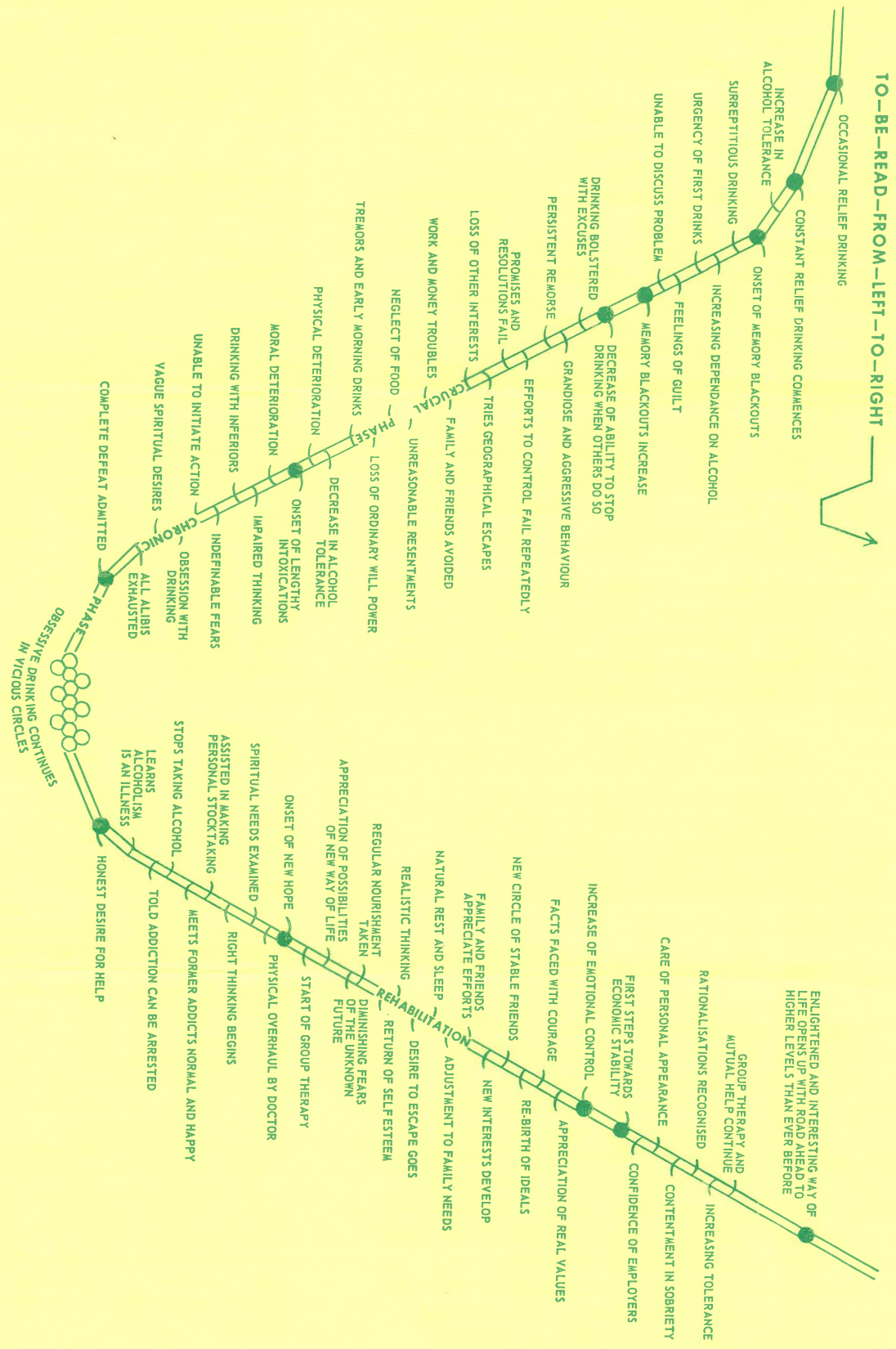
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We have no quarrel with alcohol per se; objection to its use by those who can partake of it without resultant ill effect on themselves or on others. But we ARE concerned with, and flatly opposed to, alcohol's use by men and women not in that category --- those who, after the first drink of it, cannot predict what the consequences -- physical or mental might be.

\*\*\*

SHAKESPEARE, IN "OTHELLO" WAS ABLE TO CONVEY A POTENT MESSAGE ON THE SUBJECT WITHOUT USING EITHER "EAT" OR "DRINK". IT GOES LIKE THIS:

"O God, that men should put an enemy in their mouths to steal their brains"



A CHART OF ALCOHOL ADDICTION AND RECOVERY

The above chart, based on an analysis of 2,000 case histories by E. M. JELLINEK, S.C.D., M.D. (I.c.) has proved useful to general practitioners in consultation with problem drinkers. With it, a patient-doctor rapport is established wherein the compulsive drinker can face up to the destructive nature of his illness. Need the patient go the full route downward in the progression? At what point can the curve be turned upward toward recovery? Is the psychiatric view that AN HONEST ADMISSION IS ESSENTIAL TO TREATMENT a valid one? These are some of the questions in alcoholism that the family doctor, in his role of friend and counselor in the community, can best answer from personal experience.

**T**HAT wonderfully complicated "machine plus" that's your body performs more chores in a single day than you'd believe possible. These are among the things that have been happening to your body in just the last twenty-four hours:

Your heart, although rated at only 1/240 hp, beat 100,800 times and with each beat pumped five ounces of blood into circulation—4,000 gallons for the day.

Every second of the day, 10,000,000 red blood cells were destroyed—and replaced.

Your blood went coursing through 100,000 miles of blood vessels. When you were relaxing, it traveled fast enough to take only one minute for a drop of blood to circulate from your big toe and back again. When you exercised at all, because of the more rapid heart action, the total time may have been only 15 to 30 seconds.

You breathed 23,240 times, absorbing more than 20 cubic feet of oxygen, giving up more than 20 cubic feet of carbon dioxide. That was the result of breathing in 7.9 quarts of air each minute even when you stood still. When you walked, you used twice as much air; when you ran, three times as much.

You mixed a few sighs in with the breathing—about one sigh every three minutes or so (a little more often for women than men). And when you sighed, you breathed about twice as deeply as your average breath.

When with all the inhaling and exhaling, you did some perspiring too, you contributed about half a pound of moisture vapor per hour to the air in your home.

Each of the 120,000 hairs on your scalp (150,000 if you're blond, 90,000 if you're a redhead) was busy, indeed, growing 80 percent of the time and resting only 20 percent. Which is why

you have to see that barber so often. Hair on the rest of your body was growing only 40 to 50 percent of the time.

Your eyes used up fully one fourth of all your body's nervous energy during the day. And no wonder. They registered at least 50,000 images on your brain in that time. If you spent your day reading, your eye muscles moved your eyes about 100,000 times.

You blinked a lot too, and since every time you did you shut vision off for three tenths of a second, and since a short period of readjustment was needed after each blink before you could see again, you were more or less unseeing 11 to 20 percent of your waking time.

You ate 3½ pounds of food. If you're average, you consume your own weight in food about once every 50 days (once every 10 days if you're a healthy child). And maybe you gained weight. If what you ate came to more than 2,500 calories, you probably did. Because while our grandparents needed 3,500 calories a day, most of us now, what with the shorter work week, cars, and innumerable mechanical aids, need no more than 2,500.

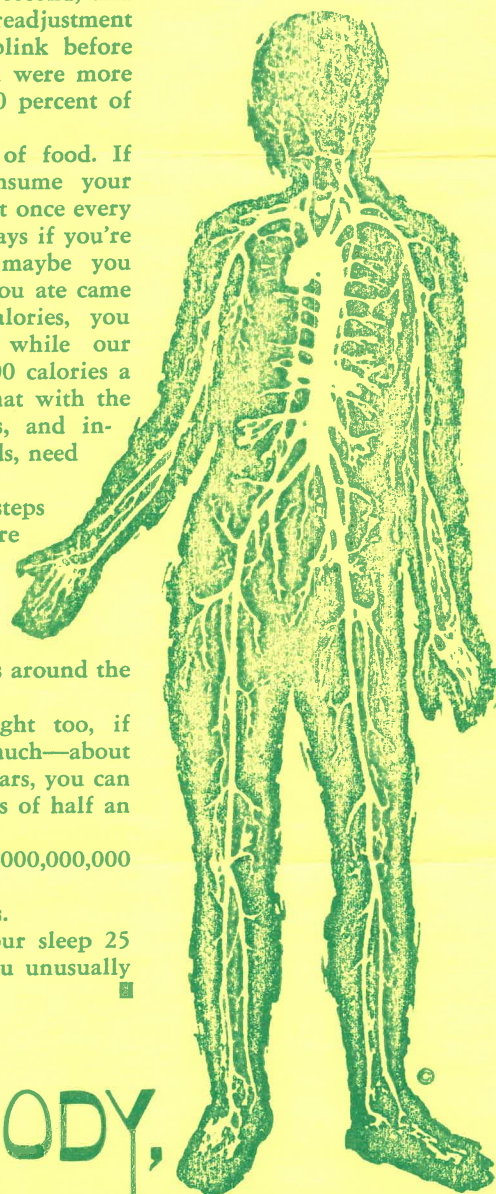
You walked 20,000 steps during the day if you're average. Keep this up and by the time you're 80, you will have walked half a billion steps—enough to travel six times around the earth.

You lost a little height too, if you're 30 or more. Not much—about .00007 inch. But in 20 years, you can expect to add up to a loss of half an inch, which is average.

You exercised your 10,000,000,000 brain cells—didn't you?

You spoke 4,800 words.

And you turned in your sleep 25 to 35 times, nor were you unusually restless, just average. ■



YOU BUSY BODY,  
**YOU!**

Irwin Ross, Ph.D.

NYET . . . .

Recent articles in the Soviet medical newspaper, *Meditsinskaya Gazeta*, support the Communist Party's new hard line on alcohol. A new decree instructs medical workers, teachers, and law enforcement officials to support intensified anti-alcohol propaganda and education efforts.

Abstinence is being promoted on moral as well as medical grounds. Production and sale of vodka are being restricted, the *Gazeta* noted:

*"It is time to revive temperance societies. Drunkenness is incompatible with the principles of the socialist moral code. Drunks should not be treated; they should be educated. Every city has its group of degenerate alcoholics who serve no socially useful purpose. These should be sent away for rehabilitation,"* the newspaper said. The *Gazeta* continued: *"It is said that there is no greater menace than a drunk who goes on drinking after a hangover. This bitter 'joke' . . . reflects many aspects of the problem; the social one, considering alcoholism to be a vice, crime, wantonness; and the medical one, regarding it as a disease, an addiction."*

The *Gazeta* divided alcohol abusers into two categories, public drunks and chronic alcoholics. The *Gazeta* recommended that collective farms and factories develop programs to identify alcoholic persons and make treatment compulsory.

\* \* \*

A feller named Ogden Nash once wrote:  
"He drinks because she scolds—he thinks—  
She thinks she scolds because he drinks.  
And neither will admit what's true—  
That he's a sot and she's a shrew."

DOES HE FURNISH HIS OWN MATERIAL?

A Florida manufacturer, Walt Dittmer, is converting scrap aluminum cans into attractive, texturous architectural sun screens. Each beer can is changed into a 1 X 2 X 3 inch rectangle on a press that cranks out a complete block every second. The cans, 36 to a square foot, are then threaded on aluminum rods, bound in panels with aluminum siding. From a distance they resemble oversized door screening.

Customers who don't particularly relish thousands of brand-name brews reflecting in the sun can have a rainbow of varied colors sprayed on the rugged panels. Dittmer has used up to 36,000 cans to panel an apartment house, and is figuring to use 500,000 on a bank job.

\* \* \*

### Medical Models for Understanding Alcoholism

(Letter to the Editor of the Journal of the A.M.A. from Drs. Frederick Lemere and James W. Smit of Seattle)

The increasing trend to treat alcoholism as disease, rather than a crime, is obligating physicians to deal directly with this major health problem. Many physicians, however, find it difficult to accept the concept of alcoholism as a disease. This is especially true in the context of their daily practice.

Alcoholism, however, has many similarities to other medical conditions and, if viewed from the standpoint of these, can be more readily understood. Diabetes, for example, like alcoholism, has a definite tendency to run in certain families. A wide range of damage to various organs and bodily system occurs in both diseases. Polyneuritis and neurogenic impotency, for example, is common to both diseases. Especially analogous is the primary intolerance to sugar on the one hand and to alcohol on the other hand. Whereas these intolerances are medically understandable, the temptation to eat sugar or drink alcohol, when one knows these are harmful, is less easily comprehended. Old habits, such as the previously pleasurable partaking of sweets, alcohol, and tobacco are hard to break. All physicians have encountered, and perhaps experienced themselves, the difficulty of giving up smoking in emphysema or other medical conditions where smoking is contraindicated. The doctor must do everything in his power to convince patients, to whom these substances have become pathogenic, to avoid their use. Other wise therapeutic endeavors remain incomplete and often futile.

### Other Examples

Another example is overweight and its attendant health problems. Restriction of overeating is part of the physician's expected treatment. The only difference is that with alcoholism there must be complete abstinence. Allergy is another condition that like alcoholism, tends to run in certain families. Here the offending allergen, like alcohol in alcoholism, must be eliminated if at all possible.

Once established, the temptation to drink may become almost compulsive. Preventive measures, therefore, consist of the early detection of the medical complications of excessive drinking with an explanation to the patient of the health hazards involved and the necessity of total and permanent abstinence if the disease is to be arrested.

Finally, it should be remembered that alcoholism is apt to be a chronically recurring disease. As such, expectations of a permanent cure are usually unrealistic but gratifying when they do occur. In the interim, these unfortunate victims of alcoholism should not be denied medical help if they request it. Physicians expect to take care of patients, such as arthritis or cancer patients, whom they cannot always cure but for whom they can afford a certain measure of relief. With alcoholics there is always the hope of improvement or even the chance of permanent sobriety stemming from the doctor's concern for his patient.

\* \* \*

Great leaders never set themselves above their followers---except in carrying responsibilities.

IN ALCOHOLISM . . . . EDUCATION is TREATMENT. . . .

We have enclosed an Order Blank to advise you of the literature we have available. Any profit made from the sale of this literature assists in the operation of the Foundation and the seven recovery centers we operate. Following, are excerpts from several of the brochures and books:

"YOUR CHILD....An Alcoholic?"  
...Jean Libman Block

As a parent you will probably never face a more challenging responsibility. You are perhaps torn between strictness and leniency, between what you personally practice and what you feel ought to be taught.

It becomes clear, then, from the beginning that you can not counsel a child with wisdom until you have examined your own attitude toward alcohol with total honesty. This is the first step.

Your next step is to decide what attitude you want your boy or girl to take toward liquor.

And, third, you must help your child develop a good attitude toward alcohol and live by it.

\* \* \*

"ALCOHOLISM....A Merry-Go-Round Named DENIAL"  
....Rev. Joseph L. Kellerman

This booklet is based upon the fact that alcoholism is a social disorder and an illness involving two or more persons. It indicates that recovery from alcoholism may be initiated by persons other than the alcoholic. It is written for any person who is directly or indirectly involved in the life of a person with alcoholism.

\* \* \*

"GUIDE FOR THE FAMILY of the Alcoholic"  
...Rev. Joseph L. Kellerman

Because of its nature, alcoholism is as damaging and deteriorating to the family as it is to the alcoholic. It has been called the "family illness". Family members are the first to feel the brunt of its developing impact and progressive destruction. For its own preservation, the family must learn about alcoholism and face the realities of this illness, just as the alcoholic must do if he is to recover from it. We believe this booklet will help the family to rise above the problems resulting from intimate involvement with alcoholism.

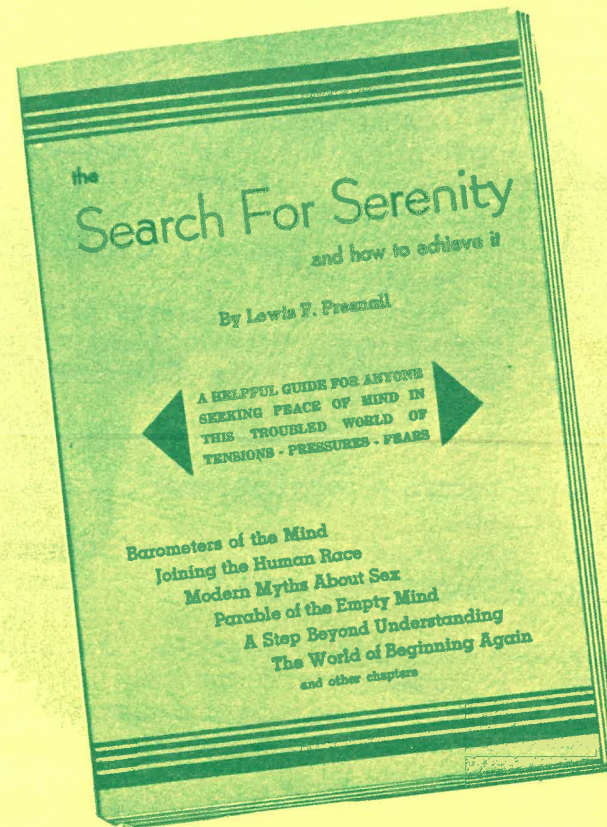
Fortunately, this knowledge and information may also provide the understanding, and lead to action, which may speed the recovery of the alcoholic member.

\* \* \*

"WHAT'S YOUR EXCUSE?"

A dozen excuses. . . . some may be new to you, some old. Interesting "alibis" exploded as "myths".

\* \* \*



SEARCH FOR SERENITY is a report of the experiences the author has had in personally helping many unhappy men and women readjust their feelings and attitudes, and achieve a degree of happiness they thought they could never reach.

Through years of working on the problems of human maladjustments, Lewis F. Presnall has gained a true insight into the causes and remedies of tensions, pressures and fears that beset so many people today. This book is a result of his successful work in that field.

\* \* \*

"WHAT'S YOUR LIQUOR SIGNAL?"

A short quiz assembled to assist anyone in determining whether or not alcohol is creating a continuing problem in any area of his or her life.

Such a quiz is interesting.....  
GO AHEAD . . . . .TEST YOURSELF & OTHERS

\* \* \*

"ALCOHOLICS ARE HOME-MADE"

Perhaps somewhat controversial, yet informative scriptographic portrayal of some of the ways to develop an alcoholic person within your family. "Do these things, ye smothering parent, and ye shall have a typical alcoholic offspring....."

\* \* \*



# Utah Alcoholism Foundation

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

## NEWS LETTER

AUGUST 1974

VOLUME 5, Number 6

### N I A A A APPROVES PROJECT

The Utah Alcoholism Foundation recently received, from NIAAA (National Institute on Alcoholism and Alcohol Abuse), Notice of a Grant Award for a three-year demonstration of the "Cottage Program". The Grant, in the amount of \$367,180, became effective July 1 and was issued through NIAAA Division of Prevention.

The Cottage Program provides alcoholism education to the public, initiating a client approach for prevention and early intervention of problem drinking. The concept is innovative in design -- unique in simplicity. The premise, that it is necessary to work with the family resident community to help the person with a drinking problem.

The Program is GRASS ROOTS -- utilizing perhaps the second oldest profession: salesmanship door-to-door. The product is information on alcohol, alcoholism and problem drinking. The tool is the Cottage Meeting, the motivators (salesmen), volunteers.

The mechanism involves designating a specific area of the community and calling, unannounced, on local households. A short presentation is made and literature proffered. When the contact is responsive, follow-up is made, in the attempt of having the resident hold a cottage meeting in the home, inviting friends and neighbors. The meeting, conducted by trained volunteers, evolves into an education workshop. A second, and final, formal meeting is scheduled with the same group. As part of the evaluation process, an attitudinal test is given prior to the first and after the second meeting.

Also, meetings are often generated through interested church groups, civic clubs, social clubs, etc.

In addition to providing information, the contacts and meetings produce specific individuals who require assistance, either themselves or family members with a drinking problem. Depending upon the need, these people are served through the Foundation or referred to the appropriate community services.

The Program will operate in four distinct geographical and social areas of Salt Lake County. In each area, there will be a "Cottage" that will function as a volunteer training center and as an auxiliary meeting location.

The Program has a minimal paid staff -- all devoted toward volunteer training. The objective is, at the conclusion of the grant period, to have the project maintained by a total volunteer force.

The Cottage Program is not new to the community, however, having been operating on a limited scale for almost two years. During this period, it has been sustained with financial support from the Utah State Division on Alcoholism & Drugs with numerous volunteers donating thousands of hours of their time a

--Cont'd Page 3, Col. 1--



Smiles reflect the mood as the Notice of Grant awarded is reviewed by (l to r) Douglas M. Dinsmore, Executive Director of the Utah Alcoholism Foundation, Sandy Wright and Bernie Boswell, Cofounders of the Cottage Meeting concept.

PREVENTION by  
CHANGING ATTITUDES

(The following is a condensation of a paper, "We Can Reduce and Prevent Alcohol Problems by Changing Drinking Attitudes and Practices", by David C. Hancock, D.D., President, Lynnville Treatment Center, Jordan, Minnesota.)

This country badly needs a Committee on National Alcohol Policy, with one of its chief goals "to seek brave, new and imaginative approaches to the matter of prevention of alcohol problems." Although such a committee was proposed before a U.S. Senate Special sub-Committee in July, 1969, still almost nothing is being done to change drinking attitudes and practices in the U.S.

Most organizations and agencies working in the field of alcoholism in America focus on the disease, the treatment, seeking better understanding of the illness and how to minister to its victims. But these same agencies do little to prevent alcoholism and practically nothing toward trying to change public attitudes toward alcohol usage.

So far, no widespread attempt has been made to educate adults. Americans have too long drunk in ignorance without looking carefully at the place of alcohol in their lives. There are many who may be far from being alcoholics but who still use alcohol inappropriately and unrealistically, many as a crutch, and, consequently, do not develop their fullest capacities.

A massive attempt at public education should be mounted in order to open up this subject for discussion. It is time that somebody championed abstinence as a life style. We are simply saying "THINK BEFORE YOU DRINK!" (Studies have shown that 60 to 70 percent of all penitentiary inmates are there because of something they did while under the influence of alcohol.)

We must challenge the idea that one has to drink to be "in", and we must drop the label "alcoholic" and simply ask this question, 'Is drinking causing a continuing problem in one's life, marriage, job, health, or finances?' If so, one must quit drinking -- whether he is an alcoholic or a potato pancake. We must change public attitudes by launching a massive public education campaign to publicize alcoholism's early warning symptoms. We must challenge the unintelligent use of alcohol and its place in our lives and examine drinking attitudes and practices.

T V and radio spots should call attention to our now-largely-unquestioned drinking practices and attitudes.

It is time for a coalition, a national coalition of representatives of national organizations to center on attitude change, public discussion, becoming responsible people, with representatives from church, medical, psychiatric, mental health, advertising, safety, business and education groups --- public and private. WE MUST LEARN IN THIS COUNTRY TO: "THINK BEFORE YOU DRINK."

# BACTALK

"I HAVE A FRIEND WHO WEIGHS LESS THAN I, BUT HE DRINKS MORE. YET HE DOESN'T APPEAR TO GET DRUNK. WHY? . . . A.Q. Machine, Cushman employee.

It is important to remember that the degree to which a person is affected by alcohol is not always reflected in his behavior. People react differently to alcohol in outward appearance. Impairment in some people is obvious after one or two drinks, while others can consume larger quantities without the affects being noticeable. This interesting phenomenon is known as psychological tolerance.

Psychological tolerance is a learning process. The drinker learns to compensate for the effects of alcohol much as a sailor learns to walk across the deck of a rolling ship. An experienced drinker has learned what to expect and to a point he can control his behavior and performance accordingly.

For instance, with concentrated effort he can walk a straight line even though his blood alcohol level has reached a point where his coordination is severely affected. Even though alcohol may affect his vision, he seldom bumps into objects because he has learned to hold his hand out in front of him.

Therefore, observation alone cannot be used to determine the extent of alcohol's affect on a drinker's faculties. The fact that someone looks and acts sober does not mean that he is any more capable of driving than a less experienced drinker who appears intoxicated.

\* \* \*

## ANOTHER CONGRESS CRITICIZED. . . .

Following widespread allegations of drunkenness in the Australian House of Representatives in connection with a reception for Prime Minister Norman E. Kirk of New Zealand, a poll was undertaken by James Cope, Speaker of the House. The purpose of the poll was to determine if the lawmakers would drink apple juice instead of alcohol at official functions. Mr. Cope said he interviews 104 Senators and members of the House. Among his findings: 172 said they had never tasted apple juice."

...Lawrence Van Gelder  
NEW YORK TIMES

## NIAAA APPROVES PROJECT -- Cont'd

frequently financial assistance.

The author of the Cottage Meeting Program concept was Sandy Wright and the motivator, Bernie Boswell. It is primarily through the effort of these two that the Program became operational and performed to the degree that it merited grant support from NIAAA. Both Sandy and Bernie have been associated with the Foundation for several years. Sandy is now Director of the Division of Neighborhood Services and Bernie, Director of the Division of Education and Prevention and Project Director of the Cottage Program, all divisions within the Foundation.

The new Program staff consists of: David Studer, Helen Sawyer, Elizabeth Delaney, Ann Chiles, Susan Rohwer, Parke Miller and Tom Keele.

\* \* \*

Women become alcoholics nearly twice as fast as men.

Dr. Dave Thomas, of St. Luke's Hospital in Phoenix, Arizona, says that it takes a woman about eight years of steady drinking to go through all the phases of alcoholism, whereas it takes a man 15 years.

Some experts attribute the time difference to differences in the physiological makeup of the two sexes, he explains.

Dr. Thomas also says that today's alcoholic women find it more difficult to conceal their problem than women did in the past.

\* \* \*

## U.A.F. GOLF CLASSIC CHAMPIONSHIP TOURNAMENT

2-Day "WIND-UP"  
36 holes

STANSBURY GOLF COURSE

Saturday & Sunday

SEPTEMBER 7 & 8th

ENTRY FEE: \$12.00

(Handicaps must have been established through participation in previous U.A.F. tournaments. PARTICIPATION BOTH DAYS REQUIRED.)

For more information  
& registration call:

WILLIAM BILLS 487-3276

DEADLINE  
for SIGN-UP  
August 30th!!!

## STRIPPING ALCOHOL OF MYTH, FOLKLORE

SEEN AS A FIRST STEP IN PREVENTION . . . .

"It is amazing how many Americans are still looking for that medieval philter or potion with its supposed magic power that will, when imbibed, fulfill all our desires," says the Reverend David C. Hancock, president of Lynnville, Inc., a private alcoholism and drug treatment facility in Minneapolis, Minn.

He told the Alcohol & Drug Problems Association annual meeting that "to search for the means of coping with life's problems, to search for insight, for feelings or worthwhileness, for love, for creativity, for the attainment of one's full potential -- to search for these through drugs and alcohol is nothing more than witch-doctoring and belief in magic --- childishly unrealistic. There are no magic shortcuts to constructive, responsible living," he said.

Mr. Hancock is convinced that before preventive education can succeed, alcohol must "demythologized", and its mystique removed. "Can alcohol really deliver all the rewards and benefits that myth and folklore have led us to expect of it?" he asked rhetorically. "Can it make us more manly, intelligent, clever or charming? Can it solve our problems of shyness, loneliness, insomnia, anxiety, guilt, low self-esteem, or lack of self-confidence, feelings of frustration, or boredom? Or help us cope with the shifts and scorns of daily living?"

"Although treatment of alcohol addiction is important as a starting point," Mr. Hancock said, he maintained that "all that we in the alcoholism field today are doing in America is running an ambulance service from the bottom of the cliff. Almost nothing is being done to build a fence at the top of the cliff."

One step in that direction, Mr. Hancock feels, is to attempt to have people examine their drinking habits and customs and their attitudes about the use and non-use of alcohol. "We have too long drunk in slavery to social custom, and, in response to pressures to drink without looking carefully at the place of alcohol in our lives, without recognizing the possible dangers of dependency or addiction from regular use of alcohol," he said. "And no one has questioned or challenged the common American attitudes that have cast alcohol in the role of panacea, problem-solver, prime social lubricant, and hallmark of hospitali-

...ALCOHOL & HEALTH Notes.

\* \* \*

You may be deceived if you trust too much but you will live in torment if you do not trust enough.

## WEEKEND RETREATS AID WOMEN

A California organization, Women's Rehabilitation Association, dedicated to helping alcoholic women uses weekend counseling sessions in a country retreat as a principal therapeutic vehicle.

The retreat is located in the hills near Redwood City, California. Women attending the weekend sessions are grouped four to a room---three relatively new to sobriety, and one "den mother" with a substantial amount of logged "dry time", serving as a model for the others.

Each weekend program includes lectures by several experts in the field of alcoholism, group discussions, and individual consultations with the speakers if desired by a participant. The lectures cover the physiological and psychosocial aspects of alcoholism, as well as practical survival issues, says Sister Anna Marie Towers, director of W.R.A.

Attendance at one of the weekends is usually suggested when a woman first approaches the center operated by the WRA in the town of San Mateo.

The Center, which is open 7 days a week, provides services including individual counseling, couples sessions, multifamily sessions, "spirituality in daily living" sessions, guitar classes and library services.

The goal of WRA is to promote public understanding of the alcoholism problem and to work for the treatment and rehabilitation of alcoholic women in cooperation with other public and private agencies. Each woman is treated as a "unique individual", Sister Anna Marie said.

\* \* \*

HATE, like acid, can ruin the vessel in which it is stored as well as destroy the object on which it is poured.

\* \* \*

IT'S O.K., SON, EVERYBODY DOES IT...

When Johnny was 6 years old, he was with his father when they were caught speeding. His father handed the officer a \$5 dollar bill with his driver's license. "It's O.K., Son, his father said as they drove off. "Everybody does it."

When he was 8, he was present at a family council presided over by Uncle George on the surest means to shave points off the income tax return. "It's O.K.," His uncle said. "Everybody does it."

When he was 9, his mother took him to his first theater production. The box office man couldn't find any seats until his mother discovered an extra \$2 in her purse. "It's O.K., Son, she said. "Everybody does it."

When he was 12, he broke his

glasses on the way to school. His Aunt Francine persuaded the insurance company they had been stolen, and they collected \$27. "It's O.K., Kid," she said, "Everybody does it."

When he was 15, he made right guard on the high school football team. His coach showed him how to block and at the same time grab the opposing end by the shirt so the official couldn't see it. "It's O.K. Kid," the coach said. "Everybody does it."

When he was 16, he took his first summer job at the big market. His assignment was to put the overripe tomatoes in the bottom of the box and the good ones on top where they would show. "It's O.K., Kid," the manager said. "Everybody does it."

For me, acupuncture  
Would hold no fears ---  
My wife has been needing  
Me for years.

...THOMAS USK...

\* \* \*

## RESEARCH . . . .

An eminent German neurologist and his research team at Gottingen University have developed what they believe to be a cure for cases of alcoholism and drug addiction that were once considered hopeless. Professor Fritz Roeder and his associates have developed techniques for a relatively safe operation on the brain to neutralize the part responsible for addiction.

"After many years of experiments on animals, as well as a number of hospital trials, our method can be considered safe", Professor Fritz Roeder says, "Our research has revealed that dependence on drugs or alcohol assumes the proportions of a natural urge after a certain period and, like the sexual drive or the urge to eat is controlled by a certain brain center, neutralizing the center, which is no more than 50 cubic millimeters in volume, will cure the patient for all time."

"A small incision is made in the skull," says the German medical scientist, "a probe inserted into the desired part of the hypothalamus region of the midbrain, and the center destroyed with an electrode -- though without affecting adjacent sections."

No undesired side effects or after effects have yet been observed in the 22 cases of this type so far.

...Thomas Land, THE JOURNAL  
(Addiction Research Foundation  
of Ontario)

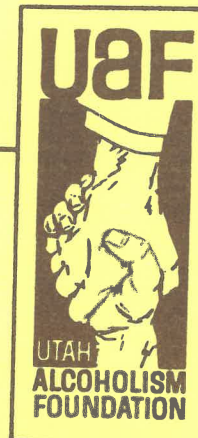
\* \* \*

When he was 18, Johnny and a neighbor applied for a college scholarship. Johnny was a marginal student. His neighbor was in the upper 3 percent of his class, but he couldn't play right guard. Johnny got the assignment, "It's O.K.," they told him. "Everybody does it."

When he was 19, he was approached by an upper classman who offered the test answers for \$4. "It's O.K., Kid," he said. "Everybody does it."

Johnny was caught and sent home in disgrace. "How could you do this to your mother and me?" His father said. "You never learned anything like this at home." His aunt and uncle also were shocked.

If there's one thing the adult world can't stand, it's a kid who cheats...



# Utah Alcoholism Foundation

2880 SOUTH MAIN, SUITE 210 • SALT LAKE CITY, UTAH 84115 • PHONE 487-3276

## NEWS LETTER

OCTOBER 1974

VOLUME 5, Number

### NEW FOUNDATION OFFICES

WE'VE MOVED AGAIN !!

In order to make room for the additional personnel needed to conduct Foundation affairs and to accommodate the directors and added personnel of our three divisions within the Foundation -- new office space has been acquired in the Central Park Plaza, Suite 210, at 2880 South Main Street.

Under the progressive leadership of its Board of Trustees, the Utah Alcoholism Foundation is advancing steadily and happily toward the fulfillment of its objectives: PREVENTION EDUCATION - TREATMENT - RESEARCH in the field of alcoholism.

We invite you to visit our new offices and become more closely aware of the activities and functions of the Foundation.

\* \* \*

### MORE GROWTH. . .

One more facility for the treatment and recovery program for alcoholics is to be added to the Foundation network.

The Southeastern Alcoholism Council has asked the Foundation to take over the management and operation of the recovery facility in Price.

Renovation and expansion of the center is now in progress and a new director, Jack Ferry, has been appointed to manage the new center.

Future plans and opening date will be announced in the near future.

\* \* \*

Your standing in the community is what folks are saying about you behind your back. . .

### COTTAGE PROGRAM EXPANDING

The Utah Alcoholism Foundation, through its Division of Education and Prevention, established the first Cottage at 736 South 5th East. Acceptance of the Program and the awarding of the NIAAA Project Grant has enabled us to expand and establish additional facilities.

The second Cottage, 1615 Foothill Drive (in the Lamplighter Square) was opened on September 16 and is actively engaged in contacting homes in that area to initiate interest and awareness of the problems of alcoholism and alcohol abuse.

A third Cottage is presently being readied for continuance and broadening of the Program. It is to be located at 2875 South Main Street and will soon be ready to serve the surrounding area with information and assistance.

A fourth is planned in the Holladay area and its location will be announced soon.

The staff at each Cottage is trained to direct and assist volunteers in contacting households in surrounding neighborhoods in an effort to establish and hold Cottage Meetings with those who are interested in learning more (or doing something about) the alcoholism problem.

PLEASE SUPPORT YOUR AREA COTTAGE !!

The staff at any of the Cottages welcome your interest and assistance -- if you have any time you can volunteer, your donation of that time will be appreciated !

\* \* \*

LOOK NOT BACK IN ANGER

NOR FORWARD IN FEAR,

BUT AROUND YOU IN AWARENESS.

...James Thurber...

## EDUCATION COMMISSION SEEKING

### NEW INITIATIVES IN PREVENTION. . . . .

A new Federal-State alliance has been formed to help advance national awareness of the scope and seriousness of this country's alcohol-related problems and to help develop programs for combatting and helping prevent some of the probable causes of alcohol abuse.

Partners in the new alliance are the NIAAA and the Education Commission of the States, a non-profit Denver-based organization of Governors, legislators, and educators from 45 states, Puerto Rico and the Virgin Islands.

The NIAAA-ECS efforts will focus on the use of education for the prevention of alcohol abuse, with America's youth as a primary target, in both the community and school settings.

"If our Nation's youth do not learn to use alcohol in a more responsible manner than today's adults, the results will be catastrophic for our entire society", stated Dr. Morris E. Chafetz, Director, NIAAA, in announcing the award of the contract. "We must find effective ways of helping young people make responsible individual decisions about the use of alcohol within the context of their own lives."

Preventing alcohol abuse among adults who are already drinking is another target of the alliance. The main focus in the ECS prevention effort will be the relationship between alcohol abuse by young people and the drinking attitudes of the adults after whom they model their behavior.

"We are never going to reduce the devastating toll of alcoholism in the U.S. as long as people generally remain unaware and unconcerned with the consequences of their own drinking behavior," again quoting Dr. Chafetz.

The task force will start by seeking the answers to five major questions:

- ..What is the nature of the drinking problem?
- ..What has been done or is being done to prevent problem drinking?
- ..What needs to be done?
- ..What are alternatives for preventing drinking problems?
- ..What are strategies for implementing alternatives?

In a statement prepared for the task force's organizational meeting, Florida Governor Reubin Askew, chairman of ECS, said "American has already experimented with prohibition as a cure for the alcohol problem and failed miserably. We have for years attempted control and regulation but, while control is necessary and some successes are evident, problem drinking in

America continues to grow along with the devastation it leaves in its wake."

"So now we are turning to an educational effort. Individuals are confronted with two choices to avoid problem drinking: NOT TO DRINK AT ALL . . . or, TO DRINK RESPONSIBLY.

\* \* \*

DRINKING AMONG YOUNG PEOPLE IS VARIOUSLY DESCRIBED AS A RITE OF PASSAGE INTO ADULTHOOD, A DECLARATION OF INDEPENDENCE, A MANIFESTATION OF REBELLION AND HOSTILITY, AND ANTICIPATORY SOCIALIZATION.

\* \* \*

LONGER HOSPITAL STAY SAID TO BE NO AID TO RECOVERY . . . . .

If an alcoholic person is treated for more than a month in a hospital, are his chances for recovery significantly better than if he had stayed for only a week or two? Guy Grenny, a psychiatric social worker with the Solano County (Calif.) Mental Health Service, thinks not.

"Comparison studies," Mr. Grenny said, "do not support the theory that a longer stay in the hospital either stabilizes a person's alcoholism or enhances the possibility that the person, once discharged, will not return to the hospital for treatment of an alcoholic condition."

Asked what he thought did make a difference between hospitalized alcoholic persons who returned for institutional treatment of the illness and those who did not, Mr. Grenny said, "It's probably all in the way the person looks at himself. He changes his assumptions about himself, sees himself differently. It's very much the A.A. kind of thing, which occurs outside the hospital environment."

"Evaluations tend to show that the length of time in the hospital contributes nothing to a change in alcoholic behavior. Patients may gain medical advantages by a somewhat longer hospital stay," he said, "but there is no evident behavior change. We conclude that a person is as likely to change behavior after a few days in hospital treatment as a few months."

\* \* \*

A feller named Ogden Nash once wrote: "He drinks because she scolds -- he thinks -- She thinks she scolds because he drinks. And neither will admit what's true -- That he's a sot and she's a shrew."

## NEWS FROM THE COTTAGES. . . . .

Mr. Kenneth Eaton, Deputy Director of NIAAA, spent September 11th in Salt Lake City to publicize information resulting from the findings of the 1974 Special Report to the United States Congress on Alcohol and Health.

The morning was spent discussing the Cottage concept with interested State and Church officials participating. Mr. Richard E. Black, Director of the L.D.S. Social Services, noted there is a great need for such programs because of their emphasis on early intervention and their work with families long before drinking problems and alcoholism become acute.

The evening culminated in opening ceremonies of the new Foothill Cottage which will be serving the upper East Bench area. It is located in Lamplighter Square, 1615 Foothill Drive.

The Foothill Cottage is the second one to be established in the Salt Lake area -- the first is located at 736 South 5th East. These are developed and operated through the Division of Education and Prevention which is one of the many services offered through the Utah Alcoholism Foundation -- they are open and available to community-minded citizens who may, or may not, have a problem with alcohol or alcohol abuse but who are interested in learning more about what is being done about such problems. We invite you to visit -- whether it be out of curiosity or with a desire to participate.

Probably the most exasperating aspect of combatting alcohol abuse is that it is the "hidden disease -- the disease of denial" -- so said a pair of California drug abuse experts in their visit to the Cottage. Stanley Shalit, Alcohol Education Specialist and Ms. Pat McCaffrey, Alcohol Adviser in Alameda County, California Education Center, spent the greater part of a week experiencing participation in orientation of the Cottage Program and training in Living Skills. "We are convinced it is the most effective program of early intervention, education and prevention," Mr. Shalit said.

Due to the excitement generated by their recent visitors, the staff of the Cottage Program is looking forward to further growth and new successes as additional locations are acquired to serve families in the greater Salt Lake area.

\* \* \*

The price for overdoing some habits: "The American Hospital Association says that 25 to 30 per cent of all adult medical-surgical patients in metropolitan hospitals, regardless of their primary diagnosis, are suffering from some degree of alcoholism.

## W H Y ??

With the problem of alcoholism so grave, could draw the conclusion that more positive things would be done about it. Much has been done, but much more remains undone. extent of the problems has not been realized and apathy concerning them exists for the reasons:

1. People close their eyes, not really wanting the truth.
2. Some are repelled by extremists, and some are prejudiced --either from public opinion or personal involvement.
3. There are errors in published material which mislead, or fail to carry the message truly.
4. Except for figures on alcohol consumption, other statistics are either inadequate or inaccurate.
5. Death and destruction involving alcohol is frequently reported but seldom with the word "ALCOHOL" in the headline and sometimes "alcohol" or "drinking" are not even mentioned in the story.

\* \* \*

When a man realizes his littleness his greatness can appear.

\* \* \*

### Now—About Anxiety

Be grateful for anxiety. It can help each one of us do a better job or to cope more effectively with problem. Unfortunately, most people fear anxiety so much that they either avoid situations that are stressful or take a pill or drink to "make it go away." A certain amount of anxiety can mobilize you for action—I know, because once when I was told to make a talk, I had so much anxiety. I was nearly sick, but I did it and the next time it became much easier. It gets the adrenalin flowing so that you are more alert, better prepared and able to react more quickly. Most top actors and athletes have learned to use anxiety, which they call "stage fright" or "butterflies" in their stomach, to their advantage. Anxiety keys them up and makes them sharp and quick on the stage or on the ballfield. So can you when asked to talk before your group. By facing the anxious situation head-on, you gain confidence in your ability and your anxiety becomes less and less. Do not let anxiety paralyze you into immobility. Recognize that anxiety is "normal."

Try to determine if your anxiety is real or imagined. Some people are anxious just because they are faced with a new situation and have let their imagination run riot. Share your anxieties with someone else. This will take a lot of steam out of your feelings of anxiety and reassure you that anxiety is really "normal."

Written by a nurse in Norton, Kansas

NEIGHBORHOOD WORK. . . . .

NEIGHBORHOOD WORK is the most vital part of the COTTAGE PROGRAM. This is where we experience the real stigma, myths and denial of alcoholism that are so prevalent in all our communities.

FOR YEARS we have been treating the illness of alcoholism with programs that focus on treating the alcoholic. These programs are highly commendable, but ALCOHOLISM STILL REMAINS the number one health and social problem in this country. Our present "treatment" programs don't even begin to keep pace with the illness. We can all sit on our hands for the rest of our lives fantasizing about the nice things we are going to do, but what we need now is ACTION. . . ACTION directed toward the people in our own community -- for it is in our communities that we find the "fertile soil" where the seeds of alcoholism grow into FULL BLOSSOM. There we find the one who is ill -- that person we call the "Alcoholic."

The COTTAGE PROGRAM is the only program today that is working to solve the problem by actually going into the neighborhoods -- talking with people, delivering information and holding COTTAGE MEETINGS to educate people about alcoholism.

THE COTTAGE PROGRAM is a PEOPLE PROGRAM and the heart of it is the "beautiful volunteer." These are the people who want to become helpers and give human nourishment to other people in our community, whether they drink or not.

WE ALL NEED TO CHANGE OUR ATTITUDE TOWARDS THE USE OF ALCOHOL if we are going to whip the illness of alcoholism.

The problem is ATTITUDE. . . . .  
The answer is EDUCATION FOR AWARENESS....  
AWARENESS for CHANGE....  
CHANGE for PREVENTION.

We need to treat the illness of alcoholism as we treat malaria -- let's stop running around swatting the mosquito when the swamp is still infested -- LET'S TREAT THE SWAMP!!

JIM TURNER...  
Central City Cottage

\* \* \*

The fourth Cottage is now ready to begin serving our community -- located in Holladay at 2251 East 4800 South with Dave Studer as its Director.

CALL 272-5246 whether seeking help--or, seeking to help us by donating some of your "un-used" hours of the week.

WE NEED YOU !!



VOLUNTEERS & PARTICIPANTS

Diane and Russ Barberio, vitally interested in helping with the problem of alcoholism, have volunteered 15 to 20 hours a week of their time in order to recruit more volunteers and conduct training sessions for them.

As a young couple, they became interested in the Cottage Program after driving by one of our Cottages and noticing the sign and noted later publicity in the newspapers. Diane has a very personal interest in the Program due to a history of alcoholism in her family -- members of which have either died due to alcoholism or are presently alcoholic. Diane says, "I am always reading on the subject and when I saw what The Cottage Program was attempting to do, I decided to volunteer during the day. My husband said he would like to become involved as a volunteer also -- so here we are!"

Welcome aboard, Diane and Russ, it is through volunteers like you that our program will grow and continue to help PEOPLE WITH PROBLEMS -- we couldn't do it without you!!

# # #

An enthusiastic group of women from the First Presbyterian Church have participated first-hand in a part of the Cottage Program, "The Art of Helping," a design of living initiated by Robert R. Carkhuff & Associates.

They have been applying what they have learned in their everyday family life and find it very helpful.

LIFE BEGINS-----  
OR BEGINS TO END -----  
WITH CHOICES MADE  
AT A CROSSROADS.

Bernice C. Heisler...



# Utah Alcoholism Foundation

2880 SOUTH MAIN, SUITE 210 • SALT LAKE CITY, UTAH 84115 • PHONE 487-3276

## NEWS LETTER

NOVEMBER 1974

VOLUME 5, Number

### EDITORIAL

Our basic aim is to alleviate alcohol abuse and discourage irresponsible drinking in a responsibility-oriented not prohibition minded manner. To break through today's apathy and permissiveness demands that we "tell it like it really is", bringing you, not just knowledge but a realistic appreciation of the immensity of our alcohol problems -- size, scope, depth and breadth.

Our immediate aim is to dispel some of the darkness and make you aware of the situation by printing articles, studies, reports which you are not now getting; some are local and original, others world-wide.

Another basic aim is to assist in building a healthier society of mature people, so improved physically, mentally and spiritually that the need for excessive alcohol use will be decreased. Also to find ways to help youth in their search for a vision of their life's specific purpose. Mature, healthy people with a purpose should not need alcohol.

Secondarily, we also hope to fill gaps in present services to alcoholics and at any rate we will not duplicate any of the present services.

We will cooperate whenever possible with any or all of the programs in the alcoholism field here, if we can help.

We close with a quotation from an editorial in America magazine of October 29, 1966 ". . .some kind of campaign ought to be launched in our affluent and comfortable society for the purpose of unglamorizing liquor. Just as it is folly to blame a thing -- in this case, alcohol -- because people misuse that thing, so it is criminal nonsense to portray liquor as the elegant and enlarging nectar that improves every shining hour, marks the sophisticate -- and cures the common cold."

"WE MUST UNDECEIVE THE ALCOHOLIC ---- AND OURSELVES ABOUT ALCOHOL."

### THE ART OF THANKSGIVING IS THANKSLIVING

It is gratitude in action !

It is applying Albert Schweitzer's philosophy: "In gratitude for your own good fortune you must render some sacrifice of your life for other life."

It is thanking God for your talents and abilities by accepting them as obligations to be invested for the common good.

It is thanking God for the gift of life by living it triumphantly..... and thanking Him for each new day by living it to the fullest.

It is adding to your prayers of thanksgiving, acts of thanks living.

Friendship is the comfort, the inexpressible comfort of feeling safe with a person, having neither to weigh thoughts nor measure words but pouring all right out just as they are chaff and grain together, certain that a friendly hand will take and sift them, keep what is worth keeping, and with a breath of comfort, blow the rest away.

...GEORGE ELIOT...

Recently an Editorial appeared in a newsletter prepared by Alcohol Affairs and we present it to you as closely mirroring our own goals and objectives.  
UAF Editor..

NEXT MOVE? . . . PRINCE EDWARD ISLAND?

Prince Edward Island, a province of Canada, with a population of 90,000 has only 13 policemen. There is no unemployment. Since 1967 there has not been a single case of assault of wife, desertion of family, or neglect of children.

There is no penitentiary. In most years it has had as few as two motor car accidents for every 1,000 cars.

How do they account for this record?

In 1900 alcohol was abolished from the island. And it has never been allowed to re-enter !!

\* \* \*

PRESIDENT'S DISCIPLINATION

BY *James E. Sandell*

President, MORRIS FOUNDATION

### TIP of the ICEBERG

We must remember that only one-ninth of an iceberg is above water. Further, many of these icebergs are overturned, or at least tilted. They often carry a load of garbage above the waterline. As the iceberg melts, it gradually strews its load in all directions.

The "revolving door" alcoholic is the tip of the iceberg in the alcoholism dilemma. Yet for generations, this has been the public's image of the typical alcoholic. We all look and we all see. Even those without physical sight look and see with their quickened sense of perception, but what we see when we look, that is what is important. If we focus our attention on the "tip" of the "alcoholic" iceberg, we may fail to note the mental garbage.

It's no wonder that many alcoholics have not been motivated by business and industrial programs, at the hospital, out-patient clinic, A.A. or the halfway house levels. It's no wonder they have clogged the continuum of care system. It takes a long time to get rid of mental garbage. They have to change their values and attitudes. They have to learn to be honest with themselves before they can accept what the halfway house or society has to offer.

As members of an interested society and community must become involved in the process of removing the "mental garbage" image most of us have we must combine our efforts in promoting education to change our attitudes.

\* \* \* \*

The greatest pleasure in life is to do a good turn in secret and have it discovered by accident.

"WHAT HAPPENS TO YOU PHYSICALLY, IF YOU ARE REQUIRED TO TAKE ANOTHER DRUG AND YOU HAVE A COUPLE OF DRINKS?"

Most studies show that if a person mixes alcohol with another depressant drug, there is an additive effect and in some cases a synergistic effect.

In other words, a person who is taking a depressant drug will be more impaired on the same amount of alcohol than if he were not taking the drug.

In fact, depressant drugs have about the same effect on human functioning as alcohol. Taken in moderate doses, a depressant will act on the nerves, skeletal and heart muscles. In higher doses, the drug will effect motor abilities and may lead to slurred speech, confusion and staggering.

As a result, people who are required to take a depressant drug should realize that though they may be well below a .10% blood alcohol concentration, they may not be capable of operating a car safely.

However, most studies show there is not an additive or synergistic effect when alcohol is mixed with stimulants.

Although one might expect a stimulant to counteract the depressant effect of alcohol in a person's system, this is not true.

While the administration of a stimulant to an alcohol-impaired person may increase his alertness, it will not affect skilled tasks requiring concentration or deliberation. In fact, a stimulant will just make that person a "wide-awake drunk".

Remember, time and only time will reduce the amount of alcohol in a person's system. The average person will burn off approximately .015 percent alcohol per hour.

\* \* \*

Some trades, it turns out, have their own built-in Antabuse. The common industrial solvent trichloroethylene, used to clean grease off many items, including electronic parts, can build up in the bodies of workmen to cause a condition known as "DEGREASER'S FLUSH" in which the face, shoulders and chest turn bright red after the victim drinks a single glass of beer. Scientists at the Medical College of Wisconsin are trying to find out WHY?

\* \* \*

" THAT GOVERNMENT IS THE STRONGEST OF WHICH EVERY MAN FEELS HIMSELF A PART."

. . . Thomas Jefferson . . .

## FOCUS

What is FOCUS? At the present time, FOCUS is a major program of the Occupational Programs Division of the Utah Alcoholism Foundation.

What does FOCUS do? FOCUS is designed to assist employers in setting up troubled employee programs based on their company's needs.

Where is FOCUS coming from? The history of occupational programs goes back to the 1940's. At this time, also, Alcoholics Anonymous was gaining recognition as a means of helping people recover from alcoholism. It was thought by many recovering alcoholics that the work setting was an ideal place to identify employees with drinking problems and encourage them to get help. Supervisors were trained in the symptomology of alcoholism and then to look for these symptoms in their subordinates.

The major problems to this approach were:

1. Usually they spotted only the chronic alcoholic because he was the most obvious.
2. A first line supervisor does not go to a vice president and tell him he has a drinking problem.

(NOTE: Evidence indicates that alcoholism affects every occupational level in about equal terms.)

3. The program took on the appearance of a witch hunt. Those suspecting they had a problem worked harder to conceal it.
4. Alcoholic people are skilled at diverting attention away from their "real" problem. Most supervisors aren't trained to deal with this and are easily misled into thinking the "real" problem is money, marriage, children, etc.

In spite of the problems, recovery rates were high for those employees who were identified and convinced to receive help. These rates were 60% to 80% as compared to 20% to 40% rates achieved through other forms of referral. The main problem was that the identification came late -- after the employee was terminated and his capacity to function on the job was almost completely destroyed.

FOCUS today. The difference today is the identification technique used in the employment setting. The supervisor's attention is not focused on the symptoms of alcoholism or on any other dysfunction but on job performance and attendance. Not all people with job performance problems have drinking problems but it is estimated that over 50% of them do. Often deterioration of job performance appears in the earlier stages of alcoholism.

FOCUS is essentially a Troubled Employee

Program geared to a wide range of problem that could cause decreased job performance -- alcohol, drugs, marital, family, financial and legal. This approach eliminates the problems of having the supervisor diagnose (or misdiagnose) the employee's problem. Having documented an employee's work performance, an effective approach in confronting him would be similar to the following: "It is possible that personal problems may be contributing to your impaired job performance. Therefore, I strongly urge you to contact the FOCUS Employee Counselor through the Personnel Department. Whether you do or not, I will be contacting you again at a specific time and day to consider more severe disciplinary action if there is no significant improvement."

The effectiveness of FOCUS lies in two areas: (1) earlier identification, and, (2) the fact that most employees don't want to lose their jobs or their paychecks. Losing one's job is a strong motivational force in getting a troubled employee to help available.

\* \* \*

## Magic?

"If you are tempted to rely on some magic substance to give you real acceptance to the group, to hasten the growing up process, to give you courage, or to make a man or woman of you, we urge you to ask yourself this question: 'Am I so immature as to believe in magic--any kind of magic.'"

The Texas Alcoholism Prevention Foundation, Inc., in cooperation with the Houston Council on Alcoholism asks this question in a pamphlet entitled, "MAGIC?"

"Intellectually, they say, most young people admit that alcohol is a dangerous chemical, as are a number of other chemicals. But with the instant courage, instant acceptance, and instant problem solving alcohol seems to bring, they get lost in the illusions and are not aware of what is happening behind the curtain. This is the tragedy of the situation. For what alcohol seems to be creating so magically it is actually destroying. What alcohol so magically seems to be delivering, it is really taking away. This part is not a show. It is real!"

MODERN DIPLOMACY seems to consist of solving each world crisis by creating a new one. . . .



IN MEMORIAM

To those active in the field of correcting the human loss of alcoholism, a great personal loss has occurred in the passing of two leaders in Utah. It is our hope that sharing of our love for these men can aid each of us in our grieving for them. Perhaps a focus on their humanness will help to bring their personal goals into our own lives, enriching us and fulfilling them.

Calvin T. Bench passed from this life on November 15, 1974. With this passing, the facts of what he did in his life passed, too. The purpose of his life, however, became a legacy to all of us who knew him.

Cal was, above all else, a man...a man who had shared the hopes and achievements, the fears and pains that make for a full and well-lived life. Cal's growth through life gave him the greatness and dignity that few of us attain. He chose to bring his life to give support to others.

Cal's energy, warmth, humor, and devotion was directed to providing to others that which he, through his own alcoholism had found to be the basis for humanness. Nearly 24 hours of Cal's day was spent finding ways to respond to the helplessness of alcoholic desperation. Cal brought his years of experience to bear on making sure that a real "home" was available for those seeking honest care in times of desperation. He brought his wisdom to bear on ensuring that the care given would lead to a point of new light in the darkness of alcoholism. He brought his energy to bear on reaching out to those for whom the hope of finding that light had become bleak and wane.

Of we who continue, let it be said that we knew Calvin Bench and Charlie Stewart and that they live in our lives.

Charlie LaVoy Stewart died November 28, 1974. A man of family, of service, of the Church, and of the community. Charlie Stewart built his life upon involvement and sharing with others. His energy passed on his death...the contribution he made will continue through those he touched.

A humble, quiet, and wise man, Charlie Stewart was involved in the greatness of living and in the joy of giving. He exhausted himself at the age of 47. Charlie chose this route and we can only grieve for our own loss, for we shall truly miss his presence.

Perhaps no more poignant memory to Charlie Stewart could be made than for each of us to reflect, in our own living, the courage, love and good will which his life so beautifully portrayed.

In counterpoint:

He has the courage to say Family  
He has the love to greet all men;  
He has the will to be.

PRICELESS GIFTS. . . . .

The best thing to give:

- To your enemy is forgiveness,
- To an opponent give tolerance,
- To a friend give your heart,
- To your child, a good example,
- To a father give reverence,
- To a mother, give conduct that will make her proud of you,
- To a sister give faith,
- To a brother give courage,
- To yourself respect in all men
- charity for all.

A wonderful person said:  
 Maybe there is nothing in a store they need.  
 But what about some token of love. . . what  
 about love itself. . . and friendship. . .  
 and understanding. . . . .  
 and consideration . . . . .  
 and a helping hand. . . . .  
 and a smile. . . . and a prayer?  
 You can't buy these things in any store,  
 and these are the very things people need.  
 We all need them....Blessed will they be  
 who receive them this Christmas or any time  
 Let's not permit the crowds and the rush to  
 crowd Christmas out of our hearts. . . for  
 that is where Christmas belongs.  
 Christmas is not in the stores,  
 but in the hearts of people.



# Utah Alcoholism Foundation

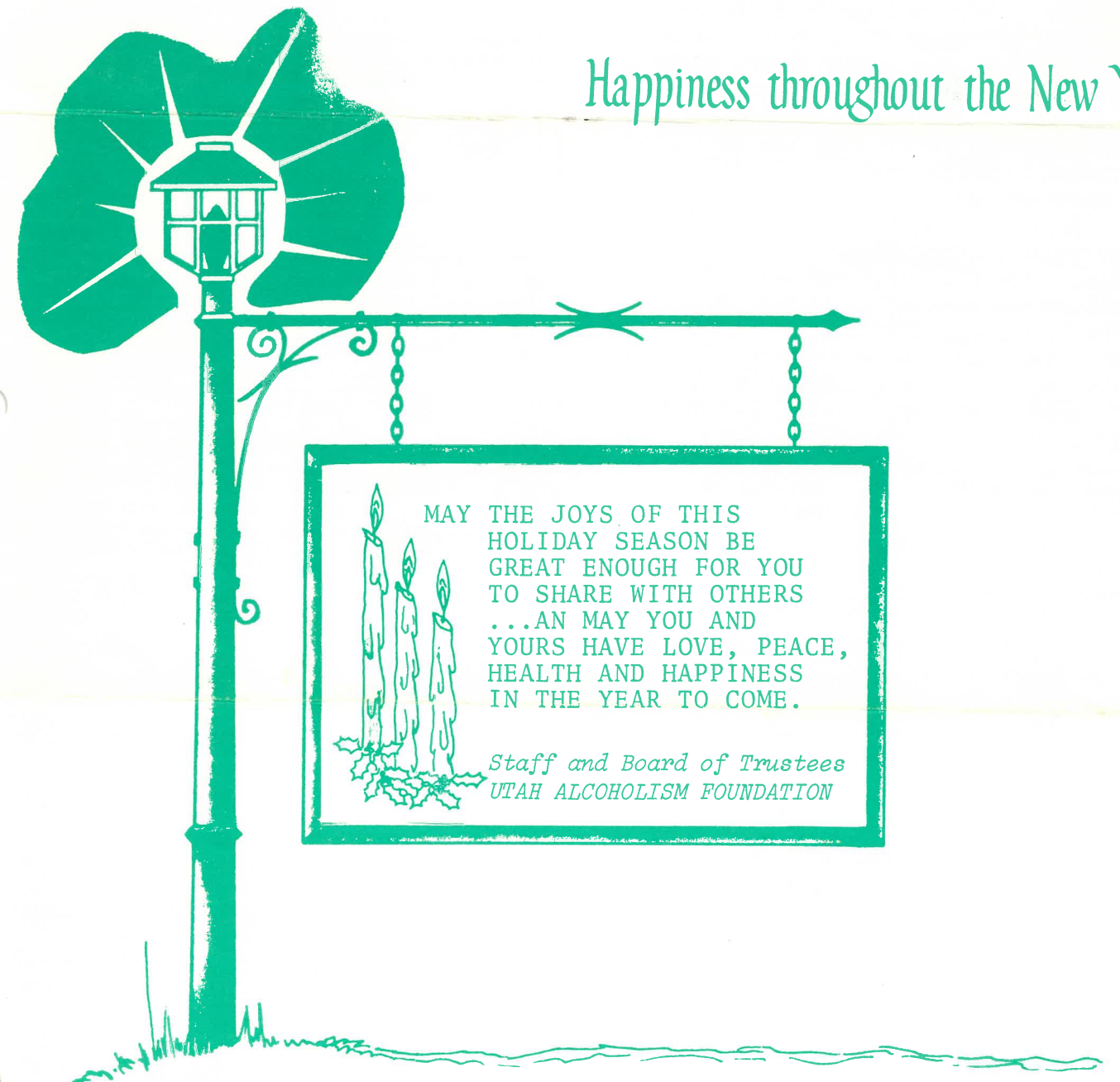
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## NEWS LETTER

DECEMBER 1974

VOLUME 5, Number 9

### Happiness throughout the New Year



MAY THE JOYS OF THIS  
 HOLIDAY SEASON BE  
 GREAT ENOUGH FOR YOU  
 TO SHARE WITH OTHERS  
 ...AN MAY YOU AND  
 YOURS HAVE LOVE, PEACE,  
 HEALTH AND HAPPINESS  
 IN THE YEAR TO COME.

*Staff and Board of Trustees*  
 UTAH ALCOHOLISM FOUNDATION

## "IS THERE A SANTA CLAUS?"

Back in 1897, the New York Sun ran this editorial. As most of you know, it was written to an eight year old girl named Virginia O'Hanlon.

I particularly like the part: "Virginia, your little friends are wrong. They have been affected by the skepticism of a skeptical age. They do not believe except what they see. They think that nothing can be which is not comprehensible by their little minds. All minds, Virginia, whether they be men's or children's, are little."

There is only so much emotional charge in each of us, and there is so much in this 20th century to get charged up about, there just isn't enough emotion to go around. That is why people do not get aroused over vital issues. This is why they are shallow when it comes to understanding alcohol, alcohol abuse and alcoholism.

We who work in alcoholism and the half-way house movement must develop patience. We understand the alcoholic who has a fear of heights, elevators, or is afraid to answer the telephone. We don't worry about this phobia and that phobia.

We make sure that the alcoholic knows we care. We talk about people helping people and tough love. With sobriety, there is a Santa Claus. These phobias disappear.

To many, Santa Claus is a benevolent figure of legend, associated with Saint Nicholas, who is supposed to bring gifts to children on Christmas Eve. To most recovering alcoholics, "he exists as certainly as love, generosity and devotion exist." It is part of learning to feel and feeling to learn.

If you are "weller than well", you have a greater emotional charge. This is why recovered alcoholics are aroused, put their sobriety first, feel for other people including their family, and are not overly concerned about income inequality.

Unless we are continuously going up a hill, we are not happy....we didn't pick an easy field to work in. But we have faith and understanding and we are not skeptics.

"Yes, Virginia, there is a Santa Claus."



JAMES F. CARROLL  
AHHP PRESIDENT

The most valuable gift you can give another is a good example.

## Alcohol awareness to be focus of week

A three-pronged attack on alcoholism, focusing on responsible drinking, responsible abstinence and alcoholism awareness, will take place during "Alcohol Awareness Week" Dec. 25 through Jan. 1.

"More than 1,000 Jaycees will take part in the statewide campaign," said Bruce J. Bergen, "Operation Threshold" chairman. Roadside billboards and posters in public places will remind the public that help is available on sensible drinking practices, habits, attitudes and behavior.

Bergen, with the help of Bernie Boswell, director of the Utah Alcoholism Foundation's Cottage program, set up a "hot line" through which anyone with alcohol or other problems can call 24 hours a day, seven days a week.

The number is 532-6185.

"We want to put people in contact with those who can do something immediately for abuser and prevent others from taking the same route," Bergen said.

The Jaycees are working closely with the Utah Division of Alcoholism and Drugs, the Utah Alcohol Safety Action Project, Utah Interchurch Coalition, Utah Parent-Teacher Association, State Board of Education, Utah Licensed Beverage Association and the Utah Federation of Women's Clubs.

Bergen said the Utah program is part of a nationwide effort emphasizing a realistic approach to drinking alcoholic beverages. "Responsible drinking is the key," he said.

## Americans Drank Average of 23 Gallons of Alcohol Last Year

Americans drank an average of 23 gallons of alcoholic beverages last year for every person in the country, according to new government statistics. This amounts to nearly five billion gallons, which cost a record \$27.2 billion.



### A GIFT FOR THE SEASON

A man searched for a gift to give  
To a troubled, divided and despairing world;  
A token to radiate his unending hope  
For better things, for better times;  
A gift to becalm the tormented soul  
Of a world suffering from its own inhumanities;  
A gesture, perhaps, to give a voice  
To his fervent yearning for a mood of peace;  
Something to express what he could not say:  
That universal love for man must survive.  
Yet he found no gift, no token, no gesture -  
Nothing in the shops, nothing in the faces,  
And he wept at the futility of his search,  
Not knowing he had it - the gift of himself.

MERRY CHRISTMAS

## Feed a Child . . .

# Save More Grain — 'Just Drink Less'

By Jane Brody  
New York Times Writer

While Americans are being urged to eat less grain-fed meats in order to free grain for the world's hungry millions, a companion grain-saving measure has been suggested that hits at another American institution--alcohol.

The idea is that a cutback in the billions of gallons of grain-based alcoholic beverages ---beer and most hard liquors --- that Americans drink each year could theoretically provide food for millions of people.

The leading proponent of this view, Dr. Jean Mayer of Harvard, one of the country's most prominent nutritionists, has even coined a slogan to raise the consciousness of imbibing Americans -- "HAVE A DRINK AND STARVE A CHILD."

Although Mayer proposed this slogan half in jest, he was dead serious about his suggestion to "limit yourself to one drink per occasion, unless you drink wine." This approach, he says, would help to reduce alcohol-induced strain on health and pocket-book as well as free grain for the hungry.

What effect might a cutback now in alcohol production have on the ability of the world to feed itself? The primary beverages in question are beer, made from barley, corn rice, wheat and soybeans; bourbon from corn; Scotch and Irish whisky from barley and other grains; rye and Canadian whiskey from rye; gin and vodka from corn, wheat and other cereal grains.

Last year, according to data provided by the United States departments of agriculture and commerce and the respective industries, American distillers used 1.1 million tons of grain to produce 183 million gallons of whisky, and American brewers used 3 million tons of grain to produce 4.6 billion gallons of beer.

### COULD FEED 20 MILLION

While the total of 4.1 million tons of grain used in 1973 to produce alcoholic beverages represents only 1.6 percent of the total food and feed grains grown in the U.S. last year, it is still enough food for one year for more than 20 million people living on a minimal adequate diet.

Looking at American consumption of alcoholic beverages -- 402 million gallons of distilled spirits and 4.2 billion gallons of beer a year --- it might be said that Americans annually drink up the amount of grain that could feed 25 million people a year.

Virtually all the grains used in making alcohol -- rye and sorghum as well as corn, barley and rice -- are now used as human foods different parts of the world, and the land on which barley grows is well-suited for the production of more popular food grains.

For those who are prepared to adjust their alcohol intake, there are potential pitfalls switches that might be considered. For example it would be no more saving of grain to switch from whisky to beer, since a jigger of whisky and a 12-ounce can of beer both are made with approximately 2 ounces of grain.

\*\*\*

Happiness is:

Catching someone's smile and spreading it around town.

## Dr. Heimlich's New Technique Might Help You Save A Life

If an individual sitting next to you in a restaurant—or in your home—starts choking on a piece of food, a simple technique developed by Dr. Henry Heimlich, a Cincinnati surgeon, offers a way you may be able to help.

Here's the procedure he developed:

Stand behind the victim. Place your arms around his waist slightly above the belt line. Allow his head, arms and upper torso to hang forward.

Grasp your wrist with your other hand and press into the victim's abdomen rapidly and forcefully. Repeat several times.

This reverse bear hug pushes up on the victim's diaphragm, compresses the air in the lungs and often expels the object that's blocking the breathing passage.

Dr. Heimlich, director of surgery at Cincinnati Jewish Hospital, began his research after reading that 2,600 Americans choked to death in 1973 on food or other objects.

Until he came up with the new procedure, choking victims often died unless a doctor was around to cut an air passage into the throat or a special instrument to remove the block was readily available.

Reports received by Dr. Heimlich tell of some 40 lives that have been saved since he described the procedure in a medical journal in June.