

Addiction and DRUG ABUSE Report

A SERVICE OF GRAFTON PUBLICATIONS, INC.
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QUOTES from the December issue:

Alcoholism and the Family:

"The Cottage Meeting Program (SLC) is a family-oriented treatment program for alcoholics and those closely involved with them. It is unusual because treatment begins within the home or environment and because it focuses on changing both the alcohol abuser and those near him/her.

"Our interest is in preventing alcoholism from occurring by offering alternative lifestyles, behavior modification," said Bernie Boswell, director. "We focus on primary prevention by moving further into the family. We believe that if you educate the abuser and his family within the environment, you may prevent or overcome alcoholism. If you remove abusive behaviors (by those around the alcoholic) you have a better chance of removing abusive behavior. We have found that the majority of alcoholism cases always involve two or more people, that is, the alcoholic and one or several others near him."

INSIGHTS INTO ALCOHOLISM

Those participating in the Cottage Program ---it currently reaches 175 people per week through a volunteer "doorknocking" process -- either are referred by various agencies, or call in requesting help themselves. A volunteer comes to the home, meets with family members and distributes a questionnaire concerning attitudes toward drinking, a "myth and fact" sheet about alcohol abuse, a guide for the family of the alcoholic. The abuser is usually not present at this session. Discussion centers around denial that an alcohol problem exists, or that those present contribute to it. The denial mechanism may prolong the disease of alcoholism for up to seven years, by making the alcoholic dependent, letting him/her off from responsibility for his/her actions, resulting in a continued drinking pattern.



Bernie Boswell, Governor Rampton and Douglas Dinsmore read with interest Grafton Publications' Report on the Cottage Program.

About one week later, a second meeting is held, at which family roles are discussed. Specific behavior changes are outlined in a 10-step program, which includes such areas as communication skills involving observing, listening, response to feelings, goal definition. "We also have a 3-week series with 2-hour sessions in living skills for those who need further help," Boswell noted. "We have also noted a tremendous increase in teenage drinking, so that the abuser in a family is now just as likely to be the young person as one or another of the parents."

The Cottage Program also describes several personality types who may contribute to the alcoholic's problem:

- ...the ENABLER, who needs to "protect" others to satisfy personal dependencies,
- ...the PROVOKER, who needs to feel hurt, upset, martyred to satisfy dependencies,
- ...the VICTIM, who needs to carry the burden, to suffer, to assume all responsibility to satisfy personal dependencies.

"We feel very positive about our approach," Bernie Boswell said. "Over the past two and a half years, we have seen the benefits of behavior changes and also been able to remove the denial mechanism which is an important key."

About 80 percent of those in the family won't admit they are part of the problem until the second meeting, where more openness occurs. Our Living Skills Program has brought about a 50 percent change among abusers, resulting either in modified drinking or cessation.

* * *



Utah Alcoholism Foundation

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

NEWS LETTER

JANUARY 1975

VOLUME 6, Number 1

*Life is very uncertain
let us spend it as
well as we can*

SAMUEL JOHNSON

POSITIVELY NEGATIVE

- We drank for happiness and became unhappy.
- We drank for joy and became miserable.
- We drank for sociability and became obnoxious.
- We drank for friendship and made enemies.
- We drank for sleep and awakened without rest.
- We drank for strength and felt weak.
- We drank "medicinally" and acquired health problems.
- We drank for relaxation and got the shakes.
- We drank for confidence and became doubtful.
- We drank to make conversation easier and slurred our speech.
- We drank to forget and were forever haunted.
- We drank for freedom and became slaves.
- We drank to erase problems and saw them multiply.
- We drank to copy with life and invited death.

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 !!"

* * *

Recovery as a Process

Recovery from alcoholism is a process, not an event.

Similar to the development of the disease, recovery does not miraculously occur over night. Rather, it is an ongoing process that unfolds over a long period of time. Research supporting this point of view indicates the most crucial variable in recovery to be the individual's involvement in some form of ongoing treatment.

Characteristically, alcoholism affects the total person. It attacks from all sides, physically, mentally, emotionally and spiritually. It has a particularly strong impact on the family, so strong in fact that many people refer to alcoholism as a "family disease". If allowed to run its full course, it may result in disintegration of the family unit and ultimately to the insanity and/or death of the alcoholic. As a result, a treatment program must embrace both the alcoholic and the family in order to be effective.

Here is a set of values that should guide the life of any person who desires to live a successful and satisfying life.

1. AWARENESS: Without awareness a person could become little more than a plodding machine -- marking time, living mechanically. We need to be consciously aware of the need to be aware. To notice things, to see things, to be curious, to maintain a youthful zest for what's going on about us. To see the limitless opportunities begging for attention on every side.
2. SCEPTICISM: The growing, living person needs a good healthy scepticism. He's a challenger of the way things have been done in the past. All human advancement has been brought about by persons who refused to believe that just because people have always believed or done things a certain way that it is the best way... or even a good way. He tries to dig out the facts for himself, he does not just go along with the crowd. If things have always been done a certain way, there's a likelihood that it's obsolete.
3. INTEGRITY: He is a person you can trust and believe in. He will not compromise with what he believes to be honest. Because of this he is a person of great value.
4. COURTESY: This is always the mark of a well-rounded, successful person. He is courteous to all persons as a matter of course; he is as courteous to a child, or the kid in the mail room, or the man who sweeps off the loading dock, or the service station attendant as he is to his child's teacher. The lack of courtesy to fellow workers has caused millions of jobs to be lost.
5. LEARNING: He learns something new every day of his life. This is partly because of his awareness -- but he is also a studier -- a reader.
6. COMMITMENT: He commits himself completely to what he chooses to do. Unlike the millions who have one foot in their work and the other foot feeling around outside for something that might be better -- he puts both feet and his mind and heart in what he does.

* * *

LIFE is short at best,
so why not put the best into it
TODAY .

At Halfway Houses

ALCOHOLICS FIND TREATMENT.

Mrs. Margaret Rudolph, executive director of the Association of Halfway House Alcoholism Programs of North America, in speaking at the Nebraska School for Alcohol Studies, stressed the need for many and varied types of treatment and disciplines for alcoholics and explained that different techniques are required for different individuals.

She cited the Halfway House as an effective, but not isolated means of treatment. Alcoholics also need medical and psychological help, plus the chance to interrelate with the community.

Such homes, to be effective, must not be established haphazardly with a short-range or crash program, but must stress to the alcoholic that recovery takes time. A good program works to rehabilitate the individual -- to restore and rebuild "that which has broken down."

"This requires more than custodial care," she emphasized, "it means the House should not be isolated from the community, but utilize all possible community services to aid alcoholics in getting back on their feet."

It should include a cheery atmosphere, good supervision, access to training and education for the residents, a long-range plan, good examples of standards, inspiration, love, trust, recreation, good directing personnel and no caste system between residents and personnel.

These homes are those effectively building on the individual's strengths rather than weaknesses. Mrs. Rudolph stressed that alcoholics have great senses of courage and pride and it is these two strengths that must be utilized.

The disease of alcoholism afflicts women and men of all socio-economic levels and it is important to detect alcohol-drug related problems as early as possible.

Again mentioning the need for a House to become involved in the community, Mrs. Rudolph explained the importance of assistance to the alcoholic even after they have recovered and left the house.

"Relapses," she said, "are possible, perhaps inevitable, and it is necessary for the House personnel and other agencies to be immediately at hand if such relapses occur."

"Something all Houses must stress to the resident," she remarked, "is that after recovery the individuals must hold their heads high, be proud and remember they are 'WELLER than WELL!'"

* * *

More helpful than all wisdom is one
draught of simple human pity.

....George Eliot.....

ALCOHOLISM.....A REVOLVING DOOR

Ray M. is 53 years old and has no job, no family. He lives alone in a run-down slum tenement and spends most of his waking hours drinking cheap wine -- when he has the money-- or begging drinks when he's broke. A police officer discovers Ray lying in a doorway and arrests him for vagrancy, or maybe public intoxication. The police officer knows Ray well because he has arrested him on countless occasions previously. Ray doesn't recognize the police officer. Ray has difficulty just remembering his own name. The officer, for the umpteenth time, escorts Ray to jail and puts him into a small, cold cell with two or three other long-time drinkers. Ray falls to the floor, exhausted, and sleeps. He'll sleep for a very long period of time...forever. Ray is dead.....from an alcohol overdose.....

As much as we dislike to admit it, most cases of drunkenness are allowed a number of rides on the "merry-go-round", with drunkenness the ticket entitling the bearer to arrest, sentencing, fine and/or incarceration, and release. Once released, the individual usually begins the ride over again, with nothing available to break the pattern or alleviate the burden of the already overcrowded courts.

The 1970 Uniform Crime Report indicates that out of a total of 5,922,688 arrests that year, 2,830,392 arrests were alcohol-related, roughly 50% of the total arrests. (Statistics from Alcohol and the Criminal Justice System: Challenge and Response, 1972, p.10) The man-hours spent in repeat arrests involving the alcoholic must be staggering. The problem seems to lie with the fact that alcoholism, in the eyes of the law, is a criminal, and therefore punishable, offense. With most of the efforts going into punishment of the alcoholic little or no effort seems to be being made to actually provide help for the alcoholic not given help, but the alcoholic's family is neglected and forgotten.

Only a small portion of the alcoholics in the U.S. are single males or females (about 30%). The large majority of alcoholics (about 70%) are individuals with families and jobs. Both segments of the population are affected by the "revolving door" of the courts; however, the family is uniquely affected. A family is affected by the arrest of one of its members for alcoholism, and is again affected by the release of that member, if the alcoholism goes unchecked or untreated. So, not only does the alcoholic gain a ride on the "merry-go-round", but the family is also given reserved seats.

THE CHALLENGE IS TWO-FOLD: Help both the alcoholic and the family and prevent the repeat arrests.

SENSITIVITY.....CONCERN

Special needs in the areas of information, education, counseling, treatment, and rehabilitation should be met. Specific Objectives of an effective program are the following:

1. To initially change attitudes pertaining to the cultural acceptance of drunkenness and to the early identification and recognition of alcoholism as a treatable illness.
2. To develop an affiliated comprehensive network of service which is sensitive to, and aware of, the cultural and ethnic needs of the consumers.
3. To promote client participation in the rehabilitative process through the effective utilization of the network of services and through community involvement, such as voter registration, participation in volunteer services, involvement on committees, etc.
4. To emphasize vocational assistance in the area of training and placement for alcoholism clients.
5. To provide domestic and home care programs, such as instructions in health care, environmental services, money management and budget counseling.
6. To establish new goals by involvement in new recreational and leisure time activities, hobbies, adult and special education classes, etc.

Outreach centers (our UAF Cottages) are located in existing social and geographical centers within the established target areas. The Cottage Program staff has been screened and selected for their abilities to relate to, and work within, the target area. The staff will not only be advocates for the clients, but they will also be responsible for developing more sensitivity and concern for the promotion of the participation of the client in the rehabilitation process. The Program Specialists within our Division of Neighborhood Services maintain these same qualifications. Staff members must demonstrate an ability to guide a client through the rehabilitation process and assure continuity of care so that the client does not get lost or frustrated within the service delivery system.

* * *

"Friend is a word of royal tone
Friend is a poem all alone"

A recent article in the Los Angeles Times revealed that the proportion of adults who drink is at the highest point recorded in 35 years of regular Gallup Poll audits of Americans' drinking habits.

In the latest survey, 68% of the 1,543 adults interviewed say they use alcoholic beverages. Among persons in the highest income group (\$20,000 per year and over) the proportion of drinkers is nearly nine in ten.

The survey showed the highest proportion of drinkers to be among men, younger persons, higher income groups, persons living outside the South, professional and business people, persons with a college background and Catholics.

Up four points since 1969, the percentage of drinkers continues a general upward trend.

The survey showed nearly one-fourth of drinkers -- one-fifth of the total sample -- admitted they sometimes drink to excess. One person in eight says liquor has been a cause of trouble in his family.

The Times reported that Americans regard alcoholism and excessive drinking as a growing threat to American society and are receptive to new approaches in dealing with this problem.

Earlier Gallup surveys have found large majorities holding the belief that alcoholism is a disease and should be treated as such in a hospital, and to be in favor of requiring alcoholics to go to special institutions for treatment.

The public is still resistant to accept alcoholism as an illness; the moral stigma has not disappeared; the drunk is still a figure of fun for cartoonists; the majority of the population believe that the vagrant alcoholic is representative of the problem; and the public is not prepared to give money to alcoholism.

Any program of primary prevention must be practical, realistic and related to the social structure in which it operates. Its goals must be seen to have a reasonable chance of success so those for whom the message is intended will be receptive and not dismiss it as irrelevant or unrealistic.

LET'S SCORN ALCOHOL

NOT ALCOHOLISM

Isn't It Funny?

Isn't it Funny—When the other fellow takes a long time to do something, he's slow. But when I take a long time to do something, I'm thorough. When the other fellow doesn't do it, he's too lazy. But when I don't do it, I'm too busy. When the other fellow goes ahead and does something without being told, he's overstepping his bounds. But when I go ahead and do something without being told, that's initiative! When the other fellow states his side of a question strongly, he's bullheaded. But when I state a side of a question strongly, I'm being firm. When the other fellow overlooks a few of the rules of etiquette, he's rude. But when I skip a few of the rules, I'm original. When the other fellow does something that pleases the boss, he's polishing the brass. But when I do something that pleases the boss, that's cooperation. When the other fellow gets ahead, he sure had the lucky breaks. But when I manage to get ahead, Man! Hard work did that! Funny, isn't it—or is it!

As long as we permit ourselves to judge a man by what he has -- rather than what he is; concern ourselves with the brotherhood of nations rather than the brotherhood of man; continue to be more interested in things than in ideas; and to know the price of everything and the value of nothing, the establishment of a "Great Society" becomes a mere exercise in shadow-boxing.

FLAMING YOUTH SOMETIMES MAKES AN ASH OF ITSELF.....

EDITOR'S NOTE:

Some articles appearing in our Newsletters are researched and obtained from the various periodicals, bulletins, other newsletters, etc., that come into our offices.

These may (or may not) coincide with our views and efforts and are not intended to be claimed as our own writing.

We wish to thank those editors and journalists whose material has proved invaluable to us in getting more information to our public assisting us in our efforts toward combating the illness of alcoholism as well as our determination to change the public attitude toward alcohol and alcohol abuse.

...EDITOR...



Utah Alcoholism Foundation

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NEWS LETTER

MARCH 1975

VOLUME 6, Number 2

WE NEED YOUR SUPPORT

UAF/ what it is

The Utah Alcoholism Foundation is a non-profit corporation serving as Utah's voluntary agency on alcoholism. It was founded by a small group of citizens in 1946 as the Utah Committee for Education on Alcoholism. Since then the organization has grown to be state-wide in scope and has assumed the arduous task of providing information, education, rehabilitation, and research on alcoholism and related problems.

UAF/ how it operates

The Foundation is composed of seven councils serving assigned areas of the State. Each council elects a Board of Directors and two members to the General Board.

The councils operate information centers, implement area programs and projects and serve in an advisory capacity to UAF treatment facilities in their area.

The General Board is responsible for direction and guidance of operations, establishment of policy and to serve as guardian of trust properties and funds.

UAF/ general objectives

To increase public understanding of alcoholism, its nature and cause.

To make this knowledge effectual in the prevention and solution of the problems of alcoholism.

To develop and operate facilities for the treatment and rehabilitation of alcoholics.

To promote and direct research on alcoholism and related alcohol problems.

UAF/ general policies

Render humanitarian service in the field of alcoholism. Remain non-profit, non-political and non-sectarian.

Avoid involvement in controversial wet or dry issues in order that the organization may not be diverted from accomplishing its primary objectives.

UAF/ who may join

Requirements for membership are:

An interest in the problem of alcoholism.

Willingness to work for accomplishment of objectives.

Support established policies.

WESTERN AREA ALCOHOL EDUCATION AND TRAINING PROGRAM, INC.

1281 TERMINAL WAY, SUITE 120

RENO, NEVADA 89502 • (702) 786-3610

SPECIAL FELLOWSHIP STIPEND PROGRAM

Announcement of Availability

The Western Area Alcohol Education and Training Program, Inc. (WAETP), have developed a Program for the enrichment and expansion of manpower services available for alcohol prevention, treatment and control programs in the separate states of the western region. A Special Fellowship Stipend Program (SFSP) provides one major means of achieving this goal by providing education and training opportunities in traditional and non-traditional settings. Any individual, whether or not presently working in the field of alcoholism, is eligible to participate.

Since the SFSP is an individualized program, the facilities utilized will depend upon the education or training plan developed by the applicant. Individuals must develop plans for a period of training or education of no less than a six-month period on a full-time basis. Maximum support is limited to a twelve-month period.

Deadline for receipt of the first applications is April 20, 1975.

If you are interested, please write to:

SPECIAL FELLOWSHIP STIPEND PROGRAM
at the above address and an application kit will be sent to you.

What He Means to the Employer *The Hidden Alcoholic*

A Gallup survey recently disclosed that twelve percent of the 95 million Americans who use alcoholic beverages admitted they had problems with their drinking.

The great majority of these problem drinkers (95%) are the hidden alcoholics who are the work force from which you hire your help, including your executives.

Only three percent have made the slide to skid row so far. The others will follow unless their disease of alcoholism is arrested in time. The incidence of alcoholism in employment groups, such as your business, is from four to twelve percent. The cost to you and your business is as hidden as the early stages of the disease. It may be as high as \$4,000 per alcoholic and higher if that alcoholic is in a position of greater responsibility.

We alcoholics are forced to face ourselves with more realism than other people. When I spoke up during my first campaign for governor and revealed that I was an alcoholic, I was not motivated by evangelical zeal. I knew that if I did not make the statement, some other kind soul would make it for me.

Harold Hughes
United States Senator from Iowa

* * *

FLEXIBILITY IS KEY: *Art Linkletter*

"EVEN CAVEMEN 'ZONKED OUT' ON SOMETHING"

"Life is just intolerable and unbearable for some people -- the key issue is to stop the drug problem from getting out of hand", he urged.

Linkletter says he has "talked drugs" with every kind of audience from first graders to the United Nations. He feels he is most successful with young children and parents, least with teenagers leery of lectures.

His solution with high school audiences has been to start talking about "the worst one of all -- booze."

"This makes them happy because now I'm talking about Mom and Dad. Kids respond when I tell them my friends are pushers," he noted.

Linkletter observed that alcohol is a typical drug since it causes a different reaction in everybody.

If five men the same age, same education, same social background "get tanked up on martinis at the country club Saturday night, you get five different reactions. One will chase all the girls -- One will fight anybody who gets in his way -- One sits on the couch and laughs -- One falls asleep -- One gets sick as a dog," he said.

A reaction to any drug is as different as each human being. Each is unique. Each differs from moment to moment," he continued.

"The problem with alcohol," he said, "is that it is so frequently used that nobody is excited by it. If as many people were killed in plane crashes as die from alcoholism, planes would be grounded. But alcoholism is just not that dramatic," he noted.

He suggested the serious drug and alcohol problems he sees in Hollywood stem from a tremendous search for self identity.

Too often Hollywood children "have everything too soon, too fast, too early and need another 'thrill' and are always battling parents who 'come on strong'".

...The Journal...

* * * *

ONE HAS TO WANT TO BE SOBER MORE THAN
ONE WANTS TO BE DRUNK.

TWELVE THINGS TO DO IF YOUR LOVED ONE

IS AN ALCOHOLIC

1. Don't regard this as a family disgrace. Recovery from alcoholism can come about as in any other illness.
2. Don't nag, preach or lecture to the alcoholic. Chances are he has already told himself everything you can tell him. He will take just so much and shut out the rest. You may only increase his need to lie or force him to make promises he can not possibly keep.
3. Guard against the "holier-than-thou" or martyr-like attitude. It is possible to create this impression without saying a word. An alcoholic's sensitivity is such that he judges other people's attitudes toward him more by small things than outspoken words.
4. Don't use the "if you loved me" appeal. Since the alcoholic's drinking is compulsive and cannot be controlled by willpower, this approach only increases his guilt. It is like saying, "If you loved me, you would not have tuberculosis."
5. Avoid any threat unless you think it through carefully and definitely intend to carry it out. There may be times, of course, when a specific action is necessary to protect children. Idle threats only make the alcoholic feel you don't mean what you say.
6. Don't hide the liquor or dispose of it. Usually this only pushes the alcoholic into a state of desperation. In the end, he will simply find new ways of getting more liquor.
7. Don't let the alcoholic persuade you to drink with him on the grounds that it will make him drink less. It rarely does. Besides, when you condone his drinking, he puts off doing something to get help.
8. Don't be jealous of the method of recovery the alcoholic chooses. The tendency is to think that love of home and family is enough incentive for seeking recovery. Frequently the motivation of regaining self respect is more compelling for the alcoholic than resumption of family responsibilities. Or you may feel left out when the alcoholic turns to other people for help in staying sober. You wouldn't be jealous of the doctor if someone needs medical care, would you?
9. Don't expect an immediate 100% recovery. In any illness there is a period of convalescence. There may be relapses and

times of tension and resentment.

10. Don't try to protect the recovering alcoholic from drinking situations. It's one of the quickest ways to push him into a relapse. He must learn on his own to say "no" gracefully. If you warn people against serving him drinks you will stir up old feelings of resentment and inadequacy.
11. Don't do for the alcoholic that which he can do for himself. You cannot take his medicine for him. Don't remove the problem before the alcoholic can face it, solve it, or suffer the consequences.
12. DO offer love, support and understanding in his sobriety.

.....COMPLINE....

* * *

SUCCESS OFTEN DEPENDS ON ONE'S
WILLINGNESS TO -MAKE SOME VERY
UNPLEASANT DECISIONS.

* * * * *

"Alcoholism is an illness that can engender other serious diseases. The treatment of alcoholic people and the prevention of alcoholism must ultimately be assumed by the same people who are treating every other kind of illness. The time has come to bring the treatment of alcoholism into the mainstream of our nation's health care system."

-Dr. Charles C. Edwards
Assistant HEW Secretary for Health

UTAH ALCOHOLISM FOUNDATION

announces

THIRD ANNUAL U.A.F. GOLF CLASSIC

1ST TOURNAMENT SCHEDULED:

TRI CITY GOLF COURSE
American Fork, Utah
Sunday - MARCH 30

sign up closing date:
March 22nd

2ND TOURNAMENT SCHEDULED:

TIMPANOGAS MUNICIPAL
1100 So. 200 E. - Provo
Sunday - APRIL 13

sign up closing date:
April 6

CALL or WRITE: UAF OFFICES

487-3276 2880 South Main St.
Salt Lake City

?? NUMBER ONE DRUG PROBLEM ??

In the wide range of drug abuses in the United States, what do you suppose is the Number One drug problem?

It's alcohol, according to the National Commission on Marijuana and Drug Abuse. A report by the National Institute on Alcohol Abuse and Alcoholism tends to support that conclusion. Here are three highlights of the report:

AN ESTIMATED 10,000,000 AMERICANS ARE "PROBLEM DRINKERS" -- MANY OF THEM TEENAGERS.

ALCOHOL-RELATED PROBLEMS: ACCIDENTS, EMPLOYEE ABSENTEEISM, AND SO ON -- COST AN ESTIMATED 25 BILLION DOLLARS ANNUALLY.

FOR THE FIRST TIME, A RESEARCH FINDING SUGGESTS A POSSIBLE LINK BETWEEN EXCESSIVE DRINKING AND SOME TYPES OF CANCER.

Unfortunately, there is no sure way to determine in advance who will become a problem drinker. Certainly no one sets out with alcoholism as his goal.

Adults should set a better example. Condemning drug abuse in general while defending regular consumption of alcohol displays hypocrisy or ignorance, not factual honesty that will influence teenagers for good.

It is far better to work to eliminate the problem than to increase programs for persons already controlled by alcohol, as morally worthy as such programs may be.

* * *

APPARENTLY UNEMPLOYMENT ISN'T WORKING.

More Suicides

Suicide among young Americans is increasing by almost epidemic proportions and the illegal use of drugs is mostly to blame, says a University of California behavioral scientist.

Richard Seiden of the University of California School of Public Health says, "Factors such as excessive violence in films and television should not be casually dismissed."

Seiden says that from 1945 to 1969 an average of 4.8 out of every 100,000 young persons took their lives. But from 1970 to 1972 the rate jumped 92 percent—9.2 out of every 100,000 persons.

He says the current trend is part of "a tragic and unchecked epidemic of violent deaths."

These numbers are only the tip of the iceberg, though. "For every suicide death, it is conservatively estimated that there are eight to 10 times as many suicide attempts."

UTAH ALCOHOLISM FOUNDATION

announcing

THIRD ANNUAL U.A.F. GOLF CLASSIC'S

3rd TOURNAMENT SCHEDULED: APRIL 13th

SCHNEITZER'S RIVERSIDE GOLF COURSE
5456 South 1050 West
Ogden, Utah

#

4th TOURNAMENT SCHEDULED: MAY 11th

CASCADE FAIRWAYS
1313 East 800 North
Orem, Utah

#

5th TOURNAMENT SCHEDULED: MAY 18th

STANSBURY GOLF COURSE
Stansbury Park
1015 Grantsville, Tooele Exit

#

* * *

A compulsory medical examination has been proposed by the Royal Society for Prevention of Accidents for any driver convicted by a court who has a drinking problem.

The proposal has come from the society in its endeavor to curtail Britain's drinking and driving problems.

Under the society's plan, the court could order a driver to have a medical examination if it determined he had a serious drinking problem and if he was brought before the court for driving with more than the legal maximum of alcohol in his blood.

A medical examination would be mandatory if the blood alcohol level was higher than 150 mg per 100 ml of blood or where there is a second offense.

The driver's license would then be withdrawn and not returned until it was decided he had been treated successfully for his alcohol problem.

* * *

The National Council on Alcoholism says, "Alcoholism exists when drinking continually interferes with any major area of one's life. Alcoholism has physical, mental, sociological, and spiritual aspects. The cause is unknown."



Utah Alcoholism Foundation

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NEWS LETTER

APRIL 1975

VOLUME 6, Number 3

THANK YOU !!

The response to our appeal for support issued in our March edition of the Newsletter has truly been gratifying. Many letters of appreciation for the Newsletter, with accompanying checks for membership in the Utah Alcoholism Foundation, have been received. . . . for which we are grateful.

Each individual's support is important not only to us but to all of those who suffer or combat the illness of alcoholism.

Have you mailed your request for your Membership? For those who might be procrastinating -- may we issue this SECOND APPEAL?!!

REPETITION

"Why do you go to all these meetings and listen to the same thing over and over?" A typical question to AA members from those not close to the problem. Often, we hear the same or a similar question from those who should understand - even from patients in their initial days of recovery. "I have already heard that lecture. Why should I hear it again?" The difficulty here is a real semblance of logic. The same apparent logic that is at work as The Alcoholic says, and honestly means, "I am not going to drink anymore. I can take it or leave it!"

Every word, or phrase, or concept that we hear over again should not be the same. We are receiving it from a new level of experience and it should have new meaning. Perhaps our first hearing was before we were fully detoxified and unable to use our clear reason. Obviously, the next hearing, backed by more sobriety and a better functioning mind, will be more significant. Recovery from alcoholism involves our whole person at all levels of activity and puts us in touch with some huge ideas. Words like honesty, humility, love, faith, sharing, spiritual, and many more words that can never be cliches. They have too many interpretations and nuances. The process of responding to these concepts should be excitingly progressive in value and utility. And repetition is healthy.

JFQ

THE ALCOHOLIC PARADOX

The alcoholic represents many things to many people. He is the world's supreme paradox. He goes to a bar, knowing that he won't find what he is looking for. He is looking for happiness and freedom from fear, but he only finds despair. Yet he will trade his freedom of choice for a drink. He searches frantically for courage in a bottle, but he finds only hopelessness and yet he drinks! He knows from experience that alcohol makes the poor man rich in fancy for a short time and that it makes a wealthy drunkard poor in fact. The alcoholic drinks because he must and not because he likes it. He drinks before dinner to ease the tensions of the day. He drinks a pint before bedtime to escape the pressures of tomorrow. He's in love with himself, yet he tries to kill himself. He wants to be free, but he rushes headlong into a self-made prison. When he is sober he wants to get drunk. When he is drunk, he prays for sobriety. He gets "high" in the evening so that he can be low in the morning. He wants the beauty of life, yet he seeks the sordid and the ugly. The strong paradox of the alcoholic is that he thinks that the only way he can feel better is by drinking the liquid that will make him feel worse. He seeks to inflate his ego with the whiskey bottle, but he succeeds only in shriveling his soul in the bitter gall of remorse. Watch him! He will start all his bouts with the dignity of a king and wind up fawning like a clown. And so he goes on his incredible, paradoxical way, leaving behind in human wreckage all those he had loved. Down the road he stumbles in a stupor to oblivion, staggering until he drowns himself in a two-ounce whiskey glass. . . . or, by the Grace of God he finds the help he needs.

* * *

NUTRITIONISTS BELIEVE YOU ARE WHAT YOU EAT; PHILOSOPHERS BELIEVE YOU ARE WHAT YOU THINK; SO BE CAREFUL WHAT YOU SWALLOW.

"SOME JUST CAN'T GET AWAY WITH IT"

"THE BEHAVIOR THAT IS 'ADDICTION' IS UNIVERSAL"

"Stereotyping of 'addicts' and a lack of insight about basic human behavior inhibit the effective treatment of drug abuse," so said American lecturer, Dr. Stanley Einstein, a New York psychologist and editor of several periodicals dealing with drug problems. "People have a remarkable capacity to excuse their own activities and to pounce upon the perceived faults of others."

"Because the habits of some people are not considered socially acceptable, these segments of society become labelled with terms like 'junkie' and 'alcoholic'", he told approximately 500 people from Canada and the U.S. who were attending a seminar.

He said even among professionals who seek to counsel and treat people with drug problems, there is a virulent malady which he termed "conceptual impotence".

The condition handicaps a professional's ability to understand that addiction is really a problem of human behavior rather than simply the use of a chemical substance.

He observed that, within his audience, few men and women had demonstrated a willingness or ability to give up every-day foods or behavioral routines, even though they had been asked to do so during the four-day meeting.

Yet those same persons commonly advise their clients to forsake drugs or alcohol as if such behavior were obvious and easy.

"We have been living, certainly in the past 20 years in North America, with some slipshod ways of conceptualizing substances which policy makers -- on a national basis, let alone a local basis -- are going after -- with all sorts of retrospective rationalizations."

Dr. Einstein said it is a serious error to think people who abuse alcohol and drugs are inferior in many useful skills and motivations.

Such scape-goating actually detracts from understanding the real nature of the problem.

"The behavior that is 'addiction' is universal, and is not restricted to people who use dangerous drugs. It's just that some people can get away with it and others can't."

He said every human being goes through periods of depression, anxiety, instability, lack of motivation and even irresponsibility.

Yet once the "addict" tag has been affixed to a client, these characteristics are assumed to be paramount in someone known to abuse drugs or alcohol.

The determination to attach labels begins at the outset of almost any kind of treatment

program, with a fixation upon identifying the exact kind of drug dependency a person may be suffering. Dr. Einstein suggested there is little purpose in such investigations.

He explained his definition of a drug as any chemical substance which alters physical or psychological functioning.

This would include tea, food, coffee and tobacco, "and a whole variety of other substances."

Dr. Einstein said drug-problem therapists and counsellors should remember that many things commonly available and even considered desirable in society escape the stigma attached to alcohol and addictive chemicals. Significantly, little or nothing is done to eliminate the availability of such products.

He urged professionals in the field to "stop thinking about what he's on -- but who he is", instead, when dealing with a client.

...WALTER NAGEL...

Reporting from the Alberta Alcoholism and Drug Abuse Commission Seminar at the University of Calgary.

* * *

PRESSURE, TENSION AND ANXIETY

Feelings of pressure, tension and anxiety seem to be all too common in our hectic and complex world. At times they are not very severe. On occasion they become quite acute. It may be a kind of restlessness, a nervousness at work or in social situations. Perhaps it's a feeling of impatience. Many alcoholics have a feeling of "wanting it yesterday".

Whatever the cause and whatever the symptoms, there are various ways of dealing with these feelings. For years people have been using alcohol. It doesn't work. We must learn how to relax our bodies and minds. A quotation by the American Philosopher, William James, might help:

"THE PHILOSOPHY WHICH IS SO IMPORTANT IN EACH OF US IS NOT A TECHNICAL MATTER: IT IS OUR MORE OR LESS DUMB SENSE OF WHAT LIFE HONESTLY AND DEEPLY MEANS. IT IS ONLY PARTLY GOT FROM BOOKS, IT IS OUR INDIVIDUAL WAY OF JUST SEEING AND FEELING THE TOTAL PUSH AND PRESSURE OF THE COSMOS."

By

James E. Randall

SECRET OF LONGEVITY: Don't just count Your years --- make your years count!

A DEVICE FOR MASSAGING OUR OWN EGOS?

THE EVER-ENLARGING DRUG EMPIRE. . .

A swan song or the ill-natured quack of a lame duck?

With that prefacing question, former Senator Harold Hughes, chairman of the North American Congress on Alcohol and Drug Problems, presented some candid observations as to what the future may hold "in our national effort to combat chemical addictions".

Sen. Hughes, who is retiring from the United States Senate after 16 years as an elected official, said professionals in the field have "embarked on a new phase of a long struggle -- a phase that has great and unprecedented potentials along with a few substantial hazards.

"However great our efforts, we now know we are not going to stamp out the use and abuse of dangerous substances.

"Realistically, we can't expect to conquer drug dependency as we conquered polio and tuberculosis. Perhaps all we can do is educate, minimize the damage, and make sure the measures we take don't compound the problems, as in the case when we retain criminal penalties for the use of marijuana."

Sen. Hughes told an opening session audience of some 2,000 that workers in the field must subject themselves to serious self-analysis.

"We have a growing body of trained and skilled counselors who are the soldiers in the field. We have the ever-enlarging structure of scientists, 'think-tank' personnel, administrators, governmental funding agencies, lobbyists, associations, consultants, evaluators, technical assistants, and so on.

"A huge and influential industrial empire produces most of the substances we are engaged in trying to control."

Sen. Hughes, largely responsible for the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, posed some sobering questions:

...Are (we) truly interested in helping human beings in need, or is our involvement a device for massaging our own egos by regimenting people in the guise of helping them?

...Do (we) feel ourselves beginning to surrender to the false glory of bureaucratic empire-building?

...Are (we) in the alcohol and drug treatment scene because we like the gamemanship

---the exhilaration of writing grant applications, running training programs, doling out money, traveling around giving advice, savoring the title of expert?

...Have (we) become so hidebound with our own methods and approaches to the problem that we can't fairly consider alternative methods?

...Do (we) feel ourselves drifting into the carping criticism syndrome -- the stage where we sit back and find fault with the creative workers in the field, split hairs over the language of research findings, and wrangle fruitlessly over issues that don't make an ounce of difference to the sick person, the supposed beneficiary of all this effort?

"These are all human failings, but we can resist them as long as we are aware of their existence and are willing to subject ourselves to the necessary introspection.

Sen. Hughes said that while there is great reason for encouragement over the progress of the last few years, the remaining unknowns should suffice to keep workers from over-confidence.

Although much has been learned about addiction, success rates are still far too low in relation to the size of the overall effort... "in fact, we haven't even agreed on what 'success' itself is," he said.

"Also, we haven't yet learned how to orchestrate a comprehensive social policy for dealing with alcohol and drug problems -- the most effective mix of criminal law enforcement, education, treatment, the use of legal controls on availability, and changes in social environment to minimize the damage of substance abuse."

---THE JOURNAL---
by Gary Seidler

* * *

FOOD FOR THOUGHT

THIS YEAR'S RECIPE: Take 12 fine fullgrown months, see that these are thoroughly free from all old memories of bitterness, rancor, hate, and jealousy. Cleanse them completely from every clinging spite; pick off all specks of pettiness. Cut each month into 30 or 31 equal parts. Do not attempt to make up the whole batch at one time.

Prepare one day at a time as follows:

Into each day put equal parts of faith, patience, courage, work, hope, fidelity, liberality, kindness, rest, prayer, meditation; add about 1 teaspoonful of good spirits, a dash of fun, a pinch of folly, a sprinkling of play, and a heaping cupful of good humor. Pour love into the whole and mix with a vim.

Serve with quietness, unselfishness and cheerfulness.

BEHAVIOR MOD WITH A DRINKING PROBLEM. . . .

(There's more than one way to skin a cat)

Here is a case of a husband who drank excessively (an average of ten to twelve drinks a day) and a wife who constantly nagged and criticized him for it. They finally agreed that he should limit himself to three drinks a day --- all of them to be taken at home. If he had more than three drinks, or drank away from home, he had to pay his wife a \$20 fine --- \$20 that she was free to spend in any self-indulgent way she chose. In return, she agreed to pay her husband \$20 from her own earnings every time she nagged him about his drinking. After paying about \$100 in fines, the husband was able to bring his drinking under control -- and his wife curbed her nagging so successfully that she never once had to pay him a \$20 fine!

..Dr. Thoreson and his colleagues - Stanford Center for Research and Development in Teaching...

* * *

TIME FOR CHANGE

We have a great responsibility to stir people up until they are willing to bring the problem of alcoholism out into the open. Even with more enlightened attitudes, millions are dying because they do not want anyone to know they have the dread illness of alcoholism. Testimony to the magnitude of alcoholism is the fact that 18% of all doctors in this country are problem drinkers.

An additional problem, the glamorizing of alcohol in practically every aspect of our daily living -- ads make drinking sophisticated and the "in" thing; college campuses are as concerned with drinking regulations as with academic pursuits. In the long run, the battle against alcoholism must be directed at the young, and at the lures that are dangled before them.

Criminal and medieval attitudes toward alcoholics still are prevalent in the United States. Such attitudes of shame extend even to alcoholics themselves. We must do everything in our power to remove the stigma that is attached to alcoholism.

* * *

Alcoholism is a two-fold disease -- an allergy of the body coupled with an obsession of the mind."

...AA definition....

The car that runs on whisky and water

By ANNE MACLENNAN

RED WINE gums up the plugs and carburettor but whisky and water? That is one *magnifique* automobile fuel, says Jean Chambrin, aged 50, of Rouen, France.

M. Chambrin, whose "laboratory" is his backyard, has just patented a device which he claims enables internal-combustion engines to run on a mixture of tap water and alcohol.

Just how he and his invention are going to affect the alcohol and petroleum industries, let alone car owners around the world, remains to be seen.

For the moment, M. Chambrin is well-occupied demonstrating the device to wide-eyed press representatives from all over Europe.

Indeed, he has generated so much hullabaloo, the French government has ordered the Petroleum Research Institute to investigate, says a report in a recent issue of Britain's eminent newspaper, *The Sunday Times*.

According to *The Sunday Times*, M. Chambrin's secret is a small black box which he calls "my factory". It weighs about 33 lb., is about eight inches by four inches and is placed in the car between a modified standard Solex carburettor and the engine.

The inventor claims the box "cracks" the water molecules into their components, hydrogen and oxygen. The hydrogen is used as a combustion gas to drive the engine.

Scientists are sceptical because it is "impossible" to split water into hydrogen and oxygen, burn the hydrogen, and end up with a net gain of energy: At least as much energy has to be used to split the water as can be got from burning hydrogen.

But, according to *The Sunday Times*, in showing off his engine, M. Chambrin was "clearly not indulging in any sleight of hand when he started it on alcohol and then switched over to the water-alcohol mixture".

Fuel consumption in the 45 hp Dodge engine was the equivalent of eight miles to the gallon on the 60-40 mixture.

The alcohol he used for demonstrations was from the local pharmacy and pure. But, said M. Chambrin: "The engine loves whisky just as well, if I could afford it, and starts like a bomb on Normany Calvados.

"At a pinch," he said, red wine works too but there is the problem with plugs and carburettor.

* * *

LIFELINE

As to values, I was taught—and still believe—that a sense of *honor* is necessary to personal self respect; that *duty*, recognizing an individual subordination to community welfare, is as important as rights; that *loyalty*, which is based on the trustworthiness of honorable men, is still a virtue; and that *work and self-discipline* are as essential to individual happiness as they are to a viable society.

—Lewis F. Powell, Jr.
Supreme Court Justice

EXPERIENCE IS THE ONLY THING SOME PEOPLE GET OUT OF LIFE.



Utah Alcoholism Foundation

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

NEWS LETTER

MAY 1975

VOLUME 6, Number 4

TWENTY-FOURTH ANNUAL SESSION
UNIVERSITY OF UTAH SCHOOL ON ALCOHOLISM AND OTHER DRUG DEPENDENCIES
JUNE 15-20, 1975

The 1975 Session of the University of Utah School on Alcoholism and Other Drug Dependencies will be held June 15-20. Fees are: \$80 for registration and tuition and \$60 for on-campus room (double occupancy) and board.

Graduate or undergraduate credit (2 qtr. hours - Health Science 548R-47) may be obtained for the course by proper registration and payment of the \$10 examination and credit fee.

Fifteen specialized Group Sections are offered as follows: Professional Treatment; Social Work Treatment; Nursing: Programs for Employees; Prevention and Education; Community Action and Resources; Counselors - School and Youth; Youth; Clergy; Religion (lay); American Indian; Criminal Justice; Drugs - Treatment and Rehabilitation; Residential Facilities; Vocational Rehabilitation.

Scholarships from Division of Alcoholism and Drugs State Master Plan funds are available for Utah judges and attorneys to attend the Criminal Justice Section of the School.

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

For Program brochure and application form, please contact:

UNIVERSITY OF UTAH SCHOOL ON ALCOHOLISM
AND OTHER DRUG DEPENDENCIES
P.O. Box 2604
Salt Lake City, Utah 84110
Phone: (801) 328-6532

The following meeting will be open to the public:

ALCOHOLICS ANONYMOUS MEETING

Wednesday, June 18 -

7:30 p.m. -

University of Utah Union Building Ballroom.

Special speakers from California will participate on the program.

1975 SPECIAL COURSE FOR PHYSICIANS will be held Monday, June 16, through Wednesday, June 18. Tuition scholarships for some Utah doctors will also be provided from State Master Plan funds. Physicians interested in participating in the training should contact:

James R. Swenson, M.D.
c/o Department of Community and Family Medicine
Building 10
V.A. Hospital
500 Foothill Drive
Salt Lake City, Utah
84113.

Category one credit is offered by the American Academy of General Practice for physicians.

NOTICE OF ANNUAL MEETING

THE ANNUAL MEETING OF THE MEMBERS OF THE UTAH ALCOHOLISM FOUNDATION WILL BE HELD WEDNESDAY, JUNE 25TH, 8:00 P.M., IN THE WEIGHTS AND MEASURES ROOM OF THE SALT LAKE HILTON HOTEL.

CHILDREN OF ALCOHOLICS...A NEGLECTED PROBLEM

-(REPRINT from *Hospital & Community Psychiatry*, September, 1974)

The author says programs designed to help alcoholics and their families should focus more attention on the needs of children, who frequently suffer serious emotional damage as a result of problems related to a parent's drinking. She reviews some of the effects observed among children of alcoholics.

Alcoholism is undoubtedly one of the most wide-spread, destructive, and costly health problems facing our country, one that directly or indirectly affects the lives of an estimated 36 million Americans. It is impossible to estimate its cost in human suffering resulting from broken homes, deserted families, and the psychological problems commonly found in the children of alcoholic parents.

For such children, a parent's alcoholic behavior may be direct, swift, and devastating in its effects, or indirectly, destructive through the attitudes and communications of the non-drinking parent, who is often tense, angry, afraid, exhausted, and worried about the abnormal family climate. Most experts in the field of alcoholism agree that treating the alcoholic without including the family is ludicrous. Yet far too often children are left out of family therapy sessions.

Growing up with an alcoholic father, mother, or both, has many psychological and sociological implications for a child. The normally shared activities of family life are denied him. He witnesses, from the beginning, the fact that his parent does not live by society's rules. Discipline is often inconsistent, so that he does not know what is expected from him.

Clinebell has listed four factors that may produce emotional damage in children of alcoholics. First, the shift or reversal of the parents' roles causes confusion and complicates the task of achieving a strong sense of sexual identity. Second, an inconsistent, unpredictable relationship with the alcoholic is emotionally depriving. Third, the non-alcoholic parent is disturbed and therefore inadequate in the parental role. And fourth, the family's increased social isolation interferes with peer relationships and with emotional support from the extended family.

Children of alcoholics often have personality disturbances manifested by signs of hostility, impulsiveness, depression, and sexual confusion. The depression in this case is the result of a basic feeling of anxiety and may surface as feelings of irritability or worthlessness, a fear of the future, poor appetite, insomnia, and even suicide attempts. A pervasive depres-

sion probably originates during the child's formative years and is related to the deprived family situation.

The son of an alcoholic father may have feelings of helplessness and develop fear, hatred, and revenge fantasies toward his father. Afterward he may feel guilty and fear retaliation for his thoughts. Such anxiety-producing feelings can cause difficulties with authority figures in adult life.

Because the father's behavior is so inconsistent, a son may become overdependent on his mother. His feelings and thoughts about both parents may become confused and ambivalent, resulting in his turning against them. The son may also come to blame his mother for his father's drinking, thereby associating masculine independence with drunkenness.

Research should focus specifically on the children of alcoholics, whose problems have been neglected far too long.

Fox suggests that a son's awareness of the social stigma surrounding alcoholism leads to feelings of humiliation, estrangement, and isolation. Ambivalent feelings about his role, coupled with a pervasive sense of worthlessness may lead to cowering and conformity of rebellion and delinquency.

The daughter of an alcoholic father may hate and fear him and side with her mother, or conversely, continue to love him desperately and blame her mother for his drinking. Neither of these coping measures is satisfactory, however.

When a mother is alcoholic, the children suffer irreparable damage. The inconsistent show of affection for the children produces long-lasting feelings of rejection, abandonment and isolation.

The importance of environmental influences, especially in early life, on perceptions, attitudes and values is generally accepted. Attitudes and values concerning the use of alcohol are learned in childhood, primarily through the process of imitation of and identification with significant persons in the environment. Since the effects of these stresses may not be readily seen, long-term studies of the children of alcoholics are necessary.

...Sharon B. Sloboda, M.S.N.
Asst Professor, School of
Nursing
Catholic University of America
Washington, D.C.

* * *

TROUBLE WITH MAKING STUDIES OF BEHAVIOR PATTERNS THESE DAYS IS THAT NOBODY SEEMS TO BE BEHAVING.

TEENS URGED TO TAKE INITIATIVE IN SOLVING OWN ALCOHOL PROBLEMS.....

Young people are being urged to take the initiative themselves in helping to solve the alcohol-related problems that are becoming increasingly current among youth.

A recent call for direct involvement was issued by Carol Meehan, education specialist in NIAAA's Division of Prevention to 73 high school representatives visiting Washington, D.C. for the Youth Foundation Leadership Seminar on Government.

They were encouraged to "think of a plan to deal with an alcohol-related problem that is meaningful in your immediate areas" and then, "enlist support for the plan from institutions such as schools, or groups such as civic and service organizations."

They were reminded of the importance of responsible decision-making regarding the use of alcohol --- and advised that young people who choose not to drink should be allowed to abstain without undergoing a great deal of peer pressure to "JOIN IN".

Mr. Foster, assistant to the Institute's deputy director, recalled for his young listeners that, "for a long time, the whole collective subject of alcohol use, alcohol abuse, and alcoholism was treated with a hush-hush approach." The past three years, since the founding of NIAAA by the Hughes Act, have seen tremendous changes in such attitudes, he said, noting that alcoholism is now viewed as a treatable -- and preventable -- illness.

Students showed a keen concern over the possible relationships between lowered legal drinking ages and what appears to be an increase of alcohol abuse among the young. They were also eager to explore changing public and private attitudes toward alcoholism, and the perceived relationships between excessive drinking and the whole American lifestyle. They also were interested in the differences and similarities of wine, distilled spirits, and beer, and wanted to know at what earliest possible age level it is felt alcohol education can be introduced in the schools.

The Foundation of which the young people are a part was formalized by actor Hugh O'Brian in 1958.

Mr. O'Brian has explained that sophomores are chosen to participate in the Leadership Seminars because "they offer a great return on investment. Totally inspired by the Seminar experience, the participants return home with two years remaining in high school to motivate not only themselves but their fellow classmates, and to bring forth and put to practical use, their emerging leadership potential."

...NIAAA Information & Feature Services...

MIRROR YOUR ATTITUDES?

- (1) Alcoholism is not an illness.
- (2) The alcoholic can not be helped -- the "revolving door" idea.
- (3) Alcoholics, when intoxicated, are unmanageable in a hospital setting.
- (4) Alcoholics, when intoxicated, are disturbing to other patients.
- (5) Most alcoholics are the skid row type.
- (6) Alcoholics with a primary diagnosis of alcoholism should not be admitted to the general hospital.
- (7) Alcoholism is not a major health problem to the community.
- (8) Most alcoholics are unable to pay their hospital bill.
- (9) Admission of patients with a primary diagnosis of alcoholism to the general hospital can only result in an acute bed shortage.
- (10) If alcoholics are admitted to the general hospital, special facilities and staffing will be necessary.
- (11) The alcoholic can stop drinking if he wants to stop.
- (12) Keep the local jail as the place to hold drunks until they sober up.
- (13) I could never be an alcoholic.

* * *

REMEMBER? Back in 1943 we were also planting "Victory Gardens." But we knew then who our enemies were!

YOU AND ALCOHOL

Medical science has known that severely alcoholic women are prone to difficult pregnancies, but the risk may be much greater than suspected.

Dr. Kenneth L. Jones of the University of Washington School of Medicine in Seattle, studied 23 mothers who had been alcoholic for an average of nine years. Nearly half of them gave birth to babies who were mentally retarded, or who died during pregnancy or within a few days after delivery. Four gave birth to babies who died within the first week and another six were mentally deficient. A comparative group of mothers, matched in every respect to the study group except that they were not alcoholics, had an infant mortality rate of only 2% and no mental retardation.

It is not known why the alcoholism should harm a fetus, but the nature of the damage to the unborn -- in this example 10 of 23 infants -- suggests that the trouble happens within the first three months of pregnancy. It is also unknown how dangerous mild alcoholism or heavy drinking are to pregnancy, or, in fact, whether either is dangerous, but this is being checked.

ALCOHOL—A SURE AND QUICK KILLER

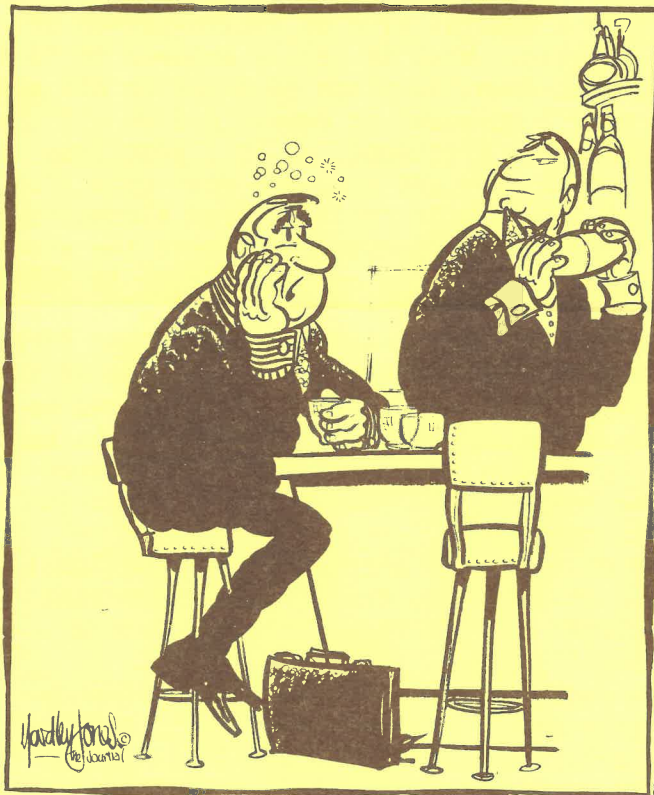
by Vernon Dupree

This writer attests sadly to the speed and mercilessness with which alcohol can and often does inflict its savagery in taking the lives of innocent persons. His daughter, 23, and son-in-law, 24, had never partaken of alcohol in their span of years. On a Sunday afternoon four years ago, alcohol entered their lives for the first time, through the medium of a dead-drunk driver, and they were mutilated beyond recognition and in eternity, all in less than one-half second.

The drunk driver (with .34 alcohol count in his blood), driving 80 mph, suddenly swerved across the mid-line of a two-lane highway, less than 100 feet from the on-coming car containing my daughter and son-in-law (who were traveling about 60 mph), and hit them headon. May readers of this account who insist on drinking alcohol think seriously of the potency and speed of alcohol as a killer, and refrain from its use, lest you be the next one whose life is blotted out in a second, or be responsible for the death of one or more other persons—usually innocent victims.

Statistics reveal that there are nine million known alcoholics in America, with suspected additional millions not yet identified or acknowledged. Even more frightening are the approximately one hundred million habitual drinkers of alcohol in amounts ranging from moderate to excessive. Alcohol exacts its toll on the lives of all of these, with many millions having their usefulness as citizens eroded. Indeed, many lose their lives, either suddenly in accidents, murders, or robberies, where alcohol is the principal contributor, or eventually as the result of having become physical wrecks from its use.

Drunk drivers are a staggering problem — Missouri Highway Safety Reporter.



"I took my car in for a safety check and they okayed it the minute I got out . . ."

The cartoon above is from The Journal,

"WORDS AND MAGIC WERE IN THE BEGINNING ONE AND THE SAME THING, AND EVEN TODAY WORDS RETAIN MUCH OF THEIR MAGICAL POWER. BY WORDS ONE OF US CAN GIVE TO ANOTHER THE GREATEST HAPPINESS OR BRING ABOUT UTTER DESPAIR...WORDS CALL FORTH EMOTIONS AND ARE UNIVERSALLY THE MEANS BY WHICH WE INFLUENCE OUR FELLOW CREATURES. THEREFORE, LET US NOT DESPISE THE USE OF WORDS..."

...Sigmund Freud....

* * *

PEOPLE NEED PEOPLE

As alcoholism progresses, an alcoholic person isolates himself from society. He withdraws into himself.

Helping the recovering alcoholic rejoin society as a contributing member is one of our goals.

Before this can be accomplished, he must regain his self-confidence and establish his associations with others.

Director of counseling, Mike Klassman, of the Crossroads Hospital, Van Nuys, California assists patients in recognizing those "roadblocks" that keep them from functioning comfortably with themselves and others. He tries to help them discover and understand the underlying cause of their dependency on alcohol.

"PEOPLE NEED PEOPLE", he says. "They need to identify with others who share the same problems. They need to interact in order to gain insight into their problems."

Group sessions are emotionally charged. They provide verbal and sometimes physical expression for patients seeking an understanding to their problems.

Often new patients are reluctant to participate, but as they see others join in and share their feelings, they feel less threatened. A young patient explained his need to get away from a hate-filled home, encounters with drugs and alcohol, and the crippling dependency on his mother. Other patients begin to respond by sharing similar experiences and suggesting possible solutions. As a burden is lightened -- progress is made.

"Group sessions like these," Mike says, "coupled with the other treatment modalities, are a beginning which brings change. Doors are opened for further growth and improvement by patients."

* * *



Utah Alcoholism Foundation

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NEWS LETTER

JULY 1975

VOLUME 6, Number 5

DIVISION of NEIGHBORHOOD SERVICES

The Division of Neighborhood Services is comprised of a Field Director and four Outreach Workers -- specially trained to work with the alcoholic and members of the family. It is a unique service -- contact is made in the home which enables the Outreach Worker to assess problems of each individual in the family. Treatment of the person with the alcohol problem is much more effective and lasting if contact is made within the home environment. ALCOHOLISM is a FAMILY ILLNESS and needs to be handled as such.

"A family is an autocracy which is ruled by its sickest member." While this statement is not always true, it does fit a great many families. Whenever alcoholism persists in any family, not only do we have a sick alcoholic -- we have a sick family.

Alcoholism is a behavior problem. Over a period of years, a family is forced to maladjust to this unnatural behavior pattern displayed by the drinker. If the drinker (for whatever reason) decides to stop drinking, the rest of the family (if they are to stay together comfortably) must then adjust to a new and healthy environment.

If your family life is being put into a chaotic dilemma through alcohol abuse, call us for assistance. A Neighborhood Worker can perform the function of a "coach" in the adjustment back to normal family relationship. We can, and will, help a family to make good adjustment toward this normalcy whether the drinker stops drinking or not.

Remember -- alcoholism can NOT survive in a healthy environment !!

Contact a D.N.S. OUTREACH WORKER -- WE CAN HELP

Verda Edge, Director.....487-3276
Mel Smith, Oquirrh Area....466-2951
Alene Avery, Central City..467-3725
Phil Quigley, Northwest....322-1281
Jim Crawford, Central City.467-3725

* * *

* * * * *

"Look not for the independence that sets you apart from others; nor for the dependence that makes it impossible for you to function without the unlimited support of others, but for the interdependence that allows you to exist in a mutuality of trust and freedom with others."

* * * * *

TIME FOR CHANGE

We have a great responsibility to stir people up until they are willing to bring the problem of alcoholism out into the open. Even with more enlightened attitudes, millions are dying because they do not want anyone to know they have the dread illness of alcoholism. Testimony to the magnitude of alcoholism is the fact that 18% of all doctors in this country are problem drinkers.

An additional problem, the glamorizing of alcohol in practically every aspect of our daily living -- ads make drinking sophisticated and the "in" thing; college campuses are as concerned with drinking regulations as with academic pursuits. In the long run, the battle against alcoholism must be directed at the young, and at the lures that are dangled before them.

Criminal and medieval attitudes toward alcoholics still are prevalent in the United States. Such attitudes of shame extend even to alcoholics themselves. We must do everything in our power to remove the stigma that is attached to alcoholism.

* * *

LAWS CAN BE PASSED, PREVENTIVE EDUCATION UNDERTAKEN AND MILLIONS SPENT ON REHABILITATION, BUT, UNTIL SOCIETY REGAINS ITS VIGOR, DIRECTION AND INTEGRITY, THE PROMISCUOUS, INDISCRIMINATE AND ILLICIT USE OF MIND-ALTERING AND OTHER DANGEROUS DRUGS WILL REMAIN A MAJOR PROBLEM.

MOTIVATE...FAMILY & EMPLOYER

Wondering what can be done to motivate an alcoholic to do something about his drinking, to seek help or to go to treatment? Perhaps every home-cure remedy has been tried to no avail?

At time counselors and families are truly puzzled as to how he (or they) can help. The alcoholic denies the problem saying he can handle it himself and is against all those who try to help.

There are some answers to these questions. The tragedy today is that too few families, employers, physicians and clergymen, know what to do when asked.

There are four basic points that should be dealt with in working with the alcoholic. In all instances, three basic points are always present:

1. The first basic point: The alcoholic must learn that he has an illness. It is an illness that is treatable, but has no known cures. It is a fatal, progressive disease that eventually will lead to death or insanity. Once the person becomes alcoholic, there is no return to normal, social-type drinking. At this point in the alcoholic's life, there are only three choices: total abstinence, insanity (wet brain) or death (suicide, various types of accidents, or by overdose of alcohol.)

Once an alcoholic can accept and believe that he is sick, he will start moving in the direction needed to get appropriate treatment. If the alcoholic only admits, but does not accept his alcoholism, it is mere words and means nothing. Once he does accept and believe that he has an illness, that he is sick -- rather than lacking will-power, sinful, and weak in character -- it is an emotional relief and recovery can begin.

2. The second basic point: The problem drinker must be given hope. He must learn that recovery is possible and that there is a better life. There are many thousands of alcoholics recovering (of various ages, backgrounds and problems) and each one is different, but there is a solution to each alcoholic's life situation.

3. The third basic point is: There are two things the problem drinker must know and believe -- that he is ill and can recover. Until he does, treatment or recovery won't be very effective -- or won't even begin.

The alcoholic will have to feel the pain connected with his drinking -- the pain he is going through and the pain those

he loves are going through. His pain must become so great that he actually knows and believes what is happening to him. Until such pain is so great, an alcoholic will procrastinate, delay, make excuses, etc., before he will seek out help.

The family and employer must also understand this pain and be counseled, educated, and aware in order that they may help. As long as family and employer treat him like a child (such as covering up for him, bailing him out of jail, covering his bad checks, and making excuses for him) the alcoholic will not really experience the real pain and so will not seek the treatment he needs. The family and employer are helping him ease this pain so why seek out help?!!

Alcoholism is a form of suicide, but it takes many years and is painful to the alcoholic and the persons around him. Until the alcoholic is allowed to feel and experience this pain himself, he will not seek out or take any steps toward a recovery program.

It is then very important for the family and the employer not to accept the promises of the alcoholic person anymore -- but to require him to take some action instead of rushing in and rescuing him from crises.

4. The fourth basic point is: If steps 1, 2, and 3 are completed and recovery has not begun, the alcoholic must face some cold hard facts and make some choices. Such as: his drinking or his family -- his drinking or his job. It is better if both (choices) happen at the same time.

The family and the employer will find that it is quite useless to take action with anger, hostility, or to punish, to try to straighten out the alcoholic -- he will see and feel their emotions and will react by getting drunker and sicker.

At this point, the family (or employer) will have to act from true concern or love of the alcoholic. He must be confronted at this time with his own situation and given a choice of recovery or drinking. Promises can not be accepted -- only effective action on the part of the alcoholic. Families or employers who use this type of policy will have a high recovery rate. WHEN FAMILY and the EMPLOYER ACT TOGETHER, IT IS THAT MUCH BETTER!

.....Arnie Fischer.....

* * * *

HAPPINESS IS GOING TO BED KNOWING THAT YOU HAVE ACCOMPLISHED SOMETHING MEANINGFUL FOR OTHERS THAT DAY.

MAKING VICTORS OUT OF VICTIMS

In more ways than one, has the alcoholic been victimized. First, the chemical, ethanol, made him the victim of what undoubtedly is the most destructive addictive process known to man, and that goes for all the drugs, hard and soft, legal and otherwise. Secondly, the alcoholic person, because of his affliction, has been victimized by society over the centuries. The dark ages for the alcoholic was not too long ago, as probably many of us can testify to. A paragraph taken from a standard medical textbook published in 1923 by British physicians--*Chronic alcoholism is a condition very difficult to treat, and once fully established, the habit is rarely abandoned. The most obstinate cases are those with marked hereditary tendency. Withdrawal of the alcohol is the first essential. This is most effectually accomplished by placing the patient in an institution, in which he can be carefully watched. The absence of temptation in institution life is of special advantage. Prolonged seclusion in a suitable institution is in reality the only effectual means of cure.*

And if the dark ages were'nt so long ago, the era of actual barbarism is chillingly recent too. A report of the U.S. Army Surgeon General, dated 1894, gave the following advice to medical officers on what to do with a drunken soldier. *"A mistaken pity for a man suffering from the effects of debauchery is liable very often to lead a too indulgent post surgeon to excuse him from duty when the guardhouse, and not the hospital, is the proper place for him. I am confident that this mistaken kindness has done a great deal in the past to encourage drunkenness. Each man who reported at the hospital in any stage of simple alcoholism is treated as a case of alcoholic poisoning, taken immediately to the operating room, his stomach emptied by the use of a stomach pump, and thoroughly washed out with warm two percent soda solution. After this, he is given a bowl of hot beef extract with cayenne pepper and allowed an hour's rest -- after which he is generally perfectly able, however unwilling, to do his duty. . .occasionally, some resistance is met with, but two, or at most three, able-bodied hospital corps men and a perforated wooden gag, such as comes with the stomach pump will, with patience and determination, overcome almost any ordinary opposition. . .The deterrent effect of this treatment is excellent. It is, of course, not agreeable, though no one can deny that it is perfectly rational and merciful."*

We can all be thankful that there has been some change in the perception of what's rational and merciful in the treatment of the alcoholic since the days of that Surgeon General's report in the military -- and elsewhere, too. But let's not be too complacent about the situation. We're a long way from reaching the age of enlightenment concerning alcoholism. And we don't have to look too far in the past for 'victims' of the benighted attitudes towards the alcoholic.

The fact that we have some distance to go in improving of society's attitude towards the alcoholic is sometimes all too evident -- even in Washington where one might expect a little more enlightenment. During a debate on the legislation renewing the federal alcoholism authorities, one Congressman said, *"Alcoholism is a weakness and is acquired voluntarily."* Another said, *"He had never seen anyone take another by the nape of the neck and pour liquor down his throat. If federal money was going to treat alcoholics,"* he added, *"it should also go to addicts of golf and coffee."*

Even within the field, there are people who are guilty of what Dr. Morris Chafetz, director of NIAAA calls 'ugly paternalism'. When dealing with the alcoholic, they adopt an attitude of father-or-mother knows best and treat them in a condescending fashion. Although far different from the benighted and barbaric attitudes which have largely been overcome, such approaches by professionals in the field result in a special kind of victimization of the alcoholic. What it really amounts to is a kind of put-down, in place of treating him as if he were a co-equal or peer. And we all know that peer treatment, as it's sometimes called, is by far and away the most effective means of ushering in recovery from alcoholism.

What should be remembered is that the alcoholism movement on the national level is still very young. It all started in 1970 with the passage of the Hughes Act setting up the first federally-funded treatment programs out of the Department of HEW and NIAAA. And what we've seen in the past four years in Washington has been the construction of an effort tailored for the long haul -- rather than a flash-in-the-pan phenomenon.

The emergence of alcoholism as a national concern is not being accomplished overnight. And neither will it fade overnight into a 'has-been' cause.

The ranks of the alcoholism constituency are daily swelling with a formidable cadre of victims-turned-victors who won't let go until the day comes when no alcoholic will be denied HIS RIGHT TO RECOVERY WITH DIGNITY.

....JAY LEWIS, A.R. Editor and member of AHHAP of N.A., Inc.

The following is a paper a young boy turned in for his school assignment

(He received 100 on the paper).

"HOW DOES ALCOHOL EFFECT FAMILY MEMBERS?"

It serarates the family from the husband or the wife. Now sometimes if the family has children it just breaks there heart and even start the children to do bad things they shouldn't do. Now if it is the father who get into troublt the wife will probley have to get a job. Now if the children and the Mom or Dad don't get seperated, they do not have money. And the person can get in your hair. Sometime they send them to a special hospital and it will help the famley member. They won't see there dad every day. Butt at lest they can see him or her every once and a while. Sometimes the parent gets in trouble. With the other parent, they fight lots of the time and even hurt one another. The hospital they send you to is call c.p.i. Don't as me what that stands for. Alcohol is a poison to other famley members. Sometimes the parents both drink and if they have children they can be taken away or be put in foster homes. They are even given to diffrent famlies. That can make the child sound bad or even get the child in to lots of trouble. . . . (I tried to copy it just as he wrote it, spelling and all.)

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THE OFFSPRING of ALCOHOLICS

Top-level attention is now being given to problems of youths affected by parental alcoholism after a preliminary study commissioned by the Institute estimated that there may be over 28 million children nationwide in this category.

Will Foster of NIAAA's front office states the Insitute "has indicated that the problems concerning children and youth now consitute a priority area for activity."

"This applies not only to the use of alcohol by young people and the resulting problems, but extends also to the area of problems incurred by the children of alcoholic parents."

The study characterized the offspring of alcoholics as "the forgotten children", explaining:

"They have been overlooked substantially by child, family and alcoholism treatment professionals. They cannot be accused of being over-studied, as other groups have been, since the amount of research and attention in the professional literature is limited.

"The impact of alcoholism in terms of high-way safety and work productivity has received more national attention than the impact of alcoholism on children. Both lay and professional people generally tend to be unaware of problems they have not been specifically told about. If crime in the streets is identified as a national problem, then everyone becomes very concerned about crime, even those who live in a low crime area. If, on the other hand, children of alcoholic parents are not identified as a subject of concern, then very few people attend to it.

NEW COURSE OF STUDY

offered by

UNIVERSITY OF UTAH

The Department of Education Psychology, Division of Continuing Education, in cooperation with the Utah Alcoholism Foundation, is offering a course of study on alcoholism with credit hours allowed.

The curriculum will include new findings in alcoholism -- effective communications and inter-personal problem-solving techniques.

FALL QUARTER

CLASSES SCHEDULED FOR TUESDAYS

Evenings: from 7:00 thru 10:00 p.m. Beginning Tuesday, October 2nd.

COURSE FEE: \$70.00

*Available for Audit

GRADUATES w/DEGREE: Course # 596-1

UNDERGRADUATES: Course # 196-1

(Three Credit Hours)

*For more information and registration, contact the Office of the Registrar, University of Utah.

CLOSING DATE for REGISTRATION:

SEPTEMBER 30TH



Utah Alcoholism Foundation

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NEWS LETTER

AUGUST 1975

VOLUME 6, Number 6

THE FETAL ALCOHOL SYNDROME

by John Wells

For years the Fetal Alcohol Syndrome has been recognized among the approximately one million alcoholic females of childbearing age. The Fetal Alcohol Syndrome is believed to start with the pregnant female consuming enough alcohol to become intoxicated upon more than one occasion before termination of the pregnancy. "Believed" is used here because the harmful effects of alcohol consumption before conception have not yet been isolated and studied. An alcoholic mother has a 20 percent greater chance of having a child with one or more of the following features: low IQ (the range of 50-83 has been reported); underdeveloped skeleton; deformed arms and/or legs; slow motor skills; and a birth weight of less than five pounds.

What about the pregnant female who is a social drinker? One or two drinks have any effect on the fetus? The placental membrane is no longer considered a barrier to alcohol. Once the alcohol reaches the maternal circulation, it passes into the fetal circulation within 60 seconds. Traces of alcohol may still be present in the fetal circulation up to 24 hours later. Enzymes produced in the liver are necessary for the metabolism of alcohol, but these liver enzymes are undeveloped until approximately five years of age.

Excretion of alcohol and its metabolites takes place through the kidneys. The kidney function of the fetus and newborn infant is only 30-40 percent as efficient as the adult kidney; thus the alcohol that reaches the fetus remains there for a longer period of time.

The distribution of alcohol in the body is regulated by its speed of transportation through membranes and by the extent of the alcohol binding to protein. The unbound alcohol is more likely to reach other parts of the body more quickly than the bound alcohol. Unbound portions of drugs may be two to three times higher in the fetus than in the adult, and it is this difference in binding that may be responsible for the greater effects that alcohol has on the fetus.

Body weight in relation to alcohol consumption is one factor that has to be considered in relation to the effects of alcohol on the body. What is the body weight of the fetus in comparison to the body weight of the mother? How much alcohol must pass from the maternal circulation to have a physiological effect on the fetus?

The Wet Brain Syndrome was originally associated only with the chronic alcoholic. Since 1964, when Medicare permitted more autopsies, the partial wet brain syndrome has been associated with the social drinker. It has only been since 1972 that the Fetal Alcohol Syndrome has been studied in relation to the social drinker. Will a partial fetal alcohol syndrome be identified?

...ALCOHOL AFFAIRS...

ALCOHOLISM

DESTRUCTIVE BEHAVIOR FOR WOMEN

Lila Pasnick, M.D., an Orange County psychiatrist, points to alcoholism as one of the destructive behaviors of women having difficulty coping with their lives.

Explaining a woman's search for identity and fulfillment, Dr. Pasnick pointed out that problems such as guilt, self-doubt, threatened self esteem and over compensation often lead to destructive behavior such as suicide and drug abuse; specifically, alcoholism.

"There are far too many alcoholic women, for this problem to be ignored," she warned.

In order to establish and cope with new roles, women need to be appreciated, to have purposefulness and to feel a sense of adequacy and mastery.

"A continuing concern for the family and loved ones should not exclude individuality," she explained. "It is important for women, as mothers, to facilitate, not dictate the growth of their children."

Dr. Pasnick feels the stereotyped woman is rapidly becoming outdated. "Too many women have spent all their time reacting and not creating a mutuality of shared experiences. Women need to interact, not just react to others," she said.

? NEW MATH ?

Alaska, Arkansas, Delaware, Hawaii, Idaho, Maine, Montana, Nebraska, North Dakota, Rhode Island, South Dakota, Utah, Vermont, West Virginia and Wyoming.

The number of alcoholics and problem drinkers in this country are represented in the combined populations of the states listed above.

Seven times (X) the number of American fatalities related to the twelve year war involvement in Vietnam equals (-) 400,000 Americans dying each year from alcoholism and alcohol-related ailments.

The possibility that we may fail
in the struggle ought not to deter us
from the support of a cause
we believe to be just.

ABRAHAM LINCOLN

TEENAGERS and ALCOHOL

A study done for the National Highway Traffic Safety Administration estimates that about half of the nation's high school students participate at least once a month in unsupervised drinking situations with their peers. Of this group, 61 percent reported getting drunk at least once during the last month and 45 percent said they drink once a week, twice a week or more.

More than 2,000 interviews were conducted to obtain a representative sample of 397 high school students drawn from a total of 1,850 households. The study labelled the approximately 50 percent of high school students who take part in drinking situations as "A R S - involved" (alcohol-related-situations), and stressed that it did not make up a "fringe element of young people, but draws from all age, class and student types, and regional areas (to represent the national picture)."

Asked what was the most they had to drink on any one day during the past week, 39 percent said they had between one and three drinks, 29 percent four to eight, and 14 percent, nine or more drinks. Sixty-six percent reported they had driven while drunk, and many of these believed their driving skills are unimpaired by alcohol.

*One-fourth say they have driven once or twice when they knew themselves to be too drunk to drive.

*Another one-fourth have driven three or more times when drunk.

*thirty-two percent report being a passenger at least once a month in a car operated by a heavily drinking driver.

While the study did not show whether high-school drinking has increased in recent years, other surveys reported by HEW indicate that teen-age drinking is up.

Dr. Morris E. Chafetz, director of HEW's National Institute on Alcohol Abuse and Alcoholism, said the statistics showing more teen-age drinking are indications of early alcoholism.

Early alcoholism is not restricted to the youth of the United States. In West Germany, another country with a high standard of living, alcohol consumption among the young is causing alarm in the government.

. . . WAAODA Newsletter. . .

PORTRAIT OF A TEENAGE ALCOHOLIC

According to the N.I.A.A.A. there are approximately one half million teens and pre-teens with severe alcohol dependency.

It is apparent that many do not fit the stereotype of the wild-eyed swinger and sower of wild oats but are simply shy and suffering adolescents who find that alcohol makes it easier to function in the competitive social circles of the high school set. The bottle is not only an escape from some family problems, it is also a magic potion, producing instant ease, wit, and pseudo-sophistication.

What can we, as adults, as educators, offer young people as a substitute for the magic potion that *initially* (and who cares about tomorrow when you're fifteen?) provides such pleasure and popularity. What can compete with this apparent panacea: only years of success and social development culminating in the ideal adult ease, wit and sophistication?

Some of us as adults never learn to be entirely at ease with ourselves in strange social settings. Perhaps it simply becomes less important to us; perhaps we have less to prove to ourselves than we did at fifteen.

Yet, for some of us it never becomes either easier or less important. We, too, may resort to alcohol abuse and thereby provide youth's most effective education experience -- a model.

Some undoubtedly begin sowing wild oats for their own sake, abusing alcohol mindlessly. But for the many who drink to forget or drink to be desirable, there must be better ways to cope, ways that do not involve the penalty of a delayed but inevitable personal deterioration. We must find those ways for ourselves and for our young. An essential part of prevention consists of providing solutions, other than liquid ones, to these problems.

* * *

IF WE ARE NOT GROWING, WE ARE DYING. WE SEE THIS IN MANY WAYS. WHEN WE STAND UP TO BE COUNTED. OR NOT! WHICH WAY WE TURN WHEN WE LEAVE OUR OFFICES. WHAT MATERIALS WE PICK UP TO USE OR ASK OTHERS TO USE. EACH OF THESE SITUATIONS EITHER HELPS US TO GROW OR DETERIORATE. THIS HOLDS FOR THE HELPING PROFESSIONS AS WELL AS FOR US AS INDIVIDUALS. THERE IS NO STANDING STILL. WE ARE EITHER ACQUIRING SKILLS OR WE ARE LOSING SKILLS BY NOT EXERCISING THEM.

THE ALCOHOLIC WOMAN -- A PROFILE

Recent studies have made it possible to isolate certain recurring characteristics among alcoholic women. A review of the literature finds fairly general agreement that a higher than usual incidence of alcoholism exists in the immediate families of these women. A familiar pattern was identified showing that homes where the mother is dominant and emotionally distant and the father is weak and passive are more likely to produce alcoholic women than alcoholic men.

In a study of 25 alcoholic women at the Washingtonian Hospital in Boston, Bernice Rosenbaum found that "as a group, these women presented a remarkable picture of emotional deprivation in early childhood. It is noteworthy that while there was not a single alcoholic among the mothers of these patients, they were for the most part characterized as strict, moralistic, nagging or nervous -- in general, unyielding, either by nature or circumstance. Of the fathers, 40 percent were reported to be excessive drinkers and to give the impression of being an ineffectual lot -- weak and easygoing, or, in a few instances, genuinely cruel." A home environment of this sort is seen as causing problems of role-identification and dependency and fostering a narrow view of self-worth and personal value.

Many researchers say that women, far more frequently than men, are able to point to a specific incident in their lives which they believe precipitated heavy drinking.

Another significant observation by researchers is that affective disorders are far more prevalent among alcoholic women than among their male counterparts. These women are more prone than men to severe depressions and more frequently exhibit suicidal tendencies.

What reasons do women give for drinking? Many women say it makes them feel more womanly. In a report made after testing the number of women being treated for alcoholism, psychologist Sharon Wilsnak, formerly of the Harvard Medical School, concluded a vulnerable woman "may manage to cope with her fragile sense of feminine adequacy for a number of years, but when some new threat severely exacerbates her self-doubts, she turns to alcohol in an attempt to gain artificial feelings of womanliness." However, Ms. Wilsnak adds that although the woman "is trying, via alcohol, to feel more womanly, the typical consequences of heavy drinking eventually make her feel less of a woman. These new threats to her sense of feminine adequacy can cause her to drink even

more heavily, until her nondrinking alternatives for feeling womanly are severely restricted and she becomes completely dependent on alcohol."

Marital problems are common for alcoholic women. The percentage of marriages resulting in divorce is decidedly higher. There is also evidence that if these women remarry, they are most likely to choose a man whose drinking habits are similar to their own, thus perpetuating and enlarging the scope of their problems.

In a review of the literature, a number of studies were cited which concluded that "among therapists, as well as lay public, the non-alcoholic spouse of the drinking male is suspected for contributing to her husband's drinking, but, the non-alcoholic spouse of the alcoholic woman is more likely to be regarded as a deprived person -- one who receives more sympathy than censure." It is common belief that for every 10 wives who see an alcoholic husband through, only one husband remains with an alcoholic wife."

* * *

A GROUP becomes a team when each member is sure enough of himself and his contribution to praise the skills of the others.

NORMAN G. SHIDLE

CROSS ADDICTION. . . .

Valium, a tranquilizer, is reportedly the most prescribed drug in the United States and apparently one of the most abused. Valium is often advertently taken in combination with alcohol, generating synergistic effects which can be deadly. There is also the chance of cross addiction of an alcoholic taking Valium to ease the transition to sobriety. He then may become addicted to Valium. Valium and Librium, another prescription drug, seem to be the medicines most frequently misused, but they are not the only ones.

There is the suggestion that too many doctors too readily prescribe the drug. Solutions may be elusive but one possibility, aired in a recent Baltimore Sunpaper's editorial, is that such drugs should be placed on "Schedule 2", the list of controlled, dangerous drugs. This would warn doctors and pharmacists to use extreme care in prescribing and dispensing these drugs. Greater education of all is also urgent.

* * *

Invitations To Drinking Disaster

In contrast, problem drinkers generally come from families that show far different practices, beliefs and attitudes—

- The family "ground rules" for drinking are vague and inconsistent.

- One set of rules holds for men, another for women.

- Often, one parent favors drinking, the other opposes it.

- If children have been using pep pills, marijuana and similar drugs, some parents seem relieved when these children turn instead to alcohol abuse.

The results of such practices and attitudes are:

- Children experiment with alcohol in their mid or late teens, usually away from home.

- Young people become accustomed to drinking on irregular occasions (such as the weekend "beer bust") and to drinking large amounts on an empty stomach. They rarely drink mainly with meals.

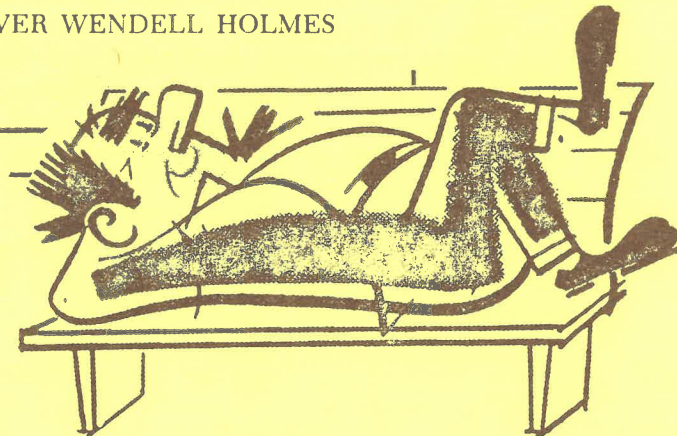
- Children see - both adults and young people - drink to escape from emotional and uncomfortable situations, and they adopt these practices for themselves.

- Children see pressure placed on others to drink. To them, not to drink is scorned as a sign of cowardice or unfriendliness.

(The above material was taken from a NIAAA pamphlet "Alcohol, A Family Affair," DHEW Publication No. (ADM) 75-163.)

*The great thing in this world
is not so much where we stand
as in what direction
we are moving.*

— OLIVER WENDELL HOLMES



Housewife—The Hidden Drinker

Women are not immune to alcoholism. According to authorities in the Department of Mental Health, there appear to be as many women alcoholics as men in the larger cities. In the rest of the country it's reported that one in every five alcoholics is a woman.

Many are housewives.

Most of them become very adept at keeping their drinking hidden. So it's much more difficult to reach and help the housewife alcoholic than the male problem drinker.

Our society still subscribes to the double standard. We tend to tolerate the man who overdrinks but shun and condemn the woman who drinks too much in public. She has no other choice than to hide and drink in secret. What's more, she is the last to recognize the gravity of the problem until the time comes when it can no longer be hidden.

Housewives turn to drink for many reasons. Family life anxieties and problems often trigger the initial response.

The housewife, uprooted from familiar surroundings and recently moved to a new community is extremely susceptible. She is usually alone with pre-school children most of the day. When her husband comes home, preoccupied with work, he has little time for her. She is starved for adult companionship. One day she discovers that alcohol seems to relieve her tensions. Then the drinking increases little by little and gradually she drifts into alcoholism without being aware of it.

Mature women going through the menopause are most vulnerable. The children who gave her life meaning are grown and gone. The change of life is often a crisis to which she must adjust. Most women find ways to meet this problem. But some resort to alcohol to deaden their loss and loneliness.

What can be done?

Early detection is essential. The husband's attitude of responsive concern and support before the problem becomes severe may help prevent the occurrence of the disease.

But once a wife is truly alcoholic, there is not much the husband can do directly to help her. All the home treatment remedies of sympathy, nagging, anger, wheedling, hiding of liquor are of no avail.

He can help her recovery best by accepting the fact that only the alcoholic can decide that she must stop drinking. He must give up all his efforts to directly control her drinking. He must realize that he cannot cure her affliction.

What then can he do?

He should find out all he can about alcoholism and learn to accept it as an illness. He should realize that he did not cause her drinking. He should seek professional help for her. He should find out what resources are available in his community.

The housewife whose drinking is out of control, needs to face up to her condition just like any other alcoholic. She must make the decision. No one else can do it for her. Hiding the problem and home remedies by well intentioned husbands and relatives and friends are never the answer.

Anonymou

*It is easier to fight for one's principles than to
live up to them.*

ALFRED ADLER



Utah Alcoholism Foundation

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NEWS LETTER

September 1975

VOLUME 6, Number 7

Try This Quiz To Check Your Maturity

What does "maturity" mean to you? Middle-age spread and narrow ideas? Or a fortunate state of mind that lets you do more and be more, whether you're fifteen or fifty? The following quiz will help you rate yourself in certain key areas of maturity.

- (1) Can you accept responsibility for your own failures and mistakes? The mature person knows that he—not his parents, his teachers or his boss—is ultimately responsible for the way his life turns out.
- (2) Can you put off till tomorrow what you'd rather do today? If you can forego a more luxurious home to assure your children's education, you've taken a giant step towards maturity.
- (3) Are your goals worthy of you? Your level of aspiration—professional, social, and yes, moral—is a sign of how well-developed your personality has become. If you have a realistic idea of your assets and liabilities, and if you like and respect the person you are, then you are less likely to cheat the person you could be.
- (4) Do you want everybody to like you? This is immature! If you learn to say "no" to dubious friends, you will be freer to say "yes" to the activities and people that really matter.
- (5) Do you feel strongly about things? You should. Although many people mistake enthusiasm for immaturity, dedication to winning on any level, in any area, requires intense emotional involvement.
- (6) Do you use money or does it use you? People who hoard or spend compulsively have lost control of their purse strings. If you can avoid these pitfalls—and if you don't think "budget" is a dirty word—you're probably reasonably mature about money.

Poor score? Take heart. Becoming an adult is hard work. The mere fact that you can admit to immaturities shows that you are more mature than you think!

Thanks to, CHIT-CHAT

ENOUGH IS ENOUGH

Sooner or later, says Dr. Eugene LeBlanc of the Addiction Research Foundation of Ontario, society will decide that the price it is paying for alcoholism is too high. Until then, our current mode of living — one that encourages the consumption of alcohol — will continue to foster the disease. It will only be when we, as a group, decide that our self-interest demands action to curb the incalculable economic waste, and when we recognize the threat alcoholism poses to the quality of life of all of us, that we might feel required to take the realistic steps necessary to alter our lifestyle.

COMING SOON . . .

Construction of the new Alcoholic Recovery Center Complex of the Central Utah Alcoholism Council of the Utah Alcoholism Foundation being built at Provo is on schedule.

The opening of the forty-eight bed co-ed facility is planned for mid-November. The completed project will be the culmination of years of effort by the Central Utah Council to provide the best of alcoholism services to their area. The November issue of Newsletter will detail this new facility.

* * *

ALTHOUGH ALCOHOLISM SHORTENS THE LIFE EXPENCTANCY BY 10 OR 12 YEARS, THAT STILL LEAVES ABOUT 40 OR 50 YEARS IN A YOUNG DRINKER'S LIFE TO BATTLE THE DISEASE.

High School Drinking Increasing

Would you believe that 50 per cent of the high school students in the United States attend drinking parties at least once a month?

Would you believe that of this group, a good 60 per cent get bombed at least once a month?

Would you believe that just as many high schoolers drink as do adults, that is, proportionally?

According to the National Highway Traffic Safety Administration, it's true. And that agency should know. It had the Grey Advertising Agency Company of New York study the subjects as part of a campaign to prevent drinkers from driving, and the ad people came up with statistics on teen-age drinking that indicate early alcoholism is infecting a large segment of the population.

Approximately 400 high school students from 25 separate areas of the country were interviewed for 75 minutes outside of their homes where they would be more likely to tell the truth.

"The drinking students are not far-out, alienated, or under-achievers," the survey reveals. "On the contrary, they represent all levels of scholastic achievement and aspiration—53 per cent expect to go through college and on to graduate schools. They report the same range of sports and extra-curricular activities as the students who are not involved in social drinking."

Why they drink: peer pressure, less respect for the law, resentment of authority, and more impulsive and sociable than non-drinking students.

BE TOLERANT OF THOSE WHO DISAGREE WITH YOU - - - - AFTER ALL THEY HAVE A RIGHT TO THEIR RIDICULOUS OPINIONS

The Teen-Age Polydrug Problem

Just as the country is beginning to recover from the news that children as young as 12 years old are drinking their way to alcoholism, studies show that a new insidious trend has developed: polydrug use.

Fast becoming inoperative are the commonplace stereotypes—the “junkie,” “acid head,” “speed freak” and “wino.” Instead, a composite of these models is emerging—a “mainlining,” pill-popping, juice-swilling addict, who is not only more psychologically aberrant than either an alcoholic or heroin addict, but who, more often than not, is shunned or unable to be treated satisfactorily by the one-dimensional treatment centers set up to treat specific addictions.

The polydrug user is into an incredibly mixed bag, ingesting in varying ways, combinations and amounts heroin, cocaine, alcohol, marihuana, methadone, amphetamines, barbiturates, tranquilizers, diet pills and an assortment of other over-the-counter drugs. In a study of a heroin population (see House Guest), 99 percent of the addicts concurrently used alcohol, 91 percent smoked marihuana, 92 percent used other opiates, 48 percent popped sedatives, 39 percent used cocaine, while 13 percent were on barbiturates. Other studies reveal that in any given marihuana population, more than 90 percent will be alcoholic beverages imbibers. The evidence also indicates that a measurable portion of former heroin addicts are hooked on alcohol, with many using it to complement methadone supplements.

Treatment officials are fast finding out that the polydrug user is unable to fit neatly into present treatment modalities formulated to alleviate the problems and pains of one disease or another. The polydrug user has been found to be physically and psychiatrically sicker than single drug users, manifesting at times aggressive and disruptive behavior. Extant drug and alcoholism therapeutic programs lack the facilities, time, staff and knowledge to treat the polydrug user, who requires more understanding and attention because of severe behavioral problems or psychosis. More than heroin addicts and alcoholics, polydrug users require a therapeutic setup in which the various psychiatric, medical and psychopharmacological disciplines are integrated in such a way as to provide added nurturing and less structured programs, such as those demanding adherence to strict rules or total abstinence.

Thus, it would seem appropriate that planners of drug treatment programs must recognize that polydrug use is the addiction problem of the future, and that special treatment centers with eclectic knowledge encompassing various disciplines must inevitably be made available to cope with the problem satisfactorily.

Thanks to Foreword—
Alcoholism Digest.

“ WHY ” ONE DRINKS MAY BE MORE CRUCIAL THAN “ HOW MUCH ”

Modern studies have demonstrated that safe or dangerous drinking habits may be determined by our beliefs and attitudes. Ask yourself these questions:

- . . . What do you prove - to yourself, your family, your friends - by drinking to excess, moderately, or not at all?
- . . . What does the drinking behavior teach the children in your family?
- . . . What's your reaction to a family member or guest who doesn't drink?
- . . . How do your feelings about drinking - or abstaining - fit into the beliefs of your peer group, your church, or your community?
- . . . Is the use of alcohol considered a sin? A virtue? Or neither?

ALCOHOL -- UNDENIABLY A FAMILY AFFAIR!!

SCIENCE SAYS—YOU EAT LESS, IF YOU EAT SLOWLY—(particularly, if you come from a large family).

(The following segment is from an article written by James Taylor, entitled, "The Real Costs of Drinking, as it appeared in the April issue of the United Church Observer.)

AS imperceptibly as the first tentacles of fog, as sadistically as the slash of a whip, as inexorably as an avalanche in slow motion, we Canadians are selling ourselves into slavery to a colorless fluid called alcohol.

Our governments dip their hands in the profits from this trade in misery and suffering.

And while people in the booze business encourage us to drink more, and more often, hardly anyone talks about the social costs.

The clarion call of the alcohol pushers is “freedom of choice”. They call our present legislation and distribution of beer, wine, and distilled spirits “restrictive”. They would like you to have freedom to drink whenever and wherever you choose, at parks, theatres, sidewalk cafes, beer festivals, exhibitions, and beaches, at any age, at any time of the day or night. Their goal is a country where drinking is as “liberal” and “civilized” as in France.

We can't afford it—unless we're prepared to pay for roughly four times more alcoholics, traffic accidents, crimes, mental and physical illness, broken homes, welfare, medicare and insurance payments. Oh yes; and a shorter average life in which to pay for it all.

The point the alcohol pushers conveniently ignore is that *the social and moral costs of alcohol are most closely tied to average consumption, not to the number of alcoholics.*

Unplanned Middle-age Invites Alcoholism

The following article is reprinted with permission from *The Journal of Addiction Research Foundation of Ontario.*

A little work, a little play, and sex: For men and women in the aging years, that is probably the best formula for avoiding alcoholism, according to American psychiatrist, Dr. Leon Saltzman.

For those approaching retirement years, his message is: Plan ahead. “Retirement without adequate preparation for alternative activities may lead to boredom, loneliness, and feelings of worthlessness,” said Dr. Saltzman, deputy director, Bronx Psychiatric Center and clinical professor of psychiatry, Albert Einstein College of Medicine.

Such feelings, he said, may lead to depression which in turn, may lead to alcoholism.

The crisis years in the absence of responsible involvement in some activity, be it work or play, lend themselves to depression or its equivalent often ending up in excessive drinking to a point of alcoholism.”

The relevant issue in both sexes seems to “refer to the marked effects of the reduction or sudden termination of hitherto active functioning either in professional or domestic roles”, said Dr. Saltzman.

While the prescription for prevention of such difficulties is comparatively simple, he said, the program to carry it out is “enormously difficult” in a society “where only the young and the active are rewarded with both financial and social acceptance.”

There should be programs of community education, reforming and restructuring of social security laws, improved retirement programs by organizations, and altered attitudes towards the aging, particularly those in the years from 45 to 70,” he said.

These are the most productive years in the sense that the individual has now arrived at the height of his skills in his occupation or profession and can be a very effective participant in any program, even if he is not as capable as he was in the earlier years.

“In addition, misconceptions about sexual activities need to be clarified since the aging years are not associated with a loss of sexual interest but, in fact may be associated with an increased sexual interest even though there may be decreased frequency. There is surely the continued capacity for full and total sexual enjoyment.”

While this applies to both male and female, for the female “it may also be a period of greater sexual enjoyment since there is no longer any need to restrain or inhibit one's sexuality because of children and other social restraints.”

For both men and women, although often at different ages, there are many disruptive elements whether they are single, married, with or without families, said the psychiatrist.

-TEN COMMANDMENTS OF HUMAN RELATIONS-

(From a newsclipping submitted by an AHAP member in Illinois. Author of article is unknown.)

1. Speak to people. There is nothing as nice as a cheerful word of greeting.
2. Smile at people. It takes 72 muscles to frown, only 14 to smile.
3. Call people by name. The sweetest music to anyone's ears is the sound of his own name.
4. Be friendly and helpful. If you would have friends, be friendly.
5. Be cordial. Speak and act as if everything you do were a genuine pleasure.
6. Be genuinely interested in people. You can like everybody if you try.
7. Be generous with praise-cautious with criticism.
8. Be considerate with the feelings of others. It will be appreciated.
9. Be thoughtful of the opinions of others. There are three sides to a controversy-yours, the other fellow's and the right one.
10. Be alert to give service. What counts most in life is what we do for others.

DOCTOR URGES TREATMENT OF

ALCOHOLICS AS SUCH. . . .

Speaking at the annual meeting of the American Association for the Advancement of Science, the former chief medical examiner of New York, Dr. Milton Halpern, told the assemblage that next to heart disease and cancer, alcoholism represents our country's biggest health problem, yet it is our country's most neglected disease. Despite the fact that 40% of the patients in any hospital are alcoholics, they are there to be treated not for their primary illness but for associated complications, Dr. Halpern said. The stigma attached to the disease causes patients and doctors alike to ignore the real problem, and the patient is treated only for such complications wrought by the disease as: gout, irregular heartbeat, inflammation of the pancreas, irritated colon, bleeding ulcers, anemia, upset stomach, blood disorder, ad finitum. Dr. Halpern told the audience that until recently, Bellevue was the only New York Hospital to treat alcoholics for their disease without disguise, and that certifications of death from alcohol are disguised in about 80% of the cases.

Call an ambulance "for the drunk lying in the doorway," the doctor entreated. "He is as sick as the man having a heart attack!"

.....Hidden Brook CURRENT....

* * *

IN THE EARLY PROBLEM DRINKER
ASSESSMENT OF ANXIETIES MAY
HAVE A PREVENTIVE VALUE

Anxiety brought about by success may be a factor in alcoholism.

A study of Eskimo, Indian/Aleut and white alcoholics living in Alaska showed they have significantly higher levels of such anxiety, with little difference in mean scores among the different races or sexes.

"Conceivably, drinking allows the chronic alcoholic a means of reducing his own level of success (and chronic manifest) anxiety, to keep it within tolerable limits.

"Or, drinking may serve an avoidance function in preventing the alcoholic from becoming more successful -- in love, work, or life in general -- than he can bear." So says Dr. David Kirkpatrick, department of psychiatry at the University of British Columbia.

He suggested the relationship between alcoholism and success anxiety may not only be one of escape-avoidance mechanisms, but approach-avoidance.

"Excessive drinking may be one response of a person attracted to a job for its benefits, threatened by the associated responsibility, and unable or unwilling to deal with the attendant conflict and anxiety.

"Because there appear to be two distinct forms of anxiety in the alcoholic, assessment of them in the person with an early drinking problem may have real predictive value in determining when he may be expected to have further drinking problems, or to become alcoholic."

Dr. Kirkpatrick said the study gave "impressive support" for five hypotheses proposed at its start: Success anxiety exists, is distinguishable from chronic anxiety, and can be tested and reliably retested; native Alaskan alcoholics would test significantly higher for success anxiety than native Alaskans without drinking problems; there would be a similar difference between white alcoholics and non-alcoholics; all alcoholics would also test higher for chronic anxiety; and relationships between alcoholism and success anxiety and chronic manifest anxiety would transcend racial categories.

...THE JOURNAL...
Alcohol Addiction Research
Foundation

OUR FRIEND and colleague from the University of Buffalo, Father Barth, has a simple but creative slogan on his calling card, very descriptive of his "business." It reads: "Rev. Camillus Barth, C.P., Working to Beat Hell."

Creativity in Action

**Chemical Difference Discovered
In Alcoholics**

A major chemical difference between alcoholics and other people has been discovered that may explain how chronic drinking damages body organs and perhaps why some people become addicted to alcohol.

The discovery was made by a team of physicians at New York's Bronx Veterans Administration Hospital, working under the guidance of Dr. Charles Lieber, chief of the section on liver disease and nutrition.

They found that the powerful chemical, acetaldehyde, reaches higher levels in alcoholics than in other people even when both groups have the same blood alcohol level.

Acetaldehyde, a breakdown product of alcohol, is known to be toxic to heart muscle and liver cells. It has also been shown to interact with nervous system hormones to produce drugs called alkaloids which interfere with nerve functions.

Alcoholics often develop cirrhosis of the liver, diseases of the heart muscle, and brain damage.

Thus, the finding indicates alcohol itself may not be the culprit in alcoholism but rather that acetaldehyde may be responsible for alcohol's effects.

If further studies bear this out, they may lead to ways of preventing alcohol-induced damage and perhaps of identifying alcoholism-prone individuals and preventing the disease itself.

The results were published in the New England Journal of Medicine (Feb. 20).

The work is expected to stimulate considerable research. For instance, it is not yet known whether the higher levels of acetaldehyde in alcoholics precede the addiction or are a result of it.

In the Bronx studies, alcohol was given intravenously, allowing precise control over the amount of alcohol in the blood. Simultaneously, measurements were made of alcohol and acetaldehyde levels for eight to 10 hours thereafter.

They showed that the acetaldehyde levels in the blood of the alcoholics reached a plateau that was 62% higher than the plateau of the non-alcoholics.

Acetaldehyde is the substance responsible for the effectiveness of Antabuse in treating alcoholism.

Antabuse blocks the breakdown of acetaldehyde and, when a person taking the drug drinks alcohol, there is a sudden, dramatic increase in acetaldehyde in his blood, far beyond the normal plateau this chemical reaches.

This causes an extreme reaction including nausea, a drop in blood pressure, sweating, and flushing.

THE JOURNAL

COURAGE

Without courage
there cannot be truth;
and without truth
there can be no other virtue.

SIR WALTER SCOTT

Hope awakens courage.
He who can implant courage
in the human soul
is the best physician.

KARL VON KNEBEL



Utah Alcoholism Foundation

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NEWS LETTER

OCTOBER 1975

VOLUME 6, Number 8

Family Role In Recovery

Knowledge of the nature of alcoholism as an illness and the courage to live by this knowledge is essential if fear is not to replace love in marriage. Unfortunately, many families suffer repeatedly from drinking and its consequences, thinking that is required if they love the alcoholic. The tragic result is that alcoholism is thereby encouraged and fear and resentment take over human emotions. This is why family members, especially the next of kin, need help if the disease is to be arrested and recovery initiated.

There are wives who need alcoholic husbands or husbands who need alcoholic wives to gratify their own neurosis. This may be true of parents or brother and sister as well. The family must always take a close look to be certain this does not exist.

Masochism is the need to suffer in order to find sense of worth or value in life. It is all too often seen in wives and mothers of alcoholics who use an alcoholic in order to suffer. Some persons are sadistic and must have someone available to punish. An alcoholic serves this purpose well. Others like to dominate and control other persons.

Alcoholics provide a fit subject for exercising such control and dominance. If any of these three conditions exists, then the nonalcoholic may have a far more serious illness than alcoholism, and this must be treated and arrested before it is possible for this person to do other than contribute to the progress of alcoholism. A wife, husband or family member needs to take a good look at his own involvement with the alcoholic before any steps should be taken to aid in abstinence from alcohol.

from ALCOTHON

ALCOHOLIC PERSONALITY: REALITY OR FICTION?

Perhaps chronic alcoholics differ from the general population and constitute a distinct personality type. The sample group in this study consisted of 266 male alcoholics who voluntarily entered the 60-day alcoholic treatment program at the V.A. Hospital, Lexington, Ky. Personality variables were measured by the Sixteen Personality Factor Questionnaire (16 PF). The patient sample ranged in age from 26 to 58 years with a mean age of 42.5 years, had an average of 10.6 years of schooling, and had an average I.Q. of 101.7. Significant personality differences and significant differences on specific personality traits were found between alcoholics and the standardization groups scores. Alcoholics are somewhat more intelligent and imaginative and, to a greater extent, more submissive, outgoing, and undependable than the general population. The normal population is more emotionally stable, less shy, suspicious, apprehensive, and tense than the alcoholic population. This study indicates the need to determine personality traits of persons who later become alcoholics so early identification and treatment can be made. With a better understanding of the alcoholic personality, more effective therapeutic tools can be developed.

The Alcoholism Digest

"BORN STONE DRUNK"

An increasing number of babies are being born drunk because their mothers are chronic alcoholics. Alcohol consumed by a pregnant woman easily passes into the bloodstream of a fetus, said Dr. David W. Smith of the University of Washington School of Medicine, and it is not uncommon for an infant to come into the world with the smell of alcohol on its breath.

One newborn tested for blood alcohol levels had 150 milligrams of alcohol for each 100 millimeter of blood. The baby was born stone drunk he said. A blood alcohol level in the average adult of 100 milligrams constitutes drunkenness.

Other research shows that women become more intoxicated than men on the same amount of alcohol especially if they are in the premenstrual phase of the monthly cycle. Those tested during the premenstrual phase reached significantly higher peak alcohol levels and demonstrated significantly faster absorption rates than did those tested at other phases of the menstrual cycle.

NEARLY HERE.

AMID FLURRIES OF EXCITEMENT, ACTIVITY,
PLANNING AND DEVELOPMENT, THE LONG-HELD
DREAM OF A NEW FACILITY FOR THE CENTRAL
UTAH AREA IS NOW BECOMING REALITY.

THE GRAND OPENING FESTIVITIES ARE NOW
BEING PLANNED AND ARE SCHEDULED FOR
NOVEMBER 15.

MORE SPECIFICS IN OUR NOVEMBER NEWSLETTER.

Eve Has A Problem, Too

From brazen Eve to today's rebellious feminist, a woman has always been viewed as something of an underperson. Alternately elevated and denigrated conveniently at the whim of man, she has been throughout history regarded as bad, good or a worthless nonentity. She was endured the ravages of a double standard in almost every aspect of life—including the abuse of alcohol.

Many women historically have probably imbibed more hard liquor—and incurred the concomitant health complications—than the "stronger sex" would like to give them credit for. After all, drinking to get drunk has always been regarded as a man's game in which women who played were apt to be branded dolts, slatterns, or even worse, by their male playmates—and their sisters. Thus, it is not surprising to learn today that as the female problem drinking population nears 2 million, there have been few comprehensive studies on their abuse of alcohol. Men—probably either fearful of what they may have uncovered, unmindful of the problem's importance, or just plain unable to cope with this type of female behavior in a double standard society—neglected or were unwilling to pursue the subject adequately.

To be sure, there has been some copy turned out in the name of the female alcoholic, and as women have increasingly become breadwinners as lawyers, doctors, scientists—and authors, literature on the problem has expanded accordingly, from poor to insufficient. Many studies expound the reasons why and in what environments certain women drink. There is the middle-class housewife, decimated by abysmal ennui and depression, who secretly sips the afternoon hours away; or the independent career woman who by day battles sex discrimination and by night drinks to numb confusion over her sex role; or the disaffiliated, excruciatingly lonely skid row woman—a middle-class white whose homelife turned sour, or a poor black brutalized by poverty—who finds solace in a squalid cranny and anesthetic bottle of booze.

Studies such as these are beneficial in that they delineate the problems of the female alcohol abuser and clear the way for a plan of treatment; and it is effective treatment and the establishment of treatment facilities for women that need emphasizing. With the exception of Alcoholics Anonymous, which has rehabilitated thousands of women, and a smattering of community centers and women treatment programs, such as the one run by the Women's Rehabilitation Association of San Mateo County in California, adequate treatment for the female alcoholic is sorely lacking. For example, in the District of Columbia there are more than 700 beds available to male derelicts or alcoholics in religious missions and District-supported treatment programs, but fewer than 100 beds exist for women. The double standard encompasses other treatment facilities, too, from church group programs to halfway houses and detoxification units.

Women alcoholics will go without their fair share of treatment until women as a whole are recognized as first rate citizens and given first rate jobs that affect the way institutions of society are run. The doors are opening, but too slowly to help many problem-plagued women, alcoholic or otherwise.

"FOREWORD" Alcoholism Digest

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 the other. 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 National Institute on Alcohol Abuse and Alcoholism says, "If you need a 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

AS THE TWIG IS BENT . . .

It is commonly accepted that some are inherently more susceptible to cancer or to heart attack because it "runs in the family." Could this phenomenon hold true in the case of alcoholism? "Yes," says Dr. Donald Goodwin of Washington University in St. Louis. Following extensive research, "There is sufficient reason now to believe that in very severe alcoholics there is a predisposition which is biological and inherited." Although the inherited factor that could be the cause has not been determined, Doctor Goodwin's opinions must carry weight. He is the Director of the Washington University Addiction Research Center and a professor of psychiatry at the University's medical school. Doctor Goodwin was also a recipient of the 1974 E.M. Jellinek Memorial Award for his studies of alcoholism.

Dr. Chafetz Resigns from NIAAA

Dr. Morris E. Chafetz has announced his resignation as Director of the National Institute on Alcohol Abuse and Alcoholism, effective September 1, 1975. Dr. Chafetz has been director of NIAAA since its inception in 1971. September represents the completion of five years of public service for Mr. Chafetz who said when accepting the position that he intended to serve no longer than that.

Before coming to Washington, Chafetz spent 18 years in an academic setting dealing with the problems of alcoholism; thus he has contributed 23 years of service to the field. After leaving NIAAA Chafetz will remain in the Washington area, but will not confine himself exclusively to alcoholism.

* * *

A FIFTH OF SUBSTANCE?

There's a not-so-funny gag making the rounds about the tippler who requested the guy making the run to the liquor store to bring him back a fifth of substance.

Humorously absurd as it is, the joke is no laughing matter. To those dedicated workers in the alcoholism vineyards, it represents another effort to drown alcoholism once more in the vast sea of substances which include all other drugs.

The semantical application of "substance abuse" to programs primarily concerned with alcoholism in government, industry, health agencies and other branches of the alcoholism field, has already blown up an ill wind which threatens to destroy some hardearned advantages.

For years, as pioneers in the field sought to launch alcoholism prevention and control programs, they had to look under Mental Health. Somewhat later, America's No. 1 drug problem was lumped in with an infinitude of chemicals under the heading of Drug Abuse. Ultimately, and only recently, alcoholism achieved the status of a separate and distinct entity under ADAMHA along with Mental Health and Drugs.

Well, again we come full circle when alcoholism either again becomes, or still is, a dirty word. Some people still keep trying to kick it under the rug.

Tragically, the "substance abuse" tag, serving as an umbrella for all drugs, including alcoholism, actually can dilute legislation and funding originally earmarked for alcoholism programs. In some cases it may derail alcoholism funding entirely as the original programs become lost in the maze of bureaucratic processing. There is no surplus of alcoholism funding that would tolerate the diverting of one penny to other causes.

According to current estimates, nearly 10,000,000 persons in the United States suffer from alcoholism, not "substancism." Let's call alcoholism . . . Alcoholism.

*Thanks to News & Views
from the Alcoholism Council
of Greater L.A.*

SOLUTION THROUGH PEOPLE...NOT DRUGS

Drug abuse programs should focus on people's needs, not on the substance being abused, according to Dr. Robert L. DuPont, director of the new National Institute of Drug Abuse.

"Federal Government should talk less about drugs and more about positive human relationships," and he listed some of the steps that must be taken if programs are to show that it is "possible to work out problems with people, not with drugs."

Third-party payments will be important, he predicted, because they will make programs responsible to the needs of the individual.

Too often a person trying to enroll in a heroin program is turned away because he also uses alcohol. Making funds available to individuals will eliminate this and allow them to help work out their own treatment programs.

It is essential to make programs more responsive, effective, and useful, as, in most areas, treatment capabilities now exceed need, he said. And he emphasized that vocational rehabilitation needs to be built into treatment programs.

"Individuals in programs need access to 'meaningful work' and monitoring systems should be established to see that clients are assimilated," he continued.

Ex-addicts also need counseling with a full range of vocational options, as well as help in finding alternatives to street life. Some need schooling and training before they are ready for a job.

Dr. DuPont suggested that "OUTREACH" is needed to bring addicts into treatment programs and that counseling and education are needed in school, particularly among high risk students.

The balance of law and treatment is now both national and local, with the "addict" seen as the responsibility of treatment, and the source, the target for law enforcement.

. . . *The JOURNAL* . . .

* * *

?DRIVE BETTER AFTER A FEW DRINKS?

In most states, the legal definition of "driving while under the influence" is a blood alcohol level of 0.10%. But scientific tests have proved that even professional drivers' abilities diminish sharply at levels as low as 0.03% to 0.05% . . . just a few drinks. Not only that, but judgment is affected, too. So people think they're driving better than ever while they're really driving worse!!

HERE AND NOW

By Storm Jameson

I believe that only one person in a thousand knows the trick of really living in the present. Most of us spend fifty-nine minutes an hour living in the past, with regret for lost joys, or shame for things badly done (both utterly useless and weakening)—or in a future which we either long for or dread. Yet the past is gone beyond prayer, and every minute you spend in the vain effort to anticipate the future is a moment lost. There is only one world, the world pressing against you at this minute. There is only one minute in which you are alive, *this minute*—here and now. The only way to live is by accepting each minute as an unrepeatable miracle. Which is exactly what it is—a miracle and unrepeatable.

THE MOST APPROPRIATE DIRECTION MUST BE CHOSEN IN ACCORDANCE WITH THE MOST BASIC DECISION -- WHETHER I CHOOSE TO LIVE FULLY OR DIE SLOWLY. THE MOST BASIC DECISIONS ARE NEVER WHETHER A PERSON IS LEAVING OR GOING INTO MARRIAGE, SCHOOL OR VOCATION -- THE MOST BASIC DECISION IS NOT WHETHER TO STAY OR GO BUT WHETHER OR NOT TO GROW. THE STAY OR GO DECISIONS USUALLY FLOW FROM THE GROWTH DECISIONS. THE OTHER PARTIES WILL EITHER CHOOSE TO DO LIKEWISE OR BE LEFT BEHIND.

ALCOHOL IGNITES.

Many Americans are "burn-prone" and more than likely they are women alcoholics whose clothing or hair catches on fire while they smoke and sit in an overstuffed chair or rest in bed, according to two Boston surgeons in a recent study.

Alcoholism was the most prominent predisposing factor identified among burn-prone individuals in the study of 155 adults treated for burns at the Peter Bent Brigham Hospital in Boston.

Senility, psychiatric disorders and diseases of the nervous system followed alcoholism as the most common pre-disposing factors among burn-prone patients, the surgeons, Drs. John D. MacAruthur and Francis D. Moore, said in a recent issue of the Journal of the American Medical Association.

The burn-prone patient "is somewhat more likely to be a woman, with alcoholism or drug use in the background, and ignition occurring initially in the patient's own clothing or hair," the doctors reported.

Moore said in a telephone interview, there are plenty of burn-prone men but the older middle-aged woman who gets burned after drinking and smoking represents a recurrent theme.

"Alcohol is a terrible hazard," Moore observed, adding that burns are just another way, in addition to toxic liver damage, that "alcohol takes its toll."

Moore and MacAruthur found in their study that "the hospital or nursing home is second only to the patient's own home as the characteristic setting" of a burn injury.

* * *

COMMUNICATION.

Communication is a two-way vehicle which calls for articulation and listening on both sides.

Decisive responses must be communicated to all interested and involved parties in the alcoholism field by a process of decision-making -- known best by most as "group consensus".

We must communicate to others our commitments, practiced concepts, and continued dedication to those still suffering from alcoholism and other addictive disorders -- as demonstrated through our consensus actions and plans for the future. And, in this process, we will continue to demonstrate our UNITY and ABILITY to deliver QUALITY SERVICES within our field. In other words, our joint communication to others is enhanced when we demonstrate the consistency of our words with our actions.



Utah Alcoholism Foundation

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NEWS LETTER

NOVEMBER 1975

VOLUME 6, Number 9

ANNOUNCING IT'S HERE

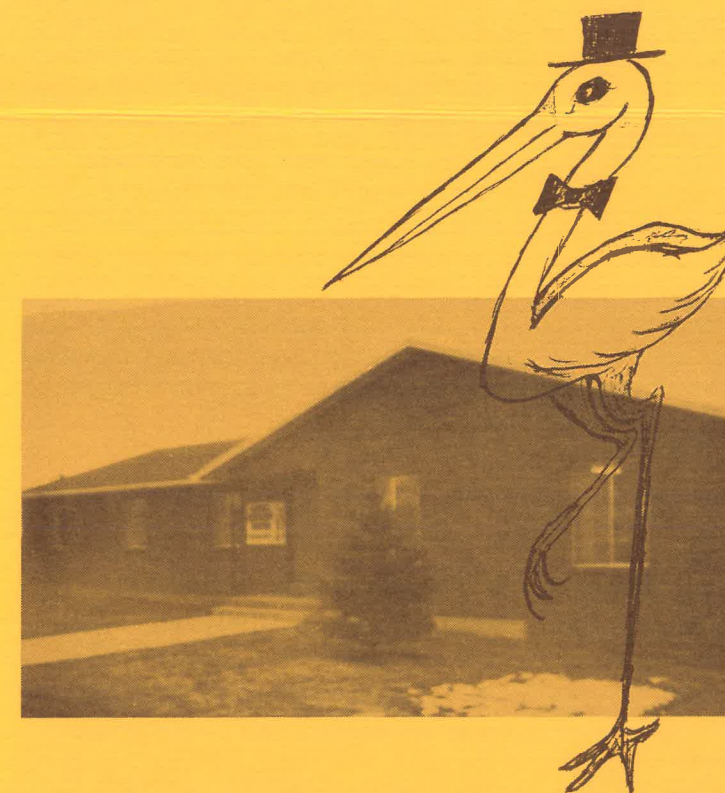
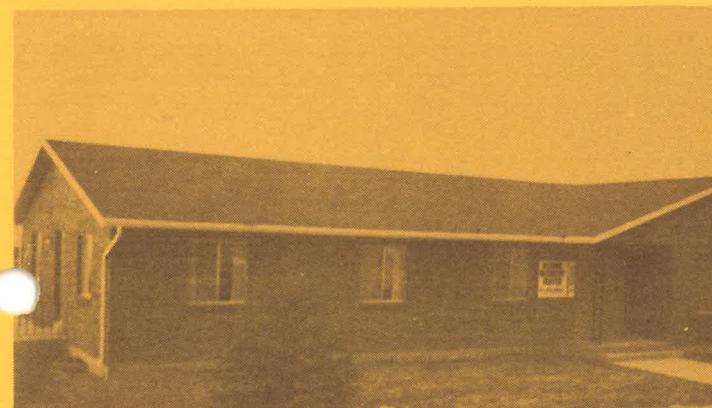
Following nearly three years of planning, fund-raising, construction, a myriad of trials, tribulations and frustrations, the Central Utah Alcoholic Treatment Complex was opened November 15th.

This newest facility of the Utah Alcoholism Foundation is designated to serve the six counties comprising the Central Utah Alcoholism Council.

The Complex, situated at 1726 Dakota Lane in Provo, Utah, is on land provided the Foundation through a long-term lease by the Utah County Commission.

Services will be provided in four buildings of brick construction. The main building will have administrative, medical, dietary, recreational and library facilities, together with counseling and psychotherapy rooms. The other three buildings will provide therapeutic living facilities. Each of these buildings consist of two units with each unit containing three bedrooms with bath and toilet. A total of 48 beds are available.

The utilization of the client capacity will be flexible -- caring for both sexes on an ascending progress and motivation concept.



The Grand Opening Ceremony of the Central Utah Alcoholic Treatment Complex was held November 15th with even the weather exemplifying the fine spirit of cooperation that has enhanced the entire project.

Present to personally and officially acknowledge the new facility were many city, county and state officials. Especially gratifying to the Foundation and its personnel was the attendance of Governor Calvin L. Rampton and U.S. Senator Frank E. Moss. Both of these gentlemen have long demonstrated a profound interest in the alcoholism cause.

Present also, and conveying best wishes, both personal and from their organizations, were Robert L. Christiansen, Director, Utah State Division on Alcoholism and Drugs, and, Harvey C. Hirschi, Administrator, Division of Rehabilitation Services.

Alcoholism Prevention

There are probably a 100.....interpretations of what prevention is, could be, or should be.

A definitive declaration of exactly what alcoholism prevention is doesn't exist at this point in time. Education efforts in the schools (and other settings) certainly have the capability of reaching and perhaps molding important life-views about alcohol use and non-use and abuse. Public information efforts have had a profound effect in some places in making the populous aware of alcohol problems and solutions. A number of prevention efforts that might be termed "early intervention" have proven successful in a number of settings.

A noted alcoholism writer once said that "almost anything done to aid the alcoholic, his family, his employer and his friends can be considered a contribution toward prevention of alcoholism." Helping a sick alcoholic find treatment and providing his family with the appropriate resources for their end of the alcohol problem may well prevent the children or wife from following in their alcoholic loved one's footsteps.

* * *

HAPPINESS IS A DIRECTION...NOT A PLACE.

Women Alcoholics on the Increase

Unlike their grandmothers who left the room when men drank port, women today are indulging in a nip themselves more openly and more frequently, an Alcoholics Anonymous survey shows.

The report recently released to the North American Congress on Alcohol and Drug Problems also disclosed that the percentage of women members of Alcoholics Anonymous has increased steadily over the past few years.

The report said women accounted for 31 percent of the organization's new members in the past three years. It said they make up 28 percent of the group's membership, compared with 26 percent in 1971.

Walter Murphy, a spokesman for the conference, said changing social customs have contributed to the increased number of women alcoholics.

"Always there were housewives who stayed home and no one knew they were alcoholics," he said. "Now since they are going into professional and executive positions, the woman is no longer the hidden alcoholic."

The survey is taken every three years among Alcoholics Anonymous groups in the United States and Canada. A total of 11,355 of the organization's estimated 585,000 members were polled.

In the latest survey, 38 percent of the respondents identified themselves as being in the executive-professional-technical category. Another 32 percent were identified as clerical or blue collar workers, and 11 percent as housewives.

Thanks to Perspective.

UNDERSTANDING COMMUNICATION IS KEY TASK

Flexibility of approach, clearly-defined goals and searching evaluation are the keys to successful alcohol and drug education programs, says an official for the Addiction Research Foundation of Ontario.

Henry J. Schankula told the 9th annual conference of the Canadian Foundation on Alcoholism, that in the case of his own agency, approaches must be made to about 60 different "publics." An individualized effort must be designed for each.

"One of the key tasks before planning an educational program is the attainment of understanding in the basic principles of communication."

Mr. Schankula commented that effective communication is much more than the simple provision of information. It must be provided in a form which has meaning to the recipient, it must involve the listener, meet expectations, and be usefully perceived.

Clearly, no one particular strategy will work for all identified target groups. There is a definite need to develop and use several strategies, each dependent on the target groups one wishes to influence, and the objective of any given thrust, at a specific time and place." Concentrate upon measures intended to curtail "the alcoholization of society".

"Our task becomes one of making various 'publics' fully aware of the consequences of increasing alcohol consumption, so that legislative action will not only be understood, but may be supported.

Needed: a commitment to increase public awareness about the dangers of heavy alcohol consumption, both to individuals and to society, and conversely, it supports efforts to indicate public and individual benefits from "healthy" drinking styles.

The speaker said it is encouraging to note there is a current trend to carefully evaluate the worth of drug education programs through pre- and post-testing procedures.

"It is absolutely essential that we know exactly what we are doing, why we are doing it, what results we expect and what results we actually get."

....The JOURNAL.....

Walter Nagel

* * *

SOME OF US SEEM TO BE MORE COMFORTABLE WITH OLD PROBLEMS THAN WITH NEW SOLUTIONS.

FROM THE

EXECUTIVE DIRECTOR

Psychologists tell us that it is the rewards of an effort that sustain us in our work. Those of us who have spent any time in the alcoholism field, working so often with intangibles, perhaps appreciate and savor these rewards more than those individuals involved in a less abstract arena.

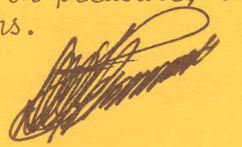
The completion of the Central Utah Alcoholism Complex supplied an unusually rewarding experience for all of us who have been involved in the project during the past three years. Perhaps the single most gratifying element is the fact that this is the first facility in the State of Utah to be planned and constructed specifically and exclusively for the treatment of alcoholism. This is a particularly encouraging sign for those of us who administer and work in programs that traditionally have had to "make do" with whatever facilities that are available. It is an indication that our cause is being accepted, that perhaps the days of loneliness and isolation are abating.

In any project to which so many contribute it is always hazardous to make specific mention of a few, however, conversely, I believe it is just to omit acknowledgement to those individuals or groups who extended an obvious special effort. It may be presumed that in some situations this effort was part of the job, but such is not the case, as no position requires that tremendous extra effort, that almost blind devotion to an objective, such as was demonstrated by some people.

Not in any specific order, but acknowledgement should be made to the Board of Trustees of the Utah Alcoholism Foundation and to its officers and Executive Committee: Dr. John O. Grimmett, A.D. Byerline and Ronald K. Ames. Also, to Mr. Douglas W. Love, Chairman of the Finance Committee of Utah Alcoholism Foundation and also is Chairman of the State Division on Alcoholism and Drugs. A very special credit must be given to the Board of Directors of the Central Utah Alcoholism Council and to those members of that Board of whose personal contributions I am aware: Ed B. Shriver, Board Chairman, Mrs. Jessie Hawk and Mrs. Bessie Meiling, Council Representatives to the Utah Alcoholism Board of Trustees. To Dr. Tom Purvance, Fund Drive Chairman, and Paul Webb who was the initial Building Committee Chairman.

It would truly be the exception in situations such as this, if one individual did not stand out. In this instance, that

person is James Hale, Director of the Central Utah Alcoholism Council. Without demeaning to superfluous and redundant platitudes, it can simply be stated that without Jim and his unique abilities, it is doubtful if I would have had the need, or pleasure, to write these few paragraphs.



The successful culmination of the dream for a new treatment facility in Central Utah is due to the contribution of time and money by many groups, businesses, and individuals. The fund drive conducted by the Central Utah Alcoholism Council has raised \$75,000 to date toward the \$400,000 cost of the complex.

The Board of Commissioners, led by Utah County of the six-county area, provided considerable assistance. Many city commissions in the area have given valuable assistance.

Very meaningful financial and moral help was provided by the Utah State Division of Rehabilitation Services and the Division on Alcoholism and Drugs.

The reality of the project could never have been achieved without the combined efforts of all the interested entities.

* * *



Utah Alcoholism Foundation

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

Gifts You Can Give All Year Long

DECEMBER 1975 VOLUME 6, Number 10

UNFORGETTABLE SCENES

For the police reporter, there are many scenes on Christmas Eve—or any other night between Christmas Eve and New Year's Day.

And many actors—too, too many actors.

There's the scene at the wreck: Sirens, bright lights, people stumbling around or sitting in dazed silence or moaning. Sometimes broken bodies and sometimes broken bottles—or just the smell of alcohol in the air. Traffic thins to a single line and white, frightened faces peer out as the cars roll past the scene. They will drive slowly and with exaggerated care for a long time. It still isn't too late for any of them—but it's getting later than some of them think. . .

The ambulance comes and goes, followed by the wrecker. Slowly the traffic picks up and soon it is rolling steadily over the broken glass and pools of blood—all that remains to mark the scene of the accident. . .

There's the scene at the emergency room at the hospital: Stretchers are lined up against the wall; the worst go into surgery first. The walking wounded sit or stand around, some weeping, some blank-faced. A middle-aged man sits on a bench, his head in his hands, mumbling over and over again: "Never again! I swear, never again. . ."

A patient is wheeled out of the operating area. The sheet is pulled all the way up. The man leaps to his feet, freezes. "Oh my God," he whispers hoarsely, "Is she . . . is she?" The attendant nods grimly, keeps wheeling. The man slumps back to the bench. "Oh my God," he says. "What'll I do? What'll I do?"

No one answers. There's nothing he can do. . .

There's the scene at the police station: It's bare, functional, efficient. The small Christmas tree seems out of place. The desk sergeant is neither kind nor unkind. He books the man, asks him to take the test for intoxication. The man mumbles, "It's no use . . . it's no use," but stumbles off behind the officer who gives the test. They all know the percentage of alcohol in his blood will be above the legal limit to operate a vehicle. . .

When he comes out, the sergeant tells him, gently this time, that one of his boys also has died back at the hospital. His groan has an animal sound and he sags to the floor. Two officers pick him up and almost carry him out, past the twinkling lights of the little Christmas tree. . .

And in most homes all over town there are other scenes: Families sitting happily around the Christmas tree, engaged in the annual argument as to whether to open the presents tonight or wait until morning. . .

So the choice of the scene is yours this Christmas season.

"Merry
Christmas...
Peace on
Earth"

UTAH ALCOHOLISM FOUNDATION
BOARD OF TRUSTEES
AND STAFF

The GIFT of PRAISE

Appropriate mention....
right in front of the other
fellow....of superior
qualities or of job or
deeds well done.

The GIFT of YOUR PRESENCE

In sickness,
in trouble or in
a day of great joy,
there is nothing
quite equal to your
personal expression
of sympathy or
congratulation

The GIFT of ATTENTION

When the other fellow
speaks, listen attentively.
If his words are directed
to you personally, meet
his eye
squarely

The GIFT of CONSIDERATION

Being careful of
the other person's
feelings. This in-
cludes seeing his
viewpoint and having
the humility to say,
"You're right
and I am
wrong."

The GIFT of INSPIRATION

Plant seeds
of courage and
action in the
other person's heart
Help him to strive
for greater
accomplishment
and lasting
satisfaction

THESE
ARE GIFTS THAT ALL CAN
BESTOW.....THROUGHOUT THE
YEAR.....AND BE RICHER
FOR THE GIVING.

FOUNDATION DIRECTOR
ELECTED TO CHAIRMAN
W. A. A. E. T. P.

DOUGLAS M. DINSMORE, executive director of the Utah Alcoholism Foundation has been elected chairman of the Western Area Alcohol Education and Training Program.

WAAETP, headquartered in Reno, allocates National Institute on Alcohol Abuse and Alcoholism funds for education and training in 14 Western States.

Mr. Dinsmore also serves on the executive committee of the Salt Lake County Alcoholism Coordinating Services Council and on the faculty of the University of Utah's School on Alcoholism and Other Drug Dependencies.

* * *

..Nobody ever got hurt on the corner of a square deal.

EDITORIAL by Fred Greer . . .

"The cocktail party may rank as the commonest form of organized drug-taking in the western world."

This statement was made by Ben Morgan Jones and Oscar A. Parsons in the January issue of Psychology Today. If this is true, it would seem a good thing if no one gave or attended cocktail parties. However, since many people are going to give cocktail parties and even more are going to attend alcohol affairs, I would like to offer a few suggestions that might reduce some of the problems caused by these affairs. Let's start with some sensible plans for a party:

1. When you plan for your drinks, arrange to have some attractive non-spiked drinks, like egg nog or punch.

2. Plan to have drinks with a low alcohol content. Champagne punch, for example, can be low in alcohol and still taste like a strong drink.

3. Instruct your bartender to set up your cocktails with one jigger a glass.

Since the cost of cocktail parties is often based on the number of bottles sold, many bartenders tend to serve drinks that contain two, three, or even more jiggers.

Now, what precautions should you take before you go to a cocktail party? The best rule is to arrive late and leave early. Spend most of your time talking instead of drinking. Nurse your drink. Remember most cocktail parties are primarily social affairs; very few are designed to encourage excessive drinking.

Reflections from the Brook

Alcoholism
is
the
most
untreated
treatable
disease.

Dr. Morris E. Chafetz

SIMPLICITY

We hear often that alcoholism is the most complex of all diseases. No one knows much about it, so the research goes on in all the many appropriate directions and at, perhaps, endless levels. But, this is not unusual. All around us — and within us — are vast, unknown complexities. Every day one must say what do I do now. I am here now and to act is necessary. Even doing nothing is part of the total action. So we believe some things and assume some things, and act accordingly. Somehow, simplicity and certainty in some context is a required reference point. We must "unboggle" in some areas to survive.

Are there some simplicities that are pragmatically usable for the alcoholic? Can we cut through the overwhelming blanket of complexities and find some practical, workable reference points? We at Hidden Brook think so and try to make them available and usable because simply to look at the morning paper is to know that human intelligence is characterized by imperfection and lack of knowledge. Certainly nobody has yet demonstrated that they have all — or any where near — all of the answers.

We think, too, that one simplicity is that alcohol is a drug — a sedative, depressant, anesthetic, one which acts destructively on human central nervous systems, diminishing, insulting, and eventually mutilating our ability to function as reasoning beings. Remove it and people get better — continue it and people get worse. Total abstinence seems simple!

Mysteriously, alcoholics seem unable to be totally abstinent on their own. Put them under the right circumstances in a sharing environment and hundreds of thousands sustain total abstinence. Complex? Vastly so. No one knows very much about either. Does it, then, seem simple to use Alcoholics Anonymous in the light of pragmatic observation? Again, we think so.

Some seem threatened by simplicity. To be effective the answer must be sophisticated or involve complicated techniques. We see simplicity as no threat but rather a tremendous value and resource that can release alcoholic people from a deadly addiction. Afterward, if they are so inclined, to dwell functionally and happily amidst this fascinating complexity known as living, experiencing life with interest, enthusiasm, even excitement — rather than dread.

THE HIDDEN BROOK CURRENT JFQ

IT IS EASIER TO STAY SOBER
THAN IT IS TO GET SOBER.

THE COMMUNITY MODEL

RIGHTS AND DUTIES OF ALCOHOLICS:

The alcoholic has a right to all health and welfare services available to the general community without being discriminated against. The alcoholic has the right not to be treated as a social leper, impaired or dependent person. They have the right to be seen as a member of a community suffering from alcoholism. Alcoholics should not be denied the normal experience of suffering the consequences of their own actions.

RIGHTS AND DUTIES OF FAMILIES:

Families have the right to be seen as a community suffering from alcoholism. Families have the responsibility to involve themselves in programs of recovery, and to refuse to reinforce the dysfunction of the abuser.

RIGHTS AND DUTIES OF SOCIETY:

Society has the right to be spared the dangerous consequences of alcohol use. Society has the responsibility to recognize its participation in alcoholism. Society has the responsibility to support effective programs to overcome alcoholism.

HISTORY OF THE MODEL:

As a composite, this model is new. However, elements of the model are drawn from other models and therapies which have been known for lengths of time varying from three to forty years. Other models and therapies contributing to this model are: A.A.; Al-Anon; Family Interaction Model; Systems Theory; NCA prevention programs; Transactional Analysis; Social Model (2); Medical Model; Reality Therapy et al.

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(Credit and our thanks to MARTIN DODD for calling The Community Model to our attention. Mr. Dodd is Director of the Sun Street Center in Salinas, California.

MUSHROOM CURE Researchers in Sweden have developed a new aversion therapy for alcoholism based on the edible shaggy-mane mushroom.

After eating the mushroom, the man who takes a drink will become so acutely sick that he will give up one or the other.

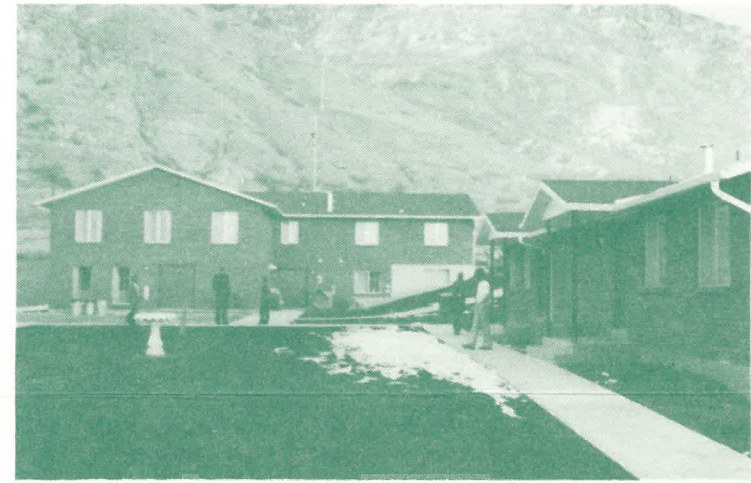
What the researchers have done is to isolate from the mushroom a substance called "coprin," which is the nausea ingredient.



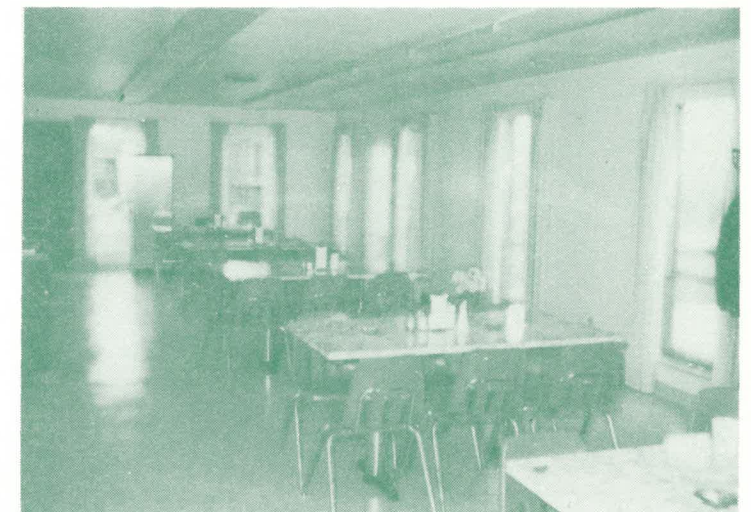
MORE ABOUT OUR NEW PROVO FACILITY

The Administration Building is of two-level design, with offices, reception area and game room located on the first level and the kitchen, dining, laundry, and vocation training shop located in the lower level.

The complex is located near the foothills in the Southeastern part of Provo overlooking the beautiful Utah valley. The Administration building completes the courtyard separating the three cottages.



The reception area is large, cheery, and well equipped for study, TV viewing, or just visiting with other residents or guests. Adjoining game room, with table tennis and pool table, designed to be enjoyed by all.



The dining area is spacious, well-designed, and adjacent to the kitchen. A delightful place for coffee break or dining.

"COPING is the act of accepting reality...
...and accepting people as they are....."