

Good Diet Won't Keep Heavy Drinkers Healthy

Make sure you eat well if you're a heavy drinker, and your liver won't come to any harm. Right?

WRONG! That statement, which everyone has heard at some time or other, is a myth.

"Heavy drinkers should not think that a good, nutritious diet will prevent liver damage," Dr. Charles S. Lieber, of the Veterans Administration Hospital, Bronx, N.Y., reports.

"It has always been believed that liver disorders were caused solely by the lack of nutrition that goes along with alcoholism. But recent studies show that alcohol itself causes liver disease.

"So, no matter what kind of diet a heavy drinker takes, he is not going to be healthy.

"The only remedy is to cut down the drinking."

Alcoholism does cause malnutrition, said Dr. Lieber.

First, it cuts down the appetite, and alcohol itself does not have enough nutrients. Twenty ounces of 86-proof liquor is equal to 1,500 calories, or half to two-thirds of the normal daily requirement.

But these are known as "empty" calories, because alcohol does not contain significant amounts of proteins, vitamins and minerals.

Alcohol also has an injurious effect on the gut, he said.

"adequate nutrition is essential for everyone, and a key factor in treating alcoholics is to give them a proper level of protein, vitamins, and minerals.

"But even where there is no deficiency in diet, it has been shown now that steady drinking causes severe liver damage.

"The heavy drinker has to control his drinking."

* * *

MOST OF WHAT IS REALLY WORTHWHILE IN LIFE COMES TO US AS COMPENSATION FOR WORKING TO ATTAIN IT -- AS WE DO FOR HAPPINESS IN REAL SATISFACTION. WHEN WE ARE UNHAPPY, WE MUST FIND OUT WHY AND WORK TO OVERCOME THE UNHAPPY STATE THAT CAUSES THIS LOSS OF HAPPINESS. WHEN WE FULLY UNDERSTAND, THAT IT IS A LIFETIME TASK, WE WILL CONTINUE TO WORK TOWARD THIS AND OUR COMPENSATION WILL BE ASSURED.

(Editor's Note: The following is a condensation of a speech made by Ben F. McDonald, Jr. to the Rotary Club of San Antonio in January).

Today the United States of America is the oldest living republic with a written constitution. Twenty-five other republics have gone down the drain of history, gone down to dictatorships, down to anarchies.

Yes, the *cynics* say expediency has replaced statesmanship in high places; pandering has replaced patriotism; riots and demonstrations have replaced stability; spending has replaced stewardship; inflation has replaced responsibility; disrespect has taken the place of law and order; welfarism has replaced private enterprise.

In these days of an affluent society, too many Americans have come to regard our whole system of democracy as a spectator sport where they sit in life's grandstands. They boo or cheer—if they have that much interest.

Democracy was never devised as a *spectator* sport. It is based on the rule that each citizen should form his own opinions and express them in the court of public opinion where Americans make their decisions.

This year and next year we are celebrating the American Bicentennial. Two hundred years ago in and around Philadelphia, there were no spectators. The British were coming after those patriots and the British had guns.

If someone is coming after you with a gun, that is a poor time to be a spectator.

Thus, our great nation was born out of *action* and man's *yearning* for liberty and for freedom—not because George Washington and Thomas Jefferson wanted *security*. They *had* security.

They could have stayed on their plantations and been spectators the rest of their lives, but they chose to get *involved* in life.

But what happens today? In most city elections, our municipal officials are elected by 20 to 25% of the electorate—the rest of us are spectators. Even in state elections, it is a big turnout if 40% of the registered voters go to the polls.

Let us remember what Daniel Webster said: "God grants liberty only to those who love it and are always ready to guard and defend it."

Nothing will *ruin* this nation if the people themselves will undertake its safety. Yet nothing can *save* it if they leave their safety to any hands but their own.

If we do not back our beliefs, historians may write that the United States was the only nation in all history that passed from *infancy* to *senility* without ever having enjoyed *maturity*.

I think it is time to erase that blot by descending in mass from the grandstand and getting into the arena of action.

B. McDonald, Jr.



Utah Alcoholism Foundation

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NEWS LETTER

JANUARY

VOLUME 7, Number 1

New Year resolutions

"The best laid plans of mice and men so often go awry". And so it is for all of us! It's a new year and a new opportunity to make some plans we can really keep.

1. Strive for the excellence required in our treatment facilities to warrant accreditation by the Joint Commission on Accreditation of Hospitals and Alcoholism Treatment Centers.
2. Assurance for those persons needing our assistance that our facilities, our programming and outreach counseling is the best available.
3. Action to assure that all treatment centers treat the families of alcohol abusers and follow up on them in the community.
4. Increase the public awareness and knowledge of the problem of alcoholism and substance abuse.

We at the Utah Alcoholism Foundation hope those plans include a continuation or commencement of a commitment to our state-wide citizens movement on alcoholism and other drug abuse. We depend on your devotion and, yes, your membership dollars to extend our efforts on your behalf.

If you think that alcoholism and other drug abuse is something worth doing something about; if you think legislation efforts and public information efforts are as important as treatment services, then you should be a member of the Utah Alcoholism Foundation.

FOR YOU A CONTENTED LIFE

Johann Wolfgang von Goethe

Health enough to make work a pleasure.
Wealth enough to support your needs.
Strength to battle with difficulties and overcome them.
Grace enough to confess your sins and forsake them.
Patience enough to toil until some good is accomplished.
Charity enough to see some good in your neighbor.
Love enough to move you to be useful and helpful to others.
Faith enough to make real the things of God.
Hope enough to remove all anxious fears concerning the future.

If you are now receiving a complimentary copy of our newsletter, won't you return the compliment and submit to us your pledge for the coming year?

We thank you and wish you a happy New Year!!

FOR OUR COMMUNITY, STATE & NATION

Freedom and our American way of life is accepted today as something we've always had. But it wasn't always so! Consider the words of one of our greatest founding fathers -- John Adams, our second President. He wrote a homesick letter to his wife Abigail from Philadelphia in April, 1777, while serving in the Congress; and the last words of that letter seemed to be addressed, not to Abigail, but to all of us today:

"Posterity! You will never know how much it cost the present generation to preserve your Freedom! I hope you make good use of it. If you do not, I shall repent in Heaven that ever I took half the pains to preserve it."

ALCOHOLICS FAIL to CONTROL DRINKING!

Dr. John A. Ewing, Director of the Center for Alcohol Studies, University of North Carolina, has just presented an important long-term follow-up study involving alcoholics who chose to reject Alcoholic Anonymous and total abstinence and preferred to try to reach a controlled drinking goal. He reported their failure to accomplish this at a special program on behavioral approaches to alcoholism and drug dependence at the University of Washington in Seattle.

While many alcoholics first try to reduce their drinking before finally accepting total abstinence, it is only in the last six years that significant attempts have been made to assist alcoholic patients to control their drinking. The first such study was done in Australia and one one and two year follow-ups after the results were believed to be promising. After hearing a report of the Australian experiment Dr. Ewing determined to try to repeat it in Chapel Hill with the assistance of Beatrice A. Rouse, his Research Associate, and medical student assistants.

At the Seattle meeting Dr. Ewing described the many different techniques he and Ms. Rouse used to try to assist alcoholic patients to avoid losing control of their drinking. These have been described in detail in a scientific publication and represent what Dr. Ewing called a "blunderbuss approach", since they used all means that have been conceived as possibly being helpful to such patients. He described his work as a pilot experiment to see if the techniques could succeed at all. If so, he would then have to find out on whom do they work best and what are the most effective components of the treatment.

This follow-up is by far the longest yet reported, involving a range of from 27 to 55 months since treatment was completed. Dr. Ewing reported that none of the patients who desperately wanted to bring their drinking under control succeeded in maintaining this throughout the follow-up period. Sooner or later they all drank with the loss of control that is typical of alcoholism and quite unlike the controlled social drinking of normal drinkers. He said he was satisfied that in his hands the methods employed did not hold out sufficient promise for him to persist with the experiment. Dr. Ewing believes that there may be more than one type of alcoholism and that biological, psychological and sociological factors are always present in every case. He feels

that the results of this experiment confirm the widely held belief that total abstinence is the best and easiest decisions for anyone who has developed alcoholism. At this point the majority of his patients who tried to learn to control their drinking are totally abstinent by virtue of having finally joined Alcoholics Anonymous or by deciding to take the anti-alcohol drug, Antabuse.

*Charlotte Council on Alcoholism
August 1975*

* * *

THE UNWILLED INHERITANCE

A glance at a comprehensive bibliography on the children of alcoholic parents which was prepared by the National Clearinghouse for Alcohol Information brings all the suspense of a gathering for a reading of the will - and the shock that might follow - but none of the envy. For instance:

An analysis of the drinking and antisocial behavior of high school boys is said to reveal that problem drinking was associated with maternal deviant drinking, while separate findings are said to indicate that children of alcoholic persons have a higher risk for development of social problems.

And, a thirty year followup study of patients originally seen in a child guidance clinic is said to show that generalized antisocial behavior in the father, suggesting alcoholism - irrespective of whether or not the children had actually lived with their fathers - was related to sociopathic personality in the child.

And, a clinical study of infants is said to show that alcoholism in the mother is a serious risk to prenatal and postnatal development of the baby and another observation, separately concluded, is that alcohol consumption by the mother in the prenatal period is said to be one cause of brain damage in children.

And, the incidence of alcoholism both in children of alcoholic parents raised by nonalcoholic parent figures and in children of nonalcoholic parents raised by alcoholic parent figures is said to show that the development of alcoholism is more closely associated with the genetic factor than with the environmental factor. A group of adopted children with an alcoholic biological parent is said to exhibit significantly greater incidence of alcoholism than does a control group of adoptees.

And, students with problem drinking parents are said to have more school absenteeism, and girls in the problem group are found to show significant disturbances on six scales: emotional stability, family and social relationships, conformity, mood, and leadership.

And, findings are reported that nearly one-half of the fathers of drug users were excessive users of alcohol and that a similar excessive use of pills was evident in the mothers.

And.

INDIAN ALCOHOL ABUSE

SUBJECT OF U.S. CONCERN.....

Problem drinking has plagued American Indians ever since white traders introduced alcohol to the tribes inhabiting the continent long before the founding of this nation. Little notice of the problem, and still less in the way of effective action to confront it, was taken by the Federal Government from that time until recent years.

The first public acknowledgement by the Government that alcohol abuse among Indians is a major social and health problem came way back in 1832 when Congress passed a law prohibiting liquor traffic to and among Indians against the threat of alcohol, was passed in response to urgings by Indian leaders.

Over the following century and a quarter, the law was frequently violated by unscrupulous people and the Indians' alcohol problems increased. Finally, in 1953, the legislation was repealed as being discriminatory against Indians.

No small factor in the worsening of the Indians' troubles with alcohol was the systematic taking of their lands and their relocation on Federal reservations. This process fostered a host of problems --- health, housing, sanitation, education, and unemployment, among them --- all of which furnished further reasons to the Indians for turning to alcohol. Many Indians considered a state of intoxication a desirable alternative to the harsh realities of life.

It wasn't until 1971 that the alcohol problems of the Indians finally began to receive the attention they merited nationally. In that year the First Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health, Education, and Welfare cited as one of six priority goals "reducing alcoholism among American Indians."

Since 1971, close to 100 projects to combat alcoholism among American Indians have been funded by the NIAAA.

The NIAAA recognizes that in order for treatment programs to be accepted by the Indians, they must have a role in the process. Therefore, the Institute has made Indian participation in planning, development and implementation a fundamental requirement of the Indian projects it funds.

....N I A A / Special Report

Values Need Change

The values and attitudes of problem drinkers must be changed or there will be no dent made in improving the treatment of alcoholics, said Dr. Don Cahalan.

People with severe drinking problems are pre-occupied with what alcohol will do for them. They have the attitude their lives would be even emptier without it, he said.

While many in the field recognize that attitudes to alcohol play a paramount role in future behavior, too many of us are hoping for some magic treatment that ultimately will 'cure' the alcoholic without requiring a basic change in his values and attitudes.

No matter how much we try to tinker with their personalities or their environments, they will find a thousand reasons to revert to their old drinking habits, unless and until they learn that alcohol is worth less to them---both short-term and long-term---than other considerations in life.

Dr. Cahalan, professor of behavioral science, University of California, Berkeley, referred to the findings of the recent Stanford Research Institute study on the presumed effectiveness of federally-funded alcoholism treatment centers.

THE JOURNAL

YOU AND ALCOHOL

The effects of alcohol on the gastrointestinal tract have not been as extensively studied as those on the liver, but sufficient knowledge is available to indicate that chronic heavy drinking has a variety of injurious effects on the gastrointestinal system. The association of diarrhea with intoxication, for example, was noted by Hippocrates, who prescribed wine as a purgative.

Although most of the harm associated with heavy drinking occurs after its absorption, when strong alcoholic beverages are taken, the irritating effect can cause direct local injury to the mouth, the stomach, and the esophagus. An increased frequency of cancer of these parts of the digestive tract has been reported among alcoholic persons.

THE RIGHT ANGLE OF APPROACH TO A DIFFICULT PROBLEM IS THE TRY-ANGLE

Alcoholic Cows

In a deliberate effort to develop a continuing alcoholic taste in young people, particularly young women, a major liquor producer is now marketing milk-type, 30-proof "fun" drinks.

This company, the Heublein, is spending some \$3 million this year to promote its Malcolm Hereford Cows, four flavors of its milk drinks with 15 percent alcohol. The flavors are among the most popular today—strawberry, banana, chocolate mint, and mocha.

"No alcoholic spirits product has ever achieved the case momentum and goals that Cows has," says William Elliott, Heublein marketing vice-president. It is expected that even before the national debut on February 1, more than 1,000,000 cases will have been sold. "The repeat business on this product has been phenomenal," says Elliott.

Women 18 to 35 are the main target for Cows, but promoters see that it appeals to young males also and to both men and women over 35, especially blacks.

In addition, advertisers claim, "there's a huge market here because Cows even appeals to nondrinkers."

Because of its initial success and even greater sales prospects in the future, Heublein sees "a long life cycle" for Cows.

Why? Vice-president Elliott lists two reasons. The first: "The trend toward moderation in consuming alcoholic beverages is continuing." Just how "moderation" is gauged on the basis of drinks more than three times stronger than beer is not made clear.

The second is that the public "has not lost its sweet tooth. Consumers don't like the taste of liquor, but they do want alcohol delivery."

That Cows is a deliberate effort to develop alcohol dependence in young people is made clear in this company statement: "In our research we've found that college kids will tell you that they'll switch from beer, wine, and Cows to scotch and soda when they graduate, because scotch has a connotation of success."

Here's where Cows comes in, because it offers "a good profit opportunity, coupled with continuity in taste and quality."

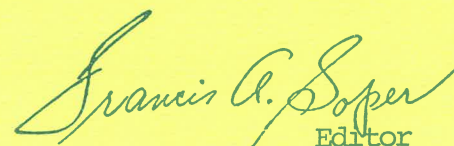
Adding to its promotional flair is to be monthly recipes showing new ways to use the product, including hot wintertime drinks heated without boiling off the alcohol, and cold drinks from the freezer as slush-type alcoholic desserts. Creative variations can be had by topping Cows with whipped cream or sprinkling with chocolate flakes.

Obviously, here is a long step toward feminine use and support, and the reason that a major medium for advertising Cows is women's magazines.

Outdoor advertising is extensive too. One message reads, "A Cow on the rocks is not a bum steer."

"We're not selling whiskey," says marketer Elliott, "we're selling an alcoholic taste trend." Already other products are being developed to follow Cows, such as a 70-proof (35 percent) coffee liqueur from Brazil.

No doubt the more expected profits Cows brings to its producers, the more people will be strengthened in an alcoholic habit that eventually will bring only tragedy, ruin, and early death.


Francis A. Soper
Editor

LISTEN • February 1976 •

....DESPITE SOME STATS to the CONTRARY....

TEEN-AGERS ARE HEALTHY AND HAPPY

America's teen-agers are fairly happy and very healthy, with a surprising degree of respect for law and order.

The National Center for Health Statistics recently conducted a study of the values held by teen-agers.

The study revealed that obedience to the law was the trait rated the highest, with almost 70 percent of the boys regarding it as extremely important.

Among the teen-aged girls in the survey, being neat and clean was right next to being law-abiding.

The feminine concern with appearance held true for much of the survey, with almost half the girls expressing a wish to be thinner than they were. This figure increased with age: by age 17, only one girl in three was satisfied with her weight.

About half the boys wanted to be taller than they were, and most of those who were dissatisfied with their weight wanted to be heavier.

Nonetheless, 96 percent of the teen-agers described their health as good or excellent, with only four out of 1000 reporting that they suffered from poor health.

About 15 percent of all the teen-agers described themselves as regular cigarette smokers, although this rose to 31 percent of the 17-year-olds.

* * *

Doctors Urged to Shed Biases

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

Los Angeles-Physicians must recognize alcoholism as a serious disease and a major health problem and diagnose it before patients become physically impaired.

They must also overcome their own biases to the disease and make themselves familiar with available treatment resources.

These observations were made at the annual meeting here of the American Academy of Family Physicians by Dr. W. M. Lukash, of the Naval Medical Center in Bethesda, Md.

Physicians often delay a diagnosis of alcoholism because drinking is not only accepted as a social way of life but physicians themselves have the highest alcoholism rate of any profession, said Dr. Lukash.

Dr. Lukash defined alcoholism as "the inability to control the amount of drinking and the development of impairments of interpersonal relationships, economic productivity or physical health". And he said it is a particularly serious problem in the military which has an alcoholism rate of 15%.

Failures in coping with alcoholism are shown in the progressive destruction of the life style of alcoholics, the 100,000 violent fatalities each year linked to alcohol and the 25,000 patients with fatty liver disease, he said.

He added that 50% of homicides and auto accidents, 50% of felonies, 30% of suicides, 30% of psychiatric admissions and 20% of hospitalizations are alcohol related.

He advised a team approach to treatment using all available resources, including Alcoholics Anonymous, family counseling and religious advisors.

What's the U.S.A.'s Number One Drug Problem?

Alcohol abuse and alcoholism. We have over 9 million Americans with serious alcohol problems, and youth drinking problems are rising.

ALCOHOL AND THE ADOLESCENT

Alcohol poses an urgent problem to the parent of the adolescent. Every mother and father faces the disturbing fact that a child of high school age must be prepared to meet the threat of liquor.

One cannot counsel a child with wisdom until having examined one's own attitude toward alcohol with total honesty. This is the FIRST STEP.

The NEXT STEP is to decide what attitude you want your boy or girl to take toward liquor.

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

Examine your own approach to drinking before you try to counsel your child. With confusion in the adult outlook, imagine the conflicts which assault your boy or girl.

The impact of adolescence is often more than a teenager can handle on an even keel. Add alcohol to that precarious balance and the results may be disastrous. Yet the pressure on a youngster to drink can neither be ignored or denied.

In the movies, romance and success are frequently bathed in a glow of alcohol. In newspapers and magazines liquor is often the key to glamour and social prestige. An undeniable aura is thrown around drinking and a teenage girl in the midwest dreams wistfully of making a spectacular entrance into a New York nightclub whose decor she has learned by heart from newspaper columnists and magazines. Foolish? Perhaps so.

That's how a great many young people feel about liquor -- curious, defiant, fascinated, tempted. How would you like your child to feel? Your child's attitude will naturally reflect your own, but it will not necessarily be identical.

What then, is your answer to the adolescent's questions: To drink or not to drink? The choice is narrow. You can say "NO, never!" Or, you can say, "Yes, sometimes."

It's as simple as that....yet there's nothing simple about it.

In settling the liquor question in your home, you may find it necessary to re-think and revise your entire parent-child relationship.

For all of us, alcohol presents one of the greatest unsolved problems of our times. Whether we drink or don't drink, most of us are beset with doubts. We are critical of others' drinking habits. We are alarmed by what drinking may do to our children.

But as parents we do know this much: our children will look to us for guidance in this matter of drinking. How can we help them?

1. By examining our own attitude toward drinking with the utmost honesty.
2. By learning the truth about alcohol, and encouraging our teenagers to do so, from authoritative books and pamphlets.
3. By setting a good example, both in behavior and in conversation.
4. By discussing the subject fully and frankly with our adolescents. Avoiding the subject is shirking our duty.
5. By refraining from making alcohol a crutch or a comfort.
6. By discussing the problem with other parents in our neighborhood and working out with them a sane and safe and mutually acceptable way to handle it in our own and each other's homes.
7. By upholding and helping to see that the law which prohibits public drinking by a minor child is enforced in our community.
8. Most important of all, we can solve the drinking problem by helping our children to grow into the kind of adults who will not turn to alcohol as a treacherous ally in times of boredom, anxiety or adversity.

* * *

What's Responsible Drinking?

Essentially, it's drinking without harming yourself or others. It's also respecting the wishes of those who choose not to drink.

"THE GREATEST OAK TREE WAS ONCE A LITTLE NUT THAT HELD ITS GROUND"

Working Against Yourself

When a person goes to a physician or a hospital because of illness or disability, he naturally expects the best health care professionally available.

He expects that the specialists will be able to recognize his trouble, diagnose his condition, and recommend treatment to bring him back to health. He feels assured of the competence of those who work with him.

However, at times this patient may work against himself and put himself at a disadvantage as far as medical care is concerned. He may mask the real cause of some of his symptoms and make the work of the physician more difficult in getting to the root of his trouble. In other words, he asks for help, pays high medical costs, and then deliberately puts himself in a position where he does not receive full benefit.

This is exactly what a drinker does to himself when it comes to medical attention. It is being discovered that alcohol has more to do with medical problems than even most doctors suspect.

Whether the complaint is indigestion, ulcers, heart disease, depression, backache, or unwanted pregnancy, an underlying problem of alcohol use should be suspected, says Dr. William E. Preston, consultant to Contra Costa County Medical Services, Northern California.

He says that no matter why a patient comes to see him, a doctor should suspect alcohol as causing, or at least contributing to, the patient's symptoms. Of course the alcohol may play no role at all, but the chances it does are so great that the possibility should not be overlooked.

Many doctors do not suspect drinking as a problem. They treat a patient's symptoms with drugs or even surgery, often unsuccessfully because the underlying cause was not corrected. Most hospitals are "loaded" with patients being treated for a variety of ailments in which alcohol use is a factor.

Being more specific, Dr. Preston estimates that "fully one half of all patients in county hospitals are there because of the effects of alcohol, regardless of whether the diagnosis is a broken leg, internal hemorrhaging, neurological, or mental."

He singles out the "bad back" as having a high correlation with alcoholism. "Well over 75 percent of all back disabilities are related to alcoholism. This is well known by the people who process disability claims."

An alcoholic may well have a real back problem which may be related to the wasting effect that alcohol has on muscle, says Dr. Preston, but a surgical cure for the bad back never occurs in an alcoholic, because the alcoholic uses his bad back as the excuse for drinking and for missing work. "Any surgeon who operates on an alcoholic for a back problem before the patient quits drinking is making a serious mistake," he comments. "Physicians should assume that every person today over age 15 drinks. The doctor should then find out whether it is so for a given patient, and if so, how much he drinks."

It is well known that in general drinkers suffer more physical ailments than nondrinkers. Also it is becoming more evident that continued drinking interferes with the diagnosis of such ailments, the treatment for them, and the patient's recovery from them. Literally, it's working against yourself!

Francis A. Soper
Editor

LISTEN

IT'S A UNANIMOUS VERDICT:

THE LIQUOR DEALER SAYS:

"Give youth a sample, and you have a customer for life."

THE PSYCHOLOGIST SAYS:

"Alcohol robs a human of reason."

THE UNDERTAKER SAYS:

"Alcohol speeds up business."

THE POLICEMAN SAYS:

"Alcohol and gasoline make for accidents."

THE MURDERER SAYS:

"I don't know what I did; I was drunk."

THE MORALIST SAYS:

"Alcohol and morals never kept company."

THE DOCTOR SAYS:

"Alcohol weakens resistance and shortens life."

THE JUDGE SAYS:

"Alcohol makes a crime, but doesn't excuse it."

THE CHILDREN SAY:

"When Dad is drunk, we run and hide from him."

THE MOTHER SAYS:

"Alcohol robs a home of its peace."

THE LADY SAYS:

"The breath of alcohol is repulsive."

THE WIFE SAYS:

"Alcohol makes for divorce."

THE PASTOR SAYS:

"Alcohol robbed many a soul of its eternal life."

THE BIBLE SAYS:

"A drunkard shall not inherit the Kingdom of God."

...BILL K. (*The Dry Sheet*)

* * *

PRIDE IS THE BASIC BREEDER OF MOST HUMAN DIFFICULTIES, THE CHIEF BLOCK TO TRUE PROGRESS. PRIDE LURES US INTO MAKING DEMANDS UPON OURSELVES OR UPON OTHERS WHICH CANNOT BE MET WITHOUT PERVERTING OR MISUSING OUR GOD-GIVEN INSTINCTS. WHEN THE SATISFACTION OF OUR INSTINCTS FOR SEX, SECURITY, AND A PLACE IN SOCIETY BECOMES THE PRIMARY OBJECT OF OUR LIVES, THEN PRIDE STEPS IN TO JUSTIFY OUR EXCESSES.



Utah Alcoholism Foundation

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NEWS LETTER

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VOLUME 7, Number 3

"ENDURANCE"

Physical and mental alternatives abound in our complex and common lives, to alleviate the pain of living.

Realizing and accepting the premise that addiction, of any sort, is an escape from reality puts the user in an unreal and often dangerous position of not recognizing the source and consequences of discomfort.

Few are immuned from the discomforts encountered by the deterioration and restoration of various bodily functions; few are immuned from the pain of disappointments and heartaches that is a part of life's adventure; but, few are equipped to endure these burdens without the help of either an artificial buffer or accepting the ultimate realization of a Power that is Greater than ourselves.

Physical pain and mental anguish are parts of life that can become stepping stones for building patience, understanding and strength for ourselves and others; but, if these defects leave the individual helpless and hopeless, and vulnerable, to the alternatives found in escape mechanisms, a great challenge is forfeited in our lives.

"God grant me the Serenity to Accept the things I can not change, the Courage to change the things I can, and the Wisdom to know the difference."

.....implies that physical and mental pain can be turned into blessings. Choosing the initial alternative of escape often robs us of coping with ourselves and realizing that others experience, and thus a feeling of belonging.

We cannot change the fact that life will bring us physical and mental changes, and often discomfort, but we can choose to change in ways that will not destroy our integrity and creativity.

Reality and life are so much better, at their worst, than the waste that is experienced by choosing easier, softer ways.

Miracles abound as recovery is enjoyed from

physical and mental discomfort; alcohol and drugs deter from the glorious feelings of accomplishment.

Don't be cheated from getting all that life offers by choosing an easier, softer way. ENDURANCE makes for a happy sobriety and a full and useful life.

* * *

ABSTINENCE ESSENTIAL EXPERTS SAY

Anyone suffering from alcoholism may not return with safety to the use of alcohol in any form, according to a statement jointly released by the Board of Directors of the National Council on Alcoholism and the Executive Board of the American Medical Society on Alcoholism.

Claims that alcoholics can drink again are simply not so in the opinion of Thomas G. Terbell, NCA board chairman, and Maxwell N. Weisman, AMSA president. "We view these claims as misleading and dangerous in that some alcoholic individuals may accept them as fact with tragic consequences," they stated.

This is the full text of the NCA/AMSA statement:

1. Abstinence from alcohol is necessary for recovery from the disease of alcoholism.
2. Although abstinence is a means of achieving recovery, other factors by which a person's life are enriched are important; improved physical and emotional health, better work performance, more rewarding relationships with the family and society, and increased economic efficiency.
3. As in many other diseases, relapses may take place but must never be thought to indicate that recovery is beyond reach. Total success is not expected in all cases from the start of treatment. Any improvement is positive and should be recognized and encouraged as a prelude to recovery.
4. There is need for responsible research into alternate approaches, carried out with proper controls as well as the judicious publication of results when pertinent.

A WISE OLD BIRD ADVISES: "Guard your tongue in a crowd—your temper at home and your mind when alone."

Society condemns the alcoholic when that alcoholic's behavior becomes a threat to society's normal routine. Society says that the alcoholic is weak willed, self indulgent, unacceptable. But what does the alcoholic think or feel? Illogically, not many people seem to care, being more concerned with the alcoholic's impact upon them than with their impact on the alcoholic.

Yet, if the alcoholic is seen as an expensive nuisance, there are apparently only two ways of dealing with him --- elimination or rehabilitation. Elimination by death is just not feasible, although some people appear to wish it was! Elimination by incarceration is expensive and demonstrably ineffective. So only rehabilitation is left and that depends largely on an understanding of the thoughts and actions which have to be changed.

Most of the people who become alcoholics ---including those who do so as a result of many years persistent heavy drinking --- are sensitive, imaginative, energetic people who are perhaps immature in some respects. These are people who feel deeply and feelings are not necessarily pleasant. They are also people who seem unable to concentrate on the present, but spend much time in worrying about the past, or the future. Such thinking can also be unpleasant. They are people who live in a society which uses alcoholic drinks as an acceptable, slightly exciting, social lubricant and they see that society appears to find that alcohol brightens the duller aspects of living.

So these people experiment with alcohol and, as though by magic, their whole outlook changes -- temporarily. The shy become dashing, the fearful, brave. The lonely become gregarious, worries about past failures vanish and the fears of future difficulties recede. That miracle worker, Ethyl Alcohol, is beginning to weave a web of entanglement and the drinker is beginning to be caught in a trap from which there is no apparent escape yet a trap from which does not seem to capture most other people. The potential alcoholic at this point enters into drinking with dedicated enthusiasm, and find, with surprised delight and pride, an ability to hold, successfully, more drink than most companions.

Soon, drink becomes an increasingly important fuel, a valuable -- almost essential -- source of energy or satisfaction. But this fuel is not cheap and getting it involves a large expenditure of time as well as money.

This expenditure soon causes economic and subsequently family crises. However, by this time, the potential alcoholic has learned that crises are soluble in alcohol, so long as there is plenty of it, and he is not unduly perturbed. At this point, the early stages of alcoholism are already established -- a growing dependence upon the drug, Ethyl Alcohol, a growing preoccupation with the need to get and use it, a growing rationalisation of the attitudes or actions hereby involved.

Society, at this point, sees an apparently stupid, selfish drinker and says "Why don't you cut it down or give it up?", "Why can't you be like Tom (or Mary)?" These are ominous words to the alcoholic. He does not want to be like Tom, whom he usually dislikes already anyway. He does not, above all things, want to envisage the possibility of having to "give it up". That way the whole system would grind painfully to a halt. So he promises to cut down -- and means to do so, but only provided he can get the same relief from a lesser volume. He experiments with drinking a different brand, or a different type of alcohol. He drinks in a different place, a different town, or even a different country. He drinks with different people, or blaming them, he drinks alone. The crucial factor is that he now must drink and knows it subconsciously. He would like to keep his promises but not at the cost of putting with an inexplicable craving. So he goes on drinking and recriminations or trouble soon follow. To himself, as much as to others, he must explain his behavior and his broken promises. So he develops expert rationalisation. Never his own fault -- there were always special and unfortunate circumstances, unforeseen pressures, unexpected encounters, which involved him in unavoidable drinking. "Next time," he says, "this will not happen". But it does and new excuses must be invented. He knows (who better?) that his standards of truthfulness are going by the board and he knows, too, that honesty will no longer prevent him from finding the means of financing his drinking. He is surrounded by distrust, resentment, suspicion. All the people who, with the best of intentions, are racking their brains for some means of stopping his drinking, are becoming potential enemies, who will, if not defeated cut off the fuel. So there is a totally irrational situation where someone who is suffering from a disease, or a drug dependence, is allaying himself with the disease in an effort to frustrate those who wish so sincerely to help him to escape it.

It is useless to adopt a negative, punitive, or even repressive attitude towards an alcoholic because, firstly, it will provide yet another

escape motive and, secondly, it is a new incentive to devise some means of avoiding the looming threat of abstinence.

Gradually, as the dependence upon alcohol becomes physical addiction, the alcoholic gives drink a major priority, the crying need for its relief overriding all other considerations. Love no longer matters-- it is beyond reach anyhow, -- honesty is merely a thing of the past, no longer attainable, truthfulness becomes a mere facade to be used at intervals as a means to avoid utter disaster. No moral code is operative and the alcoholic has to wage an all-out war against society which seems determined to deprive him of the only thing which brings solace -- alcohol. And no one, he feels, understands that he hates behaving in this way, but what else can he do? When sober, he feels that suicide could be an answer, but why die sober? Drunk, or half-drunk, he no longer wishes to die, for there may yet, he feels, be some way of drinking without further disaster. Locked in an excess of self-pity, he feels that no one has been so miserable as he, no one so unable to prove his real worth, no one so maligned, misunderstood, betrayed, despised. But why trouble to think, to analyze, while there is still something in the bottle which will make time stand still. Time, the alcoholic feels, is the ultimate foe. Past, future, too much time, too little time, all are menacing. So nothing really matters except instant escape -- the do-it-yourself vanishing trick which lies within the all-removing liquid.

By RICHARD PERCIVAL --
Dublin, Ireland.

* * *

PROBLEM-SHARING HELPS LOWER DRUG USE

By listening and caring, concerned high school students in Stokie, Illinois, are helping other students to feel better about themselves and thus less tempted to use drugs.

Students are trained to lead weekly discussion sessions with other students who have academic or personal problems. Although drugs are not discussed directly, students who attend the sessions say they frequently come out feeling better about themselves and less inclined to turn to drugs.

"If you help kids feel good about themselves, school, and life in general, it won't be necessary for them to forget their troubles or get their kicks using drugs," says Lorraine Rubin, staff director of the project.

According to a number of student group leaders, pressure from parents to get good grades and go to college spurred some drug usage. Other reasons included boredom, a pretense at being mature, and a "front" for other problems.

"Adults have a social drink; kids have a social 'joint'," says one girl.

LISTEN • February 1976

Shades of the Horseless Carriage

The year was 1904. The horseless carriage had been around just a few years. Alcohol had been around for centuries. When the two got together there had to be trouble.

From an editorial in the Quarterly Journal of Inebriety, dated 1904:

"We have received a communication containing a history of 25 fatal accidents occurring to automobile wagons. Fifteen persons occupying these wagons were killed outright, five more died two days later . . . A careful inquiry showed that in 19 of these accidents the drivers had used spirits within an hour or more of the disaster. The other six drivers were all moderate drinkers, but it was not ascertained whether they had used spirits preceding the accidents."

That year, 375 more persons were to die in auto accidents, but it's unknown how many had been using "spirits".

Today, there are more than 100 million vehicles on the nation's roads. More than 50,000 persons could die in auto accidents this year--alcohol will be a major factor in at least half of these deaths.

It is estimated that out of the more than 100 million American drivers at least two-thirds drink alcoholic beverages at one time or another before driving.

Melwood Farm Newsletter

CONGRATULATIONS.

ARE IN ORDER FOR OUR DIRECTOR OF THE UTAH BASIN RECOVERY CENTER IN ROOSEVELT. . .MR. CLAIR KING.. WHO WAS RECENTLY HONORED BY THE HANDICAPPED SOCIETY OF UTAH AND GIVEN A GOLD KEY AWARD IN RECOGNITION OF HIS ACHIEVEMENTS AND ACCOMPLISHMENTS. WE ADD OUR CONGRATULATIONS AND APPRECIATION FOR THE WORK HE IS DOING IN THE UTAH BASIN AREA.

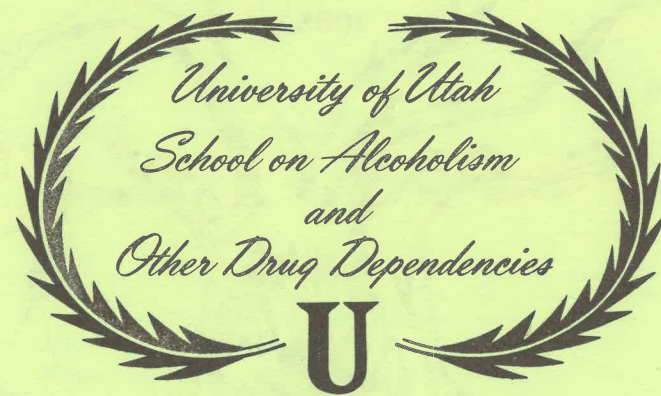
A group becomes a team when each member is sure enough of himself and his contribution to praise the skills of others.

...NORMAN G. SHIDLE....

* * *

Often a good relationship with someone we love is materially weakened because of our lack of willingness to release that person to experience his own life style. Husbands and wives, parents and children, and often good friends, are alienated because of a feeling of being stifled. If there are persons with whom you would like to improve your relationships, practice the fine art of letting them know you care.... but at the same time, release them to their own life experience....release with love.....

25th Annual Session



June 13 to 18, 1976

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

GENERAL SESSIONS provide one-half day (Monday morning) of general information on prevention, education, treatment, medical, and social aspects of alcohol/drug problems (See page 10).

ADVANCED GENERAL SESSIONS will be held Monday afternoon and Tuesday morning for professionals in alcohol and drugs and others who have attended the Utah School or some other major alcohol/drug school at least once previously. These sessions will deal with special treatment problems in alcohol/drug addiction, modes of treatment and program evaluation (See page 11). *Limited to 350 people.*

DISCUSSION SESSIONS will be presented Monday afternoon. The student body will be divided into four groups to participate in a discussion period with General Sessions speakers (See page 12).

INSTRUCTIONAL SESSIONS will be presented Tuesday morning (four concurrent sessions). These will include psychodrama, alco-

hol/drug education and prevention, values clarification, the physiological effects of alcohol, and the role of the family and religion in the treatment of addiction. Students can attend the session of their choice (*subject to a limitation of 250 people per session*). (See page 13.)

GROUP SECTIONS provide special information, instruction, demonstrations and discussions on casework, treatment, counseling, teaching methods, industrial problems, organization of community state programs, and other techniques (See pages 14 to 28).

SPECIAL COURSE FOR PHYSICIANS — A three-day Course for Practicing Physicians will be held June 14, 15 and 16, 1976, at the University of Utah Hospital Medical Center. The workshop will emphasize medical management and rehabilitation of alcohol and drug abusers. Lectures, demonstrations and small group discussions will be included (See pages 29 and 32).

REGISTRATION INFORMATION

ADMITTANCE APPLICATION — To insure registration and reservation, advance application should be made prior to June 4, 1976, to University of Utah School on Alcoholism and Other Drug Dependencies, P.O. Box 2604, Salt Lake City, Utah 84110 (Tel: 801/533-6532). A \$10 deposit on fees should accompany application (MUST be included if room reservation is requested).

NOTE: No student will be allowed to charge fees to any agency without written authorization from the sponsor. (Application form included.)

FEES — Registration and Tuition \$80 (includes All School Banquet ticket). Examination fee \$10.

REGISTRATION — Orson Spencer Hall, University of Utah, June 13, 1976, from 1 to 4:30 p.m. and 5:30 to 8 p.m.

ACCOMMODATIONS — Food and lodging available on campus. Room reservations must be made in advance (\$10 deposit required). Cancellations of room reservations must be received at School office by June 10; otherwise a charge will be made for one night's lodging. (See application form included.)

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

CREDIT — Graduate or undergraduate credit (2 qtr. hours) is offered by proper registration and payment of an exam fee of \$10.

SCHOLARSHIPS — A limited number of partial scholarships are available. These scholarship allowances can be used for tuition and/or on-campus board and room as specified and cannot be used for travel or other expenses. *No refunds will be made to the recipient from scholarship allowances.* Applications should be mailed to University of Utah School on Alcoholism and Other Drug Dependencies, Scholarship Committee, P.O. Box 2604, Salt Lake City, Utah 84110. (See application form included.)

SPECIAL COURSE FOR PHYSICIANS — JUNE 14 - 16, 1976

Admission by invitation only.

To apply, write to: James R. Swenson, M.D., Special Course for Physicians, c/o P.O. Box 2604, Salt Lake City, Utah 84110.

FEES — Tuition \$160 (No scholarships available.)

Physicians enrolled in the Special Course for Physicians will be responsible for their own travel expense, meals and lodging. Room reservations, if desired, will be arranged at the Hotel Utah (\$18.00 per day, plus tax). Bus service for physicians attending this workshop will be provided to from this facility.

CREDIT — Twenty-five hours of category one approved credit is offered by the American Academy of General Practice for Completion of this Course.



Utah Alcoholism Foundation

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

NEWS LETTER

MAY 1976

VOLUME 7, Number 4

ANOTHER FIRST?!!

The Utah Alcoholism Foundation has long been aware of the interest and helpfulness of the teenagers in doing something toward more education in the prevention of alcoholism.

The Central Utah Alcoholism Council has just recently appointed a 16-year-old teenager to their Board of Directors. Mr. Brent Frampton, a Provo High School student, has accepted the position and challenge to become a leader of his peer group.

As far as we know, this is a first in electing a teenager to a board of directors this magnitude -- it further indicates the progressive thinking of the Council and emphasizes the importance they place on their youth program. At the same meeting, Mr. Frampton was appointed as the Chairman of the Youth Committee of the Council with the obligation now of appointing his committee from the youth in the area in selecting others in the community to serve on their committees.

Judge Allan B. Sorensen, Chairman of the Legal Committee of the Council said that it was about time we recognized the fact that the experts in dealing with the youth today were the youth themselves and this is a giant step toward this goal.

* * *

HEADACHE PARADOX

Headaches are more likely to occur on weekends, holidays, and vacations than on the job or under great stress, says a leading authority on the subject.

Common tension headaches arise from emotional conflicts, says Dr. Seymour Diamond, past president of the American Association for the Study of Headache.

Headaches often begin when the patient leaves the office for a "quiet" weekend at home, according to Dr. Diamond. Periods of relaxation are often filled with interpersonal emotional struggles, however, and may produce headaches.

ALCOHOL: THE VIOLENT CONNECTION

(An excerpt from an article entitled "Alcohol: The Violent Connection" by Captain Joseph J. Zuska, MC, USN (Ret.); director of the Los Angeles County alcoholism program.)

A quick perusal of available statistics on the degree of alcohol involvement in various crimes and injuries points to alcohol as playing a large part:

64% of homicides (70% occurring over the weekend when drinking is the heaviest. Alcohol present in both the offender and the victim.)

72% of stabbings

69% of beatings with fists, feet, or blunt instruments

55% of shootings

67% of sexually aggressive acts against children

39% of sexually aggressive acts against women

30% of suicides

20% of fatal aircraft accidents (non-commercial, non-military)

50% of fatal automobile injuries

36% of pedestrian accidents

40% of snowmobile accidents

58% of fire deaths

71% of accidental poisoning

45% of drownings

56% of fights or assault in the home

22% of home accidents

20% of narcotic deaths

55% of all arrests

Does the heavy involvement of alcohol in violent crimes mean that the judgement of the drinker is impaired or that repressed anger and hostility comes to the surface at a time of emotional crisis? Or do only the sociopaths who drink become violent? Can damage that alcohol does to the liver, brain, striated muscle, and pancreas be considered a form of chemical violence?

Could we improve our educational endeavors by talking about alcohol -- the drug of violence, as well as about alcoholism -- the disease of loneliness?

WHY DO THEY HAVE TO SUFFER SO LONG?

Excerpt from the pamphlet of the same title written by Rev. Vernon E. Johnson, Director of the Johnson Institute.

Most people today assume that nothing can be done with the alcoholic with regard to arresting his illness until he or she is "ready". Even many of those who have seen numbers of recoveries as well as those who have themselves experienced recovery often will shrug off a suffering alcoholic's resistance to help with the statement, "He just hasn't hit his bottom yet."

This seems to imply that the condition must be allowed to progress until its victim in some spontaneous fashion acknowledges that he does, indeed, need help! His difficulties, physiologically, economically, and/or socially, must become so severe that even the most stubborn and hard-headed alcoholic can no longer deny their connection with his uncontrolled and unpredictable drinking pattern. Most treatment in the past has begun at this level. The opinion seems to persist that here is the only place it can begin, however inhumane or cruel this may be.

Most recently, new insights have cast real doubts upon the necessity for such prolonged suffering. A study of patients at Willmar State Hospital indicated, for example, no significant difference in the number of recoveries between that group which had come voluntarily to the institution and those who had been committed there. Likewise, studies of the programs and populations of "half-way houses" indicate that physical, economic, and/or social disorders do have more difficult and prolonged recovery processes. On the other hand, evidence has accumulated which indicated that where physical health has not broken, where jobs are not lost, where families have remained intact, alcoholics have tended to recover more often and more quickly.

The answer to: "Why do they have to suffer so long?" now seems to be that they DON'T have to suffer that long at all -- and they shouldn't!

Conclusions from data gathered can be summarized in two categories:

1. THE NEED FOR GREATER KNOWLEDGE OF THE NATURE OF THE ILLNESS BY THOSE AROUND THE ALCOHOLIC.
2. THE APPLICATION OF THIS KNOWLEDGE BY THOSE MEANINGFUL PERSONS IN A DIRECT, CONSISTENT, OBJECTIVE, AND NON-JUDGMENTAL CONFRONTATION OF THE ALCOHOLIC WITH THE REALITY OF HIS CONDITION.

One of the chief symptoms of the illness is a highly developed defense system of denial, rationalization, and projection. It is also one of the most obvious. People seeing it most often deal with it as lying. They see the truth and entirely able to know it. They do not see the defense system is now so highly developed that it has produced a real measure of self-delusion. The sicker the person, the more deeply entrenched self-devastation and self-deceit becomes.

At this point in the progression of the disorder, it is no longer a question of if he will recognize his condition, but rather if he can recognize his condition. Nature itself has mercifully (and most unhelpfully) contributed to his blindness by providing more or less frequent blackouts of parts of his life. These parts provide him with no specific data....only a vague uneasiness....a nagging, indefinable, at times almost crushing, anxiety. Adding to this growing uneasiness are the areas of his behavior which are only hazily recallable (now growing in number and severity) which he finds necessary to deal with by "trying his best to forget". Altogether, what his mind can not remember and what it resolutely refuses to remember adds up to so large an amount of material as to make it impossible for the sick person to deal with himself realistically any longer.

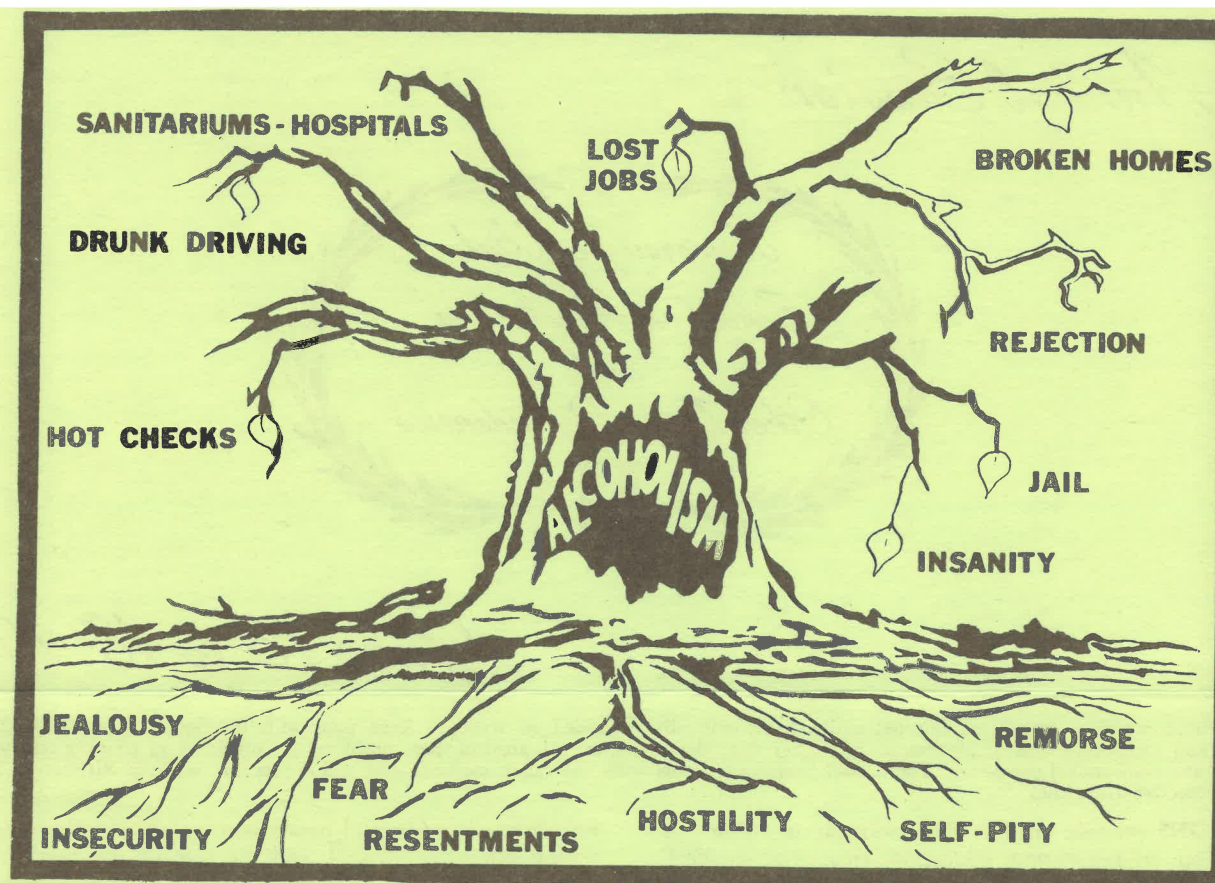
His condition falls into a descending spiral of repetitive behavior and consequent feelings of shame, self-loathing, and bewilderment, re-deepening delusion of self. Permanent physical disability or even premature death is inevitable unless this destructive progress is interrupted successfully. Such interruption can come only in the form of a crisis which has been made significant enough to "break through" the defense system. Usually it requires a series of such crises to gain the necessary force cumulatively.

FACTS, (it should be underlined) not opinions or suppositions, are what ultimately helps break through the denial barrier. The process is painful. It can and usually does cause deeper depression. This is its purpose.

It is only at that depth that the wall of self-delusion can be breached. All the while, love, concern, and above all, hope should be present in confrontation of this dread disease. Those who report such early assistance join in a fervent "Thank God, they knew enough and cared enough to cause me to face it so early. IT COULD HAVE BEEN SO MUCH WORSE!"

* * *

LOVE LOOKS FORWARD, HATE LOOKS BACK,
WHILE ANXIETY HAS EYES ALL OVER ITS
HEAD. SO GO AHEAD -- AND CHOOSE LOVE.



SOME IMPORTANT CLUES

The National Council on Alcoholism lists these EARLY warning signals of alcoholism:

- *Difficult to get along with when drinking.
- *Drinks "because he is depressed."
- *Drinks "to calm his nerves."
- *Drinks until he is "dead drunk" at times.
- *Can't remember parts of some drinking episodes.
- *Hides liquor
- *Lies about his drinking.
- *Neglects to eat when he is drinking.
- *Neglects his family or job when he is drinking.

The important thing to keep in mind is that alcoholism can be treated. And the earlier the alcoholic gets help, the better his chances of recover.

The very first step for the alcoholic is to recognize that alcoholism is HIS problem. A second step is the realization that he must lead a life without alcohol from now on.

This may be easier said than done. For, to stop drinking is not necessarily to end inner pressures and anxieties -- or to solve other problems -- or change circumstances that may face the excessive drinker. To accomplish this objective, various kinds of assistance are available.

FAMILY STRESS PROMOTES WOMEN'S ALCOHOLISM...

Alcoholism among middle-class women is often a reaction to stressful family life.

Family stresses, such as marital disharmony, disappointment with spouse, divorce, and conflicts with parents and children were the essential problems in a study of 62 middle-class alcoholic women patients.

The study conducted by Dr. Browne-Mayers of the New York Hospital-Cornell Medical Center, found that isolation and loneliness, death of a loved one, and aging were the next most frequent causes of stress among women. Other causes of stress were sexual conflicts, psychiatric and physical illnesses, and job problems.

* * *

Did You Know
The total tab for Education in 1974 was 49 billion, total for Alcohol, Legal Drugs and Tobacco was 51.9 billion.

Always help people increase their own self-esteem. Develop your skill in making other people feel important. There is hardly a higher compliment you can pay an individual than helping him to be useful and to find satisfaction from his usefulness.

* * *

DONALD LAIRD

ART LINKLETTER

"(It) has taken me a long way from the mythology of the drug scene I once believed made it easy to put all drugs, users, and pushers and sellers in the same simplistic law-and-order bag. Unfortunately, these myths are still believed by a lot of people who don't want to face some unpleasant facts. One of the most unpleasant is that many citizens who take the hardest line with drug users are addicts themselves.....Alcohol is just as much a drug as heroin, and possibly more deadly because it is socially acceptable and everywhere pushed on us . . . tobacco is not far behind. Add to that the pharmaceutical industry. . ."

* * * * *

"Alcoholism treatment. . . does not suffer at the present time from too much government commitment. Discriminated against by hospitals and physicians, unacceptable to many private health insurance companies, forced to fight tooth and nail each year at the federal, state and local levels for miserly scraps of the public health care dollar. . . ."(Alcoholism Report)

* * * * *

"The cocktail party, according to John Lavino of Kemper Insurance Company, is the biggest drug ring in the country and probably one of the worst possible settings imaginable for responsible social drinking."

* * * * *

Some strong comments and cautions by Senator Hathaway as reported in the ALCOHOLISM REPORT (January, 1976). . . "Let's keep throwing alcoholics in jail -- and keep refusing to admit them to our hospitals (but) only if we are prepared to do likewise to people with broken arms, or serious abrasions, or gunshot wounds --- none of which, as far as I know, are diseases and all of which can be self-inflicted". . . . "The only thing perfectly clear is that if those who argue over this issue (alcohol and other drugs) don't get together and share their knowledge, the real losers will be the alcoholics, not the professionals."

* * *

LACQUER and LIQUOR are the two best finishes for automobiles.

THE INFLUENCE OF GENES

A newspaper article, commenting on that recent report out of Florida that "close family ties" seem to be the reason why so few Jews are alcoholic, feels that the report completely missed a major, new research area of alcoholism, namely: genetics.

According to the observation, it is true that very few American Jews - only one-half of 1% - are known to be alcoholics. More than 7% of all Americans are alcoholics, in comparison. But very few Orientals, it continued, are alcoholics, and they are known to share with Jews an inherited genetic built-in reaction to alcohol that makes addiction far less likely.

Many researchers believe that an inherited predisposition to alcoholism plays a major role in the disease. This is supported by mounting evidence that different races and ethnic groups differ sharply in their propensity toward addiction to alcohol. There is much evidence, for example, that American Indians often inherit a genetic predisposition. And, since alcoholism often "runs in families," researchers have been trying for years to separate environmental factors from what seems to be a considerable genetic influence on the development of the disease.

It is true that the Jewish community is closer knit than many other ethnic groups, and this, undoubtedly, does reduce the incidence of alcoholism. But genes, too, seem to play a role. It is a difficult subject for research and it seems likely that no hard answers will be found soon.

GUILT IS REALLY THE REVERSE SIDE OF THE COIN OF PRIDE. GUILT AIMS AT SELF-DESTRUCTION, AND PRIDE AIMS AT THE DESTRUCTION OF OTHERS.



As the concentration of alcohol rises in the nervous tissue, neurological centers in the midbrain that control eye movement are affected.



Utah Alcoholism Foundation

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NEWS LETTER

JULY 1976

VOLUME 7, Number 5

REAFFIRM YOUR FAITH IN OUR AMERICAN SYSTEM



LIBRARY OF CONGRESS

Some two hundred years ago, fifty-six men affixed their signature to a document called the Declaration of Independence. Their signatures on that explosive document would revolutionize political thinking for generations to come. It was an unparalleled commitment by them of "their lives, their fortunes, their sacred honor" -- even a commitment to possible death. These men signed the parchment bravely, confident in their ultimate triumph over tyranny. This pioneer document in safeguarding our liberties and freedom became the foundation for the Constitution and the Bill of Rights which followed.

Today, there is beginning in the land "a second American Revolution"...still a rebellion against the abuses and restrictions of freedom, but in a different way. These new challenges to freedom arise largely from the complexities of our own society and governments, from basic selfishness of mankind, and the pathetic indifference and apathy of many citizens. This is a revolution against our loss of freedom from hunger, disease and unemployment, but even more -- a spirit that seeks freedom from the twin economic ravages of inflation and recession. This is a revolution against loss of freedom taken by abuses by our own government which has sometimes violated individual citizen rights and lib-

erties and often smothered us with regulation. It is a revolution to substitute responsive, personal and open dialogue between the people and their public servants. Justice Oliver Wendell Holmes has said:

"If there is any principle of the Constitution that more imperatively calls for attachment than any other, it is the principle of free thought -- not free thought for those who agree with us, but freedom for the thought we hate."

This peaceful, yet powerful American uprising needs your personal commitment. Communication with those who serve you is vital to the success of this revolution as a forceful, practical process for improving our system and starting America toward her greatest years ahead.

Daniel Webster summed it up when he said: "Nothing will ruin the country if the people themselves undertake its safety; and nothing can save it if they leave that safety in any hands but their own."

And again from Daniel Webster: "A representative of the people is a sentinel on the watchtower of liberty."



HAPPY BIRTHDAY AMERICA

Utah Alcoholism Foundation

THE VALUE OF RECOVERY. . . .

Diane Fontaine AHHP

The word "recovery" is used so frequently these days in the field of alcoholism and other addictive disorders, that one wonders if it has the same meaning for everyone, and, in every situation. We hear statements like: "she is in recovery" or "he is recovered" or it is a "recovery program"; "the process of recovery" and "recovery is abstinence from all mood-changing, mind-altering drugs" and so on. We also hear, within the field, many similar statements made with regard to employing individuals with criteria such as: "If recovering, must have two years of continuous sobriety" or "...should the employee relapse, his/her employment shall be immediately terminated...reinstatement will be considered following treatment...."

So what is "recovery"? One old Webster's Dictionary definition is that the word "to recover" is "to regain health, strength, or any former state...to retrieve, to obtain.." "Recovery" is defined as "the act of recovering, the restoration to health."

It would appear, that to some, the definition of "returning to any former state" most adequately defines recovery.

It would appear that the simple definition which holds the key to those with the illness of addiction, is the words, "act of recovering." To act, to mobilize one's self and strengths in an attempt to abstain, to recover to begin again; quite an achievement for anyone---but certainly not possible alone and without a great deal of help, and time. If alcoholism, addiction, is a chronic condition, then the counter-action, the process of recovery, must necessarily take time....and effort.

But, what of recovery to the person involved in the process? Will academic information about the illness suffice? Will it be enough in the face of misery and pain (physical, psyche, and emotional)? Who supports and assists the person after the three or four days in a detox (hospital) the 21 days in private treatment, the 6 months in a state hospital or residential facilities? Who cares when the family no longer does? One question only serves to bring up another.

If recovery only means that one will return to his former condition -- why recover? Why even try?

So, there must be a "something better" state with recovery. There must be a "pay-off (if you will), if recovery is to be maintained. Recovery requires action, personal decision-making, hard work, self-

discipline, and moral scrutiny of one's behavior and motivations.

Recovery is a life long struggle for health and well-being while the seeping, chronic illness prevails in your system and slowly progresses. It is the struggle for life, when death is your frequent companion and still looms near. Recovery is striving to maintain a semblance of family life, when too often family members are gone or leaving. Recovery is developing new friends, when the old friends reject you -- have you ever thought how long it takes to make friends with someone? Recovery is finding an opportunity for meaningful employment when you are ready to work, it matters not the salary, just wanting to fulfill the need to be useful. With all of this (and more) one may never fully achieve Webster's "self-possessed, steady, calmness"

Who, besides the person recovering, places first priority on recovery -- before all else. Others in a society that has developed a "comfort at all cost" attitude and nurtures the attitude, and practices the principles of "taking something to feel better"?

So, for those in the field, the future is the challenge within...to do something about changing our own attitudes towards those in recovery. To begin to treat and give assistance with the greatest of concern and respect for the individual and his or her right to self-determination. To learn to respect the tremendous personal efforts each individual must expend in keeping his 24-hour vigil on himself....not only in the first few days, weeks, or months, but to those who, after many many years, still fight for daily survival and strength to get through each 24-hour period.

* * *

FACTS DON'T CEASE TO EXIST JUST
BECAUSE PEOPLE IGNORE THEM

DRINK MORE, LISTEN LESS

After a few drinks, people tend to talk more and listen less, say three California psychiatrists.

If you suspected that cocktail party conversation consists largely of interrupting your colleagues with your own thoughts, while paying little attention to what others are saying, you're right, say investigators at the University of California's department of psychiatry and human behavior.

According to their studies, the most consistent effect of alcohol on communication was the increase in the amount of interrupting or overlapping speech.

Overall, alcohol appeared to make social communication more disorganized, and intoxicated subjects seemed less likely to follow conventional rules of etiquette in their speech patterns.

SUPPORT

At the risk of being repetitive, a significant portion of the Utah Alcoholism Foundation's responsibility lies not only in the area of informing the people about the problem of alcohol abuse in the State of Utah, but in informing them that it is a citizens' problem. Anybody who is interested in the welfare of the State has to be interested in this problem --for there is virtually no group or individual who is not directly or indirectly affected by it.

Because alcoholism is a public health problem, it is a proper function of health agencies to support programs established to combat it and we are grateful for the support we receive from the State political subdivisions and United Way and those individuals contributing monetarily, but, it is also a grave social and economic problem -- a citizens' problem -- and it will require a great deal more citizen involvement to bring it under control.

Citizen involvement in the form of volunteerism has always provided the backbone for alcoholism council programs at the national level and much of our manpower is made up of dedicated people so convinced of the need for citizen involvement in this cause that they willingly contribute their time, their energies and their talents. Other private citizens groups, businesses and agencies have participated in our educational programs through financial contributions.

None of the educational efforts have been in vain -- evidenced by the fact that more people are seeking help at an earlier age and at an earlier stage of their illness. But... there is so much more which needs to be done!

Intervention and prevention programs are the only realistic approaches for effective control of the disease. This way, the alcoholic can be reached upstream where he falls into the river rather than where he is dragged out.

To mount these programs requires money and requires manpower. The things we are accomplishing are based on very minimal dollars and on limited staffing. We must develop a wide community concern on an individual basis.

State funding for alcoholism could be greatly increased by slightly increasing the excise taxes on alcoholic beverages -- 2¢ on a six-pack of beer; 7¢ on a bottle; and a penny on every five bottles of wine. 15% of the adults consume 75% of all alcoholic beverages. And, in a very real sense, it would provide a prepaid insurance program for the problem drinker or the potential victim of alcoholism. This is another prime example of the critical need for citizen involvement!

* * *

A DANGEROUS "DOSE"

"I appeal to doctors throughout the nation to look upon every patient as a potential alcoholic. Anyone can become an alcoholic." So pleads Dr. Sheila Blume who heads the Alcoholism Rehabilitation Center at the Central Islip Hospital, Long Island, New York. She believes that when a doctor tells a patient to go home, relax, and pour himself a drink, that he is prescribing one of the deadliest drugs in the world -- alcohol. "Doctors should never recommend it, because I have seen significantly large numbers of people become dependent on alcohol after taking their doctor's advice." She believes the trouble begins when people start to lean on drink for support -- to get them over a problem or to relax them. Friends may tell them they need a drink, but when a doctor says it, he should remember that he is someone speaking with authority. "The drug is not on prescription and the patient can get another "dose" anywhere. The doctor should realize that he is prescribing a drug to which about 5% of the population becomes addicted," Dr. Blume warns.

MORTICIANS REJOICE!

Thanks to the recent release to the mass media of a study done by the Rand Corporation of California on returning the alcoholic to "normal drinking", we can count on an untold number of alcoholics who might otherwise remain abstainers to attempt to resume "normal drinking" and fall victim to their illness.

Add to this number the vast number of alcoholics in need of treatment who will be lured into the gamble that they are the "normal drinker" type who will feel it unnecessary to seek treatment and it is enough to make one wish he owned stock in a company that manufactures embalming fluid.

Good news, too, to all those dedicated people involved in tertiary treatment who would love to see their jobs made obsolete.

Press releases of this type can add immeasurably to their job security. (P.R.V.)

SUMMERTIME DOLDRUMS?

*If we sit down at the set of sun,
And count the things that we have done
And, counting, find
One self-denying act, one word
That eased the heart of him who heard,
One glance most kind,
That fell like sunshine where it went--
Then we may count the day well spent.*

*But if, throughout the livelong day
We've eased no heart by yea or nay,
If through it all
We've nothing done that we can trace
Has brought the sunshine to a face--
No act most small
That helped some soul, and nothing cost--
Then count that day as worse than lost.*

America's favorite drug is alcohol! Legal, socially acceptable alcohol.

It's a depressant and easily obtainable without a prescription. It's used as a relaxer, medicine, beverage, warmer, and escape route.

It's America's biggest killer.

It destroys families and friendships. It turns neighbors into enemies. Homes burn. People die. Alcohol abusers kill others and themselves. Half the fatal highway crashes last year involved alcohol.

And it's a legal drug.

Yet alcohol abusers are your relatives, your friends, your neighbors. They're not morally weak people, they're sick people.

What can you do about it? You can learn about alcoholism and its effects. And you can report it when alcohol is involved in events that hurt and kill people.

All too often a reporter works hard at a story and leaves out what may be the most important fact: alcohol involvement!

Newspapers, magazines, radio, and television report on alcoholism -- its causes, its effects, and its treatment. Many do a good job. But do they show their readers the impact of alcoholism when reporting the news? Not as often as they might/

Look at one example: *a tragedy that could have been prevented and from which people could have learned something: A suburban home catches fire during the middle of the night; by the time neighbors are awake and there, it's too late. The family of five is dead from smoke inhalation.*

The next day a reporter from the city's major newspaper reports what he's found out about the family and their tragedy: the children were bright, well-mannered, promising. The husband and father, call him "Jack", worked hard at a job he liked and in his community. The wife and mother, "Jill", was a partner in a large law firm, a loving, dedicated mother, and a generous neighbor. Everyone interviewed described her in glowing terms -- but one thing they forgot to tell the reporter: Jill was an alcoholic.

The official cause of the fire was "careless smoking." The family died of smoke inhalation, and the reporter had devoted several paragraphs to the difference an inexpensive, easy to install, smoke detector might have made.

But a smoke detector wouldn't have been needed at all if Jill hadn't left a lighted cigarette in the family room sofa when she went up to bed in her chronic alcoholic haze.

Nobody said anything about Jill's heavy drinking, her nightly habit of staying up long after everyone else had gone to bed, downing drink after drink. Nobody wanted Jill remembered that way.

The stigma too often attached to problem drinking still keeps people from talking about this "problem" when it exists. And that often keeps reporters from telling their readers about the involvement of alcohol in daily events.

Publishers, editors, and reporters themselves often fail to ask the "right" questions. Many have attitudinal roadblocks about alcoholism and alcohol abuse that get in the way of their reporting the involvement of alcohol in the news.

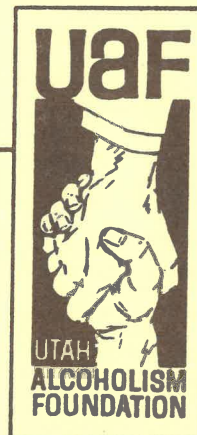
The news media have "a unique opportunity to increase understanding about alcohol" says Dr. Morris E. Chafetz, former director of the National Institute on Alcohol Abuse and Alcoholism, "not through an editorial or educational campaign, but simply by treating alcohol in proper perspective as both a benefit as well as a threat to society."

Goals for responsible reporting of alcohol abuse should be:

- ...To raise awareness of the epidemic proportions of alcoholism;
- ...To examine how the media affects social behavior and attitudes;
- ...To remove some of the attitudinal roadblocks news people themselves have about alcohol abuse and alcoholism; and
- ...To develop agreed-upon guidelines for presenting alcohol use and abuse in a way that will contribute to the more responsible use of alcohol and understanding of alcoholism as a disease.

Each time information on alcohol abuse and alcoholism is reported, the public adopts or reconfirms attitudes about alcohol. When that information is accurate, objective, and complete, public understanding is increased.

News coverage can show the surprising pervasiveness of alcohol abuse in ordinary daily events. It can reinforce the idea that alcoholism is a progressive illness with warning signals along the way. The potential is great: the increased knowledge and understanding the media can convey can lead individuals and families to seek early help for an illness that exacts an enormous toll --- personal and economic, on millions of Americans and on the nation as a whole.



Utah Alcoholism Foundation

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NEWS LETTER

AUGUST 1976

VOLUME 7, Number 6

NATIONAL COUNCIL ON ALCOHOLISM AND THE AMERICAN MEDICAL SOCIETY

ALCOHOLISM POSITION STATEMENT ON ABSTINENCE

"In accordance with data currently available, the National Council on Alcoholism and its medical component, the American Medical Society on Alcoholism, take the position that:

1. Abstinence from alcohol is necessary for recovery from the disease of alcoholism.
2. Although abstinence is a means of achieving recovery, other factors by which a person's life is enriched are important: improved physical and emotional health, better work performance, more rewarding relationships with the family and society, and increased economic efficiency.
3. As in many other diseases, relapses may take place but must never be thought to indicate that recovery is beyond reach. Any improvement is positive and should be recognized and encouraged as a prelude to recovery.
4. There is a need for responsible research into alternate approaches, carried out with proper controls as well as the judicious publication of results when pertinent.

However, in the present state of our knowledge, we firmly believe and emphasize that there can be no relaxation from the stated position that no alcoholic may return with safety to any use of alcohol."

BASED ON OUR KNOWLEDGE AND EXPERIENCE, WE SUPPORT THE POSITION OF THE NATIONAL COUNCIL AND A.M.S.A.

LONELINESS

A tear is shed
for each soul
that does not know love.
We pass through each day
so unaware of the
great needs of others.
If shedding a tear
would make the load lighter,
I would not be ashamed
to cry
until the victory was
won.

Kathy L. Garrett

A federal plan for improving the health of the nation proposes restrictions on liquor advertising and on the sale of cigarettes with high tar and nicotine contents as a way to cut the amount of death and disease.

Among the suggested proposals for reducing the use of alcohol are decreasing the alcoholic content of some beverages; restricting liquor advertising; stopping companies from using alcoholic beverage advertisements as a tax deduction; and, setting the tax on an alcoholic beverage according to its alcohol content.

The antismoking suggestions include banning the manufacture and sale of cigarettes with high tar and nicotine contents, and ending the federal price supports for tobacco farmers.

* * *

A fool is usually known by six things:

1. Anger without cause.
2. Speech without profit.
3. Change without progress.
4. Inquiry without object
5. Putting trust in the wrong things.
6. Mistaking friends for those that are not.

* * *

Drinking Myths

A guided tour through folklore, fantasy, humbug & hogwash

by Joe Dolan
Senior Program Manager
Operation Threshold



Why bother to debunk a bunch of harmless myths about drinking? Because they're not so harmless.

For instance? If a guy thinks it's okay to smash down 8 to 10 beers every night because "it's only beer" ...he could develop a serious drinking problem without even knowing it.

We have nine million alcoholic Americans. It's become a national plague. Yet in some other societies, where they don't share our misconceptions about drinking, alcoholism is rare.

So the more we know about drinking, the better we can handle it. The better we can decide whether, where, when, why, how much, and with whom to drink.



The really serious problem in our society is drug abuse. Right. And our number one drug problem is alcohol abuse. About 300,000 Americans are addicted to heroin. But about 9,000,000 are addicted to alcohol. It's not even close.



A good host never lets a guest's glass get empty. There's nothing hospitable about pushing alcohol or any other drug. A good host doesn't want his guests to get drunk or sick. He wants them to have a good time...and remember it the next day.

"What a man! Still on his feet after a whole fifth." When we stop thinking it's manly to drink too much, we have begun to grow up. It's no more manly to over-drink than it is to over-eat.

If the parents don't drink, the children won't drink. Sometimes. But the highest incidence of alcoholism occurs among the off-spring of parents who are either teetotalers...or alcoholic. Perhaps the "extremism" of the parents' attitudes is an important factor.

You're not an alcoholic unless you drink a pint a day. There's no simple rule of thumb. Experts have concluded that how much one drinks may be far less important than when he drinks, how he drinks and why he drinks.

Alcoholism is just a state of mind. It's more than that. It's a very real illness. And there is scientific evidence that physiological dependence is involved.

The first round should be a "double" to break the ice. Breaking the ice is a job for a good host or hostess...not for a bottle. You must have more to "give" your guests than just alcohol.

Mixing your drinks causes hangovers. The major cause of hangovers is drinking too much. Period.

It's rude to refuse a drink. Nonsense. What's rude is trying to push a drink on someone who doesn't want it or shouldn't have it.

"Ya gotta hand it to Joe. He can really hold his liquor." Don't envy Joe. Often the guy who can hold so much is developing a "tolerance" for alcohol. And tolerance can be a polite word for need.

Very few women become alcoholic. In the 1950's, there were 5 or 6 alcoholic men to every woman. Now the ratio is about 3 to 1. Evidently this is one area where women's liberation is catching on too well.

People are friendlier when they're drunk. Maybe. But they're also more hostile, more dangerous, more criminal, more homicidal and more suicidal. Half of all murders are alcohol-related. And one third of all suicides.

People get drunk...or sick...from switching drinks. That shouldn't really make much difference. What usually causes an adverse reaction to alcohol is drinking too much.



Give him black coffee. That'll sober him up. Sure, in about five hours. Cold showers don't work either. Only time can get the alcohol out of the system, as the liver metabolizes the alcohol. Slowly. There's no way to hurry it.

The best cure for a hangover is... Everybody has his favorite. But they all have one thing in common: They don't work. What works? Preventive medicine. If you don't drink too much, you won't get a hangover.

"I'm just a social drinker." Just because you never drink alone doesn't mean you can't have a drinking problem. Plenty of "social drinkers" become alcoholic.

Drug? Drug. Alcohol is a drug, all right. If you don't believe it, ask your doctor.

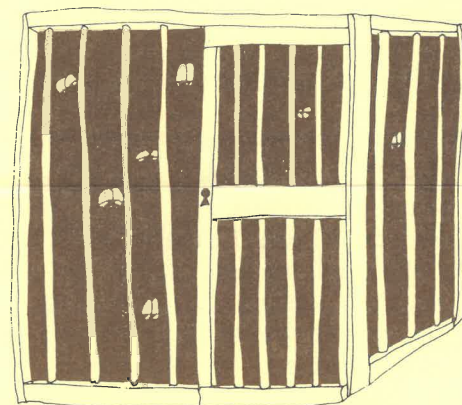
Today's kids don't drink. Sorry, but the generation gap is greatly exaggerated. The kids' favorite drug is the same as their parents' favorite: alcohol. And drinking problems are rising among the young.



Most alcoholics are skid row bums. Only 3 percent to 5 percent are. Most alcoholic people (about 70 percent) are married, employed, regular people. All kinds of people.

It's impolite to tell a friend he's drinking too much. Maybe if we weren't all so "polite," we wouldn't have so many friends with drinking problems.

A few drinks can help you unwind and relax. Maybe. But if you see alcohol like a medicine, it's time to see your doctor.



The "Drunk Tank" is a good cure for alcoholism. Nonsense. Alcoholism is an illness, and can be treated successfully. We don't jail people for other illnesses. Why for alcoholism?

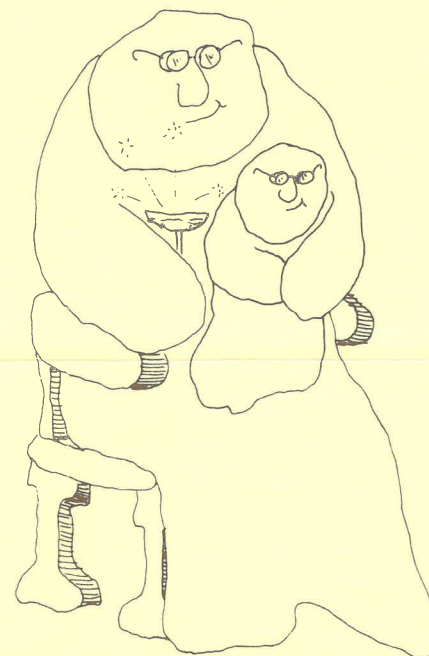
Drinking is a sexual stimulant. Contrary to popular belief, the more you drink, the less your sexual capacity. Alcohol may stimulate interest in sex, but it interferes with the ability to perform.

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

All that publicity about drinking and driving is...True. At least half the fatal highway accidents involve drinking.

Alcohol is a stimulant. It's about as good a stimulant as ether. Alcohol acts as a depressant on the central nervous system.

Your kids will learn what you tell them about drinking. Ha ha. Your kids will learn what you show them about drinking. If you drink heavily; if you get drunk; the chances are your kids will follow the same example.

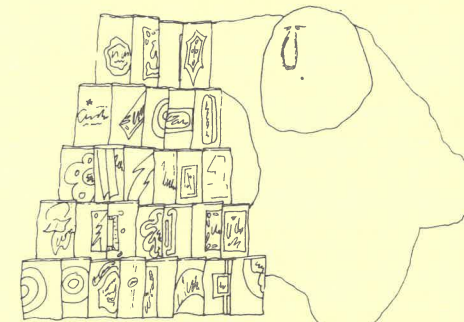


The time to teach kids about drinking is when they reach legal age. By that time, they've long since learned what we can teach them. Like it or not, we teach our kids from birth. And they learn more from what they see us do than from what they hear us tell them.

Most alcoholic people are middle-aged or older. A University of California research team has found that the highest proportion of drinking problems is among men in their early twenties. The second highest incidence occurs among men in their 40's and 50's.

Thank God my kid isn't on drugs! If he's hooked on drinking, he's on drugs. With nine million Americans dependent on alcohol, it's time we stopped pretending it isn't a drug.

Most skid row bums are alcoholics. No. See? You just can't count on stereotypes. A recent study found that less than half the derelicts on skid row had drinking problems.



"It's only beer." Sure. Just like it's only bourbon, or vodka or gin. One beer or one glass of wine is about equal to one average "highball." The effect might be a little slower, but you'll get just as drunk on beer or wine as on "hard" liquor.

Getting drunk is funny. Maybe in the old Charlie Chaplin movies...but not in real life. Drunkenness is no funnier than any other illness or incapacity.

Never trust a man who never takes a drink. You know that's silly. Yet many of us are a little nervous around people who don't drink.



"I don't know any alcoholics." Maybe you just don't know you know any alcoholics. Some of your best friends may have drinking problems. They don't seem "different." And they usually try to hide their illness, even from themselves. About 1 of every 10 executives has a drinking problem.

People who drink too much hurt only themselves. And their families. And their friends, and their employers, and strangers on the highway. And you. □

Let's not play the alcoholic's game by trying to solve all the other problems which are 'driving him - or her - to drink.' Let's deal with the basic problem - Alcoholism.

Thomas J. Swafford,
Vice President, Program Practices,
CBS Television Network

What's Responsible Drinking?

Essentially, it's drinking without harming yourself or others. It's also respecting the wishes of those who choose not to drink.

Double Jeopardy

"Mommy, don't keep me alive."

These words were spoken by the mother of Karen A. Quinlan as she told a judge of the Superior Court in Morristown, New Jersey, what she felt her daughter would say if she herself could testify.

Some six months before, Karen had lapsed into a coma, which physicians said occurred after an overdose of gin and tonic and the tranquilizer Valium. She had remained in the coma, being kept alive only by a life-supporting respirator.

Of course, the Quinlan case is an extreme one, but an increasing number of young people are turning on with booze and downers, a duo of drugs that can result in either euphoria, coma, or death. This combination is becoming more popular as the drug culture of the 60s blends into the traditional custom of drinking.

Both alcohol and downers are central nervous system depressants that can reduce the supply of oxygen to the brain or stop the heart. This synergistic effect means that a dose of either drug that is not lethal might combine to cause death.

"This is an increasing problem," says Dr. Ross Fishman, education director of the National Council on Alcoholism in New York City. "With young people, we're talking about a shift from drugs alone to drugs plus alcohol."

The dual use of booze and pills by young people is the tip of the iceberg in a society that uses drugs to cope with stress. Children see and imitate the prevalent pattern of adult drinking and pill taking.

"The people we don't usually think about as dual drug abusers are the parents," Dr. Fishman comments, "and probably many housewives who regularly drink and take prescription drugs."

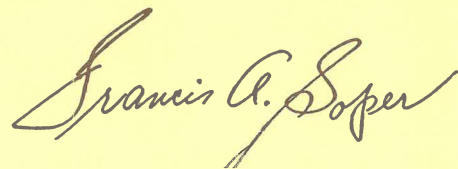
Compounding the total problem now is a wave of teen-age drinking, at the same time there's a turning away from hard drugs such as heroin, and mind-altering drugs such as LSD.

The Illinois Dangerous Drug Commission reports that 90 percent of teen-agers who use drugs also use alcohol. In that one state alone this means some 220,000, or about a fourth of all those between 14 and 18.

"It's a serious problem nationwide," says commission director Thomas Kirkpatrick. "They use alcohol as a substitute for drugs or in combination with drugs."

Research by the National Council on Drug Abuse shows that currently Valium is the first choice of drug abusers.

"A kid who will take one drug will experiment with another," says Judy Rich of the New York "Accept" alcoholism program. "Parents need to tune in to their own values about drinking and pills before they can expect their kids not to take them."



THINK ABOUT IT

The need to take the first drink may be generated in our heads, but the compulsion to KEEP drinking stems from the body AFTER alcohol is ingested! This is born out by the very fact that we can LEARN how to THINK so we DON'T take the first drink, but we can NOT LEARN to control AFTER we take the first drink.

Utah Alcoholism Foundation

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NEWS LETTER

SEPTEMBER 1976

VOLUME 7, Number 7

IF YOU DRINK -- DON'T DRUG

Yes, you saw right! It's not a misprint. It's a serious warning designed to catch your attention. And -- it contains two very important messages:

ALCOHOL is a DRUG. Alcohol is a substance that "by its chemical nature alters structure or function in the living organism."

Now most people would have the common sense not to mix one or more drugs without seeking advice, so this note would seem useless. But, it's not. People do mix alcohol and other drugs every day; sometimes deliberately, most often unintentionally.

Alcoholic beverages when taken in combination with medicines such as sedatives, anti-histamines, or tranquilizers may produce undesirable or even dangerous effects.

The best and safest bet when you're using medications is to leave alcoholic beverages strictly alone -- or ask the advice of your doctor or pharmacist.

YOUR GOOD HEALTH IS THEIR CONCERN --- AND OURS.

HOW TRUE

The trouble with a hangover is that you don't get it until the anesthetic has worn off.

BOOZE OUT, BIBLES IN

Business is booming since the manager of Wytheville, Virginia's, Holiday Inn threw out the booze and stocked up on Bibles.

The 25-year-old businessman decided last December to give up the motel's state license to sell beer and wine and instead to stock the bar with God's Word.

"I'm surprised," says the motel's manager. "I've got more church groups wanting to come here now than you can shake a stick at."

The manager's decision followed personal problems he won't talk about, along with experiences with drunks while working part time at the local jail. In addition, he says, he was stabbed in the motel's parking lot in 1974 when he tried to stop someone who was driving away under the influence of alcohol.

There are five things parents can do to keep their children from using drugs or to stop them if they haven't gone too far. Dr. H. Richard Lamb and Dr. Doris Lamb, psychiatrists at Burlingame, Calif., offer these suggestions:

1. Do not condone or accept drug use. Make it clear that you do not approve of illegal drug use and that you see this as a big cop-out from life.

2. Don't try to compete with your children's peers. Parents are parents, not peers, and their children expect them to behave as such.

3. Offer some alternatives to drug use. Get them interested in sports or backpacking or hiking or some other form of socializing. Do not be too easily put off by early rejection of your efforts.

4. Be honest with your children and yourselves about alcohol. Should one or both parents abuse alcohol, the child's use of drugs may be due to an identification with the parents rather than to adolescent rebellion.

5. When necessary get professional help, especially when the child has established an identity as a drug user and tends to treat any anxiety about his habit by using still more drugs. Ask the family physician to recommend a physician who is well-grounded in treating drug abuse.

"EXPERT ON ALCOHOLISM"

Over and over again one sees the designation "expert on alcoholism" attached to the name of an individual working in this field. One must accept the fact that there are no experts on alcoholism; there are only people who are doing their level best to contribute something to the effort to study, treat and prevent alcoholism.

The individual who came closest to being an expert on alcoholism was a bio-statistician -- the late E. M. Jellinek -- and he was the first to disclaim any expert knowledge. "I have bits and pieces in a vast puzzle. Years of study are still required."

A pretension to expert knowledge satisfies the needs of many kinds of people, but in a disease so complicated and so frequently fatal as alcoholism, the title of expert is to be claimed only by someone who, in the future, finds the missing pieces in the puzzle. Meanwhile it is far better to be known simply as "a worker in the field of alcoholism."

-from Perception, a publication of the Greater Boston Council on Alcoholism

The price of excellence is great discipline, and the cost of mediocrity is bitter disappointment.

Freedom for What?

Man may be created free.

But many soon forge their own chains by enslaving themselves to addictive habits.

Perhaps the greatest peril to the American experiment is the exercise of freedom to self-destruct.

LISTEN, dedicated particularly to youth, highly resolves that our nation shall have a new birth of freedom—freedom from the snares of liquor, tobacco, and harmful drugs.

All of these topics have relevancy, but discussion of them is not necessarily going to change users or potential users to non-users. It may. Social pressures that are evaluated and discussed openly become less threatening to those who would rather not drink. What is far more likely is that it will begin to change some of the unhealthy attitudes and drinking customs in America today. That is a goal worth striving for. L.N.L.

From—The North Dakota Monitor

We have reprinted in this issue what we believe to be an unusually significant editorial by R. Keith Simpson, member of the Board of Directors of the National Council on Alcoholism. Dr. Simpson is greatly respected in the field of alcoholism and will be the Banquet Speaker at the annual Association of Halfway House Alcoholism Programs (an Association we greatly respect) in Edmonton, Alberta, Canada, this June.

His editorial has encouraged us to comment further on this linguistic anomaly or semantic mystery which has confused us (and probably misled many others) since its appearance in the alcoholism glossary.

Webster's Unabridged gives copious space and attention to the word "abuse" (both as verb and noun) — all of which is intrinsically and unmistakably pejorative! Depending on the nuances or specifics of the level of definition, such concepts as corrupt, perverted, masturbatory, violent, false, deceitful, improper, vicious, obscene, malicious, and rapacious, among others, are included.

We thus feel very strongly that the use of the terminology "alcohol abuse" is itself an abuse and a dangerous one.

First, it indicates (we hope not deliberately) that compulsive ingestion of alcohol has overtones of willful, voluntary intent — that the alcoholic is self-inflicting his drunkenness. We cannot be comfortable that those who so describe this condition really believe as we do — that alcoholism is a physical disease, the contracting of which is no one's responsibility. It is respectable, dignified, and legal. The illness is not within the character, will power, or morality of the victim to determine. We have never known an alcoholic who wanted or willed himself to be one. We believe alcoholics, premonitory and postmonitory, to be good, valuable, important people, generally possessed of great good motives and capable of great good deeds. We believe this because we have seen it thousands of times!

We see, secondly, another serious danger. To juxtapose "alcoholism" and "alcohol abuse" clearly says there might be a difference. If people have problems with alcohol and find they can't control their consumption of it, we believe the diagnosis is clear. The disease entity of alcoholism is identified and can only predictably and inevitably progress to disaster, whatever the terminology employed. To offer semantic loopholes indicating some difference between "problem drinking", "alcoholic abuse", and "alcoholism" is to offer dangerous and perhaps fatally unrealistic alternatives to those who need no encouragement in loophole finding. Alibis, justifications, rationalizations, and excuses are alcoholism disease symptoms that need not be bolstered.

We believe that the disease concept of alcoholism is the revolutionary and dramatic new cornerstone for recovery success, after milleniums of unproductive condemnation, punishment, humiliation, and ostracism of alcoholic people as evil, sinful, or immoral.

The disease concept explains too many things, answers too many questions, and saves too many lives in an observable, pragmatic, usable way to be even slightly tainted or questioned. To introduce ambivalence or uncertainty by questionable semantics should, we think, be discontinued. It seems only to undermine a life-saving concept — that alcoholism is a treatable disease.

JFQ

The Hidden Brook Current

"OUR COMPANY WILL PAY PREMIUMS TO EMPLOYEES FOR THE SUCCESSFUL CONCEALMENT OF ALCOHOLISM. THESE PREMIUMS WILL BE PAID IN TERMS OF SALARIES, PROMOTIONS AND FRINGE BENEFITS. HOWEVER, WHEN AN EMPLOYEE REACHES THE STAGE WHERE HE CAN NO LONGER CONCEAL HIS ALCOHOLISM, HIS JOB WILL BE DOWN-GRADED OR HIS SERVICES WILL BE TERMINATED."

If this notice were to appear on a company bulletin board, the reaction would probably range from incredulous laughter to shocked outrage. Yet, this is still the unwritten policy of all but some 300 corporations in the U. S. towards alcoholism.

These excerpts are from an article entitled "Booze and Business" put out by the Alcoholism Foundation of British Columbia. It appears to indicate there is still a close-minded attitude in the business world towards the disease of alcoholism. As ridiculous as the above statement may sound, it is one way alcoholism is generally viewed in the business world. However, there is an awakening towards education about the disease of ALCOHOLISM, and industrial programmes are being started. The high cost of rehiring and retraining a new worker can be avoided, while a recovered alcoholic usually returns to work with a performance of 110% of normal.

Just as a diabetic would be recommended to competent physicians who could treat his illness, so should an alcoholic be offered a way to seek proper treatment. The notice on the Bulletin Board could then perhaps read:

"THIS COMPANY INTENDS TO GIVE THE SAME CONSIDERATION TO ALCOHOLICS AS TO THOSE HAVING OTHER DISEASES. FOR THE PURPOSE OF THIS POLICY, ALCOHOLISM IS DEFINED AS AN ILLNESS IN WHICH AN EMPLOYEE'S CONSUMPTION OF ALCOHOL SERIOUSLY AND REPEATEDLY INTERFERES WITH HIS JOB PERFORMANCE AND/OR HEALTH. THIS IS THE COMPANY'S SOLE CONSIDERATION, AND WHETHER OR NOT AN EMPLOYEE WITHOUT ALCOHOLISM CHOOSES TO DRINK SOCIALLY IS OF CONCERN ONLY TO THE INDIVIDUAL, NOT TO THE COMPANY."

Thanks to Intercountry Fellowship of A.A.—San Francisco

TRAFFIC DEATHS OUTNUMBER WAR VICTIMS

Highway experts from 12 countries met and determined that there have been more than 25 million traffic deaths since the automobile's invention. This toll exceeds by 1.5 million all war deaths of this century.

WE START TO FAIL IN THE HOME WHEN WE GIVE UP ON EACH OTHER. WE HAVE NOT FAILED UNTIL WE HAVE QUIT TRYING. AS LONG AS WE ARE WORKING DILIGENTLY WITH LOVE, PATIENCE, AND LONG-SUFFERING, DESPITE THE ODDS OR THE APPARENT LACK OF PROGRESS, WE ARE NOT CLASSIFIED AS FAILURES IN THE HOME. WE ONLY START TO FAIL WHEN WE GIVE UP ON A SON, DAUGHTER, MOTHER, OR FATHER.

. . . MARVIN J. ASHTON. . .

The Booze Tube

By Nicholas Johnson

A look at the way television portrays "real life" drinking

Is television driving us to drink? There's some evidence that it is.

Network executives readily promised Sen. John O. Pastore (D-Rhode Island) that they wouldn't advertise hard liquor on TV -- and then exited laughing all the way to the bar.

Because if that bar had a TV set in operation, the odds are good that the show that was playing featured alcohol -- often, prominently, and favorably. At least that's true of 70 to 80 percent of prime time programming.

Senator William D. Hathaway (D-Maine) is taking them to task. But TV executives retort that their programs have to reflect real life. O K, let's take a look at real life:

The average American consumes 182 gallons of liquid a year: 56 gallons of water, 32 gallons of coffee, 24 gallons of milk, and -- well down the list in eighth place after tea, fruit, and vegetable juice -- perhaps one or two gallons of liquor.

Now ask yourself: When was the last time you saw somebody drink a glass of water on television? It doesn't happen often.

No, TV's drinkers are a long way from real life. The disproportion in their consumption of liquor over water, compared with the ratio in real life, is 264 to 1.

Few of us get enough good plain water. Milk is a great source of protein. Fruit and vegetable juices at least have some vitamins and minerals. Coffee has no nutritional value and debates still rage about its impact on heart and other diseases. The less nutritional value, however, the more prominent the portrayal in television programs. Finally, we reach the product most prominently displayed of all: ALCOHOL.

We are not about to suggest we go back and try prohibition again and see if we can make it work this time -- but, there are a few sobering facts about alcohol that do bear repeating occasionally.

Alcohol is our nation's number one hard drug by any standard: its capacity to do irreparable physical damage, the economic impact its addictive qualities, the number of people involved, the relation to crime, the quantities consumed, the number of deaths and injuries, the threat to young people, and the damage to family life.

Television's characters "need a drink" when the going get tough. Its comedies find nothing

funnier than joking about some star's drinking habits. But alcohol is no laughing matter.

With nine to 10 million alcoholics, there are few of us without a relative, friend, neighbor, or co-worker for whom alcohol is a problem. The economic impact is estimated at \$15 to \$25 billion a year for lost time, property damage, health care, police and courts, etc.

Alcohol is involved in 15,000 homicides and suicides annually; 20,000 accidental deaths; plus one-half of all auto accidents and the additional 25,000 deaths they cause. Even 40 percent of the pedestrians who are killed have been drinking.

Crime? Roughly half of all arrests in the country involve alcohol -- some 2 million a year. That a \$100 million expense item all by itself.

Health? Unlike heroin, alcohol causes irreparable damage to the liver, brain, heart, and other organs. It takes 10 to 20 years from the life expectancy of an alcoholic. Some 20,000 people die each year from alcohol-related diseases.

What can we conclude from all this? There should be no one to dispute that:

- ...Alcohol is the nation's number one hard drug; the toll we are paying is enormous.
- ...Liquor is used prominently in television programs.
- ...Its portrayal does not discourage use.
- ...There is no basis for finding that the "public interest" that broadcasters are licensed to serve requires an increase in alcohol consumption.
- ...Television programs tend to encourage consumption in general, chemicals in particular, and alcohol most of all.

The fact that we can't know television's precise impact upon alcohol consumption is more reason to study the problem, not less. We measure air quality and insist upon environmental impact statements -- it's time we started measuring TV quality and issuing television impact statements.

Until then, we recommend that the network programming chiefs sit back with a tall, cool glass of water and watch that booze tube they've created!!

* * *

VIRUS

A Latin word used by doctors to mean "your guess is as good as mine."

XX QUESTIONS -- ANYONE?

ARE YOU AN ALCOHOLIC? To answer this question, ask yourself the following 20 questions and answer them as honestly as you can.

1. Do you lose time from work due to drinking?
YES ___ NO ___
2. Is drinking making your home life unhappy?
YES ___ NO ___
3. Do you drink because you are shy with other people?
YES ___ NO ___
4. Is drinking affecting your reputation?
YES ___ NO ___
5. Have you ever felt remorse after drinking?
YES ___ NO ___
6. Have you gotten into financial difficulties as a result of drinking?
YES ___ NO ___
7. Do you turn to lower companions and an inferior environment when drinking?
YES ___ NO ___
8. Does your drinking make you careless of your family's welfare
YES ___ NO ___
9. Has your ambition decreased since drinking?
YES ___ NO ___
10. Do you crave a drink at a definite time daily?
YES ___ NO ___
11. Do you want a drink the next morning?
YES ___ NO ___
12. Does drinking cause you to have difficulty in sleeping?
YES ___ NO ___
13. Has your efficiency decreased since drinking?
YES ___ NO ___
14. Is drinking jeopardizing your job or business?
YES ___ NO ___
15. Do you drink to escape from worries or troubles?
YES ___ NO ___
16. Do you drink alone?
YES ___ NO ___
17. Have you ever had a complete loss of memory as a result of drinking?
YES ___ NO ___
18. Has your physician ever treated you for drinking?
YES ___ NO ___
19. Do you drink to build up your self-confidence?
YES ___ NO ___
20. Have you ever been to a hospital or institution on account of drinking?
YES ___ NO ___

A lot of good arguments are spoiled by some fool who knows what he's talking about.

CREDIBILITY AND TRUST SEEN AS ESSENTIAL

A willingness to help people, and less emphasis upon the building of bureaucratic power structures, is the secret of excellence in halfway house programs, a conference has been told here.

James E. Carroll, president of the Association of Halfway House Alcoholism Programs of North America, Inc., told the group's 11th annual convention it is time to get back to essentials if residents are to receive maximum benefit from such institutions.

"It's not a question of who should be in control. What we need is trust and credibility—that is accomplished by honest open methods," he told the meeting.

Mr. Carroll made it plain he is not enthused by such emerging issues as certification of staff, accreditation, and licensure.

"The complexity can be overwhelming. There is a constant source of new policies, new regulations, new and revised standards, wonder therapies, wonder drugs, plus complex methods and theories."

The one-time insurance executive and alcoholic, now co-ordinator of community resources for a state psychiatric hospital in Connecticut, urged his colleagues to remember their primary function is to help recovering addicts re-establish themselves in society.

"We could all use a course in fundamentals, and a brush-up on keeping it simple. But our big problem is how to sell the concept to many of the people in the field who have no idea of what we mean.

"Part of the problem is the power struggle that is taking place in alcoholism and the human services area of which we are part.

"Power struggles will not help our halfway house residents.

"Somehow we must gain back the trust and credibility that is now lacking in our society. Let's be ready at all times to be tested," he said.

The Journal, August 1976

* * *

A NEGATIVE THINKER CAN'T FUNCTION IN THE HERE AND NOW --- HE MUST CONSTANTLY CONJURE UP THE PAST AND PROJECT ITS REMIFICATIONS INTO THE FUTURE.

If you have answered YES to any of the questions, there is a definite warning that you may be an alcoholic.

If you have answered YES to any two, the chances are that you are an alcoholic.

If you have answered YES to any three or more, you are definitely an alcoholic.

(The foregoing Test Questions are used by Johns Hopkins University Hospital, Baltimore, Maryland, to help in determining whether or not a patient is an alcoholic.)

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Utah Alcoholism Foundation

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NEWS LETTER

NOVEMBER 1976

VOLUME 7, Number 8

ACCREDITATION ANNOUNCED

We are pleased to announce that the Utah Alcoholism Foundation has received Accreditation of its programs through the Accreditation Council for Psychiatric Facilities of the Joint Commission on Accreditation of Hospitals. This followed application for accreditation by the Foundation and an on-site survey of its statewide programs by representatives of the Joint Commission last March. The Joint Commission on Accreditation of Hospitals is nationally recognized as the foremost accrediting body of medical facilities. It is only within the past two years that the Joint Commission has been accrediting alcoholism programs. As it moved into the alcoholism field, the Executive Director of JCAH, John D. Porterfield, M.D., stated; "It is not within the Joint Commission Charter to tell those in need of services where or when to seek help. We can only hope that by promoting programs of quality, by setting standards for quality, can confidence and hope be generated among those most in need of alcoholism programs services, thus dispersing not only the stigmas and myths but the fears and anxieties associated with treatment of alcoholism." Accreditation provides an objective evaluation of a program's services, based on national recognized standards developed by professionals.

The Foundation was accredited in seven of eight possible components. Those components receiving accreditation were: Management Support Service, Emergency Care System, Intermediate Care, Outpatient Care, Outreach, Aftercare, and Consultation and Education. The Utah Alcoholism Foundation is now in its thirtieth year as Utah's oldest alcoholism service delivery system and the only statewide program. The Foundation facilities and programs receiving accreditation were: the Northern Utah Alcoholic Recovery Center at Ogden; House of Hope, Salt Lake Alcoholic Recovery Center and Progress Home, Salt Lake

City; Central Utah Alcoholism Council and Treatment Complex, Provo; Southeastern Utah Alcoholic Recovery Center, Price; and, Southern Utah Alcoholism Council and Recovery Center, Cedar City. Also, in Salt Lake City, the Cottage Program and the Neighborhood Services Program.

The principal advantage of accreditation is the assurance to the public that Utah Alcoholism Foundation's total program meets the highest professional standards. Professionals will be assured that they can refer clients to the Foundation with the knowledge that our program has been thoroughly examined and accredited by JCAH.

"Our goal in seeking accreditation was to meet the highest professional standards in line with our primary goals -- the prevention of alcoholism and the rehabilitation of the alcoholic.

This alcoholism program accreditation is the second to be awarded by the Joint Commission in Utah and the first to a non-proprietary organization.

* * *

Rehabilitation Pays Off

Within 18 months, following re-entry into the job market—at an annual wage of as little as \$8,000—a single recovered alcoholic, without dependents, will pay state and federal income taxes of \$1,978 vs. \$1,620 cost of 90-day treatment program!

* * *

Intelligent use of one's experience is the key to progress....

* * *

A nine-point plan for consideration

GET INVOLVED WITH U.S.

volunteers can be very instrumental in the following ways:

- | | | |
|---|---|--|
| <ol style="list-style-type: none"> 1. There is a need to develop a stronger and broader delivery system. 2. There is a need for better alcohol abuse information programs in our school systems. 3. There is a need for more emphasis on state prevention coordinators. 4. There is a need for effective programs on prevention with more emphasis given to the National Institute on Alcohol Abuse and Alcoholism prevention branch. 5. There is a need for federal initiative in alcoholism to be maintained and the momentum of the National Institute on Alcohol Abuse and Alcoholism sustained and furthered. | <ol style="list-style-type: none"> 6. There is a need for more emphasis on the responsible drinking concept which never encourages or discourages drinking for those who choose to drink. 7. There is a need for public policy on the prevention of alcohol problems to insure the present effort in prevention and expansion of more activity in the prevention area. 8. There is a need for more efforts to be devoted to prevention research. We need to know better ways and techniques of accomplishing the task of minimizing and preventing alcohol problems. 9. There is a need for more utilization of volunteer groups and the private sector and a broader, more comprehensive community support system to deal with major national health problems. | <ol style="list-style-type: none"> 1. Widening community support of a solid alcoholism prevention program. 2. Creating a greater awareness. 3. Becoming catalysts and conveying the need for alcoholism programming in the local community. 4. Practicing and supporting the responsible drinking concept by encouraging sensible drinking values, lifestyles, attitudes, and behaviors for those who choose to drink. 5. Bringing drinkers and non-drinkers together to discuss implications our drinking society has on the relationship of the family. |
|---|---|--|

I knew a drunk in California who always attracted attention when he staggered erratically down the street. One day there was an earthquake and he was the only one walking straight.

—Paul Gilbert

SLEEPING PILLS CAUSE INSOMNIA

"The most prevalent cause of insomnia is sleeping pills," said Dr. William C. Dement, director of the Stanford University Sleep Disorders Clinic.

According to Dr. Dement, sleeping pills usually increase sleep at first but lose their effectiveness in about two weeks. If use is prolonged, the person becomes a drug addict, says Dr. Dement.

"After taking the pills for a year or more," he says, "a person will believe with his heart and soul that, if he does not take the barbiturates, he will not sleep. That is absolutely right. But what the person does not understand is that he is a drug addict, and the insomnia he is taking the drug to cure is caused by the drug itself."

If a person who takes sleeping pills for several weeks stops, he will suffer sleeplessness and perhaps total insomnia. The Stanford sleepologist says the only effective treatment is gradual withdrawal. The patient cuts back a small dose at a time under a physician's care.

* * *

THE PRIMARY PROBLEM

There is a school of thought that holds it is unwise to use "alcoholism" as the primary diagnosis, since this is "stigmatic and extremely controversial." It is thought that if the therapist can resolve the underlying problem - mental, emotional, marital, or whatever it might be - which is causing the alcoholic to drink, this will relieve his alcoholism, thereby making it unnecessary for him to drink.

On the other side of the argument are professionals in the field, such as Joseph M. Warren, director of the New York Transit Authority Employee Counseling Service.

The entire focus of Mr. Warren's program is on alcoholism and in getting the alcoholic to stop drinking and stay stopped. Roughly 5,000 alcoholics have been handled in this manner during the existence of the program. Mr. Warren says that once these alcoholics stopped drinking, only about one-half of one per cent required any kind of psychiatric or allied treatment. In other words, in 99.5% of the cases in his program, alcoholism was the primary problem.

CITY PEOPLE LARGEST CONSUMERS of ALCOHOL.....

Though less than a third of the adult population lives in the 20 largest U.S. metropolitan areas, that's where half the liquor is consumed, according to a recent nationwide survey.

The Newspaper Advertising Bureau studied the largest 100 urban areas in the country and discovered that the annual consumption rate was 125.8 cases of liquor for every 100 adults. The drinking rate in the top 20 urban areas was 137.1 cases. The average for the entire country was 103.9 cases per 100 adults, the bureau says.

* * *

LIVING IN THE MIDDLE

....Excerpts from an interview with Dr. SIGNEY COHEN, by William J. Robson for LISTEN magazine.

....Dr. Cohen is an adjunct professor of psychiatry at the University of California.

Dr. Cohen shares the belief with other experts that the use of alcohol is on the increase.

"We're seeing for the first time young men in their twenties with cirrhosis of the liver. This means that they must have started drinking heavily in their teens because it takes years for cirrhosis to develop. Every report from across the country indicates that alcohol has become the mainstay, either by itself or in combination with many other drugs."

"We're going to have to live right in the middle of them [drugs]. And to do that and survive, we're going to have to have alternative life-styles."

Dr. Cohen believes that young people and children learn adultlike behaviors very quickly now because of television and other mass media, and they are likely to get involved with alcohol and other drugs at an early age.

"The family used to set limits for young kids, and now this situation is either non-existent -- the family is broken up -- or, if it's intact, it still isn't taking responsibility for early child rearing. The urban family unit isn't a unit anymore. Young people have outside interests and the means of getting away from the family, but over and above that, the whole idea of family unity is going. There aren't many families where the father is the authority figure who determines punishment and lays down the rules and the child listens -- that's gone.

"Adolescence is a time when one learns how to deal with life," he emphasizes, "and if you don't learn then, you just remain immature. This is why adolescent drug taking is a matter of more concern than adult drug taking."

Dr. Cohen denies that merely giving information about drugs to young people will do much to prevent experimentation and abuse.

Actually, the decision to use a mind-altering drug or any drug is not a logical one. It's really an emotional decision, and we can't appeal to logic to deal with emotional decisions, and we can't appeal to logic to deal with emotional problems. So we need an

entirely new approach, and one of the things that constitutes that approach is to offer young people emotional alternatives to drug usage.

"We have to give young people who are using drugs, or who are in danger of involvement with drugs, viable goals and real models they can pattern their lives after."

Dr. Cohen emphasizes that while better treatment, education, and detection of drugs might ease the problem of drug abuse, the real challenge is to help the potential user develop a new life-style.

"We have to revise education to make it alive and exciting," he says, "We have to give young people who are using drugs, or who are in danger of involvement with drugs, viable goals and real models they can pattern their lives after." "It seems to me that the role of education would be to educate people how to see and how to feel -- how to control their emotions. I think that some of the drug abusers have never really learned how to educate their senses, how to educate their emotions, and they go into drugs in order to sense existence as they should have been trained to."

Dr. Cohen is concerned about the need of appropriate models in the life of a young person, whether they be parental, political, or career models.

Dr. Cohen suggested several ways kids can improve their life. Self-understanding may be gained through reading, self-observation, participation in a psychotherapeutic relationship or in a self-help group. Getting to know how to relate to people -- enjoying close relationships -- is one way to self-fulfillment. So is learning how to tackle a dangerous or difficult task or experience, such as exploring the wilderness or learning to skydive.

Another path is the development of esthetic appreciation. Listening to music, enjoying paintings, and finding insights in literature can be more rewarding than tripping out on drugs. And if a young person tries his own hand at creating a song, a painting, a story, or a poem, the rewards can be even greater.

"We're never going to be able to turn off the supply of these drugs," Dr. Cohen explains. "We're going to live right in the middle of them. And to do that and survive, we're going to have to have alternative life-styles."

Pressure to Drink

Evelyn Owens, recently retired associate director and professor of the U.S. -- Madison School of Social Work, has long been active in the field of alcoholism. In addition to teaching classes on the subject, she has served on several community boards.

One of her class assignments at the University was to have her students experiment with abstinence at a social gathering in which they could not offer the stock excuses about illness or diet. She has provided us with a sampling of written remarks made by students who recorded their reactions and the reactions of others to them:

"At about midnite the game disintegrated.... no one could remember who had dealt the last hand except me....I'm sure I had heard these stories before, but when drinking, I thought they were funny -- I didn't now.... It was hard to distinguish whether it was they that felt uncomfortable with me or me with them....We were all aware of my strange (i.e., non-drinking) behavior and others seemed to take it as a gesture meaning I refused to participate with them....A drink is a symbol of the host's offer of hospitality....Most of those drinking excessively seemed uncomfortable around those who were drinking less and either gravitated to others who were drinking larger amounts or made comments urging others to drink moreI didn't know what to do with my empty hands -- I kept wringing them....I felt like an outsider....I was bored and disgusted with everyone because no one seemed able to carry on an intelligent conversation....When I finally accepted a drink everyone was pleased ---the action seemed to raise the spirits of all....I never realized how much I counted on drinking."

As a result of this experience many students vowed not to push drinks on others and not to drink to excess, for fear of becoming the "boring" or "disgusting" people they encountered in various states of inebriation. For many it was a rude removal of rose-colored glasses that his a compulsion to drink too much and/or insist on others doing so.

We live in a country where we are blessed with many freedoms. One of these freedoms is the right to consume alcoholic beverages. Over 100 million people in the United States avail themselves of that privilege. Ten million will find the privilege will engulf them. They will become problem drinkers, ultimately alcoholics.

Society will condemn them for their inability to control their consumption of a legal commodity. They are second-class citizens. Second rate. Yet, take any one of those weak

10-million, pass a small miracle sober him/her up and send him/her to a party where a fair sampling of the 90-million "sensible" drinkers are present, and is he/she praised and emulated? No. The person's a second-class citizen because he/she doesn't drink. He/she can't win. Society, and the gracious host, do not look kindly on the guest who can't hold his/her drinks, and the deadhead teetotaler alike. The only winners in our society are the people who by some quirk of fate are able to control their drinking. Would that we were all so blessed.



BE A GOOD HOST & HOSTESS NOT JUST A BAR TENDER

Offer Soft Drinks

One third of the adult population chooses not to drink at all. And many others who drink socially sometimes prefer not to. So offer a choice. And when someone says, "no thanks" . . . don't push it. There are 9 million Americans for whom even one drink is one too many.

Give More Than a Drink

Introduce two people who don't know each other. Get a conversation started. Give someone a compliment . . . or a laugh. You have more to give than just drinks. A host or hostess is not just a bartender.

Don't Rush Refills

Wait until the glass is empty before you offer another drink. And then don't be in a hurry . . . especially if someone seems to be coming up empty too fast.

Don't Double Up

A lot of people count their drinks. But if you serve doubles, they'll be drinking twice as much as they can handle. Doubling up isn't generous. It's rude.

Dinner Is Served

If you're going to serve dinner or an evening snack, do it before it's too late. If the "cocktail hour" goes on for hours, nobody will know what they had for dinner.

Keep 'Em Nibbling

Not just later on, but while your guests are drinking. That's important, because it slows down the rate at which alcohol is absorbed into the bloodstream: It also slows down the rate at which people drink.

If . . .

Someone drinks too much at your house, you are responsible. That's what it means to be a host. See that he gets home safely, but don't let him drive. And don't think you can sober someone up in a short time with a cold shower or black coffee. Only time can sober him up. It will take about one hour for every drink he's had. So sometimes it's best to let the guest "sleep it off" instead of going home.

THANKS TO U.S. JAYCEES



Utah Alcoholism Foundation

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Season's Greetings

DECEMBER 1976

VOLUME 7, Number 9



LET US LIVE CHRISTMAS EVERY DAY

Christmas is more than a day
at the end of the year,
More than a season of joy and good cheer,
Christmas is really
God's pattern for living,
To be followed all year by unselfish giving . . .
For the holiday season awakens good cheer
And draws us closer to those we hold dear,
And we open our hearts and find it is GOOD
To live among men AS WE ALWAYS SHOULD
But as soon as the tinsel
is stripped from the tree
The spirit of Christmas fades silently
Into the background of daily routine
And is lost in the whirl
of life's busy scene,
and all unawares we miss and forego
The greatest blessing that mankind can know . . .
For if we lived Christmas each day,
as we should,
And made it our aim to always do good,
We'd find the lost key to meaningful living
That comes not from GETTING,
but from unselfish GIVING . . .
And we'd know the great joy
of PEACE UPON EARTH
Which was the real purpose
of our Saviour's birth,
For in the GLAD TIDING
of the first Christmas night,
God showed us the WAY AND THE TRUTH
AND THE LIGHT!

Helen Steiner Rice

TOLERANCE IS THE ART OF SEEING
OURSELVES AS OTHERS SEE US --
AND NOT GETTING MAD ABOUT IT.

SEASON'S GREETINGS
UAF BOARD of TRUSTEES & STAFF

Soon the Christmas Season will be with us, with its themes of "Joy to the World" and "Peace on Earth Goodwill to Men," of mutual gifts to friends and kinsfolk, and, we hope, of benevolence to the needy. But for many people it is rather the time of excessive and senseless giving of gifts, of far too much eating and much too much drinking. In the desperate effort to be jolly some people will have stocked up on liquor and will drink so freely that their social behavior becomes regrettable and their driving becomes dangerous ---if not lethal. The death statistics arising from drunken driving during the Christmas New Year holiday, read like a casualty list from a major battle.

Why should the customs of the Yuletide constitute an open season for drinking, not to say license for drunkenness? Many drinkers, of course, need no excuse for even heavy drinking; but many who are only moderate drinkers, or drink hardly at all at other times, or who with great effort have sworn off drinking altogether, go "whole-hog" for drinking during the eight to ten days (often un-intentionally and most regrettably prolonged past the New Year) and justify their excesses by saying it's all in the Christmas spirit. The distillers do nothing, nothing at all, to discourage this sordid custom.

But what is the origin of all-but-universal custom of being more tolerant of drinking during the Holiday, and condoning excessive drinking as Christmas revelry? It is something more than the ubiquitous and pernicious custom of considering liquor as appropriate, even de regeur, for social gatherings. Actually, this custom is a total misinterpretation of the Christian Christmas, and often a willful and commercial distortion of the significance of the season.

About the middle of the fourth century, the Church began celebrating Christmas as the birthday of Christ, with the emphasis on God's gift to mankind and our giving gifts to children and especially to the poor. At that time the Christians were a minority, surrounded by a society ruled by pagan customs with their many festivals. One of these was the Roman Saturnalia, which honored the Unconquerable Sungod, who, reborn at the winter solstice, overcame the winter darkness. This festival, celebrated universally was characterized by lighting lights, making all kinds of noises, drinking to drunkenness, and indulging in all sorts of wild excesses of conduct. In converting this pagan revelry into a Christian celebration, the re-birth of the Sun-god became the birth of Christ; the excesses of drinking and eating became the mutual rejoicing in

greetings and songs of family, friends, and the whole Church, celebrating in this way God's gift to men by themselves giving gifts to one another and to the poor. It was a good plan -- a lovely plan -- but it soon soured, as one might have foreseen.

So, from the very beginning, and progressively, the purity of the Christian Christmas was diluted. This infiltration became a tidal wave of revelry.

In some sections of the country, children and adults still shoot off fireworks -- but, the excessive drinking as Christmas is neither purely sectional nor merely harmless. It is, on the contrary, using a time for rejoicing as an excuse for drinking, for wassailing, for combining the license of "Merry Christmas" with the excesses of "Happy New Year". It is literally a going back "to the weak and beggarly elements of the world" celebrating the birth of the Prince of Peace with reckless revelry, amounting at times to pandemonium.

So, in celebrating Christmas we can be either Christian or pagan. We can not be both. Like pagans, we can forget ourselves in drink, give lavishly to those who do not need, drinking to the health of those who would be better off if they did not drink to us in return, drink to generate hilarity amounting to irresponsibility, drink to forget problems which need to be faced and solved, and drink to arouse self-confidence, courage and humaneness, only to wake up to feelings of chagrin and self-contempt, drink to forget our deeper spiritual troubles, only to realize we have added to the feelings of guilt by our efforts to escape.

But for anyone who even remotely follows the life pattern of the Son of Man, Christmas should be the happiest, the soberest, the gentlest, and the most self-satisfying and self-fulfilling of seasons. Our worldly customs and our sordid traditions to the contrary notwithstanding, Christmas should be observed in Christian fashion, with peace and joy and gladness -- with a full heart, a clear eye, and a steady hand, with loving kindness and compassion, with gratitude for God's great gifts and for our opportunity to share in His goodness by giving of ourselves in love and service, in remembering the poor and visiting the sick in body and the lonely in heart. What a Christmas this would be for many who this Christmas will drink the dregs of the cup of sorrow --- and for the loved ones, who, helplessly, witness this self-destruction.

1976 CONSENSUS STATEMENTS

The Relationship of Problem Drinking and Emotional Stress

The inability to face and deal with emotional stress often contributes to the development of problem drinking. Thus it is urgent that we develop more effective ways of managing stress. From earliest childhood people must learn to respond to stressful situations in a healthy manner. A spirit of understanding and support from the churches, schools and other social institutions will be required if this goal is to be attained.

Nonchemical Methods of Managing Stress

There are numerous ways to cope nonchemically with stress, both individually and with the support of others. A partial list of creative ways would include the following: prayer and meditation; work; reading; music; communion with nature; listening to body signals; pursuing hobbies; sexual expression; volunteer work; sports; clubs; resting; giving the self a treat in symbolic ways; group therapy; bio-feedback; acting out emotions by laughing, crying, fantasy; and talking with a friend or counselor.

Relevance of the Judeo/Christian Tradition to the Management of Stress

The Judeo-Christian tradition is particularly relevant to the problem of stress management in contemporary society. Thus, the religious community has a moral responsibility to reach out individually and corporately to those who are experiencing stress and to make available the resources of this sacred inheritance.

Sources of Emotional Stress in Contemporary American Society

These sources are diverse and complex. Individuals and families are subject to continual strain arising from the relentless pressures for productivity and material achievement in combination with social, economic and political barriers to the realization of legitimate personal aspirations.

Stress and Changing Roles of Women

The fact that the social roles traditionally ascribed to women are presently undergoing rapid transformation is a further source of emotional stress. Coping techniques formerly used by American women are also changing. There are many indications that women are now responding to stress in new ways, including an increasing reliance on alcohol and other drugs.



Alcoholism affects anyone living physically or psychologically near an alcoholic, or the memory of one."

"Alcoholism is an illness that doesn't appear, progress or sustain itself in isolation. Every alcoholic has a whole team of persons who 'rescue' him. They are caught up in the game of rationalization and denial and don't want to face the problem any more than the alcoholic does. They think if they don't look at it it will go away, but it won't, it's a terminal illness."

"The rescue functions performed by family members such as calling an employer to make excuses for the alcoholic's absenteeism, and other covering-up devices, keep the alcoholic locked-in to resistance to treatment and are often the result of the nonalcoholic's own anxiety. Family members often act as enablers for the disease and unless they start doing something different, the alcoholic doesn't have one chance in ten for recovery."

"Families must let the alcoholic take the consequences of his drinking and focus less on him and more on their own feelings."

There is need for more education for families of alcoholics so they can learn what alcoholism is "and our part in it." The pathology of the family needs treatment just as much as the pathology of the alcoholic."

TWO D.W.I. CASES

A JURY (IN ALABAMA) CONVICTED OF FIRST-DEGREE MURDER A MAN WHOSE CAR JUMPED A MEDIAN STRIP AND KILLED A 16-YEAR-OLD. THE SENTENCE WAS A STARTLING MANDATORY LIFE IMPRISONMENT. THE MAN'S BLOOD TESTED .25% ALCOHOL -- MORE THAN TWICE THE LEGAL LEVEL OF INTOXICATION.

A \$57,000-A-YEAR CHANCELLOR OF A UNIVERSITY IN CALIFORNIA, WITH ABOUT THE SAME AMOUNT OF ALCOHOL IN HIS SYSTEM, CRASHED INTO THE BACK OF A CAR. THE GAS TANK EXPLODED, CREMATING TWO OCCUPANTS. THOUGH HE HAD A PREVIOUS ARREST FOR DRUNKEN DRIVING, A JUDGE PUT HIM ON PROBATION AND ASSIGNED HIM TO LECTURE AND DO RESEARCH ON "ALCOHOL-RELATED ACCIDENTS."

