

HAVEN'T YOU GOT ANY WILLPOWER?

Along with the advice to "Pull up your socks" and "You'll kill yourself", most alcoholics have, at one time or another -- often when in despair and agony, have had to suffer these admonitions from well-meaning friends and relatives, and the result has always been nil. Well-meaning husbands and wives, relatives and friends, have long directed these and other questions to the alcoholic. They think by doing so they may shame or otherwise spur the victim into sobriety.

They are sincere. Their motives are above reproach -- but they want to help their alcoholic back to health -- but in 99 cases out of 100, such morality lectures are not only worthless, they are detrimental.

By innuendo, they case aspersion on the alcoholic's strength of character. They imply that his drinking is something he has willed himself into and can will himself out of. They form just one more wedge in the widening gap between the alcoholic and his abstaining or moderate drinking associates.

Sound advice, but.....why is this so? Why, for instance, are the suggestions of a loving and devoted wife likely to antagonize an alcoholic husband even to the point where he may storm out of the house and head for the nearest bar, there to "confirm" again the suspicion that he is nothing but a weakling --entirely devoid of decency and will.

Why does the alcoholic appear to deliberately reject this well-intended advice which he knows in his heart is indisputably sound? . . .It is simply because he can not follow it.

And why does it further alienate him from the adviser? Because the adviser is judging him by the adviser's own capabilities..... and when the alcoholic fails, the adviser's disapproval and exasperation merely adds to the alcoholic's already strong feelings of guilt and inadequacy.

The reason for the ineffectiveness of the willpower approach is readily apparent to anyone with an understanding of alcoholism and the alcoholic. The term, "willpower", denotes the possibility of choice. As far as his drinking is concerned, the active, untreated alcoholic has no choice. He is the victim of tensions, frustrations and anxieties which accumulate until his mal-adjusted emotional frame can not longer cope with them. His only relief is in alcohol.

Alcoholism, being a progressive sickness, he must, sooner or later, drink in order to face the ordinary everyday situations of life; he must drink in order to live.

Out of this obsession that alcohol is

vital to his very existence develops a compulsion to drink regardless of the consequences.

MOST ALCOHOLICS HATE DRINKING and hate themselves for succumbing to it, but their drinking is compulsive. There can be no choice in face of compulsion....and where choice does not exist there is no opportunity for the operation of the will. FUTILE.

All this is not to say that willpower must forever elude the alcoholic. When, by whatever constructive means he can be restored to sound physical and mental health, THEN but only THEN, his willpower will be free to function at full efficiency, and the willpower of the average alcoholic is neither greater, nor less, than that of the so-called average man. But, until this is done, we would impress upon all interested persons the futility of the willpower approach on the active alcoholic, and urge instead, that they seek expert help, lay or professional, for a solution of the drinking problem....and we strongly recommend it..... IT WORKS!

IT'S QUITE A FEAT

Concerned about saving energy? A sign on a California freeway offers this bit of advice: "All in favor of conserving gasoline, raise your right foot."

EARLY WARNING SIGNAL. . . .

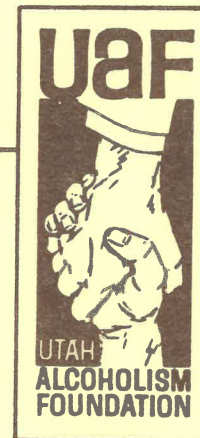
Diagnosing an alcohol problem after it has ruined a person's health, drastically depleted his resources, and perhaps left him down-and-out, is not good enough, says Dr. Ronald J. Catanzaro of Florida, Director of the Palm Beach Institute, a private facility for the treatment of people with drug, alcohol, personality, and interpersonal problems.

"I always say that I have one diagnostic question that will tell me whether someone has a drinking problem or not," Dr. Catanzaro noted.

"When that person walks into my office, I simply ask him one question: 'Do you drink?' If the visitor uses one particular phrase, I know he has a problem. That phrase is: 'I can take it or leave it alone.'"

"What that person thinks he's saying is that he doesn't need it. But what he's really telling you is that he has just two choices -- take it or leave it alone." With only those two choices, he can't be a so-called social drinker, although he may tell that's what he is.

"Going without drinking for some time to prove he doesn't need it is real self-recognition that he has lost control. What the man with the problem has proved to himself with his little experiment is that the only control he has is 100% abstinence."



Utah Alcoholism Foundation

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NEWS LETTER

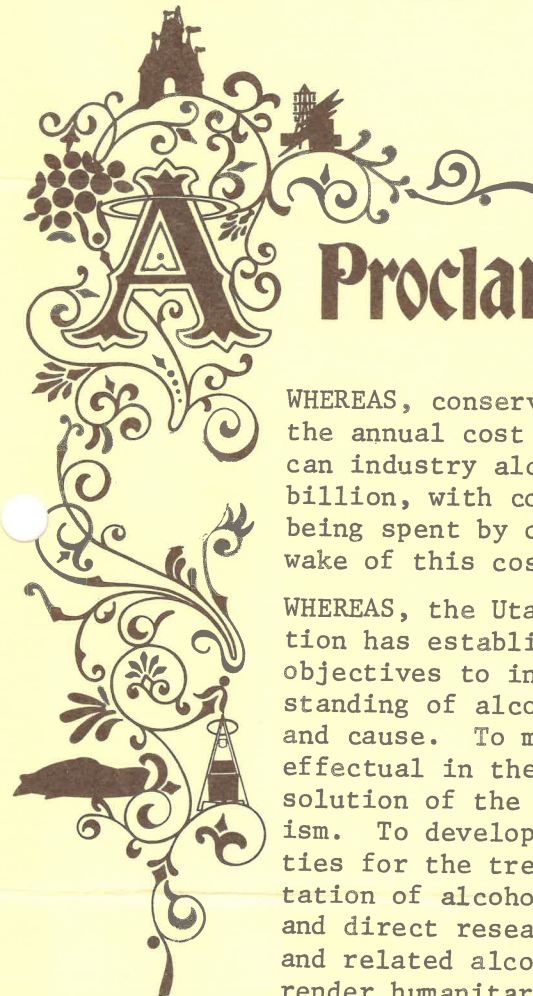
JANUARY 1977

VOLUME 8, Number 1

FOR THE BEGINNING OF OUR NEW YEAR AND OUR FIRST ISSUE OF THE NEWS-LETTER, WE WISH TO THANK ALL WHO HAVE GIVEN US TIME, MONEY AND INTEREST IN OUR PROGRAM.

WE HAVE RECEIVED APPLICATIONS FOR LIFE MEMBERSHIP FROM ALL OVER THE UNITED STATES -- PROOF OF THE WIDESPREAD INTEREST AND CONCERN FOR THE PROBLEMS OF ALCOHOLISM.

MAY WE ASK FOR YOUR CONTINUED SUPPORT AND A DONATION FROM THOSE WHO HAVE NOT ALREADY CONTRIBUTED. A SELF-ADDRESSED ENVELOPE IS ENCLOSED -- ANY CONTRIBUTION IS TAX DEDUCTIBLE.



Proclamation

WHEREAS, conservative estimates place the annual cost of alcoholism to American industry alone in excess of \$10 billion, with countless more billions being spent by our citizens in the wake of this costly illness; and,

WHEREAS, the Utah Alcoholism Foundation has established as its goals and objectives to increase public understanding of alcoholism, its nature and cause. To make this knowledge effectual in the prevention and solution of the problems of alcoholism. To develop and operate facilities for the treatment and rehabilitation of alcoholics. To promote and direct research on alcoholism and related alcohol problems. To render humanitarian service in the field of alcoholism. Remain non-profit, non-political and non-sectarian and, avoid involvement in controversial wet or dry issues in order that the organization may not be diverted from accomplishing its primary objectives.

NOW THEREFORE, the Utah Alcoholism Foundation does hereby urge all citizens to support the Foundation in its efforts to combat the illness of alcoholism.

UAF / services

TREATMENT DIVISION Operates six male and one female residential treatment facilities offering a variety of accepted rehabilitative procedures.

NEIGHBORHOOD SERVICES DIVISION Provides direct counseling and supportive service to the problem drinker and family members.

COTTAGE PROGRAMS DIVISIONS Operates the innovative "Cottage Program" providing alcoholism education to the public and initiating a direct approach for prevention and early intervention of problem drinking.

PUBLICATIONS DIVISION Publishes books, pamphlets, papers, newsletters and other literature. Distribution and circulation to fifty states and eight foreign countries.



YOU GET WHAT YOU PAY FOR . . .
OR DO YOU?

The 1976 calendars have been discarded and already the 1977 are filling with names and times. Putting the wraps on one year and untying the ribbon on a new one warrants a few minutes to consider the important questions of where have we been and where are we going.

The past year has been a banner one for Utah Alcoholism Foundation with the foremost accomplishment being the accreditation by the Joint Commission on Accreditation of Hospitals and our existing services have been greatly expanded and improved and new programs launched.

We have, and will continue to do so, spread the word that alcoholism is an illness -- that it is treatable and, importantly, that it is possible for it to be intercepted in the early stages before the victim's physical, mental, spiritual, social and financial resources have been depleted to the point where reconstruction is very nearly impossible.

Through our outreach programs we have carried this information to students and teachers in our junior and senior high schools and to the public through newspapers, radio and television, with the media becoming our greatest ally by devoting increasing time and space to our efforts.

Thousands of pamphlets, books, questionnaires, newsletters, etc., have been distributed all over the world -- we have recently been sending to India, South Africa, England, as well as to Canada and Mexico.

And the list goes on.

But where are we going in 1977?

First, we'll follow the precept that if something works, don't fix it. But, at the same time, our objectives are to continue to increase the quality, content and scope of our current programs and to develop new programs as funds permit; to continue to promote cooperation between all agencies and groups engaged in the battle against alcoholism, and to lend our assistance in these endeavors; to continue to alert legislators to the need for more realistic alcoholism legislation; and to continue to fulfill our responsibility as pacesetter for alcoholism programs in Utah.

* * *

Russian Opiate

Take average Russian's vodka away from him and Soviet economy would go down the drain. So says team of Harvard researchers who have discovered that alcohol sales are largest single source of state revenue (\$35 billion) in Russia. This equals their published defense budget. Interesting thought: Alcohol is actually fueling the U.S.S.R. economy! How about a toast to that?

"THE IMPRISONMENT OF THE ALCOHOLIC PERSON BY STIGMATIZATION AS MORALLY WEAK RATHER THAN ILL CONSTITUTES GREATER PUNISHMENT AND DESTRUCTIVENESS THAN THAT INFLICTED BY BUILDINGS AND BARS."

. . . Dr. Morris Chafetz
former NIAAA Director

In these times, we frequently hear it said, "You don't get something for nothing, or, "If it's free -- there must be a catch to it."

In the day to day business world, this is most probably true. There is, however, one noteworthy exception that is frequently overlooked or taken for granted. The exception being, the dedicated volunteer.

These unsung heroes frequently form the **mainstay** of any successful rehabilitation program whether it be rehabilitation from major surgery or alcoholism.

There seems to be something unique about a dedicated volunteer in the eyes of a patient or a person in need of rehabilitation . . . that something is "creditable intent". This vague but strong persuasive power that is in the hands of the volunteer is somehow diminished when his services have a price tag.

Perhaps stranger still is the volunteer who seemingly says all the "wrong things" from a professional standpoint, only to end up being cited for enabling the recovery of numerous "hopeless" alcoholics.

So it is in the field of alcoholism as with other helping professions -- with dedicated volunteers, you receive what money can't buy.

. . . Anonymous. . .

* * * *

Your living is determined not so much by what life brings to you as by the attitude you bring to life; not so much by what happens to you as by the way your mind looks at what happens. Circumstances and situations do color life but you have been given the mind to choose what the color shall be.—JOHN HOMER MILLER.

ALCOHOLISM -- A FAMILY ILLNESS

(Twenty questions to be answered by family members with as much honesty as possible)

1. Do you lose sleep because of a problem drinker?
2. Do most of your thoughts revolve around the problem drinker or problems that arise because of him or her?
3. Do you exact promises about the drinking which are not kept?
4. Do you make threats or decisions and not follow through on them?
5. Has your attitude changed toward this problem drinker (alternating between love and hate?)
6. Do you mark, hide, dilute and/or empty bottles of liquor or medication?
7. Do you think that everything would be O.K., if only the problem drinker would stop or control the drinking?
8. Do you feel alone -- fearful -- anxious -- angry and frustrated most of the time? Are you beginning to feel dislike for yourself and to wonder about your sanity?
9. Do you find your moods fluctuating wildly -- as a direct result of the problem drinker's moods and actions?
10. Do you feel responsible and guilty about the drinking problem?
11. Do you try to conceal, deny or protect the problem drinker?
12. Have you withdrawn from outside activities and friends because of embarrassment and shame over the drinking problem?
13. Have you taken over many chores and duties that you would normally expect the problem drinker to assume -- or that were formerly his or hers?
14. Do you feel forced to try to exert tight control over the family expenditures with less and less success -- and are financial problems increasing?
15. Do you feel the need to justify your actions and attitudes and, at the same time, feel somewhat smug and self-righteous compared to the drinker?

16. If there are children in the house, do they often take sides with either the problem drinker or the spouse?
17. Are the children showing signs of emotional stress, such as -- withdrawing -- having trouble with authority figures -- rebelling -- acting-out sexually?
18. Have you noticed physical symptoms in yourself, such as -- nausea -- a "knot" in the stomach -- ulcers -- shakiness -- seating palms -- bitten fingernails?
19. Do you feel utterly defeated -- that nothing you can say or do will move the problem drinker? Do you believe that he or she can't get better?
20. Where this applies, is your sexual relationship with a problem drinker affected by feelings of revulsion; do you "use" sex to manipulate -- or refuse sex to punish him or her?

A "yes" to any three of these questions indicates that alcoholism exists and is producing negative changes in the person answering them.

* * *

EDITOR'S NOTE:

The information on these two pages were received from interested and concerned readers of our Newsletter who asked that we present the "other side of the picture" of the alcoholic situation and submitted the sets of questions for us to publish.

In reference to the great numbers of the "other victims" of alcoholism, the Rev. Joseph L. Kellerman, director of the Charlotte (N.C.) Council on Alcoholism once wrote:

"Most philosophies of alcoholism treatment are comparable to treating only the driver of the wrecked automobile, regardless of the condition of the other members of the family also in the car. But, that, of course, isn't what happens. If the driver of the car lives or dies, we still try to save the other occupants of the car. The same should be true if the alcoholic member of the family lives or dies, we should be concerned with the other members of this family wrecked by alcoholism."

* * *

AFFLUENCY no BARRIER

The elite-affluent alcoholic person belongs to a "minority" that present a difficult challenge to alcoholism professionals who seek to draw them into treatment, according to a panel of celebrities and alcoholism professionals at the National Council on Alcoholism meeting in Washington, D.C.

The ego of such a person is frequently an obstacle to getting him or her to realize that there is a drinking problem, said Congressman Wilbur D. Mills, one of the panelists. "It is possible that the elite-affluent alcoholic has a greater amount of ego than the average individual," he added.

Jerry Shulman, executive director of Chit Chat Farms, Wernersville, Pa., agreed explaining that this group often has what he calls "success identity". It can be hard to convince affluent, prominent and powerful people that they are powerless to fight off their alcoholism since they find it difficult to accept this feeling of powerlessness. How do you assist these people, he asked? "Get out of the way. Do not be impressed with their power and affluence," he replied.

Another way to assist this group is through peer example, said Jan Clayton, television and Broadway star. Robert Thomaen, author of Bill W., agreed saying that he hoped NCA's celebrity banquet, at which prominent individuals discussed their problems with alcohol would encourage other alcoholic people in the elite-affluent group to seek assistance for themselves.

Robert W. Jones, supervisor of Evaluation and Research at Smithers Alcoholism Treatment and Training Center, New York City, added that elite-affluent alcoholic persons often have a sense of "increased grandiosity". Too often society sanctions the alcoholic behavior of these individuals by overlooking their alcohol problems and focusing on their importance. Even when these individuals seek treatment, they are often protected by the treatment staff, who, becoming impressed by the person's presence, might reinforce the problem behavior.

Another panelist, Daryl Kosloske, director of the West Palm Beach Institute, West Palm Beach, Florida, noted that one of the main factors which motivate affluent persons to seek treatment is a breakdown in their health.



WHAT DOES IT TAKE---
TO BE FREE--
TO GRASP A THOUGHT--
TO STOP THE WORLD--
TO KNOW ETERNITY--



U A A D C

The Utah State Association of Alcoholism and Drug Counselors was formed December 20, 1972 and is affiliated with the National Association.

OBJECTIVES:

To establish a state association of counselors expressly concerned with the welfare of alcoholics and other drug abusers in the State of Utah.

To instruct, communicate knowledge, and direct the study of alcoholism, drug abuse, and related problems for the benefit of the alcohol and drug abuser and their families.

To give guidance to alcohol and drug abusers and families so they may improve their lives.

To acquire and communicate information concerning alcoholism, alcohol abuse, and other drug abuse.

To provide training in the area of alcohol and drug counseling and community organization.

To act as an accrediting agency. To help set standards of training in the area of alcoholism and drug addiction.

To help develop a career ladder for individuals working in the field of alcoholism and drug abuse and to encourage the acceptance of field performance in lieu of academic achievement.

To encourage continuous learning among the membership and throughout the field of alcoholism and drugs.

To encourage a uniform pay scale within the career ladder.

Twenty-two persons were recently certified as proficient in the profession of counseling alcohol and other substance abusers and are currently employed in the field of alcohol and drug abuse counseling in the State. Each has specific expertise in working with abusers.

For more information contact: UAADC,
P.O. Box 11721, Salt Lake City, Utah
84147

* * *

Cheyenne, Wyo., was sued and ordered to pay \$70,816.43 in connection with the death of an alcoholic who spent nine days in the city jail without medical treatment.



Utah Alcoholism Foundation

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NEWS LETTER

MARCH

VOLUME 8, Number 2

YOU AND ALCOHOL

A proper diet is not a defense against liver damage caused by too much drinking, a New York expert on liver disease and nutrition reports in the Journal of the American Medical Association.

New studies with both human volunteers and animals show that the excessive consumption of alcohol caused liver damage despite the fact that the subjects ate well, wrote Dr. Charles S. Lieber of the Veterans Administration Hospital and the Mount Sinai School of Medicine of the City University of New York, Bronx, New York.

The Doctor warned in his report that the alcoholic should not be led to believe that mere correction or prevention of nutritional deficiency will prevent the development of liver damage. Control of alcohol intake is also needed.

FREEDOM OF CHOICE

The cool philosophy is not to have a drink if you do not want one, as it is you who has to drink it, not the one offering it. Drink is a psychotic obsession. There are quicker and better ways to instant euphoria than drink:

1. The hushed beauty of a summer dawn.
2. The mind expanding experience of a wild beach.
3. Enchanting music that turns one on.
4. The realization to know that one has escaped the bonds of desire and it is great to be able to have freedom of choice.

PARENTS MUST PROVIDE "LIFE" EDUCATION

Parents must face the blunt truth. They set the stage for their kids to become drug abusers.

They condition a child to drugs with their own drinking, pill popping, their failure to listen to and to love their kids, their failure to teach real values in life.

"What a person does about drugs depends on what he does about life. Children adopt family patterns, at least during their growing-up years."

Margaret Hill, an authority on education, child development, and mental health, says that parents must begin drug education in the home by providing life education. "A child with a healthy concept who has had experience in decision-making and

problem-solving and in accepting responsibility for his actions is less likely to turn to drugs to avoid decisions, problems, and responsibility.

"What we're really talking about isn't just drugs but the business of living. The goal in rearing children must be to teach them to deal with an imperfect world without using psychological crutches such as drugs."

IT'S NOT THE TASTE THAT COUNTS!

Television ads, not taste buds, probably determine what beer people like best, according to a study at the Wharton School of Business and Commerce.

The study tells of 250 regular beer drinkers who were given four differently labeled cans of beer. All 250 selected a favorite brand. Most said they found one beer that tasted horrible.

All four cans contained the same brand of beer. The study was conducted by Wharton Professor Russell L. Ackoff and James R. Emshoff.

The participants were given a psychological test to determine what type or category of person they might be: heavy drinker, light drinker, extroverted, shy, whatever.

Then they were shown four television commercials, one for each of the four brands of beer. Each commercial was rigged to appeal approximately to one of four types of beer-drinking personalities:

The drinker who took his beer to relax. The young adult who drank in a group, as at a picnic or party.

The extroverted beer man who got high too soon and then drunk.

The introverted beer drinker. He got drunk, too, but quietly, often alone.

"After being shown these commercials, the subjects were allowed to taste the beers in the quantity and manner that they wished," the study says.

The subjects were not only asked to express their preferences, which they did with no difficulty, but they were also asked to select a case of one of the brands which they would be given to take home.

The beer cans were identical except for the names: Bix, Zim, Waz, and Biv.

THE ALCOHOLIC WHO USES BARBITURATES IS EATING HIS ALCOHOL INSTEAD OF DRINKING IT !!

THERAPISTS "TOO JUDGEMENTAL"

Therapists should revise their view of alcoholism if they really want to help their patients, an authority on drinking problems has urged here.

R. Keith Simpson, an osteopath from Des Moines, Iowa and vice-president of the National Council on Alcoholism in the United States, suggested many "health workers" are too judgemental about clients who suffer a relapse after treatment.

Most enlightened therapists concede alcohol abuse is a chronic disease state, but many of them don't act rationally in the light of that knowledge, Dr. Simpson told the 11th annual conference of the Association of Halfway House Alcoholism Programs of North America, Inc.

He termed it "nonsense" that many workers adopt a critical and punitive attitude when recovering alcoholics occasionally lapse and drink again. Those who suffer other kinds of chronic and sometimes-recurring illnesses are not treated in the same judgmental fashion, he explained.

"A slip or an exacerbation" is commonplace in a chronic disease state, and does not necessarily indicate ineffective treatment, he said.

Dr. Simpson said the recovering alcoholic should properly be seen in terms of his former lifestyle, in six-or 12-month blocks of time. If drinking episodes are thinning-out in terms of frequency or severity, that is obvious progress.

Moreover, Dr. Simpson said, relapse patterns are overwhelmingly predictable, for reasons still not entirely clear.

"Danger periods" at five to seven weeks after the last drink, at five to seven months, 11 to 13 months, and 18 to 22 months have been confirmed by too many investigators to be mere coincidence. In fact, they have been confirmed in about 80% of cases, in a random sampling of about 10,000 alcoholics, he said.

Professor of medicine, and founder and chairman of the department of community medicine and social health care at the Des Moines Osteopathic College, Dr. Simpson said he is considering collaboration on an international study of the phenomenon of predictable relapse periods among alcoholics. If the project gets under way, some Canadian work is likely to be included.

Dr. Simpson said he is greatly concerned about therapeutic attitudes toward recovering alcoholics as the health team expands to include disciplines which do not have a long professional history, or a lengthy acquaintance with the realities of chronic disease conditions.

He cited as one example, the idea that it is possible to teach former alcoholics to be "social drinkers—which is an undefinable term." Proponents of that notion acted from high motives, but were basically uninformed, and so they were dismayed "at the disasters which can occur," Dr. Simpson commented.

"And when the damage has been done, they (the therapists) get off scot-free."

He called such a process a therapeutic flight "from reality to irresponsibility."

"The person who has a genuine therapeutic relationship with a patient must utilize the proven and effective methods that offer the most hope and protection for the patient. That's the whole basis of the relationship."

The Journal, August, 1976

"Every person is a combination of strengths and weaknesses."

Some alcoholics are perfectionists, or, have what might be defined as a predisposition to regard anything less than perfection in what they do as totally unacceptable . . . according to their own standards.

Such dilemma sometimes worsens the harder one works at trying to do something really outstanding. Although praise is at times won for things accomplished, the more one works on one's strengths, and even weaknesses, the more discerning one becomes . . . we find our "best" falls far short of "best".

Some alcoholics do not set out to be "worse than" but "better than" God intended us to be.

* * *

HOW IT WAS 200 YEARS AGO

On the 23rd of August, 1779, the USS Constitution, "Old Ironsides," carrying its regular cargos, set sail from Boston with 475 officers and men, 48,000 gallons of fresh water, 11,000 pounds of black powder, 7,400 cannon shot, and 79,200 gallons of rum. Her mission was to destroy English shipping with repeated raids.

Making Jamaica on the 6th of October, she took on 826 pounds of flour and 68,000 gallons of rum and voyaged for the Azores. Arriving there on the 12th of November, she provisioned with, 550 pounds of beef and 64,000 gallons of Portuguese wine. On the 18th of November she set sail for England. In the ensuing days she defeated five British men-of-war, captured and scuttled holes in the 12 English Merchantmen, salvaging only the rum. On the 27th of January, her powder and shot were exhausted. Unarmed, she made a night raid up the Firth of Tay; the landing party captured a whiskey distillery and transferred 40,000 gallons aboard. Then she headed home.

The USS Constitution arrived at Boston, on the 20th of February, 1780 with no cannon, no shot, no powder, no whiskey, no rum, no food, and 48,000 gallons of stagnant water.

from THE DRY SHEET

Three business tycoons were lunching together at an exclusive restaurant. When the check came, tycoon number one grabbed it, saying, "Let me pay this, boys. I'm in the 50 percent income tax bracket, so really only half of the check will come out of my pocket." Tycoon number two snatched it out of his hands, saying, "I am in the 70 percent bracket, so only 30 percent will come out of my pocket." It was tycoon number three, however, who won the argument by observing, "Wait a minute, boys. My firm is operating on a cost-plus basis with the government, so I'll really make four bucks on the lunch."

* * *

A NEW NATIONAL ORGANIZATION:

THE OTHER VICTIMS OF ALCOHOLISM, Inc.

The Other Victims of Alcoholism, Inc., a new national organization with Headquarters in New York, has been founded by Josie Balaban Couture to draw national attention to a very neglected segment of our population -- the victims of alcoholism other than the alcoholic.

"The Domino Effect of the disease of alcoholism, and the extent of its impact on our Nation, must be established as a national priority," Mrs. Couture said.

She further stated, "We must begin to address the needs of the estimated 40 million children, men, and women in the United States whose lives are directly and adversely affected by someone else's drinking problem."

We must also begin to look at the Domino Effect of the impact of alcoholism on family courts; child abuse; battered wives; juvenile delinquency cases; divorce cases; welfare cases; schools; industry; unions; insurance; criminal courts; prisons; mental institutions; hospitals, government agencies, and all other helping services."

The Other Victims of Alcoholism, Inc., has formed a National Task Force, and is in the process of developing a network of concerned individuals and organizations that are emerging across the nation as a powerful constituency directed at the victims of alcoholism other than the alcoholic.

The goals of The Other Victims of Alcoholism Inc., include:

- 1) to identify and define the impact of alcoholism on "the other victims"
- 2) to focus on the need to provide these people with information and help, whether or not the alcoholic seeks help or even recognizes the existence of a drinking problem
- 3) to outline and identify the impact of alcoholism on our society
- 4) to initiate and develop public programs and policy recommendations
- 5) to help generate the interest and concern necessary for these public programs and policy recommendations to be implemented
- 6) to work closely with all the communications media to spotlight this major health and social problem

For further information, contact Josie Balaban Couture, The Other Victims of Alcoholism, Inc., 100 West 57th Street, New York, N.Y. 10019

DRINK, DRANK, DRUNK QUIZ on DRINKING

Over 35 million Americans are affected by the abnormal drinking of someone close. But that also means that there are over 35 million people in a good position to help problem drinkers, because they are so close. But before you can help, you have to be able to recognize the problem. I'm going to ask 20 questions that can help you decide if someone close drinks too much. Just think of the person or people whose drinking you're concerned about, and answer "yes" or "no".

1. Do you worry about how much they drink?
2. Do you complain about how often they drink?
3. Do you criticize them for the amount they spend on drinking?
4. Have you ever been hurt or embarrassed by their behavior when they drink?
5. Are holidays in your home unpleasant because of their drinking?
6. Do they ever lie about their drinking?
7. Do they deny that drinking affects their behavior?
8. Do they say or do things, and later deny having said or done them?
9. Do you sometimes feel that drinking is more important to them than you are?
10. Do they get angry if you criticize their drinking or their drinking companions?
11. Is drinking involved in almost all your social activities?
12. Does your family spend almost as much on drinking as it does on food?
13. Are you having any financial difficulties because of drinking?
14. Does their drinking keep them away from home a great deal?
15. Have you ever threatened to leave them because of their drinking?
16. Have you ever lied for them because of their drinking?
17. Do you find yourself urging them to eat instead of drink at parties?
18. Have they ever stopped drinking completely for a period of time, and then started again?
19. Have you ever thought about calling the police because of their drinking behavior?
20. Do you think that drinking created problems for them?

IF I WORRIED TODAY AND DIED TONIGHT
ALL OF THAT TIME WOULD BE WASTED.

* * *

SELF PITY

So you want to feel sorry for yourself. Okay. Here are a few tips for getting into self-pity quickly and efficiently. They are all based on the experience of an expert.... myself.

THE FANTASY TRIP.

Sit yourself down and start playing with the key words: "I wish," "if only", and "maybe". Forget about where you are in reality and start building a stock of impossible dreams*"I wish it were summer.....I wish I could afford to buy a new car.....I wish I could go to Florida."* Wish for anything you don't have.

In moments, you'll be into: *"If only I had been born rich.....If only my parents had loved me more, I would have had a better chance..... Things were against me from the start..... I never had a break in life."*

This is a sure-fire pity trip. And you can stay in it with "maybe". *"Maybe something will happen to get me out of this."* Don't take any action; just sit and ponder. *"Maybe if I won the sweepstakes, I'd feel good.....Maybe I'd better stay home tonight and skip the meeting."*

THE GREED TRIP

Works much the same as the fantasy trip, but here you take off with the key words, "I want". You've got a job; *you want a better job.* Whatever you have *you can want more of it..... I want more money.....I want more friends.....I want more time to myself.....I want to be alone.*

Try that. Go in a corner and sulk and think of twenty-five things you want but don't have. And remember, whatever you do have..... *it could be better.*

THE LONELINESS TRIP.

A favorite for everyone. The key is to start thinking, that no one really understands you. If you're married, you have a spouse who doesn't understand; if you're not married, you wouldn't feel so lonely if you had some sex. So you do, and feel just as lonely.

Keep your feelings inside. Look around for people who seem happy (ignore those who are hurting), and soon it'll appear that everyone else in the world is happy while you're getting dumped on. God forgot all about you.

THE PAST-AND-FUTURE TRIP.

Start rummaging around in the past among the guilts (maybe saved a few for just this purpose), and you'll get upset soon enough. There must be some failures back there you can replay and not fully accept.

Or start projecting such grand projects that

you can't help but fail at them. Then imagine how many future failures you'll have....*Feel sorry about them.*

THE PERFECTION TRIP.

Will work every time when you can't get going on the other self-pity trips. *If you just got your latest book on the best-seller list, it isn't number one.* Whatever you do, just remember it could have been done better. Strive for total perfection....*and beat yourself over the head every time you miss.*

You probably aren't even doing a perfect job of feeling sorry for yourself.....*Feel sorry about that.*

Any of these is a good way to get into the pity bag. And if you want to add some real depth to the feelings, you can tell yourself: *I shouldn't be feeling like this.* You are the one exception in the human race; other people never feel sorry for themselves.

Always remember, as a friend once put it: *"NOBODY can do as good a job of feeling sorry for you as you!!"*

R.P., Milwaukee Wisc.
A.A. GRAPEVINE MAGAZINE

* * *

TODAY WE TALKED

Today I talked to a negative person. She looked so sad. Life had kicked her, and she looked very much like she expected a second kick and would welcome getting it over with. And I said to her, "Believe, and anything can happen." And she said, "I don't believe you." And nothing happened. Today I talked to a negative person. Sad, apathetic, knowing that the world was wrong. Without a song or a hope or a joy. God help her.

Today I talked to a giant. He breathed the fire of positive action. People loved him, followed him, respected him. And he looked as if he were certain that the world would do his bidding. And I said to him, "You've got it, haven't you? That magic of believing." And he laughed and replied, "You'd better believe it!" Today I met a positive giant, laughing, happy, sure. With happiness, love, and confidence. God helped him.

—Arthur J. Fetting

Self-acceptance and self-improvement are essentials to developing self-confidence.



Utah Alcoholism Foundation

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NEWS LETTER

APRIL

VOLUME 8, Number 3

DEFINITIONS.

WHAT IS ALCOHOLISM? A new definition has surfaced --- this time from Dr. D. E. Davies, medical director of the Alcohol Education Centre, London.

"ALCOHOLISM CAN BE DEFINED AS THE INTERMITTENT OR CONTINUAL INGESTION OF ALCOHOL LEADING TO DEPENDENCE OR HARM."

Dr. Davies points out this definition cuts out drunkenness. It comprehends urge, compulsion, and craving and the alternative --- actual withdrawal symptoms such as tremor -- and harm. The harm may be physical, mental, or social in the broadest terms, that is to the individual or to others.

* * *

According to Vernon Johnson, President, The Johnson Institute, and author of the book, "I'll Quit Tomorrow", confrontation of the alcoholic should involve the following seven things:

1. Meaningful persons present facts or data to the alcoholic;
2. The data is descriptive and concrete of events;
3. The tone is non-judgemental;
4. The chief evidence is tied directly to drinking;
5. The evidence of behavior is presented in detail;
6. The goal is to accept reality and help; and,
7. Available choices are offered.

* * *

LOOK IN YOUR WALLET.....IS YOUR MEMBERSHIP CARD UP TO DATE? WE NEED A STRONG FOUNDATION AND WE NEED YOU IN ORDER TO BE THAT WAY!! LET'S WORK TOGETHER TOWARD A UNIFIED EFFORT.....

MURPHY'S LAW. . . .*Nothing is as easy as it looks. It will take longer than you think. If anything can go wrong it will!*

CHISHOLM'S LAW. . . .*Any time things appear to be going better, you have overlooked something!*

* * *

"JUICED," "SMASHED," "CROCKED," "GETTING HIGH," "GETTING LOADED"....

all are terms kids are using today.

Although drinking is commonly thought of as *"part of growing up"*, it is now estimated to be a problem for three-quarters of a million young people.

There is a big switch going on....from other drugs to alcohol. It is the drug of choice among young people and the ratio of its use to other drugs is ten to one. And yet, the kids don't view it as a problem... but as a solution that works.

Some of the reasons young people are switching to alcohol are because it is cheaper; is far easier to get, from parent's liquor cabinets or by getting someone older to purchase it; is not a "felony-bust" if they are caught using it. Also, they have heard stories of people "freaking out" on LSD and other drugs and think alcohol is a "safe" way to "get loaded"; and there is often sanction of alcohol use and abuse by parents, who say, *"Thank God, it's not drugs."*

Researchers Devise Test for Incipient Alcoholism

BY GEORGE ALEXANDER
Times Science Writer

Long before a person's drinking leads to liver damage, or to job or marital problems, a simple test showing the relative proportions of two amino acids in the blood plasma can tell whether or not that individual is becoming an alcoholic, according to three New York medical researchers.

Writing in the December issue of Science magazine, Drs. Spencer Shaw, Charles S. Lieber and Barry Stimmel of the Mt. Sinai School of Medicine and the Bronx Veterans Administration Hospital reported finding a statistically significant positive correlation in the ratio of alpha amino-n-butyric acid to leucine, another amino acid.

The concentration of leucine (and related amino acids) was reduced, and that of alpha amino-n-butyric acid relatively increased in the blood plasma of human alcoholics. The ratio, expressed as "A/L", was thus said to be elevated.

The three physician-researchers said in their report that they did not yet know what mechanism was responsible for this abnormal ratio of amino acids, but that it was clearly and unmistakably present in the blood plasma of chronic alcohol drinkers.

The A/L ratio can become an objective means for the early detection and treatment of alcoholism, Shaw said.

"Alcoholism is a disease frequently denied by its victims," he said. "The conventional biochemical standards for determining alcoholism are liver damage, problems on the job or at home, dependency, and so on. But by the time these symptoms show up, the individual is well toward alcoholism."

This test, Shaw went on, will confront the individual who stoutly insists that he or she has no drinking problem with hard, factual evidence that, indeed, a drinking problem does exist.

The study was conducted at their Laboratory of Liver Diseases, Nutrition and Alcoholism at the Bronx VA Hospital, with 42 hospitalized human alcoholics, 20 control subjects, 19 patients with liver damage not related to alcohol consumption, 25 participants in a methadone maintenance program, and 26 baboon, half of which were given alcohol and half not.

In a telephone interview, Shaw and Lieber said that they found a positive correlation between an elevated "A/L" ratio and such

other tests for alcoholism as the National Council on Alcoholism criteria (physical dependency on alcohol; social problems; liver damage), the Swenson-Morse self-administered alcoholism screening test, and confidential interviews.

Moreover, the A/L ratio also reflected the degree of alcoholism: the more elevated the ratio, the more severe the disease.

Shaw said that alcohol need not be present in the blood stream of a subject for the A/L ratio to be out of whack. Rather, he said, it reflects the prolonged and heavy consumption of alcohol and can be detected in the blood plasma of a drinker for a week or more after drinking has stopped.

For this reason, he continued, he and his colleagues believe that this amino acid ratio may serve as a more accurate and reliable indicator of alcoholism than the presence of alcohol in the blood.

One drink, or even an evening's binge, will not distort the nonalcoholic's A/L ratio, Shaw and Lieber said. "Tying one one at a part won't do it", Shaw said. "It requires chronic consumption of alcohol over a period of time."

Nutrition was not a factor in the elevated A/L ratio, they said. Both well nourished and undernourished alcoholic humans and baboons displayed the elevated ratio, whereas undernourished but abstinent baboons did not.

And there were no false positives, which are ever the bane of an investigator's life. No control subjects, or those who drank only lightly and so could be classified as non-alcoholics, had unusual amino acid ratios.

The ratio can also reveal the effectiveness of different alcohol treatment programs, Lieber added.

Los Angeles Times

* * *

COURTS OVERLOADED BY ALCOHOLISM.....

Alcoholism is overloading the American judicial system, says attorney Albert B. Logan of Washington, D.C. He says that drinking accounts for two million unnecessary arrests each year.

According to Logan, alcohol involves 70% of American jail and penitentiary populations.

A member of the American Bar Association committee on alcohol and drug abuse, Logan says that because judges come into contact with more problem drinkers than any other social agency, they can have a great effect on the problem.

* * *

The Alcoholic Woman: Differences and a Double Standard

Some remarks by staff members at the Nebraska School for Alcohol Studies. Reprinted from PERSPECTIVE, a publication of the Nebraska Division on Alcoholism.

"Twenty percent of alcoholic women meet with violent death within two years of recovery. Often her male companions drink heavily, even though she no longer does. This can sometimes frustrate a man to the point where he may beat the woman or even kill her.

"So be sure to tell recovering women to keep their guard up and stick with winners for friends."

That's some of the advice Harold Conlow, director of the chemical dependency unit at St. Vincent's Hospital in Sioux City, Iowa, gave participants in the new Alcoholic Woman section of the Nebraska School for Alcohol Studies (NSAS).

There are differences between men and women alcoholics, according to Sister Mary Leo Kammeier, supervisor for applied research at Hazelden alcohol treatment center in Center City, Minn.

Women usually begin to develop a drinking problem because of a tragedy, whereas men tend to gradually slide into alcoholism. Women also hit a critical stage in alcoholism much sooner than men. They can take two years to reach the same point a man reaches in eight.

Most women alcoholics are also addicted to pills. This is not true of men, partly because it is more socially acceptable for women to pop pills. Also, doctors prescribe mood-modifying drugs for women twice as frequently as for men, Conlow said. Dual addiction means women usually require longer treatment since withdrawal is harder because of the additional dry chemicals.

Women are major consumers of barbiturates, tranquilizers and sedatives. One study has estimat-

ed that 80 percent of all amphetamines and 71 percent of all antidepressants were prescribed for women in one year.

Female alcoholics also encounter traditional double standards. One is the stigma of sexual promiscuity attached to the label, "woman alcoholic." More public drinking can lead to greater promiscuity, Casey Darly of Hazelden told the group. But the majority of female alcoholics report a diminished sex drive and studies suggest they become promiscuous to prove their femininity to themselves.

Generally, women alcoholics drink to feel adequately feminine, whereas male drinking is related to a wish for power.

The stigma of the alcoholic woman carries over into a double standard applied to drinking mothers and fathers. The alcoholic mother is usually criticized far more severely for harming her children and deserting and shaming her husband.

The majority of alcoholic women are married or have been, and 90 percent blame their husbands for their problem with alcohol. The husband is the key to the alcoholic woman's recovery; 50 percent of recovery success depends on the help and recovery of the husband and family.

A woman's drinking problem accentuates marital problems and exaggerates her dependency. She tends to assume a child's role, avoiding responsibility and demanding protection.

After the woman has recovered, it is difficult to convince the husband and older children to return household responsibilities to the wife. Younger children may not accept her authority. This makes it especially difficult for a recovered alcoholic woman to return home directly after treatment.

Conlow emphasized the need for halfway houses for women to help ease them back into a family situation.

RACE for LIBERATION

The double standard may not be all bad. In a study of 395 women and 3,132 men who sought help from Iowa's 43 county alcoholism service centers, Harold A. Mulford, director of alcoholism studies at the University of Iowa City, found that women move through the alcoholism process twice as fast as men.

Female alcoholics become aware of others' criticisms and become unhappy with their own drinking behavior almost immediately after onset of alcoholic drinking. They make the first serious efforts to enter treatment centers three and one-half years after the onset of alcoholism. Men average seven years between the start of alcoholism and their first appearance at a treatment center.

Instead of fostering alcoholism among women, the double standard apparently pushes them in a different direction. Regular use of drugs other than alcohol is much higher among women. Twenty-four percent of the females, compared with nine percent of males, report using drugs other than alcohol more than once a week. The drugs used are primarily barbiturates, prescribed by physicians.

* * *

PARALLEL SITUATIONS

A simple exercise in logic may be helpful here. Individuals who suffer from other serious disease, such as cancer, heart disease or tuberculosis, often have additional problems. Yet the practitioners who treat these other diseases do not find it necessary to help the patient solve these other problems before attacking the disease itself. Nor do they, once the patient has recovered or had a remission, ever attempt to help solve any of these other problems. Once the patient is able to function again with some degree of normality, he or she is quite capable of dealing with these things alone.

??? MINI BOTTLES ???

The (New York State) Senate, at the urging of a number of businesses in the state, passed a bill that would outlaw the sale of liquor in containers smaller than 12 ounces. The current eight-ounce limit, according to some employers, allows the beverage container to be easily concealed and has increased the incidence of employees drinking on the job.

. . .New York TIMES. . .

* * *

Stumbling over the wording. Wisconsin's Blue Book, an official state directory, says members of the Citizens Advisory Council on Alcoholism are "appointed by the governor for staggered three-year terms." We think that's a sobering thought.

THE EMPLOYED PROBLEM DRINKER.....

Employed problem drinkers (the well-named "half-person" in business and industry) make strenuous and often successful efforts to conceal the true extent of their drinking. With respect to the employed problem drinker, the combination of unsatisfactory performance, excessive costs, and the almost certain progressive deterioration of the individual if the condition goes unchecked, creates a situation which management and supervision should neither tolerate nor ignore. Positive action by the employer -- which is treatment oriented -- results in the retention of valued employees and eliminates the excessive costs created by them.

Listed below are fifteen on-the-job drinking signs which are characteristic of early or middle-stage alcoholism:

1. Hangovers on the job.
2. Morning drinking before going to work.
3. Absenteeism - half-day or day.
4. Increased nervousness, jitteriness.
5. Drinking at lunch time.
6. Hand tremors.
7. Drinking during lunch time.
8. Late to work.
9. More unusual excuses for absences.
10. Leaving work early.
11. Leaving post temporarily.
12. Avoiding boss or associates.
13. More edgy, irritable.
14. Using "breath purifiers".
15. Longer lunch period.

Controlling these losses by making the "half person" of American industry a whole person again is sound personnel policy.

The Utah Alcoholism Foundation has recently re-activated an industrial program to assist businessmen and industry supervisors and personnel managers to more readily recognize employees within their organizations who may be having an alcoholism or alcohol-related problem.

It's no secret. The best way to feel fit and look well is to work at something you enjoy, eat a balanced diet, get plenty of rest and exercise and stay away from booze and

cigarettes. Don't be like the 90-year-old man who moaned, "I feel rotten. If I had known I was going to live so long, I'd have taken better care of myself."

IF YOU DO THINGS MERELY BECAUSE YOU THINK SOME OTHER FOOL EXPECTS YOU TO DO THEM, AND HE EXPECTS YOU TO DO THEM BECAUSE HE THINKS YOU EXPECT HIM TO EXPECT YOU TO DO THEM, IT WILL END IN EVERYBODY DOING WHAT NOBODY WANTS TO DO....WHICH, IN MY OPINION, IS A SILLY STATE OF THINGS.

.....George Bernard Shaw.....

The problems and issues surrounding alcohol use are about as broad as being alive and human. There are no easy solutions but there are things concerned educators, including parents, can do to enable growing children to avoid drug use problems throughout their whole lives. The ability to avoid drug problems is also the ability to avoid most other self-defeating behaviors.

The example of a good life is one of the best things an adult or parent can do for a child. Schools and families should not try to teach about intoxicants differently than they teach about anything else. Alcoholic drugs should be learned about in the same process of learning about other parts of the REAL world we live in. It is NOW time for us to learn from the strong and competent people. Instead of wondering what makes a person use drugs --- we need more examples from the strong and healthy explaining what makes them NOT USE DRUGS.

FIVE principles we need to teach:

1. The most important factor in drug use is the USER!!
2. If you plan to use any drug, find out everything you can about it first. Alcohol is our most abused drug in the United States.
3. Any drug will cause harm if not used carefully.
4. Intoxicating drugs are tools that some people use to produce changes in experience.
5. Drugs are popular because in some ways they are very easy to use and require no skill or effort -- like any other universally accessible activities.

The most significant contribution we can make in controlling drug problems is to encourage the development of personal COMPETENCE and RESPONSIBILITY in our youth!

....JIM TURNER
The COTTAGE PROGRAM.



Utah Alcoholism Foundation

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NEWS LETTER

JUNE 1977

VOLUME 8, Number 4

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

JUNE 19 - 24, 1977

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 general information on prevention, treatment, medical, and social aspects of alcoholism and other drug problems.

INSTRUCTIONAL SESSIONS

Five concurrent instructional sessions will be presented. These will include psychodrama, values clarification, alcohol/drug education and prevention, the physiological effects of alcohol, medical and psychological management of addiction, and forms of therapy. Students can attend the session of their choice (subject to a limitation of 250 people per session.)

GROUP SECTIONS

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

Nursing	Professional Treatment
Clergy	Social Work Treatment
Youth	Community Action and Resources
American Indian Residential Facilities	Vocational Rehabilitation Counselors - School and Youth
Programs for Employees	Drugs: Treatment and Rehabilitation
Criminal Justice Prevention and Education	Program Evaluation Program Administrators

FACULTY

The School has more than 150 instructors, lecturers and special consultants, including world leaders and authorities on alcohol and other drug abuse.

Suggestions to general practice physicians for dealing with patients whom they suspect of being alcoholics and for increasing their practical knowledge of alcoholism:

- 1) telling the patient that he is an alcoholic directly and bluntly;
- 2) telling him he is suffering from an illness, not a moral weakness;
- 3) telling him that alcoholism is progressive and will get worse if he continues drinking;
- 4) telling him his illness is treatable;
- 5) trying to get him to admit that his troubles are caused by drinking and not the other way around;
- 6) telling him where help is available -- in clinics, detoxification centers, therapy groups, etc.;
- 7) telling him about Alcoholic Anonymous;
- 8) going to an AA meeting as an observer to understand how it operates.

It is suggested that a physician take a strong definite approach in confronting the alcoholic patient with his drinking problem, thereby lessening the possibility of defense and denial on the patient's part. It is also suggested that by seeing AA in action, the physician can make more confident and informed treatment referrals for his alcoholic patients.

....MEDICAL TIMES.....

* * * * *
* CRITICISM HAS TWO VIRTUES: IF IT *
* IS CONSTRUCTIVE, IT IS USEFUL; IF *
* IT IS NOT, IT TEACHES TOLERANCE, *
* UNDERSTANDING AND PATIENCE --- OF *
* WHICH THREE THINGS MOST PEOPLE *
* KNOW NOTHING. *
* * * * *

MEDICATING the RECOVERING ALCOHOLIC

...Paul Ohliger, M.D.
Director, Medical Education
Comprehensive Care Corp'n

"I told him I was alcoholic and he gave me tranquilizers anyway." Many, many alcoholics have made this statement in despair, and it has become quite common for alcoholics who have found sobriety to search for a physician who is on the AA program or who "understands alcoholism" so that he or she will not be given medications which will be a danger to sobriety.

In addition, physicians generally do not understand the importance of absolute, total, permanent sobriety, and ordinarily are not familiar with the concept of relying on non-medical sources to relieve distressing symptoms that are emotionally, and sometimes even those that are physically, induced.

Even psychotherapy is often supplemented with mind--or mood-- affecting medications. Besides, drugs which are prescribed freely and with impunity to the average patient may produce peculiar reactions in an "alcoholic" -- a person who reacts abnormally to the drug, alcohol. For these reasons, some physicians seem unnecessarily reluctant to accept responsibility for treating recovering alcoholics.

In order to provide basic guidelines to both the recovering alcoholic and his or her physician the author submits the following opinions based on a review of literature and of a number of alcoholism recovery programs and on interviews with and treatment of a large number of alcoholics.

The DISEASE CONCEPT of ALCOHOLISM

Alcoholism is considered to be a disease state wherein the ingestion of alcohol in the susceptible individual produces a physical and mental reaction such that the first drink sooner or later leads to excessive drinking; a state in which, even when aware that this is going on, the individual is quite unable to persistently refrain from that first drink. This abnormal reaction to the drug, alcohol, is both permanent and progressive and there is no known cure. However, total, permanent abstinence results in total, permanent remission of the disease.

These statements are true no matter what the reasons appear to be as to why the patient

started drinking in the first place. Thus the inability to consistently drink safely and sanely appears to be a primary disease rather than a symptom of a psychiatric disorder.

Appropriate treatment appears to be to help, or at least to allow, the patient to find a way of life that does not include the tranquilizers or related mind-or mood-affecting medications that might result in a relapse of the disease.

In other words, not only are tranquilizers not the treatment of choice in the chronic stage of recovery from alcoholism they are, indeed, specifically contraindicated.

"MINOR" TRANQUILIZERS

"Minor" tranquilizers such as Valium, Librium, Seraz and Tranxene, are almost the same as prescribing alcohol and are not minor at all; a 5 mg. Valium tablet may be considered the equivalent of prescribing a martini. It is not just the danger of excessive use and abuse of these medications, it is the fact that alcoholics who use them nearly always return to alcohol. They are a very common cause of relapses or so-called "slips", and are generally considered to be incompatible with a recovery program.

SLEEPING PILLS

Sleeping pills and all barbiturates and hypnotics are in the same category as Valium and Librium. Any alcoholic who uses them rather than the principles of their recovery program is putting his or her sobriety at quite considerable risk. The same general principles apply to a somewhat lesser extent to non-prescription sleep medications.

COUGH PREPARATIONS

Cough syrups that are alcohol-based and contain both antihistamines and codeine are perhaps the most dangerous. However, Nyquil may deserve worst place because it contains 25% alcohol, making it "50 proof", and thus the equivalent of the strongest fortified wines.

PRE- & POST-OPERATIVE SEDATION

Pre- and post-operative sedation and pain medications such as Demoral and Morphine can apparently be given to alcoholics just as to any other patient. However, their use should be curtailed as soon as practical.

PAIN MEDICATIONS

Aspirin and Tylenol are, of course, very safe for pain relief. Darvon and, even more so, codeine must be used with caution.

ANTICONVULSANTS

Dilantin has no unusual side effects in alcoholics and can be used in recommended doses. Even Dilantin with Phenobarbital apparently can be taken with not too much danger if Dilantin alone does not seem satisfactory.

PEP PILLS

Pep pills and appetite suppressants are quite dangerous and should be avoided in all alcoholics (if not in all non-alcoholics as well.)

ANTABUSE

Antabuse doesn't generally give alcoholics or their physicians any trouble unless either one of them forgets and the alcoholic takes, or is given, alcohol-containing cough syrup or other liquid preparations. Resultant reactions from such preparations are generally mild and treated symptomatically at home with no particular difficulty. Nevertheless, patients on Antabuse should consult with their physician before taking a medication which contains alcohol.

Alcoholics are persons who do not consistently handle alcohol well and who need to permanently abstain but are generally unable to persistently do so on their own.

Physicians can be of service to their addicted patients by either establishing the diagnosis or by at least accepting the diagnosis when already accepted by the patient, by encouraging the life-time association with other sober alcoholics in groups, and by discouraging rather than encouraging the use of drugs that are conducive to a return to mood-altering chemicals.

* * *

THE ART OF LIVING.

"Courage begins when we can admit that there is no life without some pain, some frustrations; and there is no tragic accident to which we are immune; and that beyond the normal exercise of prudence we can do nothing about it. But courage goes on to see that the triumph of life is not in pains avoided, but in joys completely lived in the moment of their happening. Courage lies in never taking so much as a good meal or a day of health and fair weather for granted. It lies in learning to be aware of our moments of happiness as sharply as our moments of pain. We need not to be afraid to weep when we have cause to weep, so long as we really rejoice at every cause for rejoicing."

Boozemobile?

FAIRFAX, Va. — The "Boozemobile" is the latest thing in alcohol education.

The sign on the camper van parked in the neighborhood shopping center reads: "So who has a problem?"

Inside the van, rather than "Dear Abby" or "Ann Landers" are members of the Council on Alcoholism for Fairfax County answering questions — particularly about alcohol and drinking behavior.

The van, festooned with balloons and bottles, welcomes the curious, those with personal drinking problems, and those who are having difficulties because of alcohol abuse in their

immediate families.

The mobile counselling unit also hopes to promote responsible drinking attitudes among those who have, or will have to make a decision around whether or not to drink.

The Council's executive director, Ralph Patton, makes it clear his group is not promoting abstinence but attempts, through alcohol education, to help young people make knowledgeable decisions when it comes to responsible drinking or not drinking.

In addition to providing a variety of alcohol literature, counsellors refer visitors to various local facilities for assistance with specific problems.

Aimed at Alleviating Alcohol Abuse, Addiction and Alcoholism by Altering Attitudes

While there is much time spent on talking about alcohol and drug abuse problems, causes, and treatment, major effort should be directed at giving teens an understanding of prevention and how they might develop and utilize further prevention efforts in their schools and communities.

Objectives of such a program:

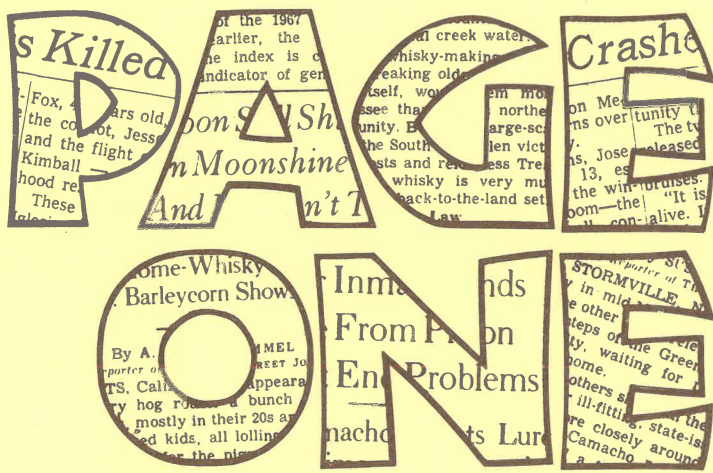
* To develop an understanding of alcohol and drug abuse as a "people problem".

* To become familiar with the concepts of values clarification, decision-making and self-awareness as they relate to prevention.

* To become more aware of themselves as individuals and how they relate to others.

* To form working teams and develop a prevention action plan to be implemented during a school year.

Based on the belief that, "If children feel good about themselves, they are able to make their own decisions and understand their own values, they will have little or no need for drugs." In attitude changing, it has been found that peer teaching is more effective than adult teaching.



STUART COVINGTON

THE NECK of the small, slender girl was twisted at a sickeningly grotesque angle. No blood stained the crumpled car where she lay, but one grim fact was obvious.

She was dead. Minutes ticked away toward 2 am. His hand on the car door, her bleary-eyed boyfriend surveyed the fragile body in silent horror. His heavy breathing was the only audible sound.

The blue light of a police patrol car approached. Two uniformed officers got out and surveyed the tattered wreckage of the coupe where the dead girl was crumpled. Then they turned to the ruptured carcass of the parked car into which the girl's drunken companion had crashed.

"At least it was quick," one officer murmured. The second police officer escorted the stumbling driver to the patrol car.

The young man glanced back briefly at what minutes earlier had doubtless been a cheerful, carefree companion. Mumbling a few incoherent words, he stumbled awkwardly into the rear seat of the patrol car.

What was I doing there? I'm a reporter for the *Birmingham News* and have viewed the tragic aftermaths of drug and alcohol use for more than 15 years.

Any newsman who contends he's grown accustomed to such hideous spectacles hasn't developed nerves of steel. He's a bald-faced liar.

The car's driver somehow ducked a manslaughter rap, but I wonder how many nights he's awakened to memories of that horror-splotched night.

No, I'm not about to sermonize on the tragedies inherent in the use of drugs and alcohol. Those are decisions only you can make. But I'd like you to view, through a newsman's eyes, some of the harrowing results of people playing fast and loose with weapons as deadly as Molotov cocktails or live hand grenades.

One night, after covering an out-of-town football game, I chanced upon a serious car-truck crash near an all-night truck stop. The truck had been emerging from a side road, and apparently its driver hadn't seen the oncoming auto on the highway, which, according to witnesses, was "burning up the pavement."

The car plunged into the heavy truck at its midsection, and crumpled like an accordion.

I rode the ambulance to the hospital, where the driver of

the car was pronounced dead. His three companions badly injured in the crash but still alive, were admitted.

One of the three had been the college roommate of the driver. Before being wheeled away to the emergency room, he turned pleading eyes toward the ambulance attendant, now about to proceed on to a funeral home. He groped for words.

"Tim— Is Tim dead?" The weary ambulance driver nodded.

Convulsive sobs rocked the battered youth. His hands sprawled over his face. His shoulders slumped. A hospital attendant tried to comfort him.

"Oh, my God!" the youngster screamed. "Oh, my God!" Regaining his self-control, he told a sordid tale of "a night on the town," a boisterous evening with a bitter ending.

How much alcohol was involved? Who knows? Enough to end the life of a promising college student and injure three of his buddies. Death doesn't first administer in-toximeter tests.

A third incident involving alcohol had less tragic consequences, but only providence averted a disaster. A giant tractor-trailer rig, piloted by a driver who was under the influence of either alcohol or pills, abruptly swerved out of control on a congested stretch of highway, narrowly missed ramming several autos, then plunged off the road and overturned.

State troopers located the trucker in the cab of his vehicle, uninjured but soundly sleeping. One of the autos he ran off the road was occupied by four small children. What if the car's driver had been a less skillful motorist? What if the truck had careened a few inches more across the road? What if a recent rainstorm had weakened the shoulders of the road?

I remember the night a teen-ager's auto was halted by a patrol car. The boy had obviously been drinking. Color drained rapidly from his face. His voice was hollow, and his hand trembled as he fumbled for his wallet.

The officers treated him with gentleness and patience, but this could not erase the shame that flooded over him, or stem the agony when he faced his father a few minutes later. He was released to the custody of his father. He shuffled behind his dad slowly, shakily, wordlessly.

"These kids are convinced that a couple of cans of beer can do nothing more than give them a kick," a state trooper once told me during an investigation of a traffic crash.

"They've been conned into believing that those suds or a joint of grass can't hamper their judgment, slow their reflexes, or louse up their coordination. A lot of kids now in cemeteries thought that.

"The big trouble is," he added, "that they get by with these stunts maybe a dozen times. Then they make one bad guess behind the wheel and end up in the morgue."

I recall one fellow who evidently reached this potentially dangerous conclusion. He and a group of high school cronies turned to joyriding after a high school football game.

There was a crash. Two of his buddies died. This other youth survived. Police said the floor of their car was littered with beer cans.

I saw this man the other morning. Now in his mid-30s and grown bald, he was seated on the front steps of his parents' home. He was staring vacantly into space. His mouth drooped slightly.

He had sustained a severe concussion in that late evening crash. His brain will bear the scars for the rest of his life. ◇



Utah Alcoholism Foundation

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NEWS LETTER

JULY 1977

VOLUME 8, Number 5

THE PURPOSE OF THIS NEWSPAPER IS TO SPREAD THE WORD ABOUT RECOVERY TOOLS AVAILABLE TO PEOPLE WHO SUFFER. IF YOU KNOW SOMEONE WHO SUFFERS THERE IS INFORMATION ABOUT PROGRAMS AND AGENCIES THAT COULD BE OF HELP

If thinking preceded talking, the human race would have to develop some new form of exercise for the tongue.
— Hugo S. Sims

WHEN WHISKEY SOURS

This special "Prevention" issue reflects the cooperative efforts of many agencies. It is based on the belief that it is not enough to treat the casualties of alcoholism and other drug abuse. Rather, we must find ways to prevent these problems. It is based on the belief that it is not enough to warn people of the dangers of alcohol and other drug abuse or to present purely factual information on their effects. Rather, we must provide people with alternative ways of coping, escaping, unwinding, and just plain feeling good. We must also reduce the incidence of alcohol and other drug dependency by reducing some of the social pressures and problems that contribute to it. To do this, we must CHANGE customary ways of coping, of hosting, of living and, we must begin with ourselves....first of all.



* * *
REACH OUT
FIND
HAPPINESS
IN
HELPING
OTHERS.
GET
INVOLVED
THE
BENEFITS
ARE
REWARDING
THANKS!

Dr. Roger J. Williams, the discoverer of one of the B vitamins and the author of successful books in organic chemistry, biochemistry and nutrition, has written a very interesting article called WHEN WHISKEY SOURS on some sobering facts on heavy drinking, which appeared in the *Texas Monthly*, in which he writes: "Virtually no attention has been paid to heavy drinkers on the way to alcoholism, but not yet addicted. Five hundred thousand new recruits will join the ranks of alcoholic this year if the incidence of alcoholism continues to increase at its present rate. Unfortunately, in our society, it has become established policy to wait until people break down and then try to patch them up. Relying solely on this approach is like having a fire department which omits fire prevention...and only springs to life when flames can be seen pouring out of a building. Alcoholism needs to be dealt with when the very first signs of compulsive drinking appear...while the individual is still in control. Heavy drinking, by itself, even before it has reached the alcoholic stage, is dangerous. Dr. Williams calls alcoholism "our most preventable national illness." He believes, (as I understand it), that heavy drinking can be curbed by education, by better nutrition and by changing the climate of our thinking.

* * *
"There is in all men a demand for the superlative, so much so that the poor devil who has no other way of reaching it attains it by getting drunk".—Oliver Wendell Holmes, Jr., 1918

What's "Prevention"?

—Rich Yoast, Director,
Wis. Substance Abuse
Clearinghouse

"How can such a big problem be prevented?"

"Won't scaring the hell out of 'em do just as well?"

"But what about all those needing treatment?"

"If it's fun can it be worth funding?"

There are no simple answers to these questions. But we do know, despite the huge amounts of money poured into various programs to treat alcohol and other drug abusers or to scare potential abusers that drug abuse has not been prevented or stalled. Thus what we need are some new strategies.

In recent years, the drug field has turned to primary prevention—a process by which you avoid problems before they begin; by which you keep healthy people healthy. You may reinforce people in the things they're already doing to stay healthy or you may select persons who may be likely to develop problems; e.g., alcoholism. The following are areas you might think about for your Prevention Program:

1. Alternatives—You can help people find activities and experiences to fulfill or surpass the feelings that alcohol and other drugs provide. In some cases alternatives can begin where they don't exist; i.e., start a new class or community center. But mostly it involves exploring the many resources around us and getting involved in activities that make us feel good about ourselves.

2. Public information—You can help people make better decisions about drugs by providing them with accurate facts, by publicizing local prevention and treatment programs and by generating an awareness of how drug abuse begins and may be avoided.

3. Education—This is not simply telling people what to do or not to do but a way you can help them improve their thinking, learning, coping and decision-making skills. Some techniques include small group activities, values clarification, decision-making, communication skill building, role plays, experiential learning. By providing these tools and encouraging people to explore and learn from the world around them, people can make wiser decisions and

thus, perhaps, avoid alcoholism and drug abuse.

4. Community organizations—Sometimes it is not enough to change the individual so that chemical "solutions" do not become their only alternatives. Sometimes it is necessary to change the things in a community that promote problems. Thus, community organization can be used to start constructive changes which will make your community more responsive to the needs of its citizens. Organizing people around issues that concern them does this, while also giving people a healthy sense of accomplishment. This can help destroy feelings of isolation and powerlessness which often lead to other problems, including alcohol and other drug abuse.

5. Social policy—Our society is guided by, reflected in and reacts to laws, regulations, standards, public plans and moral beliefs. All of these make up social policy. You can encourage people to do things which will create a healthier society; i.e., support funding for new activities, encourage changing outmoded laws or regulations, create new ideas for handling problems, be a model for others, use peer pressure to change things you disapprove of or stand up by yourself.

None of the above strategies alone will succeed. Moreover, individual efforts should be carried out with concern for what others are doing. Prevention is a community effort and each locale must assess how much of each strategy is needed.

Prevention work is exciting. It's a wide open set of possibilities which may not easily fit the way we've been thinking about alcoholism and drug abuse before. It's also full of contrasts—a long range concept that needs to be worked on now. It's cheap but affects many people. It requires community efforts but it begins with you.

If we are creative and willing to work hard, we can help people stay healthy!

THE LONGEST JOURNEY
BEGINS WITH A SINGLE
STEP.

CURRENTLY WE ARE PRODUCING MORE ALCOHOL ADDICTS THAN WE ARE REHABILITATING. AND, WITH THE INCREASE IN TEENAGE AND PRE-TEEN DRINKING, UNTIL WE GET SOME VIABLE PREVENTION PROGRAMS ROLLING, THE PROBLEM WILL CONTINUE TO GROW IN SPITE OF ALL THE DETOX EFFORTS.
#####

ALCOHOLISM: A Merry-Go-Round Named Denial

Reverend Kellerman, author of A Guide for the Family of the Alcoholic and ALCOHOLISM: A Merry-Go-Round Named Denial and other pamphlets was a pastor for 25 years and spent 18 years as a counselor during which time he was director of the Charlotte, North Carolina Council on Alcoholism.

As a lecturer, he underscores the ever increasing disfunction of the alcoholic and the increasing over-functioning of the alcoholic's family, pointing out that the spouse or person most responsible for the alcoholic may need more help and counseling than the alcoholic person if and probably before a recovery program can be initiated.

The disease of alcoholism has enormous emotional impact upon the victim's immediate family -- and the more distorted the family's emotions become, the less help they can give. Further, the interaction can become even destructive. Therefore, it is vital that the family seek help and knowledge of the disease from persons trained in this area.

The employer, too, can play a part in the alcoholic's recovery by demanding adequate job performance or give up the job.

Rev. Kellerman outlines three stages of alcoholism -- delineated in his publication, ALCOHOLISM; A Merry-Go-Round Named Denial. In the first stage, the alcoholic drinks with no concern for the consequences of his drinking or his family. There is little communication or understanding of the effects his drinking has -- until he ends up in a "mess" that he cannot handle himself. He then enters Stage II -- complete helplessness. Now contrition sets in, the alcoholic begs for mercy and help with promises that he can not but fail to keep -- and family and friends rush to his rescue. The "mess" is cleaned up and Stage III begins. We see a repetition of Act I -- except that the alcoholic's denial of his drinking problem is reinforced and he has become far more dependent. His guilt and sense of failure is increased, his pain is unbearable and the need to relieve pain through alcohol to achieve a sense of well-being is greater than ever. Thus, the Merry-Go-Round!

Editorial

WHAT DO YOU OWE YOURSELF?

"You got a letter from home," the ad read, "and there was just a letter inside—you owe yourself an Oly."

This ad was one of a series appearing not long ago in a college newspaper telling of various campus situations and student problems which, according to the ads, called for drinking beer to alleviate emotional or financial discomfort.

The campus was California Polytechnic State University in San Luis Obispo, and the beer being advertised was that produced by Olympia Brewing Company, Olympia, Washington.

Fortunately, this type of sales pitch was called into question by several school officials. In a complaint to the brewer, three faculty members—two physicians and a health educator—objected on the grounds that the ads "support the use of alcohol as a solution to problems."

The school's staff physician, its psychiatrist, and a campus health educator described the beer advertisements as depicting drinking to be a solution to "normal developmental pain" encountered in typical student life situations.

These campus officials urged the company to "reconsider your marketing approach with a more appropriate message."

In a written reply to this complaint, the chairman and chief executive officer of Olympia Brewing Company assured the university group that the brewing industry respected its duty to advertise alcoholic products in a "responsible" manner.

"We are in complete accord with your objection to 'problem-associated drinking,'" he said. "To deliberately position our product with an individual's despair would certainly be contrary to our self-interest."

He went on to claim that the ads had been composed by college students employed by the company's advertising agency, and he admitted that possibly all points of view were not considered when the ads were released.

It is obvious that the use of alcohol is increasing among young people these days. This trend is evident both on campus and off campus. Alcohol seems to be the drug of choice by a growing number of youth, as well as by younger ones.

Also it is becoming more evident that young people are paying the price for using alcohol and that this price is often being paid at a very early age. One pointer in this direction comes from a three-state network of counseling, therapy, and volunteer services for youth aged 5 through 16, which has found that many of the behavioral and delinquency problems they encounter are associated with the use of alcohol.

About 15 percent of all youth involved in the 11 Social Advocates for Youth (SAY) programs in Colorado, California, and Texas either have drinking problems themselves or have alcoholic family members. This is a very significant percentage, especially for this age group.

It is unfortunate for adults to be misled into believing that alcohol is the solution to their problems of life. It is much worse for youth, with particularly difficult and disturbing situations to face at that time of their lives, to be deceived into thinking they owe themselves a drink. Such a debt to themselves will only increase the cost of dealing with their problems and making the best preparation for the future.

Francis A. Soper
LISTEN MAGAZINE...

BE TOLERANT

Perhaps he sometimes slipped a bit...
Well, so have you.
Perhaps some things he ought to quit...
Well, so should you.
Perhaps he may have faltered -- why,
Why, all men do....and so have I,
You must admit, unless you lie,
That so have you.
Perhaps if we would stop and think
Both I and you
When painting someone black as ink
And some folks do;
Perhaps, if we would recollect,
Perfection we would not expect,
But just a man halfway correct,
Like me and you.
I'm just a man who's fairly good
I'm just like you;
I've done some things I never should
Perhaps like you.
But, thank the Lord, I've sense to see
The rest of men with charity;
They're good enough if good as me
Say, men like you.

...ANONYMOUS...



ARE YOU
STILL SUCKING
ON A BOTTLE?
500,000 Teenage Alcoholics Are

FAMILY ILLNESS.

In most households, mothers are the primary influence on young children. When the mother is an alcoholic, what happens to the children who are deprived of this primary experience -- perhaps neglected -- in terms of affection, nourishment, and stimulation. To find out, "Today's Health" talked with two professionals who deal with this problem in therapeutic and administrative settings every day.

According to Ms. Rita Gross, A.C.S.W., a social worker with the Lutheran General Hospital in Park Ridge, Illinois, such children often "have to reverse roles with the mother; they become the mother in the house and naturally assume a disproportionate amount of responsibility for their age -- in the actual running of the house, for instance, or taking over the care of younger children. In many, many ways these children must become more independent, too independent, at an age when they still need to be taken care of themselves. Certainly, many of them develop certain strengths because of this role reversal, but I can't regard this as a positive factor in their development, because they have been emotionally traumatized as well. Both anger and guilt, as well as anxiety, are generated in the child in this kind of situation."

So far as the child's social development outside the home is concerned, Ms. Gross feels it very much depends on the child and on the pattern of drinking of the parent. "Some turn to acting out a great deal in school -- some become withdrawn, some are ashamed to bring friends home with them. Others seem to make healthier adjustments."

"Anti- or nonsocial behavior can be directly traced to an unsatisfactory family environment, and a significant portion of this is associated with alcoholism." The child resorts to such negative attention-getting devices "to make up for the mother's inability to respond appropriately to his needs."

It is the inconsistency of the mother's responses that is the most damaging to the child. An alcoholic mother is usually preoccupied with her drinking to the neglect of her family -- on the other hand, the mother may be overly affectionate at times to compensate for her neglect and abuse of the child. Neither response may be understandable to the child in terms of his own behavior. The unpredictability of a loved one is a constant sword over one's head.

Infant, young child, teenager, or adult... the child of an alcoholic mother carries an automatic handicap throughout life. Whether the child also becomes an alcoholic, or an abstaining zealot, his reactions to alcohol are more likely to be abnormal, exaggerated.

If we take habitual drunkards as a class, their heads and hearts will bear an advantageous comparison with any other class. There seems ever to have been a proneness to this vice among the brilliant and warm-blooded. The demon intemperance seems ever to delight in sucking the blood of genius and generosity.

Abraham Lincoln

"When you drink too much, it's your family that pays for the last round."

It's your children who suffer if you drink too much.

You may not physically harm them, though an alarming number of heavy drinkers do. But you almost certainly neglect them.

The more time you spend with a glass in your hand, the less time you can devote to your family.

That's not all. Children of excessive drinkers are more likely to become alcoholics themselves later.

Drink too much and it's your family that pays for the last round.

"ALCOHOLISM --- THE EXPOSED FAMILY"

Lewis Presnall, author of the best seller, "Search for Serenity", has expanded and revised his enlightening book, "Wife of The Alcoholic". Discussed in the revision are family problems, parenthood/childhood relationships, and spiritual growth in relation to the family.

In the foreword, Mr. Presnall states: *"Since the mid-1950's there has been an increasing appreciation of the fact that alcoholism is a 'FAMILY ILLNESS' not only affecting the welfare, peace of mind, and health of everyone in its immediate orbit but also best recovered from when ALL members of an alcoholism-exposed family recover from its effects together."*

ALCOHOLISM---The Exposed Family is a book that will offer guidance and encouragement to individuals concerned with alcoholism within their family and a book that should be in the library of every professional in the alcoholism field.

Single Copy: \$ 2.50
Shipping/Handling .50

(Discounts allowed on bulk orders)

Write us for more information



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NEWS LETTER

SEPTEMBER 1977

VOLUME 8, Number 6

BACK TO SCHOOL

School counselors, parents and others should learn to recognize the symptoms of alcohol abuse among adolescents. One of the best tools we have seen to aid in recognizing alcoholic symptoms among youth was developed by the Youth Information Branch of the Alcoholism Center of Greater Los Angeles. A "yes" to two or more of the following questions ought to be a warning that the respondent is on shaky ground. Alcoholism? Possibly.

There may still be disagreement as to whether problems of adolescent alcohol abuse are any greater today than they were in the past. Regardless of which side of that question you may find yourself on, it is clear that teenage drinking problems are receiving considerable public attention now. Hopefully, the current publicity will result not only in a renewed effort to help youthful alcohol abusers, but also in a massive program of prevention.

...REPORT ON ALCOHOL....

Teenage drinking

Almost one-fourth of the junior and senior high school students in the United States, 13 to 18 years of age, are heavy or moderately heavy drinkers, according to the results of a recent national survey conducted by the Research Triangle Institute in Research Triangle Park, N.C. About 18 percent of the girls and more than 30 percent of the boys surveyed across the country fell into the serious drinking categories. The survey defined heavy drinking as having five to twelve alcoholic drinks on at least one occasion per week. Moderate drinking is the same amount three to four times a month or two to four drinks at least once a week. Parental and peer drinking were closely associated with teenage drinking. Blacks, young people in the South and those with strong religious values were most likely to be among the abstainers. Among the frequent drinkers, beer is the preferred beverage. Of the 55 percent who drink at least once a month, 42 percent drink beer, 33 percent drink wine and 32 percent drink hard liquor.

ALCOHOL QUESTIONNAIRE

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

Surge of the Twentieth Century—modern life has brought on fancies for everyone. Did you ever stop to think how you would be getting along without a pocket calculator, air conditioning in your car, a condominium, electric toothbrush, and a microwave oven?

You'd be surviving a lot better than you think. These creature comforts have supposedly made life easier for us but in the casual way we take these things for granted, we've lost our stamina for survival. Our lives have gotten too wrapped around convenience—we've been "taken" by the T.V. dinner. All this time-saving garbage may be saving us time—but they've not added any real perspective to our lives. Meaning to life is what most of us lack and need.

What it is, is survival. We don't know how to survive today; real survival that our forefathers knew and faced has been lost to history books. We have become weak living zombies, and in the Twenty-First Century our toughness will turn into jelly. We are so lazy in this saran-wrapped society, so apathetic that we're not teaching our children how to survive. We're only showing them how we forget problems.

Our society is a symptomatic society. We have available to us every kind of treatment for our "conditions". If it's depression, take an upper; if you're hyper, drop a downer. Do you realize that in this nation alone, there were manufactured enough tranquilizers to keep the country cataleptic for a week, and enough uppers to keep us awake and speeding on a disastrous course? When you add more dependencies—booze, morphine, heroin to replace morphine, methadone to replace heroin, and now a Darvon-X to replace methadone, the planet earth becomes our own padded cell without a key. Like the smart fools we are, we look toward modern science to manufacture even more symptom-treating chemicals. Keep the accelerator to the floor and we'll speed ourselves right out of control. It's your responsibility to find out why you need these dependencies.

I don't call it survival.

My idea of survival is strength found in the family. Family life is the most important experience in our lives; a good family life does shape character, and is reflected in a person's attitude about survival. Good family life is hard to find these days; you either have it or you don't.

Do you?

* * *

W World
A Abstainers
T To
E Enjoy
R Rights

Under the above banner the International Temperance Association 6830 Laurel St. N.W. Washington, D.C. 20012 has launched a new drive with a focus on the rights of Abstainers. Ernest H. J. Steed, Executive Secretary of the organization announced the campaign on May 15th. Full information on the campaign can be obtained by writing to the organization. The announcement called attention to six special rights of abstainers. Special attention is called to the rights of the unborn child since the latest scientific evidence shows alcohol's effect even in small amounts on the fetus, and to the fact that even a father's drinking can cause birth defects. A second major concern was on the rights of children suffering from abuse by drinking parents.

**?DRINKERS' GRANDSONS
MORE SUSCEPTIBLE TO ALCOHOL?**

Grandsons of alcoholics are three times as likely to have drinking problems as the average male.

Two Swedish researchers from the University of Lund in Malmo, Sweden, found in their study that by the time grandsons of alcoholics were in their 50s, they had become alcoholics themselves at a rate of 43 percent -- about three times that of the general male population.

The researchers say they didn't find a gene involved in transmitting a tendency of alcoholism.



To empty the Pacific Ocean, you would have to fill a tank 11 miles long by 1 mile wide by 1 mile deep every day for 440 years.

The following letter was received in appreciation for the counsel Mrs. Daile Pikus had given in a school lecture. Mrs. Pikus is with our Central Utah Alcoholism program. (The wording and spelling have not been altered.)

Dael:

In health we had you come to our school. When you gave your speech about alcohol I listened very close to see if could help my father. And you gave me some advice. But when I came home and told my mother that my father was a alcoholic she didn't believe me. I kept on telling her but she wouldn't listen. I told her that alcohol was the worst drug on the market she said she'd rather have me take drugs. I knew there was going to be some problems. And then my dad and mom got into a bad fight. I knew this was the end of the marriage cause the next morning she came and asked me who I was going to stay with and I said I was going to stay with daddy because I knew he had a problem, and also what would he have he'd be lonely. And it made me feel awfully bad and I wanted to help him. Then when my mother told me that he was going to quite drinking I was so happy. He has really changed since last week he hasn't got mad once. I thank you for helping us and I like you very much. Thanks for being a wonderful person. Dael I really like you.

Sincerely Yours

V

P.S.

I will always be your freind so when you need help call on me please.

* * *

Understanding the Alcoholic

Did you know that 15% of the people in California drink 75% of the liquor?

Finally she lashed out: "You are disgustingly drunk."

The man took each remark with a whimsical smirk, but the biting contempt of her last thrust got to him. He replied in kind, saying, "Ma'am, you're fat!" A pause, then: "You are disgustingly fat."

After a few second's hesitation, looking her in the eye he added his last barb, "In the morning I will be sober but you will still be fat!"

Excessive golf and eating are socially acceptable—excessive drinking is criticized. Although heavy drinking is acceptable in some settings, the alcoholic's rejection goes further—he is ostracized even by other drinkers.

Alcoholism has physical, emotional and social components. The physical aspects are self-evident; the inability to eat, the shakes, sweats, gags, the puking, the withdrawal symptoms and all the others.

The alcoholic progressively displays many serious emotional and behavioral symptoms.

However, for the victim, the social implications are often paramount. Many alcoholics and those about them find the social implications more difficult to surmount than the physical and emotional factors.

When the alcoholic recognizes that his kind of drinking is different, primarily because of social implications, he feels intense shame and often 'goes underground.' Though willing to

acknowledge having a drinking problem, he cannot envisage himself as an alcoholic. The stigma of the skid row bum hangs over his head. It forces him to defend his innate dignity and any remaining vestiges of status with family and associates. He uses other acceptable ills to cover up his withdrawals.

Fathers disown sons and daughters, doctors refuse to care for their wives, employers terminate key associates—rather than allow alcoholism to infringe on their lives. Social attitudes prevent spouses and families from seeking guidance for their alcoholic member.

The alcoholic's problems are further intensified by the very attributes with which he is endowed. He is rarely phlegmatic—on the contrary he is an extremist and a perfectionist. He is a driver who makes intense demands upon himself and others. He wants everything now, not tomorrow. My own experience suggests that most, if not all, alcoholics are idealists. They display a deep sensitivity. A tune, a passage from something read, some sentimental incident—triggers deep emotion. Because of this idealism, the alcoholic is at war with himself and at odds with the world.

Well, there's much, much more of course but I haven't the space for it. God bless you and keep you.

SAM PETERSON

THE ALUMNI RAAP

A Tale of Two Taverns

It's a Small World is a tavern in Milwaukee—with a couple of interesting differences. Leonard Zurkowski, the owner, is using special non-alcoholic cocktail recipes developed for a "responsible drinking cocktail party," hosted last November for the annual fall conference of the Wisconsin Association on Alcoholism and Other Drug Abuse, Inc. (WAAODA).

Zurkowski is offering both alcoholic and non-alcoholic drinks to his patrons in recognition of the fact that one-third of the adult population in this country prefers not to drink, that one-tenth cannot drink (i.e.,

suffering from an ailment known as "alcoholism"), and that even those who do drink sometimes want an alternative to alcohol.

Zurkowski made state news last year when his tavern was attacked by several youths who broke mirrors and burned carpeting with cigarettes, in protest of his ban on smoking in the tavern. Zurkowski has the only tavern in Wisconsin that does not permit smoking and that does provide an array of interesting non-alcoholic cocktails.

Hawby's Habit is a non-alcoholic bar in La Habra, California. You can order a margarita, a bloody Mary, even

an exotic cocktail called the cat's meow—all minus alcohol and at half the price of a conventional cocktail. They also serve a "near beer," which looks and tastes like the real thing.

The bar is the creation of Shirley Shaw, a recovered alcoholic.

The bar opened for business March 19 and, after a slow start, began drawing crowds. Half are recovered alcoholics, according to Mrs. Shaw, and the rest are people who just don't drink.

Mrs. Shaw has said: "I have nothing against drinking. I'm just offering an alternative to people who don't—or can't—drink."

SODA Program

Out of a small town in Virginia has come a program which the entire state has adopted. Called SODA (School Organization on Developing Attitudes), this program believes youngsters look to others who are slightly older—i.e., in high school—for ideas. Through SODA, high

school students are recruited, trained, and assigned to an elementary classroom where they interact with children as teenagers working through adolescent changes. High school students gain a sense of self-worth through helping others. It helps prepare elementary students for adolescence.

THERE IS A RUMOR THAT COLUMBUS WAS AN ALCOHOLIC...."HE DIDN'T KNOW WHERE HE WAS GOING, WHEN HE GOT THERE, HE DIDN'T KNOW WHERE HE WAS. WHEN HE RETURNED HOME, HE DIDN'T KNOW WHERE HE HAD BEEN. AND THE CLIMAX, HE TALKED THE QUEEN INTO HOCKING ALL HER JEWELS TO FINANCE THE TRIP."

"If your cup runneth over—let someone else runneth the car."

* * *

'The candy with a kick'

By David Milne
SAN FRANCISCO — Sooner or later it was bound to happen.

Booze has found its way onto the candy counter.

The offending item is a 25 cent chocolate-coated Babarum cake soaked in 90 proof rum.

Touted "the mini cake with the mellow taste," it has become an instant hit with teenagers here and in Los Angeles.

The candy is being promoted on its alcoholic content—the advertising shows a bottle of rum being poured over the candy bar.

"Kids swagger up to the counter and order their Babarums 'by the shot,'" says a local confectioner.

Some claim it is the only way they can get their share of booze without showing an ID.

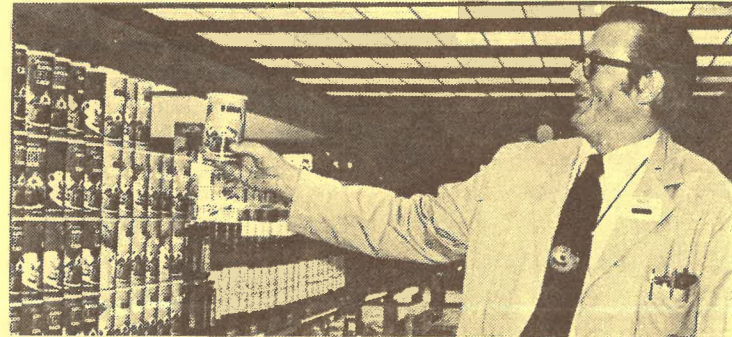
The confection has such a potent effect, it has been dubbed "the candy with a kick."

All of this has raised the question of the candy's possible effects on children and whether there should be some regulation over advertising booze-related products to youngsters.

To Douglas Butcher, California's Office of Alcoholism coordinator, the candy stand promotion of rum-soaked cakes is "a frightening new prospect, indeed."

"It's a rather sinister way of bringing youth into heavier and heavier alcoholic use," said Butcher, who noted that alcoholism among California's young, including 10-year-olds, is "already significant."

Dr. Phyllis Tuttle, local executive director of the National Council on Alcoholism, sees the Babarum promotion as part of a trend aimed at



tapping the largely unexplored youth and women's market for "booze-related items."

These include a line of packaged alcoholic milk shakes, fruit-flavored soda pop wines, iced tea mixed with booze and novelty products such as whiskey-spiked toothpaste.

"All of them create an atmosphere for children that makes alcohol seem an essential part of life," said Tuttle.

The wholesaler of the product, which is imported from Italy, refuses to say how much rum is in the three-quarter ounce candy.

But he feels that they are so rich a child would get sick before he could get drunk eating Babarums.

Brandy-flavored candy products have been sold at

"Cookie" legislation

SACRAMENTO — Legislation to prevent the sale of alcoholic cake, cookies, candy and chewing gum to minors has been introduced by Assemblywoman Leona Ege-land (D-San Jose).

Under the measure, foods containing one-half of one per cent alcohol could only be sold by persons holding California state liquor licenses.

gourmet stores for many years.

And there seems to be no hope that Babarums will be regulated by the Alcoholic Beverage Control (ABC) agency.

ABC investigators checked the Babarums after they were first introduced in Los Angeles with a heavy campaign on television despite a broadcast ban on booze.

They found that the Food and Drug Administration has classified the item as food so ABC has no jurisdiction over it.

According to ABC district administrator Jay Caldis, the rule of thumb is that if you can drink it then it may be booze and can't be served to minors.

But children are fair marketing game if anything with alcohol can be chewed or eaten.

The U.S. JOURNAL

1,300,000 teenagers between 12 and 17 have serious drinking problems.

* * *

Arrests of teenagers for drunken driving have tripled in 3 years.

* * *

450,000 youngsters, 10-17, are alcoholics.

* * *

52% of present alcoholics had alcoholic parents.

* * *

Ethyl alcohol, America's No. 1 drug problem.

* * *

60% of people killed in drunken driving accidents are between 16 and 24.

* * *

50 million Americans impacted by alcoholism, due to profound negative effect of each alcoholic on family and friends.

* * *

One of the Great Maladies of our time is the way sophistication seems to be valued above common sense.

* * *

Self-discipline is the best way to organize the desires of one's life.

* * *

Currently we are producing more alcohol addicts than we are rehabilitating. And, with the increase in teenage and pre-teen drinking, until we get some viable prevention programs rolling, the problem will continue to grow in spite of all the detox efforts.

* * *

A funny thing happened to me on the way to becoming an adult. I stopped off at being an alcoholic.



Utah Alcoholism Foundation

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NEWS LETTER

NOVEMBER 1977

VOLUME 8, Number 7

How To Say No.

You may drink, but today you don't want to. A polite but firm "No, thanks" ought to do it. After all, whether one drinks or not should always be a personal, private decision. Besides, one-third of American adults don't drink alcohol at all, and some can't. Maybe we ought to let people decide for themselves whether they want to drink or not. You might even offer them a choice of alcoholic or non-alcoholic drinks such as coffee, soft drinks, or fruit juices. Why not?

ALCOHOLIC CRISIS TIMES PREDICTABLE

Recovery from alcoholism or other chemical abuse takes much longer than is commonly realized, a conference of alcoholism workers has been told here.

Diane Fontaine, project director for an association of halfway house alcoholism programs in St. Paul, Minnesota, said recovery programs with the greatest success records are those which recognize that at least two or three chemical-free years are required as a minimum for a patient to begin a new kind of life style.

The best programs also are based upon recognition that "recovery involves the whole person—the physical being, the psychological-emotional being, and the spiritual being," Ms Fontaine said.

"A multi-disciplined approach is essential in the recovery process, a process which involves every community in a continuum of health care services. Every recovering person should have the benefit of a therapeutic community team approach."

She said halfway houses should expect recovering alcoholics to have predictable times of personal crisis—at five to seven weeks after the last drink, at five to seven months, at 11 to 13 months, and at 18 months.

This information, endorsed by groups such as Alcoholics Anonymous, helps the patient to understand what is happening, and helps fellow residents and therapists to adopt a tolerant and supportive attitude which reinforces desirable behavior, she said.

Many recovery failures can be traced to a policy of discharging patients just in time for one of the predictable "crisis Periods."

The Journal.

AMERICA's great thanksgivings have fallen in her severest struggles. The Puritans, in their dire need and danger, were possessed of life's greatest source of joy—a thankful heart :: Thankful people are usually those who possess little. The folk in the little cottage—the slender income so blithely spent on simple things—the lamp-light in the evening, and the friendly warmth of the kitchen fire—these truly feel with thankful hearts the goodness and the worth of life :: In the complexity of the present day many are orphaned from the stimulating source of gratitude. But in the harvest festival of Thanksgiving we may recapture something of its native spirit, and with it a sense of the reality and color and simple joy, which belongs to everyone.

FIVE SUCCESS STEPS

1. Do things for people that they don't expect. They'll return the favor many times.
2. Never let a day go by without paying several compliments.
3. Admit your own limitations without losing face.
4. Keep the other fellow's enthusiasm running high.
5. Ask the other man how he would solve a problem -- then stand back and let him.

...Underwriters Review

ALCOHOLISM.....

An alcoholic or problem drinker is a person whose drinking causes a continuing problem in any department of his life; and who can not, generally, stop drinking even if he or she wants to, without outside help.

Alcoholism is a complex, progressive illness. It continues to flourish because of the lack of understanding of its nature, its causes, and effective treatment procedures. To help the people of our community better understand the illness, the Utah Alcoholism Foundation carries on a continuing program of public education, through speaking engagements, the distribution of books, pamphlets, and the preparation of material for the press, radio and television.

ALCOHOLISM IS TREATABLE.....

If you are not part of the solution, you are a part of the problem. Our Division of Neighborhood Services Specialists will counsel with alcoholics, problem drinkers, families, relatives, friends and employers to help them decide where they should go for help. Every member of a family is adversely affected, if not deeply hurt, by the drinking problem.

ALCOHOLISM IS A FAMILY ILLNESS. Therefore, these counseling services focuses on individual and family group therapy for a mutually satisfactory solution to the problem.

Services are provided for children, teenagers, and the youth of our community who may have alcohol related problems.

ALCOHOL AND WOMEN

Since the mid-1940s, the number of women who say that they drink has increased steadily. This increase can mean one of two things: (1) either more women are willing to say that they drink due to lessening of the social stigma that accompanies male drinking, or (2) there are more women drinkers than ever before. Probably the truth is a mixture of both.

SEVERITY PROBABLY UNDERESTIMATED

The problem of female alcoholism has been complicated by the fact that women drinkers are often "hidden," making them more difficult to identify and draw into treatment. Marty Mann, founder of the National Council on Alcoholism, has noted that, "When men drink excessively, they often get into trouble on the job or with the law. When a woman drinks excessively, it may be years before anyone outside her immediate family realizes that she is an alcoholic."

Although many divergent theories are offered as to the nature and causes of alcoholism in women, certain factors and traits consistently appear. For example, researchers generally agree that there is a higher than usual incidence of alcoholism among the immediate family members of alcoholic women. Findings also indicate that alcoholic women tend to come from homes in which the mother is dominant and emotionally distant and the father is weak and passive. According to research data, women, far more frequently than men, are able to point to a specific incident in their drinking, such as divorce, the death of a loved one, children growing up and leaving home, and gynecological and obstetrical problems.

Additionally, research reveals that affective disorders are more prevalent among alcoholic women than their male counterparts, and that they are more prone to severe depressions and more frequently exhibit suicidal tendencies. Many experts also believe that women start drinking later in life than men and become alcoholic in less time.

OTHERS CONTRIBUTE TO PROBLEM

As their alcoholism worsens, women are handicapped by an additional problem. The social stigma that traditionally accompanies women's drinking encourages a "conspiracy of silence," by the alcoholic woman's husband, her children, friends, and peers, in an effort to protect her reputation. This, in turn, leads to more drinking, which only serves to perpetuate the cycle.

The protection of the family, especially husbands, does not however, shield the alcoholic woman from a marital problem. In fact, when her drinking problem becomes severe, she is often abandoned by her spouse, and studies show a high divorce rate among alcoholic females. Vera Lindbeck, in a review of the literature on alcoholic women, concluded, "among therapists, as well as the lay public, the nonalcoholic spouse of the drinking male is more likely to be regarded as a deprived person, one who deserves more sympathy than censure." Other studies indicate that if these women remarry, they will most likely choose a partner whose drinking habits are similar to their own, again aggravating the problem.

Thanks to Alcohol Topics, N.I.A.A.A.

"The cruelist lies are told in silence".

Hope For Alcoholics And Their Loved Ones

Alcoholics and their families are all victims of an illness called ALCOHOLISM. Read this with an open mind and think about it.

Maybe someone you know and love uses the drug alcohol to excess. If so, you and they could be victims of this dreaded illness, alcoholism, because it does affect the whole family. The progression is started only by the use of the number one drug in the nation --- alcohol. Alcoholism is not a moral issue, as it is so often labelled by some, ignorant of the disease aspects.

There is much help to treat and arrest the illness before it completely destroys the human being and many times other members of the family. Victims of the dreaded illness and their families have a choice --- death, insanity, or seek help. Please forget pride, social positions and other false barriers -- you are dealing with human lives -- possibly your own or others. Please don't ignore your responsibility as one human being to another. Go to a knowledgeable source for help. The alcoholic is a very ill person -- physically, mentally, and spiritually. If you are involved with one, you, too, may be ill. Deal with the illness in that order physical, mental, and spiritual.

Daily we see the unnecessary ravages, waste, horror, and sorrow caused by alcoholism in our city. These are facts, not just mythical observations of someone. Be aware that alcohol is a drug -- that alcoholism is an illness -- and that there is help available. We have a responsibility to help eliminate the horrors, tragedies and sorrows caused by this drug each day. We can do our part to help ourselves, and others, by seeking help from knowledgeable people. God will bless you and life can be beautiful!

....Veronica S.

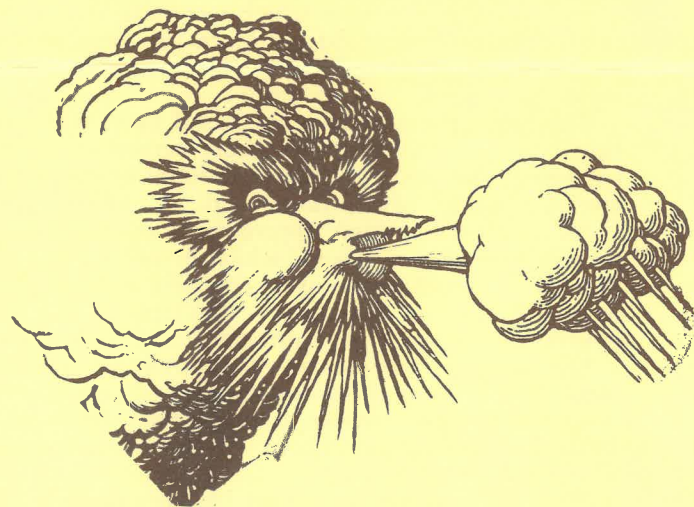
**We The Unwilling,
Led By The Unqualified,
Have Been Doing
The Unbelievable
So Long, With So Little —
We Now Attempt
The Impossible With Nothing.**

Do's and Dont's

The following suggestions for family and friends of the alcoholic are based on present day knowledge and experience of many relatives of recovering alcoholics. It can be of help in developing a constructive program of action.

- 1) Learn the facts about alcoholism.
- 2) Develop an attitude in keeping with the facts you have learned.
- 3) Avoid the "home treatment methods" such as preaching and lecturing, nagging, and reasoning, or the emotional appeal "If you loved me..."
- 4) Talk to someone besides friends and relatives. They are usually prejudiced one way or another.
- 5) Take a personal inventory of yourself.
- 6) Go to a treatment center for alcoholics, an AA or Al-Anon group.
- 7) Develop a more positive, thoughtful attitude toward the alcoholic.
- 8) If he begins to show interest in treatment but is slow in acting, don't make an issue of it.
- 9) Don't judge the method of recovery which the alcoholic has chosen.
- 10) Don't expect an immediate 100% recovery.
- 11) Develop and maintain a healthy emotional atmosphere in your home.
- 12) Don't try to protect him from alcohol.
- 13) Encourage new activities and interests.
- 14) Don't be discouraged by mistakes you make.
- 15) Pass on your knowledge of alcoholism to others.

*Adapted from "Do's and Dont's for the Wives of Alcoholics". Distributed by N.C.A.



Baby, it's Cold outside; But a little bit of booze isn't the answer ...

Liquor gives you the sensation of warmth because it dilates the blood vessels, but it's not actually warming your body. In

fact, with more blood going to the surface of the skin, more heat is likely to be lost.

State health statistics show that alcohol was the most frequent contributing factor to deaths from exposure last year.

CAUTION!



IF YOU DRINK & DRIVE

"We sometimes hear someone say, 'He is standing in his own light.' A mental picture that clearly reveals that many of us tend to shadow our own happiness by mistaken thinking. Let us learn to stand aside so the light can shine on us and all we do. For only then can we see ourselves and our circumstances with true clarity. With the program and the twelve steps, we no longer need to stand in our own light and try alone to solve our problems in darkness. When I am faced with a seemingly insoluble problem, will I ask myself if I am standing in my own light? Today, I will remember: If all I can see is my shadow, I'm in my own light."