

NEPENTHE

Newsletter on Drug and Alcohol Issues published by the University of Washington Alcoholism and Drug Abuse Institute and the Washington State University Alcoholism Training and Research Unit

ISSUE No. 12

JUNE, 1976

You're invited to:

"ALCOHOLISM AND OTHER DRUG DEPENDENCIES 1976:
A LOOK AT THE NORTHWEST SCENE"

JULY 29 and 30, 1976

THE THIRD ANNUAL CONFERENCE
OF
THE UNIVERSITY OF WASHINGTON'S
ALCOHOLISM & DRUG ABUSE INSTITUTE

About the conference...

The purpose of this conference is to bring together professionals and students who are working in the areas of alcoholism and other drug problems for a look at the "Northwest Scene". Rather than concentrating on a single topic area, participants in this year's conference will survey a wide variety of problems and issues currently under study by investigators and professional treatment workers in Washington, Oregon, Idaho, and British Columbia. As such, the conference will provide an opportunity for workers in the alcoholism and drug abuse fields to get together and share ideas in a number of areas of mutual interest and concern.

The program will provide a sampling of the many topics and professional issues of interest to workers in the Northwest area. A number of symposia will be offered, centered around such important issues as: *the fetal alcohol syndrome; drinking and other drug problems among adolescents and the elderly; the woman alcoholic; occupational alcoholism and drug abuse programs; and current issues in law and prevention associated with substance abuse.* Participants in each of these symposia will be drawn from the Northwest area, and will review recent work being conducted at the University of Washington, Washington State University, a number of local treatment centers, and other institutions. In addition to the symposia sessions on specific topic areas, a

Nepenthe (ni-pen-thi), n. (L. Gr. nepenthes, removing sorrow; ne-, not + penthos, sorrow, grief) 1. a drug supposed by the ancient Greeks to cause forgetfulness of sorrow, 2. anything causing this state.

number of contributed papers will be presented by local investigators on topics of general interest.

Because of the wide sampling of paper presentations, symposia, invited addresses, informal discussion periods, and scheduled conversation hours with some of the main speakers, there should be something for everyone's specialized interests during the two-day conference. Early registration is advised, as attendance is limited by the room size. The conference will be held on Thursday and Friday, July 29 and 30, in Kane Hall, situated on the campus of the University of Washington in Seattle. Specific details of the conference program, including the names of all contributors, will be mailed to each registrant as soon as they are finalized.

(SEE THE BACK OF THIS NEWSLETTER FOR AN
ADVANCE REGISTRATION FORM)

PROGRAM: THURSDAY, JULY 29

Morning Theme: *THE INFLUENCE OF ALCOHOL FROM BIRTH
TO OLD AGE*

8:00 Registration and Coffee

9:00 Opening Session

9:30 Keynote Address: *"Maternal Drinking and the Outcome of Pregnancy: Research Since the Fetal Alcohol Syndrome"*

Dr. Ann P. Streissguth, Dept. of Psychiatry & Behavioral Sciences, University of Washington

10:00 Coffee

10:30 Symposium A: *"Drinking in the Adolescent and the Young Adult"*

Symposium B: *"Drinking and the Elderly"*

12:00-

1:30 p.m. Lunch

Afternoon Theme: *ALCOHOL AND DRUG PROBLEMS INVOLVING
WOMEN AND SELECTED MINORITY GROUPS*

1:30 Keynote Address: *"Network Therapy: Implications for the Treatment of Indian Alcoholism"*

Dr. Carolyn L. Attneave, Director, American Indian Studies, University of Washington

2:00 Symposium: *"The Woman Alcoholic"*

Contributed Papers Session: *"Alcohol Education and Training Issues"*

3:30 Coffee

4:00 Symposium: *"Maternal Alcohol and Nicotine Ingestion and Pregnancy Outcome: A Prospective Study"*

Contributed Papers Session A: *"Assertion, Control, and Social Skill Training with Alcoholics"*

Contributed Papers Session B: *"Basic Research on Maternal Alcohol Use, Personality of Alcoholics, and Aversion Treatment"*

5:30 Social Hour at University Towers Hotel

SPECIAL EVENING SESSION: THURSDAY, JULY 29

8:00-

9:30 p.m. *"Interface Among Alcoholics Anonymous, the Professional and the Behavioral Psychologist"*

PROGRAM: FRIDAY, JULY 30

Morning Theme: *SELECTED TREATMENT AND PROFESSIONAL ISSUES*

- 8:30 Coffee
- 9:00 Keynote Address: "Is Alcoholism Hereditary?"
Dr. Donald Goodwin, Washington University, St. Louis, Mo.
- 10:00 Coffee
- 10:30 Symposium A: "Occupational Alcoholism and Drug Programs"
- Symposium B: "Representative Local Treatment Programs for Alcoholism and Drug Addiction"
- Contributed Papers Session: "Treatment Outcome and Process Research in Alcoholism"
- 12:00-1:30 p.m. Lunch

Afternoon Theme: *ISSUES IN LAW AND PREVENTION*

- 1:30 Keynote Address: "Community Concern for Alcoholism: A Brief History"
Prof. Charles W. Smith, Associate Dean of Law, University of Washington
- 2:00 Invited Address: "Alcohol Abuse and Alcoholism: Criminal Justice Goals and Limitations"
Hon. Anthony P. Wartnik, Bellevue District Court
- 2:45 Symposium: "Legal Strategies of Public Drunkenness Control"
- 4:00 Concluding Remarks: "The Pacific Northwest Scene: A Unique Opportunity for Work in Alcoholism and Drug Abuse"
Dr. Marc A. Schuckit, M.D., Director, Alcoholism & Drug Abuse Institute
- 4:30 Adjourn

SEE PAGE 11 FOR REGISTRATION INFORMATION

STUDIES FUNDED AT U.W.

Fifteen research proposals were submitted by University of Washington faculty members for the Alcoholism & Drug Abuse Institute's June 1, 1976, application deadline. Of these, eight were funded, with a total allocation of \$23,233.17.

An interdisciplinary group of University faculty members is appointed to comprise the Institute's Study Section. Each member serves for two years with the Section, and volunteers his or her time in reviewing research applications for Institute funding. Each year there are three deadline dates for submission of proposals--the next is October 1, 1976.

Proposals recently funded include the following:

Robert C. Bolles, Ph.D.
Professor

Dept. of Psychology---

The development of tolerance to ethanol as a conditioned phenomenon

Douglas M. Bowden, M.D.

Associate Professor
Dept. of Psychiatry &
Behavioral Sciences---

Locus of Amphetamine's Positive Reinforcement effect as identified by intracerebral self-injection (ICSI)

Gary D. Christian, Ph.D.

Professor
Dept. of Chemistry---

Clinical and forensic drug analysis and fingerprinting by video fluorometry

Robert H. Elton, Ph.D.

Director
Eastern Wash. State
College Primate Research Program---

Primate model for alcohol dependence

A. Horita, Ph.D. & Diane K. Andry, Ph.D.

Professor Senior Research Fellow
Dept. of Pharmacology---

Reversal of pentobarbital learning & memory deficits by thyrotropin-releasing hormone
(continued next page)

G. Alan Marlatt, Ph.D.

Professor

Dept. of Psychology---

*Control over interpersonal evaluation
and alcohol consumption*

Helen Nakagawa, Ph.D.

Professor

Dept. of Psycho-
social Nursing---

*Alcohol sales records as a social in-
dicator of alcohol-related health
status at the community level*

Boris Weinstein, Ph.D.

Professor

Dept. of Chemistry---

Synthesis of enkephalin analogs

FOUNDATION AWARD TO
STREISSGUTH AND LITTLE

The Spencer Foundation has awarded a two-year grant of \$115,000 to Ann P. Streissguth and Ruth Little, both of the Division of Child Psychiatry, to study children born to recovered alcoholic mothers. Earlier work at the University of Washington (by Drs. David Smith, Kenneth Jones, Christy Uilleland and Ann Streissguth), has demonstrated that offspring born to alcoholic mothers are at risk for fetal alcohol syndrome and impaired development. Whether these risks to the offspring change if maternal alcoholism is arrested before conception is the major question to be addressed in this new project.

Subjects in the study will be women who have borne children during or after a period of problem drinking. Referrals of such women to the study are actively encouraged. Interviewing is scheduled to begin July 1, 1976. To refer a possible subject or for further information, please call Dr. Little at 543-7155.

ADAI PROPOSES
MEDICAL SCHOOL COURSES

The ADAI, working closely with the Curriculum Committee for the Medical School, has established an Advisory Board for Medical Education. The purpose of this board is to review the present lack of education on alcohol and drug problems in the University of Washington Medical School and to propose possible remedies. Members of this board include:

*George N. Aagaard, Prof.,
Medicine & Pharmacology*

*Charles H. Chesnut, III, Asst.
Prof., Medicine & Radiology*

*David C. Dale, Assoc. Prof.,
Medicine*

*Joseph B. Deisher, Coordinator,
Affiliated Residency Network,
Family Medicine*

*David M. Heimbach, Asst. Prof.,
Surgery*

*Harold E. Laws, Assoc. Dean of
Medicine, Medicine*

*John N. Lein, Assoc. Dean, Medical
Director, Continuing Medical
Education*

*Maryonda E. Scher, Assoc. Prof.,
Psychiatry & Behavioral Sciences*

*David Smith, Prof., Dept. of
Pediatrics*

*James W. Smith, Medical Director,
Schick's Shadel Hospital*

*Shuzo M. Sumi, Assoc. Prof., Chief,
Neurology*

*Marc A. Schuckit, Director, ADAI;
Assoc. Prof., Psychiatry &
Behavioral Sciences*

As a result of these meetings, the ADAI is now presenting the Curriculum Committee of the Medical School with proposals for one Medical School Pre-clinical Course which will outline alcohol pharmacology, the natural history of alcoholism, the identification of alcohol problems in general practice, medical problems of alcoholics, proper use of drugs in detoxification, and alcohol and drug rehabilitation measures. The 20-hour course will be given for credit.

In addition, the ADAI is proposing a series of clinical electives where it is hoped medical students will work for short periods of time in drug and alcohol detoxification programs, as well as other rehabilitation efforts of various types. It is hoped that these courses will stir up enough interest in the Medical School so that they will become a permanent part of the curriculum.

ADAI ON THE WAMI CIRCUIT

The Alcoholism & Drug Abuse Institute, along with the Department of Psychiatry and the Medical School Department of Continuing Education, took part in a five-day series of visits to five Montana cities. At each locale, Dr. Marc A. Schuckit, Director of the Alcoholism and Drug Abuse Institute, presented a lecture and discussion on the recognition of alcoholism in general medical practice, the treatment of alcoholic withdrawal, and guidelines for alcoholic rehabilitation programs. The audience consisted primarily of physicians in general practice in rural areas, but there were relatively large numbers of nurses, social workers, and other health workers in attendance. This visit was part of a 23-city continuing education course being jointly sponsored by the three groups.

ALCOHOL AND DRUG ABUSE PROBLEMS
IN THE ELDERLY

Dr. Marc A. Schuckit, Director of the University of Washington Alcoholism and Drug Abuse Institute, recently testified before the U.S. Senate hearings focusing on substance abuse problems among the elderly. His remarks were presented to the Subcommittee on Aging on June 7, 1976. The following are excerpts:

Summary and Suggestions

Substance abuse problems in elderly individuals have received much less attention than is true for younger citizens. Due to the increased health care needs of elderly patients as well as their decreased medical reserve when things go wrong, it is important that we make efforts to identify and treat older individuals involved in any form of substance abuse.

I have discussed four types of substance abuse. In each area the elderly are a minority, but their numbers seem to be increasing (e.g., the aging of younger addicts of the 1960's). Some of the main trends noted in this presentation include:

A. Opiates---

1. At least 5% of opiate addicts are over age 45 with 1% over age 60. The real rate is probably much higher, as, even more than the young addict, the older abuser is likely to be hidden by his family and ignored by the police.
2. The literature indicates that most subjects were young addicts surviving into old age--but there may be a subgroup with a later onset.
3. Special treatment needs of the elderly addict include special health and social service supports and the recognition that they may do poorly in jail but well on outpatient methadone maintenance.

B. Inadvertent Abuse of Non-Opiates---

The elderly are the highest consumers of legal drugs--usually prescribed for good medical reasons. However, because of their tendency to receive multiple prescriptions, to take over-the-counter drugs, to borrow or hoard old drugs, and their decreased physical reserve, they have a high rate of adverse drug reactions.

C. Deliberate Abuse of Non-Opiates---

1. The prescription drugs most likely to be abused are anti-anxiety drugs like Equanil, sleeping pills and pain pills.

2. In addition, the elderly are likely to misuse over-the-counter pain pills (including aspirin and aspirin compounds), laxatives and bromides, and to mix these drugs with alcohol or prescribed medications.

D. Alcohol---

1. Two to ten per cent of the elderly population are alcoholic and 10% of alcoholics are over age 60. Even higher rates are seen in widowers and general medical/surgical patients.
2. A substantial proportion of elderly alcoholics began abusing alcohol late in life with subsequent high rates of medical problems.

E. Causes---

1. The geriatric opiate abuser is usually the young addict grown old--causes don't seem to be distinct for old age.
2. Inadvertent use of prescription drugs would seem to be the result of ignorance by the user of the proper intake patterns and the serious dangers involved in deviations from the prescription.
3. I don't know the causes of deliberate abuse of drugs or alcohol in the aged any more that I do for any age group. It makes sense that the stresses of growing old with loss of status, feelings of being useless, and loss of health play a role here--but there is little convincing data. We need more studies of this.
4. The best way to proceed is to carefully set up some pilot intervention program and to continue to gather good data on the scope of the problem and characteristics of abusers.

In the meantime, there are a variety of possible actions which might be considered. All action should be tested before large scale programs are begun to insure more good than harm results. No easy answer exists and all programs have their costs which must be weighed against potential benefits. The cost of these programs in dollars should be offset by savings in government health care expenditures as these same individuals are likely to experience serious medical complications without intervention with resultant costly hospitalization.

Possible areas for consideration in preventing and combating substance abuse problems in the elderly include:

1. Develop pilot programs for pre-retirement planning which include education on drug dangers (over-the-counter and prescribed) as well as the possible increased vulnerability to substance abuse at this time of life. This might be carried out by joint support of the National Institute on Aging and the National Drug and Alcohol Institutes. It would be imperative to

enlist the support of both labor and industry, and existing health programs might be used as a starting point.

2. Increase the level of awareness in health care delivery personnel of substance abuse problems in the elderly. This could be done by establishing training fellowships on geriatric problems with an emphasis on substance abuse in schools of medicine, social work, psychology, etc. A logical place to start might be in the new Military Medical School. Such programs could be jointly or individually sponsored by the three National Institutes (Alcohol, Aging, Drugs) and could be offered on the graduate (e.g., a summer clerkship in Medical School) and the post-graduate (e.g., post-doctoral fellowships in social work) levels. This would not only establish health deliverers who are "experts" in this area, but also would increase the general level of awareness of these problems in the involved schools.

3. Develop continuing education programs for physicians that emphasize pharmacology in the elderly and the recognition and treatment of substance abuse in this population. The University of Washington School of Medicine recently sponsored a 23 city tour of lectures to physicians in small communities which, in part, attempted to do this. The tour was part of the joint program, WAMI (Washington, Alaska, Montana and Idaho), where four states have joined together in an attempt to develop quality medical education and service delivery. More such programs should be developed for other states.

4. Develop public education programs using T.V., radio, newspapers and pamphlets in doctor's offices, pharmacies or old age clubs. This could be patterned after the NIAAA's and National Council on Alcoholism's public education campaigns, but here the target population will be even easier to identify. Subjects which could be emphasized include the proper (and improper) use of alcohol and over-the-counter drugs, the dangers of borrowing drugs or using outdated medications, and the dangers of deviating from prescriptions or of mixing drugs, etc.

5. Work through law enforcement agencies to develop an awareness of substance abuse problems in the elderly, perhaps through fellowships or courses in police academies. It would be important to emphasize that older alcoholics and drug addicts may have special health and social support needs and that ignoring them on the street might do them more harm than good.

6. Evaluate the need for special labeling of laxatives, aspirin, and over-the-counter sleeping pills and "nerve pills". The Food and Drug Administration along with the National Institute on Aging might determine

the need for any changes in contents of these drugs (e.g., bromides), limitations of the present state of unlimited availability, and necessary curbs on the present advertising practices.

7. Encourage the three relevant National Institutes and the Veteran's Administration to fund research projects on the causes, scope and possible prevention of substance abuse in the elderly. The new Military Medical School should be encouraged to specifically study substance abuse problems in retirees and dependents in the armed services.

8. Establish programs to help drug and alcohol treatment agencies meet the medical and social needs of their older clients. Establishing a liaison with the Medicare and Social Security programs might be one way to proceed."

A copy of Dr. Schuckit's complete statement may be obtained by writing to the Alcoholism and Drug Abuse Institute, University of Washington, 3937 15th Ave. N.E., NL-15, Seattle, WA 98105.

RESEARCH IN PROGRESS:
CLINICAL AND FORENSIC
DRUG ANALYSIS AND FINGERPRINTING
BY VIDEO FLUOROMETRY

INVESTIGATOR:
GARY D. CHRISTIAN, PH.D
PROFESSOR
DEPT. OF CHEMISTRY

Dr. Christian and his graduate students will be evaluating a potential breakthrough in the identification and quantification of drugs of abuse. A new instrument, the video fluorometer, will be tested for its applicability in these areas. This study will have large potential implications for identification of street samples of drugs and which drugs have been ingested by individuals in trouble.

UPCOMING RESEARCH FORUM EVENTS
AT THE UNIVERSITY OF WASHINGTON

Henry Lennard, Professor of Medical Sociology and Director, Program on Psychoactive Drugs and Social Behavior at the University of California at San Francisco will speak

on July 22, 1976, at 3:00 p.m., on "Psychoactive Effects on Family Interaction" (Health Sciences Building, Room T359),

and on July 23, 1976, at 10:00 a.m., on "Contextual Effects of Psychoactive Drug Taking" (Health Sciences Building, Room T530)

ADOLESCENT PROBLEM DRINKERS

The staff of the ADAI, along with the staff of the Eastside Alcohol Counseling Center, presented a paper at the National Council on Alcoholism meetings in Washington, D.C., in May. The data represented information from 227 adolescents who had been counseled by the Eastside Alcohol Counseling Center since their staff and the ADAI have jointly begun to gather information on this population of young people. The most important conclusions from that paper were that alcohol misuse rarely occurs as an isolated problem in young people--the heavier the use of alcohol, the wider the extent of other drugs of abuse and the greater the likelihood that the individual had serious life social problems before alcohol use began. The authors of the paper were not convinced that they knew how to define alcoholism in this young population and warned against premature labeling. However, it is hoped that a follow-up of these adolescents will be carried out in order to determine which group of problems best predicts future alcohol difficulties.

In conjunction with this study, several other alcohol counseling centers, the Southwest CAC and the North End CAC, have begun to gather information on their youthful clients. Future reports will deal with comparisons of youth samples with alcohol problems in different populations of King County.

Copies of the report can be obtained by writing the Alcoholism & Drug Abuse Institute, 3937 15th Ave., N.E., NL-15, Seattle, WA 98105.

RESEARCH IN PROGRESS:
ALCOHOL SALES RECORDS
AS A SOCIAL INDICATOR
OF ALCOHOL-RELATED HEALTH STATUS
AT THE COMMUNITY LEVEL

INVESTIGATOR:
HELEN NAKAGAWA, PH.D.
PROFESSOR
DEPT. OF PSYCHO-SOCIAL
NURSING

Research is needed to develop a social indicator to reflect status of a community sector in terms of its alcohol-related problems. The provision of optimum primary, secondary and tertiary prevention for problems resulting from alcohol use in our society requires a method to assess the status of a community in relation to these problems. A social indicator for alcohol-related problems could be used in community assessment, treatment evaluation and etiological research of alcohol problems.

Alcohol has been shown to be a primary causal factor in many pathological conditions. While holding nutritional and other factors associated with the alcoholic way of life equal, research indicates the direct physiological toxicity of alcohol. In many alcohol-related illness processes the volume of alcohol consumed is directly related to the degree of pathology.

A logarithmic normal curve has been postulated and empirically substantiated as a model of how the total community alcohol consumption is distributed among members of the aggregate. This evidence indicates that problem drinking and other levels of consumption are inextricably linked to, and predictable from, total per capita community consumption. Research has also shown that alcohol purchase records are close estimates of alcohol consumption patterns in aggregates of individuals.

The foregoing information supports: definition of alcohol problems in terms of health status; the relationship of quantity of alcohol consumed and the extent of resulting health problems; recognition that total alcohol purchased is distributed in a predictable manner within communities; and the use of alcohol sales records as representative of drinking patterns of individuals in an aggregate. This study proposes to explore whether the use of per capita quantity of alcohol sold in a community sector is a feasible social indicator of the alcohol-related health status of the aggregate.

The two communities chosen for the study are matched as closely as possible for all factors except their per capita alcohol consumption. The per capita quantity of alcohol sold in the sectors is based on Washington State Liquor Control Board's Annual Report and the U.S. Census Report. The general and alcohol-related health status of the communities will be estimated with fifty personally distributed questionnaires from randomly selected residents (aged twenty-one years and older) from each of the two sectors. The personally distributed questionnaires will focus on the physiological and emotional health status and the drinking patterns of the individuals sampled. Data will be analyzed first to determine the relationship of individual consumption and health status. Secondly, analysis will explore whether there is a significant positive difference between the communities with low and high alcohol consumption according to the mean number of alcohol-related health symptoms reported by sampled community members.

1976 ASSESSMENT OF DRUG USE
IN KING COUNTY

As a part of its annual planning process, the King County Health Department's Division of Human Services has prepared a needs assessment concerning the incidence/prevalence of drug abuse problems in King County and the availability of treatment resources.

Among the findings of the 1976 report is that an estimated total of 88,900 residents of King County are "currently using drugs including marijuana, in a non-medical (nonprescriptive) context." In terms of levels of use, the report estimates that there exist 6,400 heavy users of drugs other than marijuana among the 88,900 drug-using individuals. Furthermore, three-quarters of the heavy users are believed to reside within the city limits of Seattle.

Two drug use trends were discussed in depth: 1) the rising rate of marijuana use among youth between the ages of 12 and 17, and 2), increased levels of opiate use.

In King County, the number of overdose deaths due to opiates in 1975 increased by 150% over the number of such deaths in 1973 (1973--10; 1975--25). On the basis of this and other data, the report estimates that the prevalence of opiate use is increasing and that there may be as many as 16,400 opiate users in King County. Two thousand, two-hundred sixty of them are thought to be engaged in "heavy use". "This estimated total number of users represents a doubling of the number of users that were estimated to be active in 1975".

A second major highlight of the needs assessment report pertained to marijuana use trends. Using national data, the report noted that marijuana use among high school senior males had increased by 32% from 1969 to 1975 (1969--13%; 1975--45%). Seattle Police Department data tended to verify this trend, with a demonstrable increase in the number of juveniles charged with marijuana violations from 1973 to 1975. The authors of the report estimate that 14,280 persons in the age range of 12-17 are current users of marijuana; 3,290 of them are believed to be heavy users.

A final item dealt with in the needs assessment report concerned an estimate of drug use among females of childbearing age. The report estimates that approximately "36,650 women of primary childbearing age (18-34) are currently using drugs including marijuana, in a non-medical (nonprescriptive) context." Two-thousand four-hundred fifty of them are believed to be heavy users of drugs other than marijuana.

TALK ON TM

Harold H. Bloomfield, M.D., psychiatrist, will speak at Meany Hall (UW campus), 8 p.m., July 6th. Bloomfield is author of TM: Discovering Inner Energy and Overcoming Stress, and Happiness: The TM Program, Psychiatry and Enlightenment.

Dr. Bloomfield has spoken to some 40 million people around the world about the effectiveness of the TM program. Bloomfield is director of psychiatry at the Institute of Psychophysiological Medicine and founder of the Age of Enlightenment Center for Holistic Health, both in San Diego.

The talk is free. There will be time for questions. For further information, call 322-1800.

RESEARCH IN PROGRESS:
SYNTHESIS OF ENKEPHALIN ANALOGS

INVESTIGATOR:
BORIS WEINSTEIN, PH.D.

This grant will be used to test some of the effects of narcotic-like pain killers in the brain itself. There is good evidence to indicate that specific peptides are responsible for the effects of these drugs and Dr. Weinstein and his graduate students will be applying rigorous research methods to address the possible development of non-addicting analgesics

RESEARCH IN PROGRESS:
THE DEVELOPMENT OF TOLERANCE TO
ETHANOL AS A CONDITIONED PHENOMENON

INVESTIGATOR:
ROBERT C. BOLLES, PH.D.
PROFESSOR
DEPT. OF PSYCHOLOGY

Dr. Bolles is addressing our lack of understanding of the mechanism of tolerance to addicting substances. He will test the hypothesis that tolerance to ethanol may develop from the gradual acquisition of a learned response which is solicited by cues that predict the onset of alcohol's effect. Using animals, two methods will be used to test the hypothesis.

ASSAULTIVENESS IN ADOLESCENT DELINQUENTS

A recent study conducted by individuals associated with Stanford University and the Palo Alto VA Hospital found that "there is no evidence that an increase in violent crime is directly related to the increase in cannabis use; in fact, considerable evidence suggests that cannabis often decreases assaultive tendencies. In contrast, alcohol is frequently linked with aggressive behavior.

J.R. Tinklenbert, W.T. Roth, B.S. Kopell, and P. Murphy in an article entitled, "Cannabis and Alcohol Effects on Assaultiveness in Adolescent Delinquents", soon to be

published in Chronic Cannabis Use (Annals of the New York Academy of Sciences--in press), edited by Dornbush, Fink, and Freedman, report on a study conducted in a California Youth Authority facility. The research addressed the following questions: "1), in comparison to alcohol, how frequently was cannabis actually involved in fights, driving accidents, problems with family or friends, and other difficulties? 2), in comparison to alcohol, how did our subjects perceive cannabis to alter assaultive tendencies? 3), was cannabis deliberately used to augment or to suppress aggressive behavior?" Two hundred forty-eight male adolescents comprised the subjects for this investigation. They were incarcerated between the period of June, 1973, to July, 1975, at the moderate security Northern California Youth Authority facilities.

The authors noted that the findings of this research tended to corroborate those of other studies which note the following: "Moderate doses of cannabis generally induce a reduction in inclination towards extreme physical effort, a reduction in tendencies towards intense social interaction, an increase in positive mood states, a reduction in hostility, and a reduction in tendencies towards inflicting pain on others. In contrast, laboratory studies indicate that alcohol can augment human aggression."

WASHINGTON STATE COUNCIL ON ALCOHOLISM
ANNOUNCES APPOINTMENTS

The National Council on Alcoholism and the Washington State Council on Alcoholism recently announced the appointment of *Donald P. Mozzone* and *Willard H. Heinlein* as the labor/management team for the Puget Sound Region. They will be responsible for developing a \$250,000 three-year grant devoted to creating employee alcoholism programs. The grant is one of ten awarded throughout the United States.

QUARTERLY MEETING OF
WASHINGTON STATE COUNCIL ON ALCOHOLISM

Dr. Joseph Monda, President of the Washington State Council on Alcoholism, has announced a quarterly meeting on July 9th and 10th, at the Sun Mountain Lodge, near Winthrop, Washington, beginning at 1:00 p.m. on Friday afternoon. Two of the panel sessions will be: *EDUCATION AND TRAINING* with Dr. Warren Garlington, WSU, and Father James Royce, Ph.D., Seattle University; and *THE COOPERATIVE DRIVER PROGRAM* with Dave Kirk, Department of Motor Vehicles, Judge Eugene McLean, and Pat Stromberg, Director of the Kent Community Alcohol Center. More information is available at telephone No. 454-3413.

RESEARCH IN PROGRESS:
LOCUS OF AMPHETAMINE'S POSITIVE REIN-
FORCEMENT EFFECT AS IDENTIFIED BY
INTRACEREBRAL SELF-INJECTION (ICSI)

INVESTIGATOR:

DOUGLAS M. BOWDEN, M.D.
ASSOCIATE PROFESSOR
DEPT. OF PSYCHIATRY & BEHAVIORAL SCIENCES

This grant studies the brain areas which may be important in the psychological dependency induced by amphetamine. It is designed to identify those sites within the brain where amphetamine acts to reinforce behavior in continued taking of the drug. The experiment will be carried out through self-administration directly into brain areas of amphetamine by monkeys.

RESEARCH IN PROGRESS:
REVERSAL OF PENTOBARBITAL LEARNING
& MEMORY DEFICITS BY
THYROTROPIN-RELEASING HORMONE

INVESTIGATORS:

A. HORITA, PH.D. & DIANE K. ANDRY, PH.D.
PROFESSOR SENIOR RESEARCH FELLOW
DEPT. OF PHARMACOLOGY

This study addresses the clinical finding that the misuse of sleeping pills and other depressant-type drugs frequently results in a memory loss syndrome. In addition, the investigators will be testing the efficacy of one way of blocking dependent drug intoxication. This study utilizes an animal model to investigate the effect of a brain released hormone which controls the thyroid gland (TRF) on the intoxication produced by depressant-type drugs.

RESEARCH IN PROGRESS:
CONTROL OVER INTERPERSONAL EVALUATION
AND ALCOHOL CONSUMPTION IN MALE SOCIAL
DRINKERS

INVESTIGATORS:

G. Alan Marlatt, Ph.D. & Damaris J. Rohsenow
Professor Predoctoral Candidate
Dept. of Psychology

This study supports a graduate student working with Dr. Marlatt who will study the use of alcohol as an attempt to cope with stress in social drinkers. The degree to which individuals have control over their situation will be correlated with the effect of an anxiety-provoking experiment's effect on alcohol intake.

RESEARCH IN PROGRESS:
PRIMATE MODEL FOR ALCOHOL DEPENDENCE

INVESTIGATOR:

ROBERT H. ELTON, Ph.D., RESEARCH
AFFILIATE, REGIONAL PRIMATE CENTER

Dr. Elton will continue his work in developing an animal model for voluntary oral alcohol intake. Through a pre-testing period, the investigators will select monkeys at highest risk for heavy alcohol intake and will place them together in a colony to study the social interactions and the alterations of these patterns with drinking. This is a further step in the goal of creating an animal model of volitional alcohol intake to the point of intoxication and addiction. In addition, Dr. Elton will also study the effects of alcohol on the fetus through careful observation of the offspring of heavy drinking mothers.

NEPENTHE STAFF:

Roger A. Roffman, Assistant Professor,
School of Social Work, University of
Washington and
Aldora Lee, Coordinator of the Alcoholism
Certificate PROGRAM, Washington State
University -- CO-EDITORS

Staff: Jane Ramsey and Edna Glenn

For information, suggestions, etc. please
call the Alcoholism & Drug Abuse Institute
at 206 543-0937 or write to 3937 15th N.E.,
NL-15, Seattle, WA 98105.

THE BANFF SKIISM SCREENING TEST

William R. Miller & G. Alan Marlatt

YES NO

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Do you often find yourself thinking about skiing? |
| _____ | _____ | 2. Have you spent more on skiing than you should? |
| _____ | _____ | 3. Do you ever ski alone? |
| _____ | _____ | 4. Do you ever ski in the early morning? |
| _____ | _____ | 5. Do you ever find that once you start skiing you are unable to stop? |
| _____ | _____ | 6. Has skiing ever separated you from your family? |
| _____ | _____ | 7. Do you find yourself skiing instead of meeting obligations? |
| _____ | _____ | 8. Do you ski when depressed, to feel better? |
| _____ | _____ | 9. Do you find that one run almost always leads to another? |
| _____ | _____ | 10. Have you ever gone on skiing binges lasting for two days or more? |
| _____ | _____ | 11. Do you ever drive immediately after skiing? |
| _____ | _____ | 12. Have you ever found, when you stop skiing after prolonged indulgence, that your body is uncomfortable? |
| _____ | _____ | 13. Have you ever experienced a white-out? |
| _____ | _____ | 14. Do you take your slopes straight down? |
| _____ | _____ | 15. Do you find that it takes progressively stiffer slopes to satisfy you? |
| _____ | _____ | 16. Have you ever been in a hospital because of skiing? |

Diagnostic Criteria: (for professional use only)

<u>No. of "Yes"</u>	<u>Diagnosis</u>
0-2	Flat affect
3-4	Cross-county sundrome (latent skiism)
5-6	Prodromal (beginning) skiisim
7-9	Downhill syndrome (intermediate skiism)
10-12	Schism (advanced skiism)
13+	Skisophrenia

ABOUT ADVANCE REGISTRATION.....

ALCOHOLISM AND OTHER DRUG DEPENDENCIES: 1976

The fee for this two-day conference is \$15; \$5 for full-time students. To register, complete the attached form and return it with fee as directed. Registration should be in by July 22, 1976. The fee is nonrefundable; if the original registrant is unable to attend, a substitute may be sent.

A limited amount of "transient" housing is available in the dormitories on campus. A list of nearby hotels and motels will be sent to participants from out of town.

For further information, contact the Office of Short Courses and Conferences, University of Washington, DW-50, Seattle, WA 98195, or call (206) 543-5280 or SCAN 323-5280.

ALCOHOLISM AND OTHER DRUG	Conf. #547
DEPENDENCIES: 1976	Fee: \$15
JULY 29 & 30, 1976	Full-time Students: \$5

Complete and return with fee to:

Short Courses Registration
University of Washington, DW-50
Seattle, Washington 98195

NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE: _____

PROFESSIONAL AFFILIATION: _____

Enclosed is:

- () \$15 regular fee
- () \$5 student fee

_____ name of school

MAKE CHECK PAYABLE TO THE UNIVERSITY OF WASHINGTON. USE SEPARATE SHEETS FOR ADDITIONAL REGISTRANTS.