

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

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CONTINUING EDUCATION OPPORTUNITIES AT THE UNIVERSITY OF WASHINGTON

The following courses are being offered through the U.W.'s Alcoholism and Drug Abuse Institute. A registration form will be found on the last page of *NEPENTHE*.

PSYCHOTHERAPEUTIC MEDICATIONS

Instructor: Marc A. Schuckit, M.D.
Director, ADAI

Schedule: Four Tuesday sessions
4:00 - 6:00 p.m.
February 1 to 22, 1977

Fee: \$35 Registration deadline is January 18, 1977.

Designed for the human services practitioners, this course will cover those psychoactive drugs which are commonly used in the practice of medicine as a means of treating emotional illness. The anti-depressants, the anti-psychotics, the anti-anxiety drugs, the anti-manic substances, over-the-counter products, and other substances used to alter mood and behavior will be included. This course will be particularly useful for the practitioner who frequently comes in contact with clients for whom such drugs are being prescribed.

RECENT RESEARCH FINDINGS IN ALCOHOLISM AND ALCOHOLISM TREATMENT

Instructor: Marc A. Schuckit, M.D.
Director, ADAI

Schedule: Eleven Wednesday sessions
8:00 - 10:00 a.m.
March 30 to June 8, 1977

Fee: \$65 (\$6 additional if taken for extension credit) Registration deadline is March 15, 1977

This advanced course in alcoholism studies is intended for the worker who has taken

initial survey courses in the field. The major objective will be to focus on currently emerging research findings of relevance to clinical practice.

Among the subjects to be covered are: evaluation of alcoholism treatment, alternative strategies for detoxification, the efficacy of behavior modification, drugs used in the treatment of alcoholism, the effects of alcohol on the blood-producing and neurological systems of the body, the interaction of alcohol with other drugs, issues related to the control of public drunkenness, and legislative questions associated with youthful drinking.

For those individuals wishing to earn extension credit, there will be one or more written assignments or quizzes.

AIDE TO PRESIDENT ELECT DISCUSSES DRUG POLIC

At a recent conference in Washington, D.C., Dr. Peter Bourne, an advisor to President-elect Carter, gave some indication of policy emphases in the next administration. Bourne headed up Georgia's drug abuse program when Carter was Governor. Since then, he's served as Assistant Director of the Special Action Office for Drug Abuse Prevention (SAODAP), worked closely with the Drug Abuse Council, and was a principle campaign aide during Carter's bid for the presidency. Bourne will keynote the Alcoholism and Drug Abuse Institute's fourth annual summer conference in July.

Bourne suggested that the universal suppression of drugs had been the U.S. policy for the past fifty years, with two exceptions when exemptions were given: (a) when established institutions were able to achieve major profits, e.g. tobacco; and (b) when it looked as though there was no way to control the drug (e.g. alcohol), and that people were going to use it no matter what. Bourne commented that suppression was easier if a relatively small proportion of

Nepenthe (ni-pen-the), n. (1. 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.

the population was using a given drug, and particularly if the drug was limited to a minority group in the population that already was stigmatized. Thus, it was easier to suppress opium inasmuch as it was associated with the Chinese, grass which was associated with the Mexicans, cocaine which was seen as a Black drug, and the psychedelics as the drug of choice for the youthful population. Each of these subgroups were viewed as being "somewhat outside the mainstream of American society."

"One basis on which federal drug policy has never been made," said Bourne, "is on the basis of the health hazard. No matter what one hears about concern, particularly about grass, that it really isn't as dangerous as people say--that's just fine. But don't get deluded into thinking that that's the reason that the laws are changed or that grass gets decriminalized. I think it's wonderful that people don't get lung cancer from grass. A great deal has been made about studying the effects of grass, and this being what turned the American people around. But, I don't believe that it's time...The reason that it got turned around was because of hard work by (advocates of re-thinking our policy.),...because people realized that it was uncontrollable, that people were going to smoke, that it was going to be available all over the country, that you were going to have a large percentage of the population that were regular users of grass. I think one thing that one can say to the credit of policymakers is that they finally woke up and said we may as well be realistic about this. We just can't control it. We may as well accept it."

In the thirty years since World War II, according to Bourne, there has been a dramatic improvement in the federal machinery related to drug policy. Whereas drug and alcohol policy had been the exclusive province of law enforcement agencies, e.g. the Federal Bureau of Narcotics, recent years have seen the emergence of NIAAA, NIDA, AND SAODAP where the shaping of policy has been accomplished on the basis of a much broader input than law enforcement alone. Bourne identified the election of Senator Harold Hughes, a prime mover in achieving effective legislation in relation to alcohol and other drugs, as having been a significant event both in terms of shaping federal policy and in relation to changing public attitudes towards alcoholism and drug abuse.

Among the more recent emphases in federal policy has been the development of effective drug and alcohol education. Perhaps signaling a role which he might play in the next administration, Bourne indicated that health education in general will be a high priority in the Carter government.

Bourne pointed to some additional policy areas that concern him, one of which is the release from jails and prisons of thousands of individuals serving unjust sentences for drug-

related offenses. He noted that the public is more willing to look at the real facts about drugs and their dangers, to weigh the penalties against such dangers, and to re-think such issues as the way in which cocaine is classified under the law. The public is also supportive of taking another look at heroin, perhaps recognizing that excessive punishments have hampered attempts to deal with heroin on a realistic basis. Bourne noted Mayor Hatcher's work with the National League of Cities which recently established a committee to study the establishment of heroin maintenance treatment programs.

Recalling Governor Carter's advocacy of the decriminalization of marijuana, Bourne said that the President-elect had seen firsthand what happens to young people who've been forced to spend time in prisons. According to Bourne, Carter favors leaving the question of decriminalization to the individual states, recognizing the variation in attitudes from one state to another.

One indication of the high priority in which alcohol, drug, and other mental health problems will have in the Carter administration is the intention of Rosalyn Carter to chair a presidential commission on mental health. This kind of high level interest, said Bourne, makes it difficult for the problems to be either forgotten or swept under the rug.

UW INITIATES TRAINING IN OCCUPATIONAL ALCOHOLISM

Beginning in January 1977, the Alcoholism and Drug Abuse Institute's continuing education program in occupational alcoholism has enrolled its first group of trainees. Seeking primarily to provide intensive training for currently employed management and labor personnel, this series of courses has been developed at the University of Washington in recognition of the very promising pay-offs associated with alcoholism prevention efforts in the workplace.

The training program is comprised of four inter-related courses focusing on the dynamics of alcohol and alcoholism principles of effective policy development in the work setting, skills in counselling, supervisory training, major components of alcohol education, and approaches to monitoring and evaluating occupational alcoholism programs. The training includes 80 hours of classroom instruction over a six month period, and leads to the award of a Certificate of Occupational Alcoholism Studies. The faculty is composed of both University instructors and alcoholism specialists from the Puget Sound area.

For further information, contact the Division Head for Training, Alcoholism & Drug Abuse Institute (NL-15), University of Washington, Seattle, WA 98105

EDITORIAL

When *NEPENTHE* first appeared several years ago, the editors intended that it serve the interests of those working in alcoholism as well as those specializing in other drugs of potential abuse. Reader feedback about this "substance abuse" focus has been favorable. Notes on current research, news of upcoming classes or conferences, blurbs on pertinent legislation, and occasional irreverent "fillers" appear to interest our readers, whether they be alcoholism specialists reading about morphine receptor studies, drug abuse workers learning about the fetal alcoholism syndrome, or general human services personnel becoming further exposed to both fields. With such "cross-fertilization" purposes in mind, I take this opportunity to offer some editorial observations about a word found in the working vocabularies of several professions represented in our readership.

The term "decriminalization" is frequently heard in discussions about new approaches to the so-called victimless crimes, e.g. gambling, prostitution, and homosexuality. It is also a term used both in relation to public inebriation and illicit drug use. Does decriminalization mean the same thing when applied to alcoholism policy as it does when applied to drug abuse policy? The answer would seem to be: yes...and no.

When Washington recently decriminalized public inebriation, joining about half of the states in doing so, numerous purposes for this shift in policy were advanced. Perhaps of greatest importance was the recognition that the arrest-drunk tank-jail term-release process resulted in little beneficial impact either on the thousands of individuals who were routinely being run through the system or on those whose drinking problems might lead them to eventually become a part of it. Moreover, lives were being lost. The director of the St. Louis Comprehensive Alcoholism and Drug Abuse Program recently stated: "I know a lot of drunks we've taken through detoxification who would be dead today if they had been thrown into a drunk tank at the jail." (*U.S. News and World Report*, November 15, 1976, p. 81).

Furthermore, the stigmatization of alcoholism resulting from criminal sanctions was seen as discouraging the voluntary seeking of treatment. Since decriminalization, a dramatic reduction in relapses, an increase in voluntary admissions to treatment, and the provision of detoxification and health care services to a population sorely in need of such attention has accompanied the moving away from reliance on criminal law as a means of controlling the individual consumer.

Numerous other justifications for decriminalizing public inebriation were advanced. It was observed that law enforcement resources would be freed to become available for dealing with more serious crimes. The fact that the criminal law had failed to effectively deter public drunkenness was pointed out. The selective enforcement of the law was discussed, with recognition being given to the much higher probability of the skid road inhabitant or minority group member ending up in the drunk tank than was the case for the non-minority member of the middle or upper class.

Let's turn to the use and meaning of the term "decriminalization" in relation to drugs other than alcohol. The case of marijuana decriminalization offers an opportunity for comparison, although it should be acknowledged that decriminalizing the possession of other illicit drugs is currently being seriously studied, both by federal and state government and by many professionals working in the field of drug abuse.

At the outset, we must acknowledge the very different perceptions which are held by the public concerning alcohol on the one hand and marijuana on the other. Such differences may, in fact, serve to distort the commonalities in intent for decriminalization of public inebriation and decriminalization of marijuana possession.

Whereas the arrest-drunk tank-jail term-release "loop" is viewed as neither deterring public inebriates nor those whose abuse of alcohol has them headed in the direction of eventual alcoholism, the arrest and jailing of marijuana users is assessed as having similar failings. The criminal sanctions associated with marijuana possession are said to be inadequate deterrents. Furthermore, such sanctions are believed to do nothing in relation to those "in the pipeline." That is, just as a minority of alcohol consumers may eventually get into trouble with alcohol and/or other drugs, perhaps becoming alcoholic, a minority of marijuana users may eventually get into trouble with illicit substances and/or alcohol. The criminal law being directed towards the consumers of either of these substances may result in missed opportunities for effective prevention through appropriately conceived drug/alcohol education.

Whereas the stigmatization of alcoholism brought about through the criminal sanction is seen as discouraging the voluntary seeking of treatment of alcoholics, the criminalization of marijuana possession has had its own toll. The advocates of change point to the alienation of the otherwise law-abiding citizen from the criminal justice system, the promoting of a disrespect for the law, and a distrust in those who enforce it...all of which are attributed to the criminal sanction being applied to the marijuana user. The arguments of selective implementation of the laws and the opportunity to free up law enforcement resources for more serious crimes have equal validity, whether applied to public inebriation or marijuana possession.

The most dramatic differences in the public debates concerning these two forms of decriminalization pertain to: (a) the discussion of harm produced by each substance, and (b) the anticipation of what impact the change in law might have on the numbers of users. The proposition that public inebriation should be decriminalized only if it could be shown that drunkenness is not harmful was never advanced by either the proponents of change nor those who opposed it. The fact that a certain number of users and abusers existed and that health dangers were associated with abuse were taken as givens, and the law was changed in order to more appropriately deal with the abusers. With regard to marijuana, however, the question of harm is inevitably raised. The existence of certain numbers of users and abusers is not taken as a given, and the criminal law is supported by some as a necessity because of the purported harmfulness of marijuana use. The proponents of change in the marijuana laws urge continued prohibition of marijuana possession, but through civil rather than criminal sanctions. Rather than seeing marijuana users arrested, jailed, and given a life-long criminal record with all of its attendant consequences, the advocates suggest that a modest civil fine will be far less alienating and destructive insofar as the individual is concerned. The argument is similar to that put forth in relation to the "drunk tank turnstyle" criminalizing of the public inebriate. That is, the criminalizing of the individual does not accomplish desired goals of the society.

The second major difference pertains to the anticipated consequence of legislative change. Those seeking decriminalization of public drunkenness did not find themselves faced with the argument that such a change would result in more public inebriation, although such an effect is tenable. A far different case exists in relation to the marijuana issue. Acknowledging that there has been a dramatic increase in marijuana use in the U.S. over the past decade, the advocates of change point to the Drug Abuse Council's research in Oregon since decriminalization took place in 1973. No increase in marijuana use was found following decriminalization. Nonetheless, the negative consequences of criminalizing the public inebriate were sufficient to achieve a change in the law, but a similar logic in regard to the deleterious effects of criminalizing the marijuana user is somehow not as acceptable as a reason for changing the manner in which marijuana use is prohibited.

I believe that public policy concerning all psychoactive substances should be based on a clear specification of means and ends. I believe that there are few simple answers in this area, but that the formulating of good policy deserves our best and most careful attention. I believe that the criminal laws can be effective tools to accomplish certain goals, but that they can also produce unintended consequences...some, perhaps, of major dimensions. Finally, I believe that inasmuch as the use and abuse of multiple psychoactive substances is becoming increasingly prevalent, it is in all of our interests to seek appropriate and effective public policy concerning all such substances.

ROGER A. ROFFMAN

THE ABOVE COMMENTS REPRESENT THE VIEWS OF THE AUTHOR, AND NOT NECESSARILY THOSE OF EITHER THE UNIVERSITY OF WASHINGTON'S ALCOHOLISM AND DRUG ABUSE INSTITUTE OR WASHINGTON STATE UNIVERSITY'S ALCOHOLISM STUDIES PROGRAM.

READER RESPONSE IS INVITED.

COURSES AVAILABLE THROUGH THE HUMAN SERVICES TRAINING
INSTITUTE

<u>Course</u>	<u>Date</u>	<u>Location</u>	<u>Enrollment</u>
"Women in Treatment I"	January 3-6, 1977	CWSC, Ellensburg	18
"Short Term Client Systems I"	January 10-14, 1977	CWSC, Ellensburg	16
"Short Term Client Systems II"	February 7-11, 1977	TBA*	14
"Short Term Client Systems III/I"	March 14-18, 1977	TBA	14
"Assessment for Interviewing for Treatment Planning I"	March 21-24, 1977	TBA	16
"Women in Treatment/ Assessment Interviewing for Treatment Planning II" (regional)	April 11-15, 1977	TBA	18
"Training of Trainers I"	April 18-22, 1977	TBA	18
"Women in Treatment III/I"	May 2-5, 1977	TBA	18
"Training of Trainers II"	May 16-20, 1977	TBA	18
"Assessment Interviewing for Treatment Planning III/I"	June 6-9, 1977	TBA	16

*Location to be arranged

For additional information, contact the Human Services Training Institute, 327 West 8th, Spokane, WA 99204, (509) 624-0131.

NEEDS ASSESSMENT FOR SPOKANE COUNTY CONDUCTED
BY WSU TEAM

Needs Assessment for Alcohol and Drug Abuse Treatment for Spokane County is being undertaken, under contract with the county, by a research team comprised of faculty and doctoral students in Alcohol Studies at Washington University.

This project is using a variety of data sources, including the standard "social indicator" or census data, but goes beyond that rather imprecise form of data. A more definitive estimate of the needs in the county and the distribution of those needs across different segments of the population is being obtained by a "triangulation" approach to research. This research design uses the census tract or Zip code area as the basic unit of analysis. Data have been drawn from state monitoring systems, hospitals, police, county statistics, alcohol and drug sales, informants, and other sources, to obtain a composite estimate of the epidemiology and its distribution patterns from all the data sources simultaneously. In addition, a major data source will be the large-

scale mail survey of 4,000 residents. Since the questionnaires are keyed to the census tracts and Zip codes of the respondents, they will provide important convergent data for the study. All data except survey data have already been collected and are now being processed and compiled.

Besides serving the planning needs of Spokane County, this needs assessment will be valuable to the alcohol-related professions in at least two ways: (1) It will provide data in which estimates on other populations may be calculated, and (2) it will make possible empirical tests of the usefulness of various needs assessment techniques, including some that have already been offered in the literature (e.g. the Marden Formula) and others that are being newly tried out in this project.

The project is directed by Professor Armand L. Mauss, and the research staff includes John Karlson, Edmond Hogan, and Dave Pearson, all doctoral students. Important contributions to the research have been made also by Professors David Ward and Daniel Burt,

Alcohol Studies faculty, and by Roger Dunham, Renia Dagadakis, and Julie Wolfe, all current or recent doctoral studies at Washington State University. The project is to be finished at the end of December of this year, when a report will be issued to the Spokane County Commissioners, through the Community Services office of the County. It is likely that copies of the report will be available also to other interested persons or agencies soon thereafter. Inquiries should be made to Professor Mauss, Washington State University.

NORTHWEST PREVENTION NETWORK CONNECTS DRUG ABUSE PREVENTION PROGRAMS

The Northwest Prevention Network, a new regional organization of people and programs working in the field of prevention, has been formed. The first of its kind in the nation, the Network serves the six Northwest states of Washington, Oregon, Montana, Idaho, Wyoming and Alaska.

At the hub of the Network are the prevention coordinators in the state drug and alcohol agencies. The prevention coordinators in each state have prevention networks throughout their respective states.

The major purpose of the Network is to share national, regional, state and local information and resources between prevention programs and personnel of the Northwest states and identify issues of concern to the Northwest region.

So far the Network has operated solely on cooperative agreements among existing prevention resources. This has resulted in two regional workshops, drawing national resources, identified prevention consultants within the Northwest for technical assistance between states, and has drawn national attention to Northwest prevention efforts.

The Network was organized at its first regional workshop in Spokane, Washington, with the support of the National Coordinating Council on Drug Education. Since that time, the state coordinators have been sharing information and resources via mailings, conference calls, and interstate meetings and consultation agreements.

The Network's second regional workshop was held in Boise, Idaho, in November 1976 with the assistance of Awareness House, U.S. Office of Education Region VIII Training Center. The workshop was able to draw national and regional resource people including Laura Street Jackson, Prevention Branch of NIDA; Tom Adams, Pyramid Project (a NIDA prevention technical assistance project); Joe Corcoran, National Coordinating Council on Drug Education; Charles Austin, Social Action Research Center; and Barbara Bell, Awareness House.

The National Coordinating Council on Drug Education is considering holding its annual

national prevention conference in the Northwest next fall due primarily to the interest and commitment to prevention demonstrated by the Northwest Prevention Network.

The next regional meeting will be held in Portland, Oregon, May 10 & 11, 1977.

What's in it for you? The Network works; it draws resources, it provides information, and gets needs met. It draws attention to Northwest programs, people and issues. It can work for you, too. Contact your prevention coordinator. The strength of the Network depends on your involvement and support.

The Network contact person in the State of Washington is David Curts, Prevention Coordinator, Office of Community Development, Drug Abuse Prevention Office, 400 Capitol Center Building, Olympia, WA 98504. (206) 753-3073

PRE-PREGNANCY MATERNAL ALCOHOLISM AND CHILD DEVELOPMENT

Drs. Ann P. Streissguth and Ruth Little of the University of Washington are conducting a two-year study financed by the Spencer Foundation to explore the consequences of a history of maternal alcoholism on child growth and development. Alcoholic women who continue to drink during pregnancy may produce children with a condition known as fetal alcohol syndrome. According to Dr. Little, the exact connection between heavy drinking during pregnancy and the developmental problems that exist in some children is not clear. "No one is sure why some children born to alcoholic mothers display symptoms of the syndrome while others do not." Dr. Little suggested the possibility that the way in which some mothers metabolize alcohol may have something to do with the syndrome. "If there is some basic metabolic change in these women, then a systematic exploration of the developmental characteristics of children born to recovered alcoholics who did not drink during pregnancy would be extremely valuable."

Dr. Little explained that for the study to be successful, 75 women who had a previous history of heavy drinking but were abstinent during pregnancy are needed for the study. "Unfortunately, this population of women appears to be very small." In the last six months of intensive searching by 14 volunteers, only 30 such women and their children have been found. Because of funding restrictions, all 75 women must be interviewed by April 1st. Those who wish further information or who can help in referring appropriate women to Dr. Little are urged to call 543-7155. The identity of these subjects as well as the information

concerning them is absolutely confidential. Dr. Little explained that those women who volunteer to participate in the study are interviewed by herself or Dr. Streissguth at the mother's convenience. "There are also complete physical and psychological exams for the children which are pleasant and not stressful in any way."

1976 FEDERAL STRATEGY FOR DRUG ABUSE AND DRUG TRAFFIC PREVENTION RELEASED

The 1976 Federal Strategy report, mandated by the 1972 Drug Abuse Office and Treatment Act, was issued in November by the Strategy Council. The Council is made up of the Secretary of State, the Secretary of Defense, the Attorney General, The Secretary of HEW, and the Administrator of Veterans Affairs.

In reviewing the nature and extent of drug abuse, the Council estimated that 139 million Americans had ever used alcohol; about 37½ million had ever used marijuana (over 22 million in the past year); almost 19 million had used prescribed medication without medical supervision (7 million in the past year); almost 7 million had used cocaine (3 to 4 million in the past year); and about 2 million had used heroin (over ½ million in the past year). These estimates were drawn from the most recent (Fall/Winter of 1975/76) national survey of drug use. The Council, however, believed that the survey understated the prevalence of heroin use, and noted that other estimates suggest that as many as 2 to 4 million Americans have used that drug at least once in their lives.

Using data obtained through the DAWN system (the Drug Abuse Warning Network), the report ranks drugs on the basis of their relative dangers: heroin, alcohol-in-combination, tranquilizers, barbiturates and non-barbiturate sedatives. This ranking is derived from incidents of drug-abuse crises as reported by hospital emergency rooms and medical examiners in 24 of the largest metropolitan areas of the United States.

The following charts reflect the percentages of people in various age categories who have ever used a number of different drugs, and the percentages who have done so in the year preceding the survey.

	Ever Used		
	12-17	18-25	26+
Marijuana	22.4%	52.9%	12.9%
Amphetamines	4.4%	16.6%	5.6%
Barbiturates	2.8%	11.9%	2.4%
Tranquilizers	3.3%	9.1%	2.7%
Cocaine	3.4%	13.4%	1.6%
Heroin	0.5%	3.9%	0.5%

	Used in Past Year		
	12-17	18-25	26+
Marijuana	18.4%	35.0%	5.4%
Amphetamines	2.2%	8.8%	0.5%
Barbiturates	1.1%	5.7%	0.5%
Tranquilizers	1.8%	6.2%	0.8%
Cocaine	2.3%	7.0%	*
Heroin	*	0.6%	*

*less than 0.5%

Copies of this document are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. (Stock #052-003-00251-5). Minimum charge of \$1.00 for each mail order.

RECENT PUBLICATIONS OF INTEREST

Detour Alcoholism Ahead. A booklet for supervisors and managers to help them identify the various signs and conditions of developing alcoholism. Up to 50 copies are available free by writing the Communications & Public Affairs Department, D-1, Kemper Insurance Companies, Long Grove, Illinois 60049.

Alcohol Abuse and Women: A Guide to Getting Help, by Marian Sandmaier. NIAAA publication. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402 (25 pp., 55 cents). Stock No. 017-024-00514-2. There is a minimum charge of \$1 for each mail order. An overview of the nature of alcoholism and the problems faced by female alcoholics, what they can do to overcome the problems, and where they can go for further help.

NIDA TO INCORPORATE NICOTINE AS DRUG OF ABUSE?

A White House Cabinet Committee focusing on drug abuse prevention efforts recently recommended that consideration be given to initiating a research program on tobacco at NIDA (The National Institute on Drug Abuse). Advancing similar views, the National Advisory Council on Drug Abuse has suggested to the Secretary of HEW that NIDA "sponsor biomedical and social research into the causes of tobacco abuse and...explore and evaluate methods and programs, including legal regulations and therapeutic interventions, designed to prevent and minimize tobacco abuse..."

MEDICAL SCHOOL COURSE ON ALCOHOLISM

The Alcoholism and Drug Abuse Institute, conjointly with the Departments of Psychiatry and Family Medicine, is sponsoring the first medical school course on alcoholism at the University of Washington in the Spring Quarter of 1977. This 20 hour course will give an overview of the general concepts of alcoholism with the hope of stimulating the student to elect future courses and learn more about alcoholism in depth. The general tenor of the course will be clinical preparation for future physicians and allied health care professionals for their interaction with the disease, alcoholism.

The Curriculum Committee for the Medical School has also approved a clerkship to be given in the Fall Quarter of 1977. For this course, individual students' needs will be tailored in courses ranging up to three months of exposure to alcoholics in a number of different treatment settings. It is hoped that treatment agencies in the community will play a major role in educating future physicians in the alcoholic detoxification and rehabilitation process.

FAMILY HISTORY OF ALCOHOLISM

The November issue of the Journal of Studies on Alcohol contained a study of the use of a family history of alcoholism as a predictor for alcoholism in a group of young men. In that study, alcohol consumption, drinking patterns, alcohol-related problems, and family histories of alcoholism were compared among Navy men upon reenlistment. Non-alcoholics with family histories of alcohol problems resembled alcoholics on a number of factors, including high rates of minor alcohol problems. That sample of non-alcoholics will be followed up over time in an attempt to determine whether alcoholism can be predicted early in its course, and in an effort to study factors which might contribute to the development of alcoholism in predisposed individuals. Reprints of the study can be obtained by writing to the Alcoholism & Drug Abuse Institute. (Request Report No. 76-27.)

MAJORITY OF WASHINGTON STATE RESIDENTS FAVOR MARIJUANA DECRIMINALIZATION

A majority of citizens of the state of Washington favor a reduction in penalties for marijuana possession, according to a poll conducted for the state's Drug Abuse Prevention Office. The survey of public attitudes concerning laws controlling marijuana, the psychotherapeutic drugs (e.g. diet and sleeping medications), and heroin was administered by the Gilmore Research Group during the month of December. A representative sample of Washington State residents were asked for their views as to how the law should

handle possession offenses, not sale or manufacture, related to these drugs.

55% of the respondents who offered an opinion favored either making marijuana completely legal (24%) or using a small fine with no jail term as the penalty (31%). Advocates of a bill currently before the legislature are seeking a change in the law controlling marijuana that would continue to prohibit possession of this substance, but through a civil fine rather than a criminal fine and/or jail term.

It appeared from the poll that the public made a clear differentiation of marijuana and other illicit drugs. 38% of those offering an opinion advocated reduced penalties for illegal possession of the psychotherapeutic drugs (15% for legalization and 28% for a small fine with no jail term) and only 10% favored reduced penalties for heroin possession (4% for legalization and 6% for a fine and no jail term). In light of the recent publicity given to the National League of Cities considering the decriminalization of heroin, it appears that there will be considerable public opposition short of major efforts to change attitudes.

With regard to heroin possession, 64% of those polled favored "tougher" laws. 25% appeared to support the laws as they are currently written.

The public seemed to be uncertain as to how the psychotherapeutic drugs should be controlled, with 38% favoring a reduction in penalties and 41% favoring "stiffer" penalties. Only 19% were in support of the current laws.

INSTITUTE REPORT PUBLISHED

A report on the Alcoholism and Drug Abuse Institute's activities over the past 18 months was published this fall. The purpose of the report is to inform people throughout the State of Washington of the goals and accomplishments of the Institute since the last report was issued in 1975. The composition of advisory boards is listed, and an appendix has been used to indicate all publications. A copy of the report may be obtained by writing to the Alcoholism and Drug Abuse Institute at 3937 15th N.E., NL-15, Seattle, WA 98105.

THE CIRCUIT COURSE RIDES AGAIN

Over the last year, members of the staff of the Alcoholism and Drug Abuse Institute have taken part in a continuing medical education course for physicians throughout the Pacific Northwest. Twenty-four cities throughout Washington, Alaska, Montana & Idaho were among those visited to give an afternoon of lectures covering a series of topics, including alcoholism. In keeping

with this goal, the Alcoholism & Drug Abuse Institute with assistance from the State Office on Alcoholism has established a 10-city continuation circuit limited to the State of Washington.

Physicians can receive free credit towards their required recertification in 1979 by attending this course. In the last several months, lectures have been given in the Tri-Cities, Spokane, Mt. Vernon, and Ellensburg. Lecture and question-and-answer material consists of general information on the diagnosis and treatment of alcoholism, as well as material important for the interaction of the physician with other health care providers for alcoholics. Future lectures are planned for Olympia on January 25, Bellingham on February 1, Pullman on February 16, Longview on February 22, Gray's Harbor on April 9, and Moses Lake on April 26. Anyone wishing information on this series of lectures should write either the Continuing Medical Education Department of the Medical School at the University of Washington or the Alcoholism & Drug Abuse Institute.

THE EFFECTIVENESS OF DRUG TREATMENT BEING STUDIED IN KING COUNTY

Funded under a contract from the Center for Addiction Services, faculty of the UW's School of Social Work are currently conducting an evaluation of CAS and its affiliate agencies. The study, which began in January of 1976, seeks to determine the extent to which various modalities of treatment are effective with differing kinds of clients and client problems. Included in the evaluation are the Center for Addiction Services, Central Breakthrough Maintenance Program, Puget Sound Social Programs, Family House, Seadrumar, Conquest Center, Genesis House, Highest High, and Operation Awareness. Drug treatment clients in the areas mental health centers are also being interviewed.

The evaluation design has involved a baseline interview conducted at entry into treatment and post-treatment follow-ups at six and twelve months. A rating procedure has been devised in order to measure client progress during treatment as well, with counselors being given monthly computer print-outs profiling client progress in numerous problem areas.

The principle University faculty associated with the study are Professors J. David Hawkins and Roger A. Roffman, and Research Associate Thomas Wickizer. Robert Haglund of the Center for Addiction Services is Project Director

NIAAA URGED TO SUPPORT OCCUPATIONAL ALCOHOLISM TRAINING

Speaking before the fifth annual meeting of the Association of Labor-Management Administrators and Consultants on Alcoholism (ALMACA), Professor Paul Roman of Tulane University advocated increased federal resources for the training of occupational alcoholism specialists. "I see from my perspective a need for some form of national or regional professional development centers staffed by persons of the highest quality to begin to move this field at least in the direction of some form of professional recognition." Roman is nationally known for his research in the occupational alcoholism field.

ANNOUNCEMENT OF MEETING:

Annual Meeting of the Seattle-King County Council on Alcoholism

Place: Unity Church Social Hall
200 8th Avenue North

Date: January 19, 1977
Time: Coffee at 7:30 p.m.
Meeting at 8:00 p.m.

Everyone welcome to attend. For further information, please call Kathy Bainbridge at 623-8380.

NEPENTHE STAFF:

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