

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. 3

March, 1974

U.W. Alcoholism and Drug Abuse Institute
Research Proposals Funded

At its December 12th meeting, the Research Proposal Study Section of the University of Washington's newly established Alcoholism and Drug Abuse Institute (ADAI) approved two important research investigations.

Dr. Robert S. Hillman, Associate Professor of Medicine and Director of the Learning Resources Center at the University of Washington, and Dr. Robert McGuffin were funded for their research project entitled "Alcohol Effects on Folate Storage." This project seeks to evaluate the influence of ethanol ingestion on specific metabolic pathways in order to better understand the mechanism(s) whereby ethanol causes depression of blood folate levels. Utilizing multiple groups of 8-10 rats, and by sacrificing animals at specific intervals after injection, the amounts of folic acid metabolites present in blood and liver storage pools, the effects of ethanol on the sequence of metabolic conversions, and fluxes between various tissue compartments can be ascertained. By elucidating the characteristics of these metabolic pathways of dietary folic acid and determining the effects of acute and chronic ethanol ingestion on these pathways, it is hoped to gain further understanding of the deleterious effects of alcoholism on the individual patient. The funding period is from January 1 through June 30, 1974, and will support Dr. McGuffin's work with associated technical assistance.

A study entitled "The Effects of Maternal Alcoholism on the Mental Functioning of the Offspring" was also funded. Further analysis of previously collected data on the mental functioning of a group of children, born to alcoholic mothers, and their matched controls will be enabled through this grant. Dr. Ann P. Streissguth, Associate Professor of the Department of Psychiatry and Behavioral Sciences at the University of Washington, is the principal investigator of this proposal. She, in collaboration with other investigators, has previously described a relationship between a specific pattern of malformation in some children where mothers were chronically alcoholic during pregnancy. To

further explore this relationship, Dr. Streissguth has obtained access to the Collaborative Study of the National Institutes of Neurological Diseases and Stroke in Bethesda, Maryland, where data was obtained on children born to a group of alcoholic women and matched controls. The work to be conducted with this grant will seek to answer additional questions such as: At what ages are the children, born to alcoholic mothers, significantly different from their matched controls in terms of mental and motor functioning?

The second deadline for research proposals was February 1, 1974, and the results of the Study Section meeting on these proposals will be published in the next issue of *Nepenthe*. The next deadline is May 1, 1974. Information about submitting proposals can be obtained from Ms. Patty Murphy, Institute Secretary, at 543-6511 (A.C. 206). The Institute is currently housed in temporary quarters (Guthrie Annex I), but will be moving to permanent quarters (3937 15th Avenue N.E.) in the latter part of April.

Conference on Drug and Alcohol Treatment
Evaluation

One of the first major ventures of the new University of Washington Alcoholism and Drug Abuse Institute will be sponsoring a major conference on Evaluation Research in Drug and Alcohol Treatment. The conference will be held on the U.W. campus in Seattle on July 25th and 26th. The sponsors anticipate approximately 200 individuals attending. A series of major presentations and workshops will enable each participant to both learn about major trends currently occurring in the evaluation of drug and alcohol intervention as well as participate in small group discussions on research methodology, problems, and prospects. The major addresses will be presented by: *Frances R. Gearing, M.D.*, Associate Professor of Public Health and Director of the Methadone Maintenance Evaluation Unit at Columbia University. Dr. Gearing has published widely in the area of methadone evaluation. *Dr. Stephan Pittel* of the Berkeley Center for Drug Studies will discuss obstacles,

Nepenthe (ni-pen'thi), n. [L. <Gr. *nepenthēs*, 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.

sabotage, and other difficulties commonly experienced in drug and alcohol treatment agencies when evaluation is implemented.

Thomas Kiresuk, Ph.D., Director and Principal Investigator, Program Evaluation Project, Hennepin County Mental Health Center, Minneapolis, Minnesota, will discuss the Minnesota Goal Attainment Scale and its implications for social action program evaluation. *Arnold Ludwig, Ph.D.*, will report on his findings concerning the use of LSD in the treatment of alcoholism. *Jack J. Crawford, Ph.D.*, of the American Institutes for Research in Pittsburgh, Pennsylvania, will discuss an overview of alcoholism evaluation projects. *Peter Goldschmidt, Ph.D.*, of John Hopkins University, will report the findings of the recently completed Inter-drug Study--a major cross-modality evaluation of drug abuse treatment nationwide.

The conference sponsors look forward to a lively and stimulating two days of information and resource sharing. For additional information concerning this conference, please contact Dr. G. Alan Marlatt, Acting Director, Alcoholism and Drug Abuse Institute, University of Washington, Guthrie Annex #1, (Mail Stop NI-15; phone 543-6511).

Seattle University's Alcohol Studies Program

Under the Directorship of James E. Royce, S.J., Ph.D., Seattle University's Alcohol Studies Program offers a wide variety of courses on alcoholism:

- *CS400 Survey of Alcoholism (Symposium) [3 credits]
- *CS401 Pharmacology, Detoxification, and Medical Treatment [2]
- *CS402 Counseling Principles and Techniques [3]
- *CS403 Personal and Social Rehabilitation [2]
- CS404 Agency Administration [2]
- CS405 The Law and Alcohol [2]
- CS406 Counseling Ethnic/Minority Alcoholics [2]
- *CS407 Field Experience I in Alcoholism [4]
- *CS408 Field Experience II in Alcoholism [4]
- CS409 Special Topics
- CS410 Individual Research

Upon successful completion of 20 credits (those asterisked are required), a Certificate of Alcohol Studies for professional alcoholism workers is awarded. Candidates for the Certificate may be: a) preprofessionals, many of them recovering alcoholics, in or entering the field who wish a stronger academic background to balance their experience; b) professionals lacking training in the specific field of alcoholism; or c) students in nursing, psychiatry, psychology, social work, rehabilitation, community services or allied fields. These courses may also be taken as electives or

applied toward a BA in Community Services, BA in Rehabilitation, community services or allied fields.

Father Royce has been Director of Seattle University's "Symposium on Alcoholism" since 1950, and Director of their Alcohol Studies Certificate program since 1973. He received the Governor's "Distinguished Service Award" for combating alcoholism in 1965, and was a charter member of the Governor's Advisory Board on Alcoholism.

More information on the Alcohol Studies Program can be obtained by writing:

Alcohol Studies Program
Seattle University
12th & East Columbia
Seattle, Washington 98122
or calling: (206) 626-6498

Alcoholism Research at Washington State University

Lorne A. Phillips and V. J. Thompson, Sociology Dept., are concluding a 6-month follow up of clients who have gone through the Spokane alcoholism treatment system. The investigators are particularly concerned with effectiveness of non-legal intervention with alcoholics. The following abstracts of papers by Dr. Phillips are partly based on this research.

"Decriminalization of the Public Inebriate"

This paper will discuss a non-traditional approach in dealing with the revolving-door alcoholic i.e., the public inebriate.

Unlike the traditional law enforcement approach to the control of public inebriates consisting of arrest and jail, the study we are presently completing is evaluating the effectiveness of a project which employed non-police assistance teams. These teams went into the field (i.e., skid-road bars, restaurants, flop houses, etc.) and attempted to persuade the inebriate to voluntarily enter the detoxification center or to at least be assisted in reaching home. The goals of the project are to eliminate, as much as possible, the arrest of inebriates in cases of non-criminal activities and the elimination of incarceration as a method of social control.

We are primarily interested in the impact of the "concerned treatment oriented approach" to the control of public inebriation (i.e., did this approach have a significant effect upon either the subjects or the system?)

"An Application of Anomie Theory to the Study of Alcoholism"

Many writers, both in sociology and in psychology, have proposed the idea that alienation and rejection may be important factors in explaining the addictive process associated with alcoholism (Bales, 1946; Bunzel, 1966; Cahalan, 1970; Cahalan, Cisin, and Crossley, 1969; Cheinisse, 1908; Horton, 1943; Kensey,

1966; Snyder, 1958; Vanderkooi, 1963).

The idea of alienation and rejection relative to the development of alcoholism has been further extended by the inclusion of the concept of anomie as a variable which either is a predisposing factor or concomitantly develops along with alcoholism. These two ideas represent two distinct postulates and should be regarded as constituting two separate points of view regarding the relationship between alcoholism and anomie. The first, that anomie is a predisposing factor, assumes that anomie precedes alcoholism and is at least a partial causal factor in the development of alcoholism. As such, there is no question as to the time relationship between the existence of an anomic state for the individual and the inception of alcoholism, anomie being present prior to the individual's becoming alcoholic.

The second idea presented, that the two phenomena of alcoholism and anomie develop concomitantly, does not give a time precedence to one over the other. Instead, this approach presents the idea that as one condition becomes more severe, the other condition will also progress toward a higher level of severity. The fact that there is no precedence of one condition over the other postulated does not eliminate the theoretical possibility of such being present.

The purpose of this paper is to present some empirical evidence as to the relationship between the development of alcoholism and the development of anomie.

The results of a study directed primarily toward this question clearly show that there is a positive association between the development of anomie and the development of alcoholism. Also, the study shows that early-stage alcoholics are primarily non-anomic; thus the primacy of alcoholism over the anomie is established. Finally, the relationship between anomie and alcoholism could not be explained by selected sociocultural factors which suggests that for the alcoholic it is perhaps the alcoholism which produces the anomie.

Alcohol and Drug Courses at Washington State University

Expanding activities in the training area have produced the Alcoholism Training Unit, administratively attached to the College of Sciences and Arts. Warren Garlington's Alcohol and Drug Abuse Research Unit, a branch of the Social Science Research Center, is thus freed of responsibilities for on-campus and off-campus courses.

These comprise directly alcohol-related courses in the undergraduate certificate program, and in the master's degree curricula of the Psychology and Sociology departments. The most recent addition to the undergraduate program is Pharmacy 217, "Drugs and Alcohol in Our Society," taught by Clarke St. Dennis. The course is offered for non-pharmacy majors.

It is intended to provide current knowledge about the use and misuse of drugs, particularly those classed as psychoactive.

This and other undergraduate courses included in the certificate program are being made available on a full-credit extension basis at off-campus locations.

Community Therapy Program in Seattle

There is a new look at the Lutheran Compass Center on Seattle's skidroad. For the past year the Compass Center has been involved in a cooperative venture with Dr. A. L. Mauss of WSU's Department of Sociology, to make operational a "pilot program" featuring community therapy for alcoholic clients. Under the new leadership of Rev. Robert Winkel, Superintendent, and Rev. Wally Hintze, Program Director, the Compass Center recruits and carefully screens prospective skidroad clients for the program and provides them with a brief period of recuperation at the building on 77 South Washington Street. This phase of the program has only limited structure, the chief objective being attention to the immediate problems of "drying out" and reorientation. Clients can opt at this point for referral to one of the more structured therapy programs in the Seattle area.

After this initial phase, the main feature of the new program takes over. This transfers the client to a group of "volunteer advocates." These are church people and other citizens who have been visiting the client during the earlier phase of the program and have committed themselves to help with his reintegration into community life. Their help consists of helping him locate new employment and independent housing, legal aid, running bureaucratic interference, and providing all kinds of supports in the social and recreational spheres. A number of Lutheran Church groups are involved, and the program is expected to broaden into other religious groups.

The new program has brought greatly increased support to the Compass Center from United Way to complement the earlier time and resources contributed from WSU's 171 funds.

"NORML" Responds to Study Re: Pot and Infection!

To the Editor:

Dr. Gabriel Nahas of Columbia University claims he has suddenly discovered a danger of marijuana use that has somehow gone unnoticed for centuries: it weakens the body's defense against infection.

Who is Nahas? He is the author of a book on marijuana so prejudiced that the conservative Journal of the American Medical Association warned that "examples of biased selection and interpretations of studies and commissions of facts abound in every chapter." The New England Journal of Medicine cautioned that the book is filled with "half-truths, innuendo and unverifiable assertions."

Dr. Norman E. Zinberg, a highly respected drug expert at Harvard University, flatly described the work as "meretricious trash" and stated that Nahas "is solely and cynically interested in picking up a few bucks by playing on the public's enormous concern about drug use." Dr. Lester Grinspoon, Harvard psychiatrist and marijuana researcher calls Nahas' work "psychopharmacologic McCarthyism."

Can we believe Nahas? Comprehensive studies by President Nixon's National Commission on Marijuana and Drug Abuse (Shafer Commission), as well as intensive inquiries by government commissions in England, and Canada, failed to find the slightest evidence to support Nahas' charge. The National Institute of Mental Health recently completed the most comprehensive study ever conducted of heavy, long-term marijuana use. No significant harm was found. And most importantly, an increase in the incidence of infectious diseases among the 26 million Americans who have used marijuana simply could not go undetected by physicians and unnoticed by researchers.

Nahas insists that our nation continue treating marijuana users as criminals. He views pot not as merely harmful, but as evil; not as a problem, but as a curse. His attitude--and, we believe, his study--is based, not on concern for the welfare of the individual and the public, but on self-righteous fanaticism. It is an attitude that has no place in an area as complex and important as drugs and the criminal law.

Finally, no one is suggesting that marijuana is totally harmless, or that people should use it. The world would no doubt be improved if all recreational drug use were stopped, including alcohol, tobacco and marijuana. We can and should continue to discourage the use of marijuana, but we should not criminal-ly punish those who ignore our advice.

Sincerely,

R. Keith Stroup
Director, NORML
(National Organization for the Reform of Marijuana Laws)

Supplemental Security Income (SSI) and Drug Abuse Treatment

Supplemental Security Income (SSI), which became operative January 1, has created both confusion and uncertainty for drug treatment programs in King County. The new program for the aged, blind and disabled is the federal government's first attempt at national income maintenance. A good deal of criticism has been leveled at SSI, most of which has surrounded the restrictive definitions of eligibility.

The problem for drug treatment programs is in the new restrictive definition of disability. Previously, states administered disability public assistance programs and drew federal matching money to finance them. Although

disability was defined by the federal government in Title II of the Social Security Act, states were allowed to broaden this definition to include drug-dependent persons. When SSI became operative the more restrictive Title II definition, which excluded drug-dependent persons, was used.

Both residential and methadone maintenance treatment programs used their client's disability public assistance payments as a major source of revenue. Clients in residential treatment turned their assistance payments over to programs to help defray related treatment costs. Methadone maintenance programs received Title XIX reimbursements for clients on disability public assistance. These sources of revenue comprised respectively 46% and 23% of total monthly revenues. Even though clients receiving disability public assistance on December 31 were grandfathered into SSI, considering client attrition, it would only be a matter of months before programs were severely impacted.

At present, federal rules and regulations relating to SSI are not finalized. The Seattle-King County Drug Commission has made HEW and the Social Security Administration aware of the potential drastic consequences of SSI. There now seems to be some chance that the rules and regulations will be amended so that drug-dependent persons will be eligible for SSI so long as they are in treatment.

Neurosurgery for Addicts

A team of German researchers has developed a technique for surgically neutralizing portions of the hypothalamus to effect changes in the behavior of persistent sexual offenders. They theorize the surgery would also "cure" chronic drug addicts of their addiction. An alternate approach to this procedure involves the acupuncture techniques developed by Dr. H. L. Wen, a Hong Kong neurosurgeon, who treated nearly 100 opium and heroin addicts. As these techniques are more thoroughly researched, a dramatic new treatment may emerge for the addict. (See complete article in The Journal, 3 (2), p. 1,2).

LeDain Commission Final Report

The LeDain Commission of Inquiry into the Non-Medical Use of Drugs (Canada) has published its final report. A controversial issue set forth in the final report is the recommendation of compulsory treatment for any drug abuser (or alcohol abuser) picked up by the police and determined to be addicted by a team of physicians. The person so judged could be put into "quarantine" for up to one year at which time he would be again judged "fit to return to the community for treatment." Such treatment would be intensive in nature and obligatory, under the threat of return to quarantine if the subject violated the stipulations of the treatment agency. In any event, the mandatory commitment process is an attempt to remove the problems of the drug addict from the police and the courts. Whether it is deemed acceptable to

Canadian citizens remains to be seen.

Genetic Links to Addiction?

Several countries have been researching the possible genetic links to addiction. In the United States, G. Omenn and A. Motulsky at the University of Washington Division of Medical Genetics have done an interesting paper on a "Biochemical and Genetic Approach to Alcoholism." Their study demonstrates that there is evidence that several key biological factors associated with the alcoholic may in fact be genetically determined. These factors have to do with individual differences in the way the body handles alcohol that often distinguish the person who is alcoholic from the non-alcoholic. The study explores the possibility of tracking down this multigenic hereditary process that seems to underlie the problem of alcoholism. The liver's metabolic potential, the addictability of nerve cells, and different personality patterns may all one day be demonstrated to have genetic keys that could indicate a potential for alcoholism.

Alcoholism: A Social Problem for Social Workers by Ms. Lorie Dwinell

Alcoholism is a ubiquitous disorder of pandemic proportions. Its incidence varies depending upon cultural drinking patterns, deeply ingrained attitudes toward alcohol, physiological and psychological responses to stress, and a host of other cultural, biological, and psychological factors. Among western industrial nations, the U.S. has one of the highest reported rates of alcoholism with this disorder ranking as the nation's third most serious public health problem. In a 1966 nation-wide survey, it was estimated that 6,800,000 of the country's 60,000,000 to 80,000,000 social drinkers were alcoholic, a ratio of 1:15. The National Institute of Mental Health estimates the ratio to be 1:10.¹ Approximately one-fifth of American alcoholics have received or are currently receiving treatment, and of that number, sixty percent are still actively alcoholic.² Reported alcohol problems are on the rise, representing either a true increase in the incidence of the disorder or a statistical artifact of more accurate reporting procedures.

The epidemiology of alcoholism reflects its gravity as a social problem and its particular relevance for social work. Alcoholism is six times more prevalent among males than among females and is most apt to be diagnosed between the ages of 35 and 55, the peak of an individual's occupational career. It appears more frequently in urban areas, connected with particular occupations, and in certain ethnic groups. Alcoholism is a disease-generating disease entailing gross social and personal disintegration and consequences. As such, it contributes significantly to the indices of suicide, crime, marital and occupational instability, delinquency, child abuse, and physical and mental illness. A study of

one-third of the known alcoholics in the Seattle area indicated that sixty-two per cent had attempted suicide.³ The Massachusetts General Hospital Children's Psychiatric Clinic estimated that twenty to twenty-five per cent of the children treated there came from families with one or both parents alcoholic. These children represent a high risk population on whom mental health services are seldom focused due to the caretaker's and non-alcoholic spouse's preoccupation with the symptomatology of the alcoholic.⁴

Chronic drunkenness offenders constitute only ten per cent of the total alcoholic population, but this highly visible segment generates much public concern as the group for whom treatment facilities are most sorely needed. "Many arrests involve alcoholic-related offenses. The impact of problem drinking on the American police-legal system is illustrated by the following figures: In 1964, out of slightly more than 4,500,000 nation-wide arrests for all offenses, over 1,535,000 were made for public drunkenness (approximately one third) and 250,000 were for driving while intoxicated. Another 500,000 persons were charged with disorderly conduct which some communities use in lieu of public drunkenness charges. Thus, more than 40% of all arrests are for drunkenness, either in public or while driving."⁵

Since alcoholism impacts upon both the psyche and the soma, the disease entails physical and emotional concomitants. Excessive prolonged alcohol ingestion generates a host of conditions for which the alcoholic requires treatment. Among these are peripheral polyneuritis, alcoholic epilepsy, delirium tremens, malnutrition, wine sores, hyperemia, scurvy, ataxia, anemia, Korsakoff's Psychosis, Wernicke's encephalopathy, alcoholic hallucinosis, alcoholic paranoia, alcoholic deterioration, and tuberculosis due to living patterns.⁶ Despite the severe physical and emotional consequences of alcoholism, the care-taking community tends to extend fragmented, inadequate, low-quality service to the alcoholic client. Many general hospitals will not admit alcoholics, and some state hospitals, including Washington's, decline to admit a patient whose primary diagnosis is alcoholism or "mania a potu." "In 1964, of the nearly 70,000 male first admissions to the nearly 300 state mental hospitals in the U.S., 22% (over 15,000) were diagnosed as alcoholic. Among women patients, the proportion with alcoholic diagnosis was far lower, 5.6%... In nine states, alcoholic disorders led all other diagnoses in mental hospital admissions. The majority of problem drinkers admitted to mental hospitals are not psychotic, still have some ties to their families, belong to the upper lower or lower middle class, and, in many states, most are admitted on a voluntary rather than a committal basis."⁷ The above statement by Thomas F. A. Plaut, Assistant Chief, National Center for Prevention and Control of Alcoholism, N.I.M.H., leaves no doubt that alcoholism is a disorder with which the care-taking community should be vitally concerned. It has been estimated that a treatment program providing the

minimum care for every alcoholic in California alone would require the full-time service of every psychiatrist and trained social worker in the nation.⁸

That the care-taking community is not vitally concerned with alcoholism is attested to by the short shrift the alcoholic client receives when he seeks help. Although the disease concept of alcoholism has made some headway in the past thirty years, attitudes toward alcoholism are still predominantly negative, smacking of repugnance for the "weak willed," "immoral," "habitual drunkard." Social workers, psychiatrists, physicians and hospital administrators tend to be more accepting of the physically handicapped than of the mentally ill or alcoholic. "Not only is an ignorant, moralistic, and punitive attitude rampant among lay people, it thrives among the care-taking professions as well. We are all familiar with the disparaging and even abusive labels used to describe and discuss the alcoholic. Society despises him. The medical profession shuns him."⁹

Alcoholics do not seek help because they are concerned that they might develop alcoholism nor do they seek help before their drinking has significantly interfered with their social, psychological and physical functioning. Both social and psychological forces tend to conspire to deny the existence of alcoholism until the alcoholic's behavior becomes so disruptive that it can no longer be ignored or contained. Alcohol problems, thus, tend not to be diagnosed until they are so severe that they are difficult to treat and often the by-products of alcoholism are treated rather than the alcoholism itself. Part of the problem in securing medical treatment for alcoholics is the physician's failure to recognize alcoholism as such. Where the patient is accurately diagnosed, "...it has an adverse effect on his treatment by hospitals or physicians in private practice, because, unfortunately, one of the factors influencing a patient's medical care is the impression he makes on the physician."¹⁰ A study of diagnosed and undiagnosed alcoholics in the emergency room of a large urban hospital revealed that diagnosed alcoholics fit the derelict stereotype whereas undiagnosed alcoholics were maritally and occupationally relatively stable and were still integrated into family and social institutional structures. Thus, "those alcoholics deemed most fit by physicians to receive specialized care for alcoholism are the very alcoholics for whom treatment attempts have been in the past most unpromising... Alcoholics relatively intact socially are less likely to be referred by physicians to special treatment resources, despite the fact that prognosis is good."¹¹

Denial of alcohol problems is functional at both the social and the individual level. Social systems tend to tolerate and contain disruptive behaviors so long as they remain within certain ill-defined limits. Pre-alcoholic and early alcoholic behavior, although disruptive, can remain ignored and

unlabeled so long as the individual is still a "useful," "productive" citizen. When, however, his behavior becomes obviously deviant and disruptive to the point where other members of the social system can no longer identify with him or see him as "one of us," his behavior is labeled deviant, and punitive rather than therapeutic attitudes are mobilized in his social context. Denial functions for both the alcoholic and the social system in which he is embedded to ward off the anxiety associated with recognizing that each of us has repressed desires to lose control and behave dependently and irresponsibly.¹²

Whittington notes that because the alcoholic client is much scorned, but little understood, because his illness involves many community agencies and evokes ambivalent, conflictual moralistic, punitive, and indulgent attitudes, agencies tend to "dump" the alcoholic client by playing the "disposition game."¹³ Although alcoholism is touted as "no respecter of persons," a disproportionate number of alcoholics come from a lower socioeconomic class than most caregivers and are less likely to share a common language, value, or experiential background with the middle-class professional who treats them.¹⁴ The troublesome, deteriorated, lower-class alcoholic is not amenable to conventional treatment, and the caregiver's preference for higher status patients with less disruptive disorders and a more favorable prognosis cannot help but influence the treatment the alcoholic receives. The patient's social class differentially affects all aspects of alcoholism treatment including the sources of referral, diagnosis, prognosis, types and duration of treatment, and treatment personnel involved.¹⁵ *(To be continued in next issue)*

¹ Patricia Nelson, The Use of Social Group Workers in Halfway Houses for Alcoholics in King County, Washington (University of Washington, 1968), pp. 11-12.

² Ibid., pp. 11-12.

³ Ibid., p. 11.

⁴ Morris E. Chafetz and Marjorie J. Hill, "The Alcoholic in Society," in The Practice of Community Mental Health, ed. by Henry Grunebaum (Boston, 1970) pp. 154-155.

⁵ Nelson, pp. 12-13.

⁶ Ibid., pp. 4-5

⁷ Ibid., pp. 14-15.

⁸ Rupert Wilkinson, The Prevention of Drinking Problems: Alcohol Control and Cultural Influences (New York, 1970), pp. 3-4.

⁹ Howard Blane, "Attitudes, Treatment and Prevention" in International Psychiatry Clinics: Alcoholism, ed. by Jack H. Mendelson (Boston, 1966). pp. 110-112.

¹⁰ Nelson, pp. 15-16.

¹¹ Blane, pp. 113-114.

¹² Ibid., pp. 107-108.

¹³ H. G. Whittington, Psychiatry in the American Community (New York, 1966), pp. 316-317.

¹⁴Eva Marie Blum and Richard H. Blum, Alcoholism: Modern Psychological Approaches to Treatment (San Francisco, 1967), pp. 45-46.

¹⁵Wolfgang Schmidt, Reginald G. Smart, and Marcia K. Moss, Social Class and the Treatment of Alcoholism (Toronto, 1968), pp. 94-95.

WSU Undergraduates and Alcohol

Mervin White, Dept. of Sociology, lists these salient results of his recent survey of undergraduate drinking at WSU.

The incidence of problem drinking is estimated at 7% of all students.

Less than 10% of the students abstain completely from alcohol, with a disproportionately high number of abstainers being church goers and/or dormitory residents.

Heavy drinkers are predominantly male.

By academic class: Freshmen are more likely to be either abstainers or heavy drinkers. Sophomores are most likely to be problem drinkers. Juniors and seniors are most likely to be light or moderate drinkers.

Dr. White speculates that this distribution is related to the legal drinking age in Washington.

U.W. Law/Medicine Students and Marijuana

An informative survey was undertaken to produce information on the prevalence of use and attitudes toward decriminalization of marijuana among U. of W. Law and Medical School students. The results are indicated below. This information was presented in testimony on HB 1166, which has now been stalled in the House Judiciary Committee. The survey seems to indicate a significant degree of use among the respondents, as well as a favorable attitude toward the reduction of criminal penalties for possession of marijuana (HB 1166). It is interesting to note that the preponderance of non-user respondents also favor the lessening of criminal penalties for the possession of marijuana.

Results of Marijuana Survey

Law School - 68% of student body responding to the survey

- 85% indicated they have tried marijuana
- 98% of these favor HB 1166
- 16% of those who have never tried marijuana said illegality was a factor in their decision
- 40% indicated they use marijuana at least twice a month
- 47% of those who have tried marijuana use it at least twice a month
- 99% of those who use marijuana favor HB 1166
- 82% of those who have never tried marijuana favor HB 1166.

Medical School - 58% of students in their first two years responded to the survey

- 75% indicated they have tried marijuana
- 100% of these favor HB 1166
- 25% of those who have never tried marijuana said illegality was a factor in their decision
- 25% indicated they use marijuana at least twice a month
- 33% of those who have tried marijuana use it at least twice a month
- 100% of those who use marijuana favor HB 1166
- 97% indicated they favor HS 1166
- 86% of those who have never tried marijuana favor HB 1166.

People and Doings

Everett (Bud) Atkins, Jr. is chairman of the Whitman County Alcoholism I&R administrative Board. He is completing work toward the Master's degree at WSU, on leave from his position as counselor at Sundown M Ranch.

Donna Roll, director of the Whitman County I&R Centers at Colfax and Pullman, has been appointed to the Governor's Citizens Advisory Council on Alcoholism.

Lorne Phillips, Assistant Professor of Sociology at W.S.U. will present an invited address at the National Conference of the Canadian Foundation of Alcoholism and Drug Dependencies at Edmonton, Alberta, June 23-27.

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For further information regarding the Nepenthe please contact Jane Ramsey, UW School of Social Work, Parrington Annex #4, JG-14 (Phone 543-7414) or Patty Murphy, UW ADAI, Guthrie Annex 1, NI-15 (Phone 543-6511).

We welcome suggestions for future articles, "news blurbs," and announcements. Brief letters to the editors will be considered for publication.