

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. 4

December, 1974

U.W. Alcoholism and Drug Abuse Institute Has A New Home

With the beginning of the 1974-1975 academic year, the Institute re-located in new quarters -- a white frame house at 3937 15th Ave. N.E. As the Institute goes into its second year of operation, the Acting Directorship is held by Professor Roger Roffman of the School of Social Work, Professors Al Marlatt (Psychology) and Al Carlin (Psychiatry) are serving as Acting Assistant Directors, and Ms. Jane Ramsey is Institute Secretary. Mr. Barry Caudill is Research Assistant.

Programmatic activities for the current year include the following:

- *Funding research investigations in alcoholism and drug abuse
- *Publication of "Nepenthe"
- *Conducting monthly research forums
- *Preparing a telecourse on chemical dependencies
- *Establishing a research library in alcoholism and drug abuse
- *Designing a University continuing education program in chemical dependencies
- *Conducting an annual conference in the late spring

Addiction, Prostitution, and Criminality: A New U.W. Study

The National Institute of Drug Abuse recently funded a three-year research project titled "Female Criminal Involvement and Narcotics Addiction." The principal investigator is Jennifer James, Ph.D., Assistant Professor in the Dept. of Psychiatry and Behavioral Sciences. The funding level is \$83,568 for the first year, \$47,602 for the second year, and \$37,757 for the third year of the grant.

The study will examine four female offender groups -- addict, addict-prostitute, prostitute, non-addict - non-prostitute -- in order to establish sound factual relationships between 1) drug addiction, 2) prostitution, and 3) criminal activity.

Standard descriptive and statistical measures are combined with a select battery of psychological tests to provide comparison of the four groups as well as information on their specific experience. A one-year outcome index is included to clarify levels of criminal involvement. Increased information is expected to contribute directly to realistic evaluation of legal codes and the development of effective treatment.

The research proposal developed out of previous research by the principal investigator in the areas of prostitution and general female criminal involvement. The interaction between narcotics addiction in women and their consequent involvement in prostitution to support their habits needs to be clarified. Public officials have suggested a relationship exists that leads prostitutes into addiction as part of "the life" rather than the reverse of addicts needing an easy source of income. Legislative reform in the area of "crimes without complainants" is dependent on accurate knowledge of the dynamics of prostitution and addiction.

Alcoholism and Forcible Rape

Dr. Richard Rada, in a recent study entitled "Alcoholism and Forcible Rape," notes that previous research has shown a recidivism rate among sex offenders as high as 25%. He feels that this recidivism, coupled with increasing concern over the nation's alcoholism rate, emphasizes the importance of research into the possible association between alcoholism and rape.

Seventy-seven rapists who had been committed to Atascadero State Hospital in California for their sex crimes served as subjects for the study. Rada's results were as follows:

- 1) 50% of the rapists were drinking at the time of the rape and 43% were drinking heavily (10 or more beers or the equivalent)
- 2) 35% of the rapists were diagnosed as alcoholics
- 3) In comparison to non-alcoholic rapists, alcoholic rapists were:
 - a) more likely to be drinking at the time of the rape,

Nepenthe (ni-pen thi), n. [L. Gr. *nepenthes*, removing sorrow ne-, no penthos, sorrow, grief] 1. a drug supposed by the ancient Greeks to cause forgetfulness of sorrow, 2. anything causing this state.

- b) more likely to have a history of prior drug use other than alcohol and,
- c) more likely to have been using drugs in conjunction with alcohol at the time of the rape.

However, there were a number of factors which could have contributed to the strength of these findings. First, the subjects used in the study were chosen to be on the special treatment unit because they had been unresponsive to usual hospital regimens. Therefore, the subjects can't be considered representative of rapists in treatment let alone rapists in general, most of whom have never been caught.

Secondly, the rapist may cite the use of alcohol or admit to alcoholism as an excuse for his offense. Since the commonly held belief in disinhibition theory proposes that alcohol lowers sexual behavior while enhancing aggression, this could have exerted a major influence on the significance of the study's findings. Lastly, even a 50% occurrence of rape and alcohol in unison would not point to a causal relationship since it doesn't take many facts into consideration. These include the presence or absence of alcohol in the victim, the social context just preceding and during the time of rape and the possibility that a higher percentage of drinking offenders than non-drinking offenders are caught and brought to trial. Even though these factors may have enhanced Rada's results, the study's findings still suggest a relationship that needs further discussion.

Preview the ARF Journal -- It's Free

The Addiction Research Foundation has announced the availability of free preview issues of The Journal for readers of Nepenthe. The Journal is one of the few outstanding monthly newsletters in the field. For a free preview copy, write to:

Addiction Research Foundation
33 Russell Street
Toronto, Ontario
Canada

Alcohol Consumption and Interpersonal Stress:
Two Recent Investigations

Two recent investigations on the tension-reduction quality of alcohol's effects have shown not only numerous parallels in their designs but equally evident parallels in their results. These are "Modeling Influences in Social Drinking: An Experimental Analogue by Caudill and Marlatt (funded in part by the Alcoholism and Drug Abuse Institute, University of Washington), and "Fear of Interpersonal Evaluation and Situational Control as Determinants of Alcohol Consumption in Social Drinkers" by Higgins and Marlatt. The authors contend that alcohol consumption is a learned instrumental escape or avoidance response which

is reinforced by the tension-reducing properties of alcohol. Drinking then, could be defined as a self-control procedure in which the drinker attempts to control his emotional state through the use of alcohol. Drinking of this variety is expected to occur only in those situations which the individual defines as stressful, and for which he expects alcohol to reduce his experience of tension or stress. Drinking behavior in general, then, is considered to be governed by the basic principles of learning, so that problem drinking or alcoholism represent an extreme position on a continuum of rates of alcohol consumption. Through studying the determinants of alcohol consumption in problem drinkers, the authors expect to be able to generate hypotheses concerning the development and possible modification of excessive drinking behavior.

An implicit assumption of the tension-reduction hypothesis as applied to problem drinkers or alcoholics is that if the consumption of alcohol reduces tension, then the experience of increased tension should increase the probability of drinking given the availability of alcohol. The two investigations reviewed here were undertaken as direct tests of this assumption. Each of the studies utilizes an ad lib drinking procedure in which subjects complete a wine-tasting task by making numerous taste comparisons. The tasting-task actually serves as a dependent measure, while situational or stimulus factors are manipulated beforehand in order to assess their effects upon drinking.

Since interpersonal stress has been shown to contribute significantly to relapses in abstinent alcoholics, the investigators designed the currently reviewed studies to explore these effects in a laboratory setting. Caudill and Marlatt (1974) devised a procedure where subjects were exposed to a model who demonstrated either relatively heavy or light drinking behavior in the wine-tasting task. Subjects exposed to the heavy drinking model drank over twice as much alcohol as subjects exposed to a light drinking model, as well as in comparison to controls who experienced no exposure to a model whatsoever. Demonstration of such an extreme effect with a model who had no interaction with subjects during the drinking task emphasizes the importance of modeling effects in the naturalistic setting where the model is frequently well known by the alcoholic (often times a family member or peer), and is often active in encouraging the alcoholic to drink. Modeling influences have been shown to contribute significantly to relapses in abstinent alcoholics before, but such effects had never been demonstrated empirically as was done in this study. Higgins and Marlatt (1974) designed a similar study in which an experimental group was exposed to the prospect of interpersonal evaluation. Subjects were told they would be asked to participate in a brief experiment following the current one, and that they would either:

- 1) rate some pictures of women in terms of interpersonal attractiveness, while several other subjects did

the same, or

- 2) that they would engage in a short discussion on interpersonal attractiveness with a group of women after which they would rate each other in terms of attractiveness. These subjects were also told that the women would be observing their taste-rating through a one-way mirror in order to become more familiar with them.

Subjects who were exposed to this fear of interpersonal evaluation consumed almost twice as much alcohol as did the low fear group in a wine-tasting task given before the anticipated second study. The combined results of these similarly designed studies lend further support to the findings of an earlier study on interpersonal stress where angered subjects drank significantly more alcohol than angered subjects who had the opportunity to retaliate, or than non-angered subjects (Kosturn & Marlatt, 1974). The extremity of the consumption level differences in this series of studies on the effects of interpersonal stress on alcohol consumption seems to have certainly added impetus to the development of the tension-reduction hypothesis of alcoholism proposed by the current investigators. Further investigations, which have been catalyzed by these reported findings, are currently in the planning and piloting phases. One such study, by Caudill, O'Leary and O'Leary, has been designed to explore the influence social anxiety exerts on this responsiveness to interpersonal stress. This later study is aimed toward the identification of a high-risk, pre-alcoholic group, and is the first step in an attempt to develop standardized assessment procedures for this purpose.

Heroin Addiction on the Rise?

Headlining the November 1, 1974 issue of The Journal of the Addiction Research Foundation are these ominous words: "Heroin Use Endemic and Spreading." The Journal reported on a study commissioned by the Drug Abuse Council, which had the purpose of determining current patterns of heroin use in the United States, especially in light of the contention by the federal government that "the corner has been turned on heroin addiction." As the article relates, this optimistic assertion proved to be little more than wishful thinking.

Key to the Drug Abuse Council findings is data from a SAODAP survey which showed that in virtually all of ten middle-sized and small-sized communities sampled in the United States, epidemics of heroin use have either been experienced or are now in the process of accelerating. Included in the SAODAP report is a theoretical construct by Leon Hunt termed "hierarchical diffusion" which refers to heroin use beginning in larger cities and spreading to middle and small sized communities. The report points to a sudden increase in people entering treatment for narcotic use in January 1974 in San Francisco--a city termed a trend

setter in patterns of national drug abuse-- and points to an increase in heroin use in the United States.

Such an assertion is in direct contradiction with the federal government's contention that a growing number of unused treatment slots in narcotic programs nationwide is indicative of a decrease in the incidence of heroin addiction. What this situation may reflect, however, is a disinterest in the kinds of treatment offered rather than a lack of need on the part of narcotic abusers. What is even more dangerous is that the federal government is using those unused slots as justification to cut back treatment dollars. And this at a time when, as the Council's report warns, heroin use may be spreading and reaching new high levels. (See pertinent articles in The Journal, Volume 3, No. 11)

U.W. Study of Chronic Marijuana Users Finds Absence of Neuropsychological Impairment

Drs. Albert S. Carlin and Eric Trupin have recently completed an investigation of the impact of chronic cannabis use on neuropsychological functioning in a project supported by the U.W. Alcoholism and Drug Abuse Institute. Chronic marijuana users and a group of non-user controls participated in the study. There were several criteria which the cannabis volunteers had to meet: 1. had used cannabis daily for at least two years, 2. had not used any other drugs recreationally for a total of more than ten times, 3. had never been unconscious as a result of trauma. The ten volunteers who met these criteria had an average age of 24 years and were predominately white and male (7 males and 3 females), and had been using cannabis daily for an average of five years. These subjects were interviewed concerning their patterns of drug use, were observed subjectively in terms of functioning, and inquiries were made of change in functioning over time. They were then administered the Halstead-Reitan Neuro-Psychological Test Battery, a series of tests which not only measure present functioning but are also sensitive to pre-morbidity levels. The performances of the subjects were compared with the performances of a matched (age, sex) Reitan normative sample. On the basis of this comparison, Drs. Carlin and Trupin found no differences in neuro-psychological functioning between the chronic cannabis users and the controls.

Marijuana and Oregon

What's been happening in Oregon since the decriminalization of marijuana? Oregon's Legislative Research Group recently conducted a study in which they tried to answer that question. The new law states "...if the conviction is for possession of less than one avoirdupois ounce of marijuana, it is a violation punishable by a fine of not more than \$100," however, it is still technically possible for a person to be charged with a felony for manufacturing, cultivating, transporting, furnishing, prescribing, administering, dispensing, or compounding

less than one ounce of marijuana. The assessment technique used by Legislative Research was one of sending out questionnaires to law enforcement agencies, district attorneys, court clerks, mental health agencies, and alcohol and drug clinics throughout Oregon. The questionnaires were designed in an attempt to answer three major questions:

1. What have been the effects on drug use?
2. Has there been an increase in heavy drug use?
3. Has there been an increase in marijuana use?

Upon completion of the project, no obvious trend could be found in the data accumulated. In most areas of the state, the new laws have not eased workloads for District Attorneys or changed priorities for police and sheriffs largely because many of the cases handled in these offices were treated as minor cases before the law changed. Among mental health agencies and alcohol and drug clinics, the legislative changes were generally viewed with approval. The Director of the Oregon Methadone Treatment Program for instance, reported that clients of the treatment program refer to marijuana only infrequently as a "problem drug," although 74.2% of them are marijuana users and one third of these use it daily. He concluded, "administratively, as a program involved in the treatment of drug problems, we would regard a shift away from narcotics and toward marijuana as 'drug of choice' as an indication of progress."

Reflections of a Student Nurse

You've seen alcoholism before, you've been around. You've seen alcoholics slumped, soiled, and degraded in downtown doorways. You've seen them flinging their loose-limbed bodies down the walk after a party and into their cars to be gone in a roar and squeal of brakes. You've heard the garbled, angered shouts of neighbors in the night, listened to the clattering bottles in their garbage can. You cannot forget the time during your first year in clinical experience when a sweating, trembling human being came only this far from throwing himself out of a window he had kicked open with his bare foot. And you watch a fellow student, young and as promising as dawn, unable to get through the day without a drink. Yet you know it doesn't have to be this way; something inside you is balking, making you look and listen and take it all in, making you believe that things can change.

Alcoholism Nursing--a means of expressing that hope in humankind, faith in its capacity for change, a source of tools for implementing such change--offers the student unique opportunities for making sparks in the tinder of health care systems today for a glorious blaze tomorrow. As a student in the program you learn a new framework for thinking; you begin to see where you as a nurse can fit in. You readjust your perspective to the individual rather than the disease. You learn to consider psychological, family and societal factors in alcoholism. You find yourself concerned with the past and the future of a person's life, as well as with

the present, for you know that nursing care neither begins nor ends with the bookwork at the admitting desk. You are involved in a very special way.

You begin from the ground up, first with a firm foundation provided by the theory courses, Nursing 488 and 489. You examine the many physiological implications of alcoholism, with some of the most learned and widely-acclaimed people in the field as your guides. You have the opportunity to learn to perform physical exams, looking toward the goal of more complete and independent assessment of patient problems.

An understanding of some of the social factors related to alcoholism is added to your repertoire. You learn to take in-depth nursing histories dealing with alcoholism signs and symptoms and also with related interpersonal problems and needs. The data you collect helps you to formulate relevant and individualized plans for nursing and follow-up care. You begin to be exposed to the various community resources available to the alcoholic person, and you learn to recognize which are most appropriate for the person's particular needs.

A wide range of independent activities are pursued by students in the program, encompassing almost any context where alcoholism is present, whether in the hospital, the home, school, industry, community or society. Creative thinking is self-propelled; it abounds and bursts and is reflected in the projects the students embark upon. Some students are interested in surveying the attitudes toward alcoholism in given populations; others prefer to research certain topics in physiological responses to alcohol. A few are looking into family problems relating to alcoholism, another is exploring occupational implications of alcohol. They deal with the young and the old, the affluent and the impoverished, the skidroad person and the Boeing executive, for indeed, alcoholism is to be found in many guises.

And somehow, when you look back on the weeks that have passed, you see something of yourself that is new, an insight, an idea, a spark. You begin to know where you, as a nurse and as a person, fit into the picture of alcoholism prevention and treatment.

Kathy Yantis, Student
Alcoholism Nursing

Why Women Drink

Alcoholism among women is related to changing attitudes about the status of women in society, (according to) Dr. Edith Gomberg, who teaches a course in alcohol usage and problems in the University of Michigan School of Social Work and is on the staff of the Rutgers University School of Alcohol Studies.

But alcoholic women are not necessarily acting out against their womanhood. "We

tend to think they are," Dr. Gomberg said, "because alcoholism has always been seen as a man's behavior pattern. But when we study alcoholic women as kids, we find that they were not unfeminine at all. Quite the contrary. At 15, they were hyperfeminine."

"An emotionally deprived childhood leaves the young girl with a great hunger for love and very little trust in other people. When she reaches adolescence, she sees the solution to her inner aches and longings strictly in terms of dependence on men. She overbuys the traditional female role, and brings to it expectations which are unworkable. She thinks she can solve everything with curtains in the cottage and apple pie, but it doesn't work out that way." Alcoholism among women, Dr. Gomberg believes, is symptomatic of what has happened to American marriages and American family structure.

"Since alcoholism has always been a more disgraceful thing for women than for men, women who find themselves in trouble are generally extremely reluctant to seek help. All we can do is set up clinics and wait for them to come out of the woodwork."

From the Detroit (Mich.) Free Press

Heroin Can't Compete

While the Vietnam war apparently did not spawn a "generation" of hard-core, committed heroin addicts, as was widely feared, it has left thousands of veterans embroiled with the whole range of illicit drugs that saturated American forces in Vietnam. Many veterans -- including a large share of the men who abandoned or reduced their use of narcotics when they came home -- are taking amphetamines, barbiturates, hallucinogens, and other drugs or are drinking heavily, as they frequently did in Vietnam.

Many of the veterans feared arrest here if they maintained a drug habit. And they knew that heroin in the United States was so heavily diluted that only injection would yield a high.

"I didn't even try the heroin here when I came back," said a Vietnam veteran. "I knew it was no good. I'll take Mogen David wine -- 'Mad Dog.' It's 20 proof by volume and it knocks you out."

M.A. Farber in the New York Times

WCTU Changes Image

The Woman's Christian Temperance Union celebrated its 100th anniversary this year. Suffering under the stereotype of elderly teetotaling women who march through saloons smashing bottles of booze the WCTU sees the need for a new image. A spokesperson said, "We're not that at all. The idea of the WCTU is the protection of the home and the nation." The new emphasis is positive, not an "against emphasis." The union states that it is for an alcohol-free life. Young people are the current target of the WCTU which says the nations problems of the

future must be resolved soberly and with integrity.

News About Narcotic Antagonists

Three researchers working for Battelle Memorial Institute are investigating a very promising approach to the treatment of heroin addiction. Dr. Maurice F. Sullivan and Dr. Donald R. Kalkwarf of Battelle's Pacific Northwest Laboratories along with Dr. David L. Gardner of Battelle's Columbus Laboratories presented data in Research Outlook, an Institute publication, on narcotic antagonists.

What are narcotic antagonists? These are drugs that block the euphoria associated with heroin without producing appreciable euphoria themselves and are non-addictive. An individual given an antagonist may take a narcotic afterwards and experience no effect. This supposedly takes place through the process of the antagonist's molecules attaching themselves to the opiate-receptor sites where the heroin would normally reside. If the receptor sites are tied up by the antagonist, heroin will not be able to occupy them.

Most of the narcotic antagonists have some side effects and are not simply limited to antagonistic effects. Some compounds such as naloxone, naltrexone and other new drugs under evaluation appear to have fewer side effects than cyclozocine or nalorphine. Two particularly interesting antagonists are disprencorphine and cyclopropylmethyl -3, 14-dehydromorphinan. They, along with naltrexone, are more potent and longer lasting (up to 48 hours). One major problem with most antagonists used presently has been that they wear off in 24 hours after injection. Naloxone has been given orally and was shown to give only about 10 hours of effective blocking of heroin.

The narcotic antagonist approach is thought to be particularly useful with the young, motivated addict that wants to kick the habit. Antagonists could serve to help the abstinent addict stay "clean" despite temptation.

From Research Outlook, Vol. 6, No. 1

Alcohol Abuse -- Russia and Yugoslavia

A recent report in the Quarterly Journal of Studies on Alcohol tells of a visit to Russia and Yugoslavia by Mark Keller and Vera Efron. They are both veteran alcohol abuse researchers. Keller is editor of the QJSA.

Yugoslavia was reported by the authors to have alcoholism treatment programs as varied as those practiced in America and essentially paralleling them. A particular interest in music therapy was evident. Dr. Zijo Catovic (an accomplished musicologist) is experimenting with a combination of music and hypnotherapy.

In Russia the travelers found that alcohol education emphasizes the evils of alcohol; the concepts and methods were reminiscent of the late 19th century. The propaganda, aimed at the deeply ingrained Russian drinking folkways, seemed ineffective. The Museum of Public Health Education was a fascinating

institution with impressive electronic gadgetry. Every form of disease and practice of good hygiene was dramatically demonstrated by illuminated texts and pictures as well as mobile devices and figures. The alcohol abuse display, however, appeared anachronistic. It seemed to the visiting pair as if they had been transported back about 80 years in history. There was an illustrated automobile crash scene with the implication that this was an effect of one (yes 1) drink a day. The Americans mildly challenged the idea that any moderate degree of drinking could be causally connected to the automobile crash or the demonstrated horrendous disease consequences. The Russian Director then reassured them that indeed one drink a day would bring about total disintegration of health and social well being -- much more than getting drunk once in a while. The Americans again expressed surprise. The Russian replied with a decisive squelch: Scientific facts were scientific facts and the visitors, being laymen (the Russian was a physician and had discovered that the Americans were not), could not understand such matters. The subject was dropped.

The team visited a Vytrezvitel' (sobering-up station) in Moscow. There were 29 of these in Moscow -- 28 for men and 1 for women. The station was a nice old building converted for this use. The rooms, beds, linens and everything else were meticulously clean. There was a breath analysis device to ensure that the person is drunk and not sick from another reason. An ill individual would be taken immediately to a hospital. The person would be simply put to bed if only moderately drunk, treated if severely drunk, and discharged immediately if only slightly drunk.

The visit was at 10:00 a.m. on a Sunday morning but no drunks were on hand. The attendant explained that the few that were in Saturday night had been discharged. The travelers then learned that there is a difference in Russian and American drinking habits. Weekends are not their busy nights because "the wives have them in hand." During the week they are very busy when the vytrezvitel' customers go drinking directly from work.

The team observed the price of vodka (about \$8.30 for a fifth) and wondered how the Soviet citizen with a much lower income could afford to get drunk. Not a single Russian to whom they spoke would acknowledge that moonshine and bootlegging were a part of the Russian scene. However, they came across a decree issued by the Council of Ministry, dealing with drunkenness and alcoholism, that ordered the illicit storage and sale of spirits to be stopped.

Brilliant Solution Foiled

A grandiose Soviet scheme to fight drunkenness with an ocean of beer is bogged down by slow construction of breweries and a shortage of storage space and outlets.

A few years ago, the Kremlin announced plans for 30 big breweries that would flood the country with an additional billion quarts of beer annually. It was part of the fight against endemic drunkenness and built on a theory that Russians could be coaxed from drinking vodka and other potent drinks to beer and wines.

A spokesman for the Soviet ministry governing the food industry conceded that progress at some brewery construction sites has "caused alarm."

Police Encounters With Public Inebriates

The Seattle Police presently encounter 77,000 drunken citizens each year of which 52,000 are seriously intoxicated. About 10,000 of these are arrested. Only around 400 are placed in contact with medical or social facilities. What is our future?

Between April and September 1974, Paul A. Pastor, Jr., a doctoral candidate in Sociology at Yale University, conducted a study of the Seattle Police Department and its control of public drunkenness. Pastor walked the beats and rode in patrol cars with Seattle officers for 580 hours. His unit of study was remarkably simple: the face-to-face interaction between the officer and the inebriate. A total of 740 of these encounters took place during the 580 hours, for an average of one every 47 minutes. Only one out of seven encounters resulted in arrest; the majority of the others terminated in either dispersal of the person (57%), or in no control action of any sort being taken (20%). Of the remaining encounters, transportation to medical or social service facilities was arranged for 5 per cent and 4 per cent were given verbal warnings, citations for drinking in public, or were transported out of the area.

Data from Seattle Police Department records indicate that 11,251 public drunkenness arrests were made in 1972 and 9,216 in 1973. If Pastor's finding that only one out of seven encounters leads to an arrest is at all generalizable, then the Seattle Police may be estimated to encounter approximately 77,000 public inebriates every year, or about 214 per day.

Public Opinion has long viewed the police as more likely to arrest American Indians than whites. Pastor's study demonstrates that, at least in Seattle, the reverse is true. Whites are arrested very slightly more frequently than are other races. The encounters initiated by the police were more likely to involve American Indians, and encounters resulting from calls to the police

were more likely to involve whites. Substantially more whites (40%) and American Indians (47%) were encountered than any other ethnic groups.

The overwhelming majority (94%) of those encountered were males. As to age, 60 per cent were under forty-five. The data showed that the police are slightly more likely to arrest older individuals and disperse younger persons. The American Indians, Blacks and Hispanics tended to be younger than whites, fifty-nine per cent being under forty years of age. Only twenty-four per cent of the whites encountered fell into this category.

The neatness of a citizen's appearance seemed to affect what disposition the police officer would make. The seriousness of the disposition within the criminal justice system tended to be least for encounters involving neat, clean citizens and most for encounters involving very dirty, shoddily attired citizens.

All together, the prime candidate for serious involvement with the criminal justice system (i.e., arrest) would seem to be an older male, dirty, shoddily dressed, in a public place such as a street or park, and displaying serious drunken comportment. This is one of two conclusions that Pastor draws. The other is that the frequency of arrest does not accurately reflect the volume of police activity in drunkenness control encounters.

On January 1, 1975, the State of Washington will decriminalize public drunkenness. The new law, The Uniform Alcoholism and Intoxication and Treatment Act (Statutory designation 70.96A Revised Code of Washington), specifies that a person who appears to be intoxicated by alcohol shall be taken into protective custody and brought to an approved treatment facility. Pastor conducted a study in Boston following decriminalization in that city finding that police involvement in public drunkenness control had continued. The legislation provided for protective custody similar to Washington State Law.

Pastor forecasts that the Seattle Police involvement in public drunkenness control is likely to continue subsequent to decriminalization. The characteristics of such control will depend upon the availability and organization of alternative means of control.

Nepenthe Staff:

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U.W. School of Nursing Offers Continuing
Education Course:

"Effects of Alcohol in Health and Disease"

This course provides an opportunity for intensive study of the effects of alcohol and other drugs on the individual, with emphasis on the physiological changes produced in the body systems. Topics to be discussed include the pharmacology of psychoactive drugs, their pathophysiological and behavioral effects, and the care of patients during acute and chronic phases of alcoholism and other drug dependencies.

Upon completion of the course, students will be able to assess the effects of alcohol and drug abuse in individuals and formulate a plan of care for acute and chronic phases of chemical dependencies.

Designed primarily for registered nurses, this course is open to other health professionals who have a background in physiology.

Location: Health Sciences Center
Room T435

Time: 7-10 p.m., Tuesdays, January 7
through March 11, 1975

CREDIT, TUITION, AND FEES: Students registered at the University of Washington may enroll in this course as a part of their regular course load. Persons not enrolled in the University may register for 3 University extension credits. Tuition: \$45, Registration Fee \$3.

Additional information may be obtained by calling the Alcoholism Nursing Office:
(206) 543-6065.

University of Washington Alcoholism & Drug
Abuse Institute Research Forums:

January 24, 1975 - "Measurement of Adaptive Abilities and Intellectual Functioning of Hospitalized Alcodics" presented by Michael O'Leary, Ph.D., Clinical Psychologist, Alcoholism Treatment, Seattle VA Hospital.
Location: Health Sciences Bldg., Room T-531,
12:00 - 1:30 p.m.

February 7, 1975 - "Metabolites of Amanita" presented by William S. Chilton, Ph.D., Associate Professor of Chemistry, UW.
Location: Health Sciences Bldg., Room T-531,
12:00 - 1:30 p.m.

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

If you have suggestions for names to be added to our mailing list or wish to have your name removed, please contact Ms. Jane Ramsey, Alcoholism & Drug Abuse Institute, 3937 15th Avenue N.E., Seattle, WA 98195 or call (206) 543-0937.