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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. 5 February, 1975

W.S.U. ALCOHOLISM STUDIES PROGRAM RECEIVES NIAAA TRAINING GRANT

A three-year NIAAA training grant has been awarded to fund the Master's Degree Program in Alcoholism Studies at Washington State University. Students enrolled in this one year non-thesis course of study may elect to take the degree in either Psychology (Master of Science) or Sociology (Master of Arts). The two tracks overlap, with the major difference being an emphasis on treatment skills in the Psychology track and on community organizational and administrative skills for the Sociology track.

All courses focus on alcohol abuse and are taught by members of the Alcoholism Training Unit faculty. Dr. Warren Garlington, Professor of Psychology, is Director, and Dr. Lorne Phillips, Assistant Professor of Sociology, is Associate Director of the Program. The core courses are two seminars on problems of alcoholism which take an in-depth look at issues in the field with the objective of giving the student a broad understanding and appreciation of the many problems to be dealt with in developing optimum programs for helping the alcoholic. These courses also serve to coordinate material presented in other courses included in the Program. Throughout the year, speakers representing different areas of expertise are brought on campus to discuss their views in special colloquia and in sessions with individual students. Following two semesters of full-time work on the Pullman campus, students are assigned for the summer to an alcoholism facility for supervised experience.

The NIAAA grant provides stipends for eight students. In addition to the usual academic requirements, previous experience or training in the field of alcoholism is typically a prerequisite to admission to the program.

The Master's Program has been in operation for one and one-half years. Presently, fourteen students are enrolled. Last August eleven students completed its requirements. These graduates are now employed in the States of Washington and Idaho, and the Province of Alberta in Canada.

POLY DRUG TREATMENT IN SEATTLE

In the early 1970's, the federal government became aware that people were abusing a lot of other drugs besides alcohol and narcotics and that perhaps it would be worthwhile to investigate the extent of such abuse. They even invented a term to describe the situation to be studied: "poly drug abuse." Under this banner, the Poly Drug Clinic in Seattle was funded by NIMH in mid-summer 1973 to gather demographic data on the patterns of poly drug abuse in the Seattle area. The Seattle unit is one of fourteen in the United States. The others in west coast cities are located in San Francisco and San Diego.

In an interview with *Nepenthe*, Dr. Al Carlin, Director of the Seattle clinic, described the efforts of his program. The touchstone of clinic philosophy is the notion that people stop using drugs when they have something better to do. This inclined the clinic staff of ten, including a psychiatrist, a psychologist, several social workers, a nurse and an ex-addict counselor among others, to operate using a behavioral-educational model of change. Dr. Carlin states that even though they are funded primarily for research, the staff offers treatment of the individual in return for demographic data of interest to the federal government. This treatment is based on a twelve week model with extensive follow-up, and includes not only individual counseling but also courses in psychopharmacology, self-relaxation methods, and treatment involving covert sensitization. The clinic is equipped for out-patient detoxification and, if the case warrants, can offer hospital detoxification on an in-patient basis.

Since accepting clients in October 1973, the clinic has treated more than 200 individuals ranging in age from 16 to 58. Sixty per cent have been male, with the typical age range of the clients being 26 to 35. On the research level, the clinic staff has been involved in several projects and Dr. Carlin feels that their treatment

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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.

plan is in itself innovative and worthy of further study. Evaluation of their efforts is on a continual in-house basis under the direction of a full-time staff researcher.

Even though the clinic's present grant expires this July, Dr. Carlin expresses confidence that the clinic and its treatment program will continue to attract external funding.

NCCDE TO SPONSOR DRUG ABUSE PREVENTION CONFERENCE

The National Coordinating Council is planning to sponsor a conference in San Francisco from February 25th through the 28th with the title: "Perspectives on Prevention -- II". This conference is designed to deal with five major topics which have tentatively been identified as: 1. Resource sharing; 2. Evaluation of Prevention Programs; 3. Community Support/ Fund Raising; 4. Humanistic Approaches to Drug Prevention; and 5. Communications Media and Prevention Programs.

For more information contact: Debbie Skopczynski, National Coordinating Council on Drug Education, 1526 18th St. N.W., Washington, D.C. 20036

ADAI RESEARCH PROPOSAL DEADLINE

University of Washington faculty members wishing to submit research proposals for funding by the Alcoholism and Drug Abuse Institute may obtain guidelines by phoning the Institute at 543-0937.

The next deadline for proposal submission is March 1, 1975.

NCCDE PUBLISHES ANNOTATED DRUG AND ALCOHOL BIBLIOGRAPHIES

A series of annotated bibliographies dealing with drugs and alcohol from a variety of viewpoints has been prepared by the National Coordinating Council on Drug Education. These twenty-five bibliographies are available at a special pre-publication price of $2.00 each. Topics range from the standard drug categories to women and drugs, drugs in sports, non-chemical alternatives to drugs and readings for young people. The annotated bibliographies may be purchased by writing to: NCCDE Publications, 1526 18th Street N.W., Washington, D.C. 20036.

UNIVERSITY OF WASHINGTON ALCOHOLISM AND DRUG ABUSE INSTITUTE RESEARCH FORUMS:

March 7, 1975 -- "Impact of Long-Term Chronic Cannabis Use on Neuro-Psychological Functioning" presented by Albert S. Carlin, Ph.D., Associate Professor, Department of Psychiatry and Behavioral Sciences and Director, Polydrug Treatment Program.

Location: Health Sciences Building, Room T-531, 12:00 - 1:30 p.m.

ALCOHOL AND AGGRESSION: A RECENT INVESTIGATIO

Lang, Goeckner, Adesso, and Marlatt recently conducted an investigation designed to assess the effects of expectations associated with drinking and aggressive behavior. Half the subjects used in this study of male, heavy drinkers were led to believe they were drinking alcohol (vodka and tonic) while the other half believed they were only consuming tonic water. Within each of these groups, half the subjects actually received alcohol while the other half only received tonic water Following the beverage administration, half the subjects were provoked to aggress by an insulting confederate, while controls experienced a neutral interaction. Aggression was defined as the intensity and length of duration of shocks administered to the confederate on a modified Buss aggression apparatus. These shocks were delivered to the confederate via a deceptive paired associations in which the confederate had been assigned to the role of "the learner." Subjects enacted the role of "teachers."

The design of this investigation therefore permitted an evaluation of two competing theoretical assumptions: (a) if the physiological effects of alcohol are primarily involved in the facilitation of aggression, then subjects who actually receive alcohol should behave more aggressively than subjects who don't receive alcohol (regardless of their expectations); and (b) if expectation that alcohol will lead to more aggression is the major determinent of subsequent aggression then subjects who don't expect to receive alcohol (regardless of the actual alcoholic content of their drinks).

The investigators found that those subjects who believed their drinks contained alcohol, regardless of the actual alcoholic content, gave more intense and longer duration shocks to the confederates than subjects who believed they had consumed only non-alcoholic beverages. Subjects receiving alcohol, however, showed a significant increase in a reaction time measure, regardless of the expectancy condition. The authors claim that these findings seriously challenge the energizing and disinhibition theories of alcoholism, both of which hold that it is some physiological effect of alcohol which accounts for the majority of the association between drinking and aggression. The findings seem to suggest that increases in aggression following the consumption of alcohol may be the result of the drinker's expectations concerning the effects of alcohol. The individual may then attribute his expressions of aggression to the effects of alcohol and thus hope to reduce his own responsibility for his behavior. One implication for treatment intervention that arises from these findings is the need for investigations to study the effects of training problem drinkers to express their anger in socially acceptable methods (such as assertiveness training). Such action may lead to a reduction in aggression and drinking.

OUTPATIENT ALCOHOL DETOXIFICATION

In the December 1, 1974 issue of The Journal of the Addiction Research Foundation, there is a report on what may be the first scientific account of a large scale outpatient alcohol detoxification program. The program is part of a comprehensive community alcoholism effort is Santa Ana, California and was directed by Dr. Daniel J. Feldman. Data on 564 patients treated by the program yields some interesting figures. Only 47% of those entering the clinic required detoxification and only 19% of those required inpatient medical care. Of those assigned to outpatient detoxification, 73% successfully completed detox and 50% of those continued in rehabilitative programs. There were no fatalities. According to Dr. Feldman, this experience strongly supports the utility of outpatient detoxification in a community alcoholism program and indicates outpatient detox can be succesfully conducted without undue morbidity or mortality.
(For a more complete description, see The Journal, Volume 3, No. 12, December 1, 1974)

BRITISH COLUMBIA HEROIN STATISTICS

Because of its closeness to the Seattle area and all of Washington, Vancouver, B.C.'s position in international heroin traffic is of substantial interest to the local area. A recent crime study by the British Columbian provincial government is reported in the December 1, 1974 issue of The Journal of the Addiction Research Foundation and contains some statistics as to the scope of heroin trafficking and addiction in the Vancouver area. The report states that British Columbia has 10,000 heroin addicts, about 65% of the Canadian total, and that half of the entire production of heroin destined for North America from the Golden Triangle in Southeast Asia passes through Vancouver. The study further details the economics of heroin traffic as a major function of organized crime in B.C., stating that the heroin trade there has an estimated annual value of $255.5 million based on the estimated addicted population of 10,000 in the Vancouver area.

U.W. School of Nursing Offers Continuing Education Course: "Alcohol Problems in Family and Society"

This course focuses on the analysis of significant problems experienced by the alcoholic person and his family. Topics to be discussed include dynamics of alcoholic families, the alcoholic person, his/her spouse and children, and various counseling approaches. The response of society to alcohol related problems, such as the person who drives while intoxicated, legal action, and preventative approaches are also discussed.

Upon completion of the course, students will have an understanding of common dynamics prevalent in persons with alcohol related problems and will have a framework upon which to build counseling relationships with such persons.

Designed primarily for the registered nurse, the course is open to other health professionals and counselors in the field of alcoholism.

Location: Health Sciences Building, room to be announced.
Time: 7 - 10 p.m. Tuesdays, beginning April 1, 1975 and ending June 10, 1975.
For more information, phone 543-6065.

NURSING AND ALCOHOLISM: A SCREENING DEVICE FOR ASSESSMENT AND INTERVENTION

Mr. A., a stout, middle-aged laborer, is brought to the hospital one grey morning by several friends. They explain that he had fallen suddenly; his leg may be broken. Upon initial examination and questioning, it is discovered that the injury occurred during an episode of intoxication.

Ms. B., a professional woman in her early thirties, keeps an appointment at her neighborhood clinic. She describes the stomach pains she has been experiencing, and adds that she is concerned about their association with her drinking.

Mr. C., well into his sixties, enters the hospital for the 18th time, with an established diagnosis of alcoholism and related liver disease.

Given this kind of information, the astute nurse recognizes that these patients' nursing care problems may be complex and far-reaching. Not only are acute physical symptoms present, but also implications about alcohol abuse and alcoholism emerge.

Assessment of the presence of physiological and psychosocial problems that may be associated with alcohol problems is valuable to the nurse in planning and implementing appropriate care for two reasons: (1) Data received from systematic assessment can be of predictive value--the nurse can anticipate and plan to prevent some complications. (2) Data can be used to formulate an individualized short and long-term plan of care and follow-up.

In the interest of excellence of patient care and specialized assessment of the person with an alcohol problem, Edith Heinemann and Nada Estes, faculty members in the Alcoholism Nursing Program at the U.W., have designed a screening instrument which not only answers the need for a means of obtaining crucial information in the physiological and psychosocial areas that alcoholism affects, but also potentially offers the alcoholic person an opportunity to examine the role of alcohol in his own life, and thus contains a preventive and rehabilitative aspect as well.

This nursing history tool is designed to elicit pertinent information about patterns of alcohol consumption and related physical, psychological, and social symptoms. The questions begin with a section for obtaining a drinking history, which is crucial for identifying immediate problems, such as alcohol withdrawal syndromes, and for anticipating

the need for intervention in the future. The tool continues into the areaof pathological effects of alcohol on each body system, with questions pertaining to the gastro-intestinal system, the nervous system, and the cardio-vascular and pulmonary systems. Information gathered in each of these areas may contribute to the identification of health problems which may accompany alcoholism, and lead to the application of timely interventions. Also, the patient in answering these questions, may begin to take stock of the measurable effects of alcohol upon his body, an understanding which may be an important determinant in his treatment and rehabilitation.

Questions related to psychosocial status follow, and provide useful information about social and economic resources available to the patient, and aid in assessing the presence of emotional disorders. In the process the patient may begin to look into the effects alcohol has had not only on himself, but on other people and events in his life.

THE SIGNIFICANCE OF AGE 17 AND THE NATURAL ETIOLOGY OF DRUG ABUSE: A TOOL FOR PREVENTION?

Dr. Peter G. Bourne, in the November, 1974 issue of Drugs and Drug Abuse Education Newsletter, proposes that at age 17 a particular playing out of some of the correlates of adolescence, with a context of high drug availability, may explain the unusually high incidence of first drug use at this age. He intimates that there is something unique in this culture about being 17 that renders the adolescent particularly vulnerable to drug use (and by implication later, to drug abuse and addiction).

There is a message in this, he claims, for prevention: understand more fully the essential dimensions of this short span of the adolescent period, and inferences for preventive measures will surface. The dimensions he has in mind are largely familiar formulations: conflict, identity problems, strong dating interests, increased access and experience due to driving, nearness to completion of high school, normative tolerance of experimentation and risk-taking, paradoxical autonomy-seeking behavior and dependence on parental support.

Bourne bases his conclusions about the peak for beginning drug use and abuse on highly selective clinical samples: data from certain heroin treatment and drug abuse programs in scattered communities, data from an eleven city polydrug pilot study, and most heavily on Robert DuPont's late 1960's data from the Narcotics Treatment Administration in Washington, D.C. which is limited to heroin addiction. Whether the high frequency for age 17 holds true equally for beginning drug use per se, for beginning abuse of drugs, and for heroin addiction, is not clarified.

A clue may be provided in the nature of the most striking data, collected from that age group which turned 17 at the peak of the heroin "epidemic" of the late 1960's when availability and peer group reinforcement for using it were at a zenith. In this sense, Bourne generalizes his conclusions beyond what the data warrant. What age would show the highest frequency in data on a current adolescent sample is worth consideration. It might be equally productive to determine how well age 17 would hold, even in the older age groups studied, if certain variables such as sex, ethnic status, socio-economic status, class of drugs, and drug use vs. addiction, were controlled. Age of beginning drug use in the nonclinical "normal" population is a critical question.

Such questions detract little from what may lie at the heart of Bourne's thesis... that a certain level of adolescent development, placed alongside increasing drug access and sophistication about drug use, may tend to produce a significant coalescence in this culture. The insights for prevention--or intervention--are nevertheless difficult to specify, and Bourne does not attempt it. Will they involve simply changed treatment methods more appropriate to the adolescent subculture, or will change in the larger social system be necessary--which alters the socialization of the adolescent and radically reduces the availability of (or demand for) drugs? In a technological society in which social adolescence covers an increasingly expanded age span, in which young people experiment with drugs at increasingly younger ages, and in which a pharmacological revolution is still flourishing. Bourne's contentions pose a sizeable challenge.

MARIJUANA REPORT -- REVIEWED BY BEHAVIOR TODAY

The newest federal report on marijuana and health indicates a growth in marijuana use, particularly among the young, new conflicting evidence over its effect on health, and no definitive answers. It points out explicitly where studies disagree and are inconclusive, but also indicates particular areas of increased concern. The report was delayed to include recent studies on effects on male sex hormone levels, interference with the body's immune response and effects on fundamental cell metabolism.

The report states that trends and levels of use vary widely by subgroup and region. There is some data indicating use among high school and junior high students is still increasing, though at a slower rate. Important reasons for quitting pot are major lifestyle changes, family and job constraints and increasing social isolation from other users.

Other behavioral studies deal with driving. Evidence continues to mount that increased doses of marijuana have a detrimental effect

on driving performance. Driving under the influence, the report said, was ill-advised. There is further confirmation that short-term memory is impaired during intoxication and some Canadian data suggests sex differences in intellectual and psychomotor tasks under acute intoxication.

HEW is concerned about new physiological data indicating that THC, the active ingredient in marijuana, doesn't pass through the body as rapidly as most other drugs. It is absorbed in fatty tissue for as long as a week. This could reduce the ability of cells to divide and reproduce normally, reducing the body's capacity to fight infection and producing possible genetic mutations.

Preliminary studies have raised the possibility that marijuana use depresses testosterone levels, which could impair normal biological development in young boys. This, together with the indication that THC is retained in the body, raises the question of whether pot use during pregnancy might interfere with cell-differentiation, adversely affecting male fetal development.

SCIENTISTS ON MARIJUANA -- REPORTED IN BEHAVIOR TODAY

A panel of top drug "pros" sharply criticized the conduct of drug research in general and research on marijuana in particular, at the annual meeting of the National Organization for the Reform of Marijuana Laws (NORML).

The panel included Norman Zinberg, who insisted the group wasn't a "rubber stamp," Lester Grinspoon, J. Thomas Ungerleider, Andrew Weil and David Smith. Researchers complained that preliminary research, often with small samples, ill-controlled and badly designed, is given publicity while replications which refute the original studies are lost in the shuffle. Much of the preliminary work is used for supporting criminalization, while follow-up studies are rarely noticed. One researcher quipped that the drug research scene is so full of contradictory findings that a "journal of retractions" would be the fattest around.

Zinberg critized the "Kolodny study," cited in the latest federal report on marijuana, which found that blood levels of testosterone were significantly lower in a group of 20 young chronic marijuana smokers than in a control group. Six had reduced sperm counts and two were impotent. Zinberg noted that the study didn't pay any attention to what else was going on in the lives of the users before, during or after the experiment, pointing out that there can be other causes for depressed testosterone levels. He also noted that if a researcher takes 20 young American males at random, it is not unlikely he is going to find some sexual problems.

Weil zeroed in on research design problems commenting that most research is heavily weighted on the side of retrospective studies that try to analyze an effect in the present by linking it to a cause in the past. Too few studies are prospective, beginning with a reasonable hypothesis because it has been suggested by some phenomenon or finding. He cited another study referred to in the report which examined chromosome breaks and abnormalities in lymphocytes of heavy and light users. Weil pointed out that although cells with breaks were twice the average number, the rate was no higher than with other ethical drugs. He also argued that research at the biochemical level would be more telling than studies revealing gross abnormalities at the cytogenic level.

Smith, founder-director of the Haight-Ashbury Free Medical Clinic, stated that much marijuana research is "started out of thin air with no epidemiological research" as a basis.

The panel concluded that although there is still collusion between science and politics, the scare era on marijuana has changed considerably. However, Weil stated that the really important questions about drug use still go unresearched. For instance, the general social use of plant-derived drugs "to transport people to interesting experiences" is a research area that is largely unexplored. Whether the substance is tobacco, coffee or marijuana, Weil said, once its possibilities are discovered, "it is used so frequently that people no longer get high on it...that's interesting."

DUPONT AND OTHERS ON MARIJUANA -- REPORTED IN BEHAVIOR TODAY

Release of the fourth annual report on Marihuana and Health brought the marijuana controversy to life again.

Even before the report was issued, confusion was the order of the day. News stories indicated erroneously that White House Drug Chief Robert DuPont would come out for dropping criminal penalties for possession and use of marijuana. The reports were based on a leaked early draft of a speech DuPont would make to the National Organization for the Reform of Marijuana Laws.

Instead, DuPont told NORML he has always considered prison terms wrong, but that the deterrent functions of criminal law are important. He said the report indicates "that there may be serious risk to marihuana users," although the research jury is still out, and that the goal of research is truth, not advocacy, Based on the research, he said, intensified efforts to discourage use are justified. The social effects of marijuana laws also are harmful and nobody advocates incarceration anymore, he said. "But the key question today is whether the benefits of

deterrence are available at lower social cost than the current criminal sanction."

At a later press conference releasing the report, DuPont called the drug dangerous, although he admitted research findings are contradictory, inconclusive and equivocal. He states that a major reason for discouraging marijuana use is that "the use of one drug is involved with the use of other drugs," but he would not comment on the relative dangerousness of tobacco and alcohol. "They are very different substances, and we make a big mistake by lumping them all together."

At hearings before Senator Harold Hughes' Senate panel on alcoholism and narcotics, DuPont reiterated that the federal government was continuing a policy of discouraging use while watching state and local developments closely. He cited as an important step the fact that the federal government and most states have reduced penalties for simple possession to a misdemeanor and he said he though the Oregon example was important.

Also testifying at the hearings, former SAODAP Chief Jerome Jaffe, now at Columbia, once more said that it was Nixon not Jaffe who wanted to continue a policy of criminal penalties for use. Jaffe said he now leans toward substituting civil action for criminal action rather than dropping all penalties, because "it gives us a little more time to look at the effects of the change." In other words, he approves decriminalization rather than legalization.

The Drug Abuse Council's Thomas Bryant said: "We are simply permitting events to 'happen' while we hide behind the curtain of medical research, of waiting for proof of health hazard to bolster society's preconceived notions, our punitive response. We possess already medical proof concerning other drugs...We have medical proof, for example, that alcohol...can destroy the human liver, the brain, the kidney, and the body's resistance to disease. But we do not confuse potential health hazard with criminality." Senator Hughes agreed.

ALCOHOLISM AND DRINKING CUSTOMS IN GREECE

An article abstracted from the European journal Z.Allgemeinmed. is reported in the December 1974 issue of Quarterly Journal of Studies on Alcohol. Examined is the fact that the European countries around the Mediterranean have the highest alcohol consumption and, with the exception of France, the lowest rate of alcoholism in Europe and America. The lowest number of alcoholics in all of Europe and the U.S. is said to be found in Greece where the annual alcohol consumption is about 13.0 liters or 3.57 gallons of absolute alcohol per capita of population aged 15 and over. This is the equivalent of 8.3 gallons of 86 proof vodka or whiskey (41 1/2 fifths). This would be an average of almost one fifth per week of distilled spirits. When convereted to wine this would equal 29.7 gallons or 148.7 fifths; an average of about three bottles of wine per week.

The author, J. Benos, tells us that the low alcoholism and high per capita consumption have remained fairly constant over the last fifty years. He thinks that drinking customs are a large factor in explaining this incongruous coexistence. Greeks have an aversion to intoxication and learn as youths that moderation is an index of manliness. If a young man persists in getting drunk, he is ostracized and labeled not only as potes (drinker) but also as methisos (one who gets drunk). Alcoholic beverages are part of a meal like any other food, are never drunk without some other food and are not considered a necessity. The assertion is made that because southern European's are extroverted and companionable people who share sorrow and problems with each other, they do not need to seek consolation and oblivion in alcohol. Only a negative attitude on the part of society toward intoxication will enable countries to solve their problems of alcoholism.

LOW CARBOHYDRATE DIETS AND ALCOHOL

Alcohol, exercise, and a low carbohydrate diet can be a dangerous combination according to Dr. J. Murray McLaughlan, at the Health Protection Branch, Department of National Health and Welfare, Ottawa. Even a healthy person, dieting for only two or three days, can develop hypoglycemia (low blood sugar). This comes about by:

1) The low-carb diet reduces the supply of food carbohydrate that contributes to the maintenance of adequate blood sugar levels.
2. Exercise burns up some of whatever sugar is there already.
3. Two other supplies of sugar are available to the blood: glycogen in the liver and the production of new carbohydrate from protein and fat in the body, by a process called "gluconeogenesis" which alcohol is known to inhibit.

The stores of glycogen in the liver become depleted. If, at this point alcohol is introduced into the system, gluconeogenesis stops functioning efficiently and the blood sugar falls.

Dr. McLaughlan states, "It has long been known that severe hypoglycemia can occur in malnourished alcoholics. Also, it sometimes occurs in drinkers who have missed only a meal or two."
(From The Journal--Addiction Research Foundation of Ontario)

DRUG ABUSE SOCIAL COSTS -- $10 BILLION

The Special Action Office of Drug Abuse Prevention is issuing the first report on the social costs of drug abuse. The report

states that the psychiatric resources expended annually ($3.5 million) are underestimated because of the absence of information on private psychiatric facilities. Total mental health inpatient admissions were estimated at about 1.2 million, with admissions in other than general hospitals, VA hospitals, or Community Mental Health Centers accounting for 52%. Of that percentage, 5% of admissions were for drug disorders. The total social cost of drug abuse in terms of law enforcement, health, worker productivity, and other measures was said to reach $10 billion annually.

The report will be available in February from SAODAP, 726 Jackson Place, Washington, D.C. 20506.

GETTING OFF DRUGS AND ON TO SEX

The University of North Carolina has added a new area to it's counseling program. This is in response to what the faculty and students see as a current turning away from the escapism of drugs to positive relationships and sexual expression.

The program, under the direction of Bruce A. Baldwin (a psychologist) and Student Director Robert R. Wilson, has thirty-two student staff members working in male-female teams to keep the service in operation 42 hours per week. They receive about 60 contacts a week, most in anonymous phone calls. The greatest number of calls concern contraceptive information (27%) or pregnancy information (15%).

Baldwin and Wilson believe that the UNC service represents a new direction in campus counseling. Most counseling services deal only with drug abuse or suicide prevention. They feel that students need advice in the area of human sexuality even more. For information: Baldwin, Student Health Services, University of North Carolina, Chapel Hill, North Carolina 27514.

CAHALAN STUDIES CALIFORNIA ATTITUDES TOWARD DRINKING

In a survey, sponsored by the State Office of Alcohol Program Management, Don Cahalan of the UC--Berkeley School of Public Health questioned 1,024 persons aged 18 and over. The sample was picked as representative of the California population. The study showed that 90% of the sample supported the government treatment programs for people with drinking problems and to keep drunken drivers off the road. The majority seemed less concerned with "bums and derelicts on the streets" than with alcohol-related traffic accidents, health problems, family troubles, and alcohol-related violence.

Cahalan found that more Californians drink and drink more heavily than is true for the rest of the country. Cahalan has been studying American drinking habits for more than ten years, had conducted national surveys and published three books on the subject

The study relates that only 15% reported that they had not had anything to drink during the previous year. An earlier survey showed the national figures of 32% drinking less than once a year or not at all, 15% at least once a year, but less than once a month. The remainder of the national sample were 28% light drinkers--at least once a month, typically with no more than one or two drinks at any occasion; 13% moderate--at least once a month, typically several times a month with no more than three or four drinks on any occasion; and 12% heavy--typically nearly every day with five or more drinks at a sitting at least once in a while; or at least weekly with usually five or more drinks on most occasions.

When questioned about restrictions on alcohol, most Californians were against such measures as making alcohol more expensive by increasing taxes (57% against); rationing alcohol(75% against); and prohibition (88% against). The majority supported "responsible drinking" educational programs in schools, with 65% in favor of teaching to drink responsibly, 21% for teaching abstinence, and 14% for other approaches.

The study is available from the Office of Alcohol Management, State of California, 825 15th Street, Sacramento, California 95814.

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

If you have any suggestions, please contact Ms. Jane Ramsey, Alcoholism and Drug Abuse Institute, 3937 15th Avenue N.E., Seattle, WA 98195 or call (206) 543-0937.