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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. 6 MARCH, 1975

## *ADAI PLANS 2ND ANNUAL CONFERENCE*

"Behavioral Approaches to Alcoholism and Drug Dependency" will be the theme for the U.W. Alcoholism and Drug Abuse Institute's second annual conference. This two-day series of lectures and workshops will be held on the U.W. campus July 31-August 1. Scheduled to present papers are Peter Nathan (Rutgers), Don Cahalan (University of Calif., Berkeley), Peter Miller (University of Mississippi), Alan Marlatt (University of Washington), Mark and Linda Sobell (Vanderbilt) Albert S. Carlin (University of Washington), and others.

Additional information may be obtained by contacting the Office of Short Courses and Conferences, 327 Lewis Hall, 543-5280.

## *ADAI FUNDS FOUR NEW STUDIES*

Recently approved for funding through Institute auspices were four research investigations to be undertaken by University of Washington faculty. They are 1) Raymond M. Quock, Ph.D. "Role of Central Monoaminergic Thermoregulatory Mechanisms in the Narcotic Withdrawal Syndrome in Rabbits"; 2) Michael R. O'Leary, Ph.D.; Diane E. O'Leary, Ph.C.; Joseph Becker, Ph.D.; and Barry D. Caudill, B.A. "The Effects of Alcohol and Social Response Behaviors"; 3) Robert J. Kohlenberg, Ph.D., and Roland I. Barach, Ph.C. "The Effect of Alcohol Consumption on the Anticipation of Anxiety Provoking Stimuli"; and 4) M. Edith Heinemann, M.A. "Need Patterns Related to Treatment of Alcoholism."

## *ALCOHOL MANAGEMENT INFORMATION SYSTEM WORKSHOP*

A special workshop to familiarize students in the Washington State University Alcoholism Studies Master's Program with the State of Washington's Alcohol Management Information System has been organized by Bernard J. Babbitt, Director of the Washington State University Sociological Data Processing Center. Topics that will be considered in detail during the twelve hour workshop include: 1) types of services delivered with respect to client profile, 2) program cost analysis, and 3) program and treatment evaluation procedures.

## *HAMSTERS IMBIBE FOR SCIENCE*

Why are taverns so dimly lit? Why do many people drink more in the evening? Dr. Randal Beaton of the Psychology Department at Washington State University is currently investigating the influence of darkness on voluntary alcohol consumption in hamsters. Recent evidence from other labs suggests exaggerated alcohol consumption as a function of total darkness (or blinding in several animal species. Dr. Beaton is initiating a parametric analysis of the influence of light:dark photoperiodicity on alcohol preference in Syrian hamsters--a species which normally prefers 10% alcohol to water.

Apparently this elevated drinking in dark environments is a biochemical one mediated by the heretofore mysterious pineal gland. More research is needed before the implications for human alcoholics are clear. The current research project will involve seventy male hamsters (they consume more alcohol than their female counterparts) and is jointly sponsored by the Psychology and Pharmacology Departments as well as the Social Research Center at Washington State University.

## *METABOLITES OF AMANITA*

Professor W. S. Chilton of the U.W. Department of Chemistry is currently investigating the Amanita muscaria mushroom and has prepared the following article concerning this research:

"Amanita muscaria is a mushroom with a long history of use as a mind-altering drug. It is the red-capped one with white spots, the fly agaric, widely used as a decorative symbol on clothing of the younger generation. Amanita muscaria is certainly in the soft, non-addictive group of drugs. The incidence of its use is quite low when compared to LSD, marijuana, peyote or even Psilocybe (Mexican mushroom cult).

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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.*

Nevertheless, our limited interviews show that it is clearly used as a recreational drug in the Puget Sound Basin. Amanita muscaria does not pose any life-threatening hazards; for the entire United States we have discovered only two recorded deaths - one in Washington, D.C. in 1897, the other in Anacortes, Washington in 1934. However, there were 20 Seattle area hospitalizations for Amanita muscaria and Amanita patherine (a botanical cousin) poisoning in the spring of 1973 and about six last fall. Furthermore, the doctoring of innocent mushrooms for black market sale to the unwary is an economic fraud for which convictions have been obtained in Seattle (Seattle Times, 14 November 1973). There have also been Seattle area deaths in which this type of fraud is implicated (Times, 12 November 1974).

We are attempting to isolate and identify the chemicals in the mushroom which are responsible for the mind-altering effects as well as those responsible for undesirable side effects. (The mushroom also causes vomiting.) These chemicals, when isolated and identified, are being prepared from simple chemicals so that a supply can be made available to pharmacologists. One pharmacologist collaborating on this project is attempting to discover how the active chemicals pass from the intestine into the blood, from there into the brain, and then, how they alter the mind in the brain. Although this kind of work is one step removed from the direct treatment of a specific patient, it is the kind of fundamental knowledge which could lead to more rational treatment of drug abuse problems from the chemotherapeutic side (as opposed to the areas of social and emotional counseling of the patient).

Investigation of plants like Amanita muscaria, having a folklore ascribing physiological effects, has been extremely fruitful in the past. Withering's pursuit of the old-wives tale that foxglove was effective in treating dropsy led to its recognition in modern medicine and the isolation of digitoxin, the active principle of foxglove. Today, hundreds of heart patients in Seattle alone use digitoxin daily; it is a prescription article in every pharmacy in the city. Similarly, the chemists' quest for the active principle in the 18th century folklore remedy for rheumatism, willow tea, led to the discovery of salicin, and from a study of its chemistry, the improved product aspirin. Many civilizations have used species of Ephedra for brewing a stimulant ('Mormon tea', Chinese Ma Huang). Scientific investigation of this plant gave us ephedrine, one of the drugs used in the 'million tiny time capsules' advertised for relief of symptoms of the common cold.

Investigation of nightshade, used for mind-altering drug purposes on all continents, including Europe prior to the spread of gin and schnapps in the 16th century, has given us the important medicinal agent for the control of the peripheral nervous system, atrophine. Study of the mold disfiguring wheat in Europe, which caused the madness known as St. Anthony's fire, led to the discovery of lysergic acid diethylamide (German abbreviation LSD) in 1944, and pursuit of 'teononacatl', a hallucinogenic plant mentioned in 16th century Spanish church records, led to the discovery of psilocin and psilocybin, psychotropic tools, which along with LSD, have been enormously useful in neurophysiology and psychiatry.

More closely to the project sponsored by the Institute for Alcoholism and Drug Abuse, investigation of Amanita muscaria has already led to discovery by others of muscarine, an alkaloid directly interferring in the action of the peripheral nervous system. Like LSD, psilocin and psilocybin, muscarine has been a very valuable tool to scientists investigating how the human nervous system functions.

We are confident that further advances in understanding the mechanisms of the brain will ultimately emerge from studies of the type supported by the Alcoholism and Drug Abuse Institute."

## *LUNG CANCER IS ON THE RISE WITH WOMEN IN THE U.S.*

In a recent article published in *The Journal*, data from the American Cancer Society showed that lung cancer has become the third leading cancer killer of women in the U.S. The ACS attributes this rise to the substantial increase in cigarette smoking among women over recent years. The lung cancer death rate for women has doubled over just the last ten years. An estimated 17,600 American women are expected to die of lung cancer in 1975, an increase of 2,100 over 1974. As the leading cancer killer among men, who smoke more tobacco than women, lung cancer will kill an estimated 63,500 this year.

## *MARIJUANA AND ALCOHOL USE ARE UP, WHILE THE CHEMICAL REVOLUTION HAS WANED: AN ARF INVESTIGATION*

The Addiction Research Foundation (ARF) recently completed the fourth of a series of cross-sectional trend surveys on student drug use that began in 1968 and have been conducted every two years since. Ms. Fejer and Dr. Reginald Smart, authors of the study, feel the findings suggest that the chemical revolution of the 1960's is waning from having peaked in 1970. Use of alcohol and marijuana have shown a consistent and significant increase over the past six years. In 1968 and even 1972, drug use was found to be significantly dominated by males. In 1974, it was discovered that there no longer was this sex difference in drug use.

In 1968, 46.3% of the students reported use of alcohol "at least once in the last six months." By 1974, this figure had climbed to 72.9%. 42% of the subjects studied also reported

they'd been encouraged by their family to begin drinking while still under the legal drinking age.

Marijuana use in this same six year time period rose from 6.7% to 22.9%. Females were found to use barbiturates and tranquilizers more often than males, while males use alcohol, marijuana, and LSD more often. The most encouraging finding was that smoking of tobacco declined from 38.7% in 1972 to 33.7% in 1974. In 1968 and 1970 males were found to smoke significantly more than females. In 1972, there were no differences found between these two groups; whereas in 1974, 34.8% of females smoked as compared to 32.6% of males.

## *MARIJUANA RESEARCH AND A REAL BARRIER TO DECRIMINALIZATION*

In a recent article published in *The Journal*, Dr. William Pollin, Director of the National Institute on Drug Abuse's Division of Research, answered a series of questions on past, present, and future marijuana studies. He feels that "some of the most important questions still remain unanswered." Despite recent findings that suggest marijuana may cause chromosome breakage, DNA synthesis retardation, testosterone inhibition, and abnormal breast development, Dr. Pollin says the legal argument maintaining prohibition may well be its possible adverse effects upon our society. Amotivational syndrome (lack of motivation) for chronic marijuana smokers is the major barrier to decriminalization or legalization, according to Dr. Pollin. Also discussed was the recent finding that in some areas marijuana has a "biphasic action," so that like barbiturates, it can act as a stimulant or a depressive depending upon the dose level. This could explain, in part, the equivocal nature of many studies on marijuana. Dr. Pollin believes that approximately 2% of marijuana smokers are addicted. These are heavy users who demonstrate irritability and sleepiness when denied marijuana.

## *WHITE DEER RUN: AN EXPERIMENT IN PRIVATE RESIDENTIAL TREATMENT*

An interesting private short-term residential treatment program for mixed addictions was discussed at the North American Congress on Alcoholism and Drug Problems, held in San Francisco this December. White Deer Run, begun in 1970 on 175 acres of wooded countryside near Williamsport, Pennsylvania, has treated a total of 800 male and female clients with a variety of addiction problems over its brief history, and accomodates approximately 50 residents at any one period. Though private, it is licensed by the Pennsylvania Department of Welfare and provides services through the Drug and Alcohol section of the State Mental Health/ Mental Retardation and Vocational Rehabilitation units. Approximately 67% of its clients present alcohol problems, the remainder addiction to street drugs. Nearly 12% of the former have also been addicted to psychoactive drugs.

The emphasis in this 40-60 day program is on individual counseling, group therapy, conjoint family therapy, educational lectures and audio-visual materials, work therapy via several hours of responsibilities a day within the residential community, structured recreation, involvement with Alcoholics Anonymous and Narcotics Anonymous on the grounds, and follow-up services. The staff of the facility includes professionals and recovering clients. The professionals consist of a doctor, nurse, two consulting psychiatrists and one psychologist, a family counselor, counselor aides, and interning students. The counselor/client ratio is approximately one to twelve.

The rationale for combining client groups within the same therapeutic milieu is that street addicts and alcoholics are felt to experience similar addiction-related problems, tolerance and withdrawal symptomatology, and exhibit similar basic mechanisms (chemical alternations of self) which apply equally to different forms of addiction and chemical dependency. It is also the staff's belief that alcohol is often the first drug used and remains a staple which enhances the effects of other drugs. The commitment of staff to this premise, in terms of treatment objectives, is considered crucial to success, as is a realistic recognition of the necessity to protect residents from procuring drugs (only dilantin and sparine are kept in the facility and for very limited use in withdrawal), and from subcultural pressures associated with drug use. The latter is monitored through a strict set of rules for behavior, a selection policy which ensures that the ratio of street drug addicts to alcoholics never exceeds one to three, that a limited number of clients come from any one referral source, and that most clients are geographically relocated after discharge. The cost of the program is not discussed, but is an important determinant of access for certain client groups.

The staff feels their program has been successful with 52% of the alcoholics and 65% of the addicts who complete treatment, although the percentage of clients with long-term chemical dependency-free behavior after treatment is not dealt with. The success is attributed to several factors specific to the milieu of treatment. Bringing together people who abuse drugs in different socio-cultural contexts is felt to minimize the client's previous value support system. It is considered to provide unusual insights into how polydrug use develops and its dynamics. The cross-generational experience, 20 being the average age for street addicts and 42 for alcoholics, is thought to afford a unique opportunity to openly explore and deal with parent-child and present self-former self problems which may be associated with the development of a chemical dependency. The confrontation between different

value systems plays an important role in separating chemically dependent behavior from other problems, and focuses more sharply on the reinforcing function of many family attitudes.

Treatment is viewed as only the beginning of a new life style. Continued contact with the treatment center after discharge is encouraged, continued support in the community is extended the client through AA and NA groups, and a system of self-regulated cooperative client living arrangements are often arranged in neighboring communities. Overnight visits to the treatment center for drug-free clients are available. Transitions are carefully worked out with cooperating referral and follow-up agencies. The facility also holds week-long training sessions for professionals, paraprofessionals, and students who work with alcoholics and drug addicts as part of their client group.

## *THE IMPACT OF THE FEMINIST MOVEMENT ON THE FEMALE SUBSTANCE ABUSER AND TREATMENT MODALITIES*

Marsha Martin's presentation at the December meeting of the North American Congress on Alcoholism and Drug Problems in San Francisco illuminates a neglected and increasingly important area of investigation: the relationship between increasing rates of female drug abuse and changing normative expectations for female behavior and attitudes. Ms. Martin's main premise is that a strong correlation may exist between the impact of the feminist movement and several emergent patterns of drug abuse in women. Her clear message is that there are considerable implications in this for treatment, particularly in the criminal justice, health care, and direct treatment modalities.

She identifies four patterns of female drug abuse. One is the "stay at home alcoholic" pattern in middle-aged women, whose life goals reveal the traditional nurturant expectations for the female role which stress fulfillment through husband and children, and for whom alcoholism is an attempt to deal with loneliness and futility. A second is the prescription psychoactive drug pattern, with heavy reliance on the legal and quasi-legal purchase and use of barbiturates and minor tranquilizers, viewed by Martin as a coping device for boredom, anxiety, and the adjustment problems associated with being female in America. She attributes the growth of this pattern in large part to the greater involvement of women with physicians, who tend to permit and reinforce the cultural view of women as dependent, emotionally immature, and more often in need of (and demanding of) anxiety-reducing than of organic syndrome-reducing medication. Another pattern is the "hippie" polydrug abuse pattern seen in younger middle-class white women, linked by Martin with the reaction against sexual stereotyping which gained momentum in the 60's but which involved considerable female exploitation. And there is the narcotic addict pattern, overlaid with strong male-oriented subcultural norms and often involving criminal support systems. Though not discussed, it is evident that age, stage of the life cycle, ethnic status, socio-economic considerations, subcultural referent group ties, and other variables surface in these patterns, within the context of the feminist movement's effect.

Martin's interest is not only in the strains and conflict between men and women which may have been produced by the movement, but on their changing conceptions of themselves and each other. Considered the most significant aspects of this impact are the increasing awareness by the female drug abuser of the influence of a sex-stereotyped socialization in which dependency is a prime characteristic, and the developing motivation to actively examine and create individual goals apart from the culturally prescribed values to which women have previously responded. Implied are indications that the feminist movement may have contributed to an "equalizing" trend in drug use between men and women, with respect to type, extent, and circumstances of use, and therefore to greater concern with female drug abuse.

The strong inference for treatment is that changes are especially long overdue in those modalities Martin sees as least responsive to social change: the criminal justice, health care, and established direct services systems. Sex-based differentials in arrest, sentencing, and incarceration practices currently serve more to reduce than to enhance access to resources on which a new life style for women drug abusers might be based. Prescription drug abuse has been given more support in women by the medical and psychiatric health care system, in which persistent difference in diagnosis and treatment have increasingly involved the use of a proliferating supply of drugs to resolve women's "symptoms." At the same time there has been a tendency to shield the woman drug abuser from social stigma and therefore from access to competent treatment. Martin also suggests that direct treatment services have tended to provide more residential treatment alternatives to men and too often lack sensitivity to the therapeutic benefits of a balanced staff sex ratio and to the special role female therapy groups can play. More fundamental, she intimates, is the pervasive sex-stereotyped clinical view which has long defined the "mentally healthy female" in this society.

The Martin paper potentially suggests a great many new hypotheses for study, and would encourage the testing of new relationships among previous concepts, particularly variables in the area of sex role analysis and deviant behavior. In this sense, one of the greatest impacts of the feminist movement may be to substantially increase the openness to new research propositions, in seeking a better understanding of female drug use and abuse. (Marsha Martin is Drug Program Coordinator for the Department of Mental Health in Sacramento County, California.)

*INFLATION AND SOCIAL CHANGE HITS MOONSHINE*

A recent article in *Time* magazine relates a story of disaster to an American institution. Moonshine prices have multiplied six fold, rising from $1.00 per gallon to $6.00 and sometimes more, the reason being the runaway price of staples. Sugar has gone up 300% in a year with grain and yeast close behind. Copper for piping and kettles and the plastic jugs are also priced out of reason.

Two plausible reasons were given for the decline in moonshine sales. With the influx of industry into the South, young men have an economic alternative to illegal distilling. This gives rise to demand for middle class status symbols such as good liquor.

Another answer was given by a great grandmother in her seventies. She said, "All these kids want to do these days is smoke that marry-wanna."

*BIRTH DEFECTS AND TRANQUILIZERS*

The Seattle Times (1/6/75) published an article relating a study reported in *The New England Journal of Medicine*. The report said the findings "merely imply associations that need further confirmation." The recommendation was that caution be used in the prescription of two drugs to women of child bearing age.

The two drugs identified are meprobamate (Equanil or Miltown) and chlordiazepoxide hydrochloride (Librium). In 1972 Librium was the third most prescribed drug in the country. It has been used extensively in the treatment of alcoholics. The study was conducted in California using 18,848 women who were treated at the Kaiser-Permanente Medical Care Program in Oakland from 1959 to 1966. The most dramatic increase in birth defects occured when women had taken the drugs in the first 42 days of pregnancy. Most drugs connected with birth defects have been traced to usage during the first trimester.

*ALCOHOL PROBLEMS AND MENTAL HOSPITAL ADMISSIONS*

Alcohol related health problems account for 26 per cent of all admissions to State and county mental hospitals, according to the latest statistics published by the National Institute of Mental Health of HEW's Alcohol, Drug Abuse, and Mental Health Administration.

More than 40 percent of persons between the ages of 35 and 64 admitted to these institutions were diagnosed as having disorders related to alcohol abuse. For men in this age bracket, alcohol disorders were the predominant diagnoses, accounting for approximately 60 percent of the admissions.

The data, reported in Statistical Note 111 by the NIMH Division of Biometry, is based on a sample survey of October 1972 admissions to State and county mental hospitals throughout the country. The report provides a statistical breakdown of the 403,924 admissions by age, sex, race, and diagnosis.

According to the survey, schizophrenia was the primary diagnosis in 30 percent of the admissions and the major diagnosis for females between the ages of 18 and 64. For women, the second leading diagnosis was depressive disorders.

In the under-18 age group, transient situational disturbances and behavior disorders account for 37 per cent of the diagnoses, schizophrenia for 23 percent, and mental retardation for 17 percent.

For those 65 years and older, the predominant diagnosis was organic brain syndrome (59 percent) followed by schizophrenia (15 percent) and alcohol problems (11 percent).

Copies of Statistical Note 111 are available from the Division of Biometry, Survey and Reports Branch, National Institute of Mental Heatlh, 5600 Fishers Lane, Rockville, Maryland 20852.

*PROBLEM-ORIENTED MEDICAL RECORDS IN TREATMENT PLANNING FOR ALCOHOLICS*

Problem-oriented medical records, or POMR, are frequently used in medical-surgical and psychiatric hospital settings because they enable the ongoing coordination of treatment plans and observations of progress by members of different health disciplines who are involved in the care of the patient.

POMR has a systematic framework, consisting of: 1) Data Base, which is assessed through individual findings about the overall condition of the patient. 2) Problem List. This is like a roadmap, in that it sets out an itinerary for treatment. Problems are identified, according to Weed's definition, as any finding that requires managment or diagnostic work. A problem list for the alcoholic patient would probably include problems which are both physiological and psycho-social in nature, and upon which professionals of many different health and social orientations would work. Each problem is numbered for easy reference throughout the records. Problem #1 is always the primary problem which led to the patient's current hospitalization. As the patient condition changes, or new problems are identified, the problem list can be modified. 3) Initial Plan. Measures directed toward the solution of the specific identified problems are planned. For each problem, diagnostic information, statements about therapy and plans for patient education are discussed. 4) Progress Notes follow the framework defined by the problem list. The format for progress notes has the acronym SOAP, which stands for: Subjective Data - "he says"; Objective Data - "I see"; Assessment -"I think"; Plan - "we plan".

This method of constructing a note about a patient's progress includes all necessary data for ongoing individualization of treatment plans and the recording of results of such plans. Anyone who works with the patient on a therapeutic basis may have input into the progress notes.

In a paper presented at the North American Congress on Alcohol and Drug Problems at San Francisco in December 1974, Jorge A. Viamontes, M.D., Earni S. Pal, M.D., John F. Mueller, MSW, and Barbara J. Powell, Ph.D., outlined the benefits of keeping POMR for patients undergoing alcohol detoxification and follow-up care. They performed a study of the effectiveness of such records on the Alcoholic Unit at Malcolm Bliss Mental Health Center, which is in St. Louis, Mo. Here, the treatment program has a multidisciplinary orientation, with physicians, nurses, social workers, psychologists, activity therapists and others all involved.

POMR was introduced to the unit in March 1973 and, as with many changes, it encountered resistance. This led to keeping the traditional narrative-type records at the same time as the POMR, which was an ongoing illustration of the comparative effectiveness of POMR for these alcoholic patients.

Viamontes, et al. concluded after this study that POMR prevents the persistence of particular problems in medical, psychological, or social areas by clearly emphasizing their presence and facilitating the formulation of treatment plans. The researchers believe that many "failures" in treatment may relate to a lack of attention to all problem areas, and that POMR eliminates this imbalance of emphasis. Furthermore, the involvement of professionals of many disciplines in solving a specific problem maintains objectiveness and facilitates specialized therapy.

*Notes from the National Drug Reporter:*
*MULTI-CULTURAL RESOURCE CENTER*

A Multi-Cultural Drug Abuse Prevention Resource Center involving representatives of five minority groups (including Asian Americans, Blacks, Chicanos, Native Americans and Puerto Ricans) is being established in Los Angeles. The Project Director is William Harvey, Ph.D. of St. Louis, Missouri. The Multi-Cultural Center is funded by a contract from NIDA's Prevention Branch and was initiated and organized through the efforts of Joshua Hammond at SAODAP.

The project is the first of its kind in the country, and represents a new investment on the part of the federal government for culturally relevant drug abuse prevention information materials for minority groups. The initial thrust of the Center's activities will include an analysis of existing materials and an orchestration and coordination of the preparation of new publications and audiovisuals.

For further information contact Ms. Lura Jackson, Project Officer, NIDA Prevention Branch, 11400 Rockville Pike, Rockville, MD 20852, (301) 443-2450 or the Multi-Cultural Drug Abuse Prevention Resource Center, c/o Joint Center for Community Studies, 3450 West 43rd St., Suite 108, Los Angeles, CA 90008, (213) 293-7101.

*BUDGET ANALYSIS*

An analysis of the President's Drug Abuse Budget for FY 76 has just been completed by the National Association of State Drug Abuse Program Coordinators. The analysis indicates that the Administration has proposed a $221,858,000.00 budget for the National Institute on Drug Abuse (NIDA). Comparatively, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) was allocated a significantly lower amount, $114,199,000.00, with the National Institute of Mental Health (NIMH) receiving the highest level of support in the amount of $306 million.

Even though there has been growing support for the extension of the Special Action Office for Drug Abuse Prevention (SAODAP) in some capacity, if only to compete, with the Drug Enforcement Administration (DEA) for comparable clout on national drug policy, the President did not recommend its continuation. This is consistent with his policy to discontinue all executive office agencies. The future of SAODAP or its step-child, now rests with the Congress as it ponders the need for a high-level substance abuse policy office with powers on a par with DEA.

The proposed budget did not include the $12 million SAO had requested for the continuation of Office of Education Programs in the area of prevention.

The major categories of the President's budget included:

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| Community Programs | $172,962,000 |
| a. project grants* | (137,962,000) |
| b. state formula grants | ( 35,000,000) |
| Training | $ 3,000,000 |
| Research | $ 31,602,000 |
| Management & Information | $ 14,294,000 |
| | $221,858,000 |

*The Education and Prevention allocation is $3,900,000, but as the National Association points out, NIDA shifted $1.1 million from the Prevention budget which breaks out as $1,042,000 for continuation projects and $1,763,000 for new projects.

*EDITORIAL OPINION* --

*ALCOHOLISM IN BUSINESS AND INDUSTRY*

"It is our intention, in the AFL-CIO, to attempt to reach alcoholics and not 'troubled employees.' That's another program. It is our intention to aim for the bullseye and not to wield the broad bush." stated Leo Perlis, Director of AFL-CIO's Dept. of Community Services, who delivered a speech on January 15, 1975 to the annual luncheon of the Labor and Industry Coordinating Committee of the Beverage Industry at the Statler Hilton Hotel, Washington, D.C.

This statement highlights a continuing controversy on the two major approaches to identifying and treating alcohol abusers in industry. The "alcoholic employee" approach says that alcohol is the problem and that we must call a spade a spade. The "troubled employee" programs are an attempt to avoid the stigma attached to the word "alcoholic." Company programs in the area of flu shots, cancer checks, and even cigarette smoking gain rapid acceptance among management and employees, but the mere mention of alcoholism elicits fear as fast as a cry of Leprosy.

Alcoholism is a disease of denial and concealment -- not only among individuals but in corporations as well. The National Council on Alcoholism reports that of the nation's nine million plus alcoholics at least 4.5 million are currently working in business and industry. Excessive drinking is estimated to cost American business between 8 and 10 billion dollars annually. The problems show up as tardiness, absenteeism, lower quality and quantity of production, bad decisions, accidents, etc. But when companies were surveyed, fewer than 100 of the 100,000 companies large enough to need formal programs were pursuing alcoholism control. The answers were:

-- "We don't have any alcoholism in our company."
-- "Alcoholism is a problem for hospitals and community agencies."
-- "The individual's life is his own -- we can't interfere."
-- "Alcoholism is a problem that you can't solve."
-- "If we started an alcoholism program, our public image would go down the drain, people would think we have a lot of drunks in the company."

The reply, of course, is that alcoholism is everywhere. Some companies may have higher rates than others because of certain high risk occupations, but no research has ever shown a single job classification (from janitor to president) to be void of alcoholism. Business and industry have the obligation to help their employees deal with alcoholism and other drug abuse just as they do with any other sickness that affects on-the-job behavior. Business should certainly cooperate with hospitals, agencies, and courts but to abdicate the problem totally to other community resources is irresponsible. When properly approached, an alcoholism control program is no more an invasion of privacy than a cancer control program. Most companies that have tried a control program have had high success with their employees (60 to 85% of those accepting help improve) and have enhanced their company image.

It is time that employers stopped their denial and their quibbling over what to name the program. Companies should stop being embarrassed by this problem, recognize it as a true illness and treat it as such.

-- Howard Crockett

*University of Washington Alcoholism and Drug Abuse Institute Research Forums:*

Friday, April 25, 1975 -- *"Determinants of Social Drinking: Implications for the Understanding of Alcoholism"* presented by G. Alan Marlatt, Ph.D., Associate Professor, Dept. of Psychology. Location: H.S. T-639, 12:00 - 1:30 p.m.

Friday, May 23, 1975 -- *"Social Factors in the Etiology of Alcoholism"* presented by Claude M. Steele, Ph.D., Assistant Professor, Department of Psychology. Location: H.S. T-639, 12:00 - 1:30 p.m.

*NEPENTHE STAFF:*

Roger A. Roffman, Assistant Professor, School of Social Work and Acting Director, UW ADAI
Aldora Lee, Coordinator, Alcoholism Certificate Program, WSU -- Co-Editors

Ann Blalock, UW MSW Student
Scott Blume
Barry Caudill, ADAI Research Associate
Howard Crockett, UW MSW Student
Ron Jackson, UW MSW Student
Jane Ramsey, ADAI Secretary
Kathleen Yantis, UW Alcoholism Nursing Student

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 Jane Ramsey, Alcoholism and Drug Abuse Institute, 3937 15th Avenue N.E., Seattle, WA 98195 or call (206) 543-0937.