

TEENS---
New section in this issue
"Life Can Be Beautiful"

NESTLE



**Teen-ager
Susan Rapp**

Let's Be Logical

A word much in the news the past few months has been "cyclamates," the artificial sweetener which became the staple of a \$1-billion-a-year diet business.

Consumed at least occasionally in 75 percent of American homes, this sweetener had been credited with nipping inches of countless waistlines. But suddenly the joy of dieters changed to shock when it was disclosed that cancer had been found in experimental animals fed enormous doses of cyclamates.

The law reads that no agent that causes cancer in any animal can be added to food. So the law was applied, and overnight huge industries were obliged to change their products and their entire advertising programs, though later this complete ban was relaxed a little to allow for minimal use of cyclamates in certain products if adequate labeling were assured.

All this came about because there was a faint evidence of the cancer-producing potential of the substance! In fact, the tumors appeared only in those animals fed the largest daily dose of cyclamates, 2,500 milligrams per kilogram of body weight. For human beings—based on the average 154-pound or 70-kilogram adult—it means an individual would have to consume either 3,500 Sucaryl tablets or 350 bottles of diet cola a day to reach a similar dose level.

"That," commented Dr. Frank R. Blood of Vanderbilt University and a member of the National Academy of Sciences panel investigating the matter, "is 100 times to 120 times greater than even high cyclamate users could consume. We recommend the cyclamate ban because of the law, not because there is any reason to believe that it causes cancer in man."

Officials of the Department of Health, Education, and Welfare admitted that other food additives probably could be more suspect than cyclamates.

We are not criticizing the Government and scientific specialists for their care in protecting the health of the public even when there is only a shadow of doubt in the use of a certain product. What is disturbing, however, is the fact that the same Government and many of the same specialists close their eyes to another product that has much more proof of harm to its users. And this harm is directly to human beings, not merely to experimental animals.

In the past ten years smoking cigarettes has killed about three million Americans, according to estimates of the Public Health Service. In shocking contrast, only about 565,000 have been killed in battle in all of America's wars, including the Revolutionary War, the War of 1812, the Mexican War, the Civil War, the Spanish-American War, World War I, World War II, the Korean War, and the Vietnam War.

It is estimated that smoking brings sickness, disease, and disability to 12 million Americans every year. The number of wounded in all of America's wars from 1776 to 1969 totaled 1,500,000, or less than one eighth the "casualties" due to smoking in only one year.

In Vietnam it was considered a bad week of fighting if two hundred servicemen were killed in battle. Losses like these triggered protest marches across the country. We do not wish to detract from the tragedy of soldiers losing their lives in battle, but it should be noted that smoking strikes down some 800 or more every day. In contrast, there is no proof that cyclamates ever caused the death of a single human being!

We repeat, it is good for measures to be taken to protect the health of the public from dangerous substances, even if these seem to lean over backward in cases of lack of direct evidence. It would be much more logical if equally effective measures could be taken in those cases where the evidence is broad and unmistakable.



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- ★ 4 DK. This symbolism will soon have significance for many people, especially those with a drinking problem.
- ★ Being introduced in the February *Listen* is a new educational approach to alcoholism, a plan which opens wide vistas of better living to everyone, whether drinker or nondrinker.
- ★ Incidentally, 4 DK is the 4-Dimensional Key to the Cause of Alcoholism.

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Teen-ager Susan Rapp-- Opening the Book on Life

Wayne
Carpenter

Photography
by
Bill
Clemens



Susan studies her political science with her dog, Jackie, as company.



After working the day as hospital receptionist, Susan heads for home.



Susan is a big music fan, and when she's not golfing she's with friends such as Diane Duffy, listening to her favorites.

This sea of trophies is part of more than eighty that Susan has won during her seven years in golfing. She has her hand on the trophy she earned last year in the Junior World Championship tournament at Torrey Pines, near San Diego.

SUSAN RAPP is among the few teen-agers who nearly every day get a chance to see both the rosy and gruesome sides of life.

The rosy side comes from being one of the "beautiful people." Besides being a very pretty girl, she's a champion golfer. Since the age of twelve she has participated in about 110 tournaments, in thirty of which she has won

championship titles. Before turning eighteen last November, she capped off her whirling junior golfer status by taking the Junior World's Championship title.

The gruesome side? She sees that in the local hospital in Chula Vista, California, where she works as a receptionist. She sees things like an eighteen-year-old fellow being held to an X-ray table by eight or so hospital attendants so



◀ In addition to her many other activities, Susan does most of the clerical work in the radiology department at Mercy Hospital.



▲ Sewing is a new art to Susan, which golf has pushed out of the way until recently. Her mother is teaching her.

doctors can get pictures for diagnosis. The young man is panicky because he says he can feel the X rays piercing his body and killing him. "One too many bad LSD trips," Susan explains.

At other times she sees young men and women staring placidly at walls or running wildly down the halls screaming and flailing their arms.

"You can't hold them down," she says. "Attendants put out a call for every available person in the hospital to come and hold the person down.

"It happens all the time. You see them and they look at you. Only they don't look at you. Their eyes are glazed over, and they sort of look behind you. Then when the doctors take them for the X rays, to see if they can take shock treatments, they go berserk. They call the machine the Zap Machine and think the buzzing in the Zap Machine is going to kill them."

Popular belief is that the effects of LSD or other such drugs is only temporary. But Susan says otherwise.

"It's such a waste. We have four or five kids in our mental health unit right now who are lost forever. They'll never return to their normal selves again. They'll just sit there in a corner looking at the walls for the rest of their lives. Once brain cells have been killed by drugs, the cells are dead. They don't return to life. And the sad thing is that most of the kids have—or had—above-average intelligence."

It goes without saying that these experiences have had their effects on Susan. She profoundly hates drugs, especially

tobacco, which she regards as a legalized form of suicide.

"I tried smoking once when I was sixteen," she admits. "I got laryngitis so bad that I told myself I would never do it again. And I haven't. I was completely turned off by the whole thing. The smoke irritates the lining of your throat, and there is really no cure for cancer. It's a shame people have to throw away years of their lives just so they can smoke."

Why do kids turn to drugs?

"I think it's just that everyone wants to get inside themselves to see what life is all about. They're completely lost—have never found themselves and don't know what they want to do. So they turn to drugs, and drugs are nothing but a cheap thrill. After the first impact wears off,



▶ Susan takes a break between classes at San Diego State College, where she is a sophomore majoring in political science.

Susan's second love is tennis, which she plays often with friends on local courts.



Golf pro Bill Nary gives pointers on putting during one of Susan's regular lessons on the Bonita Golf Course putting green in Chula Vista.



the kids have to go to something heavier and heavier. Drugs definitely aren't the way to the end of the rainbow—they're just down all the way."

Susan credits her golf as the chief reason for having avoided the drug syndrome of today.

"That's what really showed me the way," she says. "Golf is so competitive, and you really want to strive to do as much with your life as possible. If you get hung up on drugs, you can't. You're just closing the book."

On the other hand, Susan is opening the book on life—the life she wants. Actually, it is surprising that Susan is a golfer rather than a surfer. She was nine years old when she first went on a golf course. That was in Hawaii, land of the big surf, where her father was stationed in the Navy.

But there really wasn't much she could do on the golf course at that age except caddie for her father and mother. At the age of twelve, though, she returned to the sport, this time taking a genuine interest.

"I had a natural swing, the kind family friends said could be developed well," Susan recalls. "So I began to work."

But the road to champion golfer was no easy one. Susan taught herself to observe automatically all the rules—especially when in training.

"When I prep for a tournament, I *really* prep," she emphasizes. "I'm strict about how late I stay up, usually only until 9:30—and make certain I get my eight hours of sleep. When I'm in school, I practice every afternoon before dark and then go home and study."

"When I get up in the morning, I make certain I have a good breakfast. I like to eat good foods, and I avoid starches. I eat a lot of vegetables (I love carrots)."

"If I don't observe the rules, I don't win. Every girl on that course is good, and when you come right down to it, the difference is in who does the best job of training."

Another important ingredient for a champion is the kind of parents who lend the support needed to win against stiff competition.

"My mother and father were the ones who encouraged me from the beginning," she says. "I don't come from a wealthy family, so I know they made concessions in order for me to play in different parts of the country. But they never said anything about it. They knew golf was what I really wanted, and I have them to thank."

The really surprising thing about Susan today, even as a top-ranked junior golfer in the United States, is that she has no desire to become a professional golfer.

"My big dream is to one day be on the Curtis Cup team," she says. "Amateur golf, to me, is as heavy as professional golf."

At the same time, a career in golf would interfere with what she believes she wants to do most in her life, become a lawyer.

"At first I wanted to become a psychologist," observed Susan, now in her second year at San Diego State College, "but I found that all I could do as a psychologist would be to help remold someone to fit into a society that I think needs to be changed. I think I can do better as a lawyer. The judicial part of our system is most important."

"But you can't become really good at anything if you aren't prepared mentally and physically," Susan adds, "and you can't be mentally alert without being physically fit. The mind is part of your body, and it needs good care to work properly."

Video tape tells
the story as it is.

CANDID CAMERA

Tom Jones



ED KILLABREW was indignant, as only a man who has just spent the night in a drunk tank at the city jail can be. On the phone to his lawyer he complained: "Those National City cops really roasted me last night. I had a couple of belts and was on my way home when the fuzz stopped me. Now they've got me charged with drunk driving."

"Did they advise you of your constitutional rights?" asked the attorney.

"All I remember them doing was jabbing a needle in my arm for some blood, and they kept pushing me around in a hallway at the station."

"All right, I'll pick you up and we'll go down to the station and find out what this is all about."

At the station they were met by Lieutenant John F. Liesman, who accompanied them, along with a member of the district attorney's office, into a video viewing room.

Lieutenant Liesman explained that all sobriety tests for drunk driving suspects in National City are televised on video tape and become part of admissible evidence. Since the tapes can't be altered without the alteration becoming apparent, the courts have ruled that a suspect's actions on

the tape are a part of his physical makeup, and he is not being forced to give evidence against himself.

As the lieutenant turned on the set, an obviously soused Ed Killabrew appeared on the screen trying to concentrate as an officer advised him of his rights to remain silent. He was also advised of the California implied consent law, which states that a drunk-driving suspect must submit to a chemical blood test or lose his driver's license.

For the next five minutes Ed put on quite a show as he fell while trying to bend over and touch spots on the floor. He banged into walls in a hallway trying to walk a ten-inch-wide stripe painted on the floor. And he flailed wildly about trying to perform several simple calisthenics. His slurred speech and incoherent babbling didn't enhance his sobriety image either.

As the show ended, Lieutenant Liesman asked, "Well, what do you think?"

"Forget it," said a red-faced Ed Killabrew as he walked hurriedly out of the room.

"We'll plead guilty," murmured his attorney, following Ed out the door.

Ed Killabrew obviously isn't the man's real name, but this incident is one of 220 such cases in one year that saved National City more than \$12,000 in drunk-driving court costs. As a result of the video system, guilty pleas have risen some 100 percent and trials have been reduced 90 percent. Only one court trial and one jury trial have been held since the unit was installed.

Eighteen persons who had demanded jury trials and eight persons who had demanded court trials changed their pleas to guilty after watching their own performances on the television screen. At \$200 each for court trials and \$500 each for jury trials plus investigative costs, the video system has more than justified its \$3,000 price tag.

Lieutenant Liesman says the video system is responsible for an increase in arrests of drunk drivers.

"It provides a scientific aid that officers can depend on," he comments. "When you get a blood alcohol report and a video tape, it doesn't leave much of a defense." He believes the system gives patrolmen a greater incentive to be on the lookout for drunk drivers. This has resulted in a 15 percent increase in drunk-driving arrests.

The system has other benefits that were not anticipated when the unit was purchased. For example, on one occasion a youth was apprehended spinning circles with his car in a supermarket parking lot. On the video tape he put on quite a performance, but the lab report showed a blood alcohol level of less than .10 percent, making him cold sober. After some consideration, however, Lieutenant Liesman ordered a "blood screen" test from the lab, which subsequently showed that the boy was loaded with amphetamines. So the unit has proved to be an aid in detecting narcotics as well as alcohol.

The electronic equipment is also useful in proving that a suspect has been advised of his constitutional rights.

"The way the courts are restricting us, this could be the answer to a lot of things," Liesman said. "It has possibilities we haven't yet learned to use."

Liesman believes that within five or six years nearly all law-enforcement agencies will be using video equipment to fight crime. The National City police force hopes that citizens will not become stars of its candid camera. ■



OUR CHILDREN



A good parent will never lose sight of the fact that his child will look to him for guidance in matters of importance.



Children can grow up into the kind of adults who will not find the need to turn to alcohol. Life can be great without artificial helps.

AND DRINKING

— Marie Layne —

A LIGHT-BLUE Cadillac sped down a dark, winding road. Six happy teen-agers were on their way to a party. The driver, just seventeen, knew this road well. He could do it blindfolded.

He decided to turn off his lights so as not to be spotted by the policeman on traffic duty. But soon the faces in the car brightened up as the lights of another car flashed on them. It was too late. This car rammed into them with such impact that nothing could save them.

One teen-ager had been catapulted ninety feet away. Another body lay forty feet from the wreckage. All had been thrown from the car except the driver. He was dead, pinned behind the wheel of the Cadillac in which he had been showing off.

His blood alcohol registered .04 percent, well under the limit fixed by law to determine drunkenness. In that state a driver is not considered to be "under the influence" until his blood level is nearly four times that high—.15 percent. A blood alcohol of .04 percent—approximately that produced by two beers—is legal proof of sobriety there.

But whether or not the law considered the driver drunk, the teen-agers who perished in this smash-up, and those who were critically injured in the oncoming car, were victims of that small amount of alcohol.

Many are not aware that a small amount of alcohol can be dangerous. A survey conducted by Indiana University found that sixteen- and seventeen-year-olds with blood

alcohol levels between .01 and .04 percent (half a beer to two beers) are nearly three times more likely to be involved in auto accidents than sober teen-agers.

Medical science says that alcohol first attacks the cerebrum, the center of the brain which controls judgment. In this way normal inhibitions and restraints are dulled. Moreover, low blood alcohol levels of about .05 percent can begin to dim vision.

Small amounts of alcohol can impair the ability to drive. National traffic and safety organizations declare that the legal intoxication point of .15 percent (six to seven drinks) is too high. They strongly urge the lowering of this to at least .10 percent, a change already made in a few states.

Alcohol's effect on the teen-ager is more dramatic and more deadly than on an older person. The teen-ager is an inexperienced driver and an inexperienced drinker. George Stewart, education director of the Michigan State Board of Alcoholism, states: "Since he's a novice behind the wheel, driving actions that have become automatic for most adults are a complicated job for the teen-ager."

Dr. Raymond McCarthy, noted authority on alcohol, adds: "An experienced drinker has a better idea of how he's likely to feel and act after several drinks, and he has developed better controls." Accordingly, an older person may be able to adjust his driving to compensate for alcohol's impairment. The teen-ager will not. He is a neophyte.

Another strike against the teen-ager is psychological

intoxication which can occur after one sip of alcohol. Dr. McCarthy describes its effects as abnormal excitement, recklessness, and poor judgment—not exactly safe conditions for driving an automobile.

Surveys of the drinking habits of an estimated 10,000 high school students show that it is the exceptional teenager who has not had at least one experience with alcohol by the time he receives his high school diploma.

How are teen-agers motivated into drinking? What lures them? What makes them go for that first drink?

... shall I take a drink?

When the question "Shall I take a drink?" comes up, a parent can help in many ways. Here are a few suggestions:

1. Be honest in regard to your own attitude toward drinking.
2. Make an honest effort to learn the truth about alcohol. Having done so, encourage your children to do so too.
3. Children look up to their parents. You must, therefore, set a good example.
4. Discuss the subject of alcohol fully and frankly. This is one of your moral obligations as a parent.
5. If you use alcohol yourself, making it a crutch on which to lean when problems arise, be assured your child will be well aware of your habit.
6. Do your part to uphold the laws prohibiting public drinking by minors and other pertinent laws having to do with alcohol control.

Teen-agers usually begin to drink after observing their parents. Dr. George L. Maddox, assistant professor of sociology at Duke University, says, "Alcohol is kept in the home without apparent secrecy, shame, or guilt, and is consumed on a wide variety of occasions without apparent misfortune and with much apparent enjoyment."

Teen-agers observe. If their parents feel that drinking is part of growing up, that social drinking comes with maturity, the children will do what seems necessary to fill adult roles and attitudes.

It is up to parents to help their teen-agers understand the truth about drinking. They must shape their children's thinking and feelings during these important formative years to ensure that alcohol will not become a threat to them.

Parents can help solve the drinking problem by encouraging their children to grow up into the kind of adults who will not find the need to turn to alcohol at any time of life.

If a child lives in a happy home where parents love each other and where he is assured of his parents' concern and affection, there will be dignity and respect for everyone. And where there is dignity and respect, there is no need for alcohol. ■

"My Baby"

Phyllis J. Carter

I STOOD by the casket, gazing at the man whose life had been prematurely ended.

A nine-year-old daughter had been ardently attached to this father in spite of his drinking. She had not even minded the nights when he failed to arrive home from work and she had to follow her mother along the road to town until they found him lying in a drunken stupor. Her father was unlike many who became verbally and physically abusive when drinking. He never harmed his family; he just failed to arrive home with his money.

But when her parents had separated and her father had moved to a nearby city, her world shattered. While visiting him, his daughter often walked beside him as he picked up cigarette butts to smoke. When she tried to keep him from drinking, he remarked, "Honey, I'll only drink a little." She seemed to be the only worthwhile thing he had left, and he continually announced to others, "This is my baby."

When he had been jailed once for drunkenness, his little girl tearfully asked the desk sergeant, "May I please see my daddy, sir? I know he is lonesome, and he needs me." The policeman had been reluctant; but when he saw the tears streaming down her cheeks, he took her hand in his and said, "Yes, honey, I'll take you to see your daddy." On the way back to the desk she explained, "My daddy is not a mean man. He just can't stop drinking."

The girl remembered a visit her father had made to his family following the separation. He dropped to his knees before his wife and pleaded, "Please come and live with me and bring my baby, and I'll never drink again." The little girl saw him cry for the first time in her life, and she fell down beside him begging to go with him. He had promised to stop drinking, but she waited in vain.

The man in the casket was the victim of this legalized killer, ironically sanctioned by society. I remembered him as one who longed to win the fight, at least for his "baby."

I knew the man well, because, you see, he was my father.

A sport that demands and deserves something more.

SAILING in the sky is one thing; coming down to earth, quite another. You do both on skis—the latter a lot more crashingly under certain circumstances than on others, like the skier who dons his "wings" when stoned.

As one skier notes: "He'll take the big flashy chances he wouldn't dream of taking otherwise. He's in the same bracket as the guy on the road who shoots out to pass up the line. The last thing he's going to worry about, insulated with liquor, is safety."

Skiing has its hazards, and drinking is one of them.

"As Americans and individuals we must set an uncompromising way of life that excludes the use of alcohol and tobacco," says Adolph Kuss, Jr., longtime champion skier and now recreation director at Durango, Colorado.

Kuss is only one of many athletes, skiers among them, who would rather be thought an oddball by saying No to the pressures to conform to social drinking habits than to feel less than fit to risk hitting the slopes already high.

Those who like to get warmed up before they ski often insist that they ski better and that their reactions are keener after a few drinks under the belt. Others argue this, pointing to recent psychology tests on men doing skilled work.

From twelve to eighteen ounces of 2.75 percent beer were given a group of men typists, the amount given to each man depending on his weight. Over a four-hour period the group's speed and accuracy were checked.

There was a noticeable decline in both speed and accuracy after drinking, and this continued for about half an hour; then it tapered off slowly to the end of the fourth hour, according to the report.

The decrease in accuracy was much greater than in speed. Two hours after taking even this small dose of alcohol, the average number of errors by these expert typists was 25 to 50 percent greater than their usual number.

These tests were used by a ski instructor to emphasize the importance of a clear head on the slopes.

A second test showed the effects of moderate doses of alcohol on another group of young men performing automatic functions. The results were interesting, particularly for the skier with his need for instant scanning and decision-making.

In sweeping the eyes from side to side or up and down, movements were delayed 11 percent. The quickness with which the eye could turn from one object to another decreased 5 percent.

"Can you afford, because of a beer, to make twice as many mistakes on skis or do half as good as you ordinarily do?" the ski instructor asked his students. "Sure, the per-

High Enough?



Duane Valentry

centages may seem small, but the tests highlight the fact that in certain situations, such as driving a car, they may be of life-and-death importance. What about skiing?"

He made his point.

The stoned skier may blame his mishaps on bad luck, the slope, the weather, or anything else. Seldom will he admit it was his own condition. But men who have long and enduring respect for the art of skiing and for whom the name of the game is "skill," won't even argue the unarguable.

Billy Olson learned to ski at Eau Claire, Wisconsin, as a small boy, and went on to great heights—like the Oberstdorf, Germany, jump, where he soared 393 feet.

"Frequently, when a carload of ski jumpers heads for a national event, not one will ever light up, and very seldom does a drink, even a beer, appear," he says. "I would use neither, even if I were not a ski jumper. I find no pleasure in them."

Scotch and skis make as formidable a combine, in the opinion of these skiers, as the steering wheel and martinis. Jon Elliott, 284 feet on Graham Jump at Steamboat Springs, Colorado, wouldn't take the chance for a million—he knows how dangerous it can be.

"An athlete's success can depend greatly on his living habits. A ski jumper doesn't have to be a toughened individual, but he needs exceptional speed and timing. Nerves deadened by nicotine and a brain sogged with alcohol slow the body's reactions."

Jon, and the many other skiers who say No to both smoking and drinking, don't go around preaching their doctrine of abstinence. And they don't expect that the hordes turning to skiing these days for its "inness" as much as for its benefits and pleasures are likely to forego either in a hurry. But for these experts at a sport they respect, skiing demands and deserves something more.

They're willing to give it.

Is it severe, significant, or slight?

HOW TO FIND YOUR

PEOPLE who study mental maladies of the Space Age wonder if, in reality, we are not living in the Aspirin Age. Pill-taking for the relief of "simple nervous tension" is reaching astronomical proportions. Yet a pill provides only temporary relief. Taken in the wrong amount or combination, pills can cause serious illness—even death. How can we apply mind over matter to conquer that devil—tension?

First we have to determine our T. Q. (Tension Quotient). To do this we must ask ourselves some leading questions and come up with some honest answers. Here are a few which will put *your* T. Q. to the test:

- | | |
|--|------------------|
| 1. Do you often worry for no valid reason? | Yes_____ No_____ |
| 2. Does the worry of anticipation lead to nervous tension? | Yes_____ No_____ |
| 3. Do petty annoyances bug you? | Yes_____ No_____ |
| 4. Do interruptions drive you out of your mind? | Yes_____ No_____ |
| 5. Are you afraid of the unknown (something or someone)? | Yes_____ No_____ |
| 6. Do you prefer tried and true friends to new ones? | Yes_____ No_____ |
| 7. In your relations with other people, do you intermittently wax warm and friendly, cold and aloof? | Yes_____ No_____ |
| 8. Is it difficult for you to express your feelings around other people? | Yes_____ No_____ |
| 9. Can you truly trust other people? | Yes_____ No_____ |
| 10. If others are pleasant, are you suspicious of their ulterior motives? | Yes_____ No_____ |
| 11. Do you search for double meanings in conversations? | Yes_____ No_____ |
| 12. Do you often feel inadequate or inferior? | Yes_____ No_____ |
| 13. Do you underestimate your strengths and abilities? | Yes_____ No_____ |
| 14. Are you carrying a big chip around on your shoulder? | Yes_____ No_____ |
| 15. Do you imagine slights and then become angry over them? | Yes_____ No_____ |
| 16. Do you constantly seek excitement? | Yes_____ No_____ |
| 17. Do you have to dine out in an elegant restaurant in order to enjoy yourself? | Yes_____ No_____ |
| 18. Do you fail to cherish the simple things of life, like a spectacular sunset or a lovely moonlit night? | Yes_____ No_____ |
| 19. Are you moody? | Yes_____ No_____ |
| 20. Do you feel blue because your world seems black? | Yes_____ No_____ |

These questions are designed to tell you about yourself. Let's face it—most of us know very little about ourselves. Each question can be answered by a simple "yes" or "no." Every "yes" answer indicates that you are suffering from a certain amount of tension. Yet each of these "yes" answers can be further probed by also asking yourself if you react this way most of the time, part of the time, or once in a while. This additional clarification is important.

If you've answered these questions sincerely, you'll have a good idea as to whether your T. Q. is severe, significant, or slight. Even if you answered all the questions in the affirmative, your T. Q. still may not be too high—unless, of course, you add "most of the time" to your "yes" answers.

Everyone is tense at times. Only when tension torments an individual to the extent that it becomes a daily dilemma is it crucial. Then it can affect your health, your family, and your work.

There is one other tension factor to consider—velocity. Is your tension intense enough to make you feel miserable? Or is it merely a slight case of the jitters? Those who have serious tension trouble will be wise to consult a trained psychiatrist before it's too late. For those with slight tension problems, the following suggestions should prove helpful:

Tackle one task at a time.

Winston Churchill once said: "It is a mistake to look too far ahead. Only one link in the chain of destiny can be handled at a time." Many who suffer from tension could find their cure in these simple statements. Handle one task, one problem, one person, one challenge at a time. On the job or at home this is the only way to handle work pile-up. Let's face it. Much of the accumulation is the result of futurizing. On a day-to-day basis, most of us keep up with our workloads fairly well. Then we think of what lies ahead; and that old bugaboo, nervous tension, catches up with us.

Talk to a friend.

Instead of brooding in solitude, seek out an understanding human being to whom to tell your troubles. Select a willing listener. Even if he can't offer a solution, just getting the steam off your chest will help relieve the pressure. However, be careful to choose someone who will keep your chat confidential.

Find some means of escape.

Sometimes a long walk may be the only available means of escape, but by all means take it if your tensions are insurmountable. Try to put your mind in neutral as you walk along, admiring lovely homes and gardens. If you live near a park or a beach, perhaps you can retreat there. There's nothing like white-crested waves lapping a shore, the sun, the wind swirling through your hair, and a light spray on the face to cure jangled nerves. Here a back-to-nature, close-to-God feeling overwhelms one, and tension can be tossed to the wind.

For the sports-minded, a game of golf or tennis or a swim in season may be the answer. Physical activity is hard to beat as a remedy for tension buildup. The relaxing, pleasurable kind provided by most popular sports is ideal.

Forget self—think of someone else.

Tense, anxious, moody people are all wrapped up in themselves. That's why tension headaches, indigestion induced by tense feelings, and all the various and sundry pains attributed to tension can be so intense. Again, escape is in order; another person is the target to shoot for. First think of this other person in a kindly, sympathetic way—then *do* something for him. Caring and then sharing with another human being is a positive way to eliminate tension.

Many people wonder what causes tension. The answer is one little six-letter word: threat. Think of the threats which assail us today: illness, danger, death, economic failure, World War III, depression, family trouble, et cetera.

What is the answer? *Action*. But if we cannot act, as in the case of many delicate situations dealing with other human beings, then we experience frustration and tension.

Yet there is one course of action we can take. We can take the lead in being friendly, assuring, courteous, cooperative individuals to be around. These admirable traits are every bit as contagious as threat and tension are. In turn, these qualities reassure other people that we are no threat to them. Once this feeling of acceptance circulates around, we'll no longer need to be tense. And, happily, our T. Q. will be mobilized for emergencies, but in our daily living it will hit a new all-time low. ■

T. Q.

T. Q.
T. Q.

T. Q.

Shirley M. Dever

T. Q.

TEENS--*life can be beautiful*

TANYA: "I Hate Them All"

Mikki LaMont

A SNORT from my horse startled me, and I turned to look in the direction of the trail.

"Has to be someone this silly horse knows," I thought. "She wouldn't act like this for a stranger."

Footsteps could be heard clearly now, and the sound sharpened as a lone girl came round the last turn. "Tanya," I thought in some surprise.

"Hi!" I called.

No answer. Tanya was coming along painfully. "She must be hurt," I thought.

She came clear up to me before she raised her head, and her swollen, tear-stained face turned from me after the first quick glance.

"I came to tell you something. I'm in trouble."

Looking at the slender lovely figure, I found her words hard to accept.

"We'd better go to the cabin," I said. "You look beat."

"No. I want to tell you now—here."

I pulled my hat off, propped a booted foot on a log, and said, "OK, Tanya, go ahead."

"You remember Wes Hardy?" she asked. "His dad owns that drug store chain."

"Yes. The dark kid with the convertible?"

"Yeah. That guy. We've been dating a little, you know."

"Yes. I saw you drive by before vacation. Did he get you into trouble?"

"Well, sort of. It is not as clear and easy as that. You see, we went to this party. Dad and Mom knew and approved. They had three adults there, but I didn't tell my parents that alcohol would be served. As old as I am, why should I?"

"How old are you, Tanya?"

"I'm seventeen. Anyway, we went. Dad had given me money for one of these white Christmas outfits, crepe and fur, edged in a tiny bit of red."

"Umm. Sounds fabulous."

"It is. Wes thought so too, and everyone at the party. They served punch that was spiked a little, and beer. Jeff had his combo there. Really tough!"

She paused, her fingers picking at a wintered stalk beside the path. "I took a glass of punch and just sipped it now and then. I didn't really want to drink. I just

wanted to taste it, and sort of pretend."

I picked up my hat, settled it on a fence post, leaned against the post, and looked at her. "Then what?"

"Well, I just don't know. I got to feeling warm and excited. And Wes laughed at everything I said. It felt so easy to be clever. So we drank some more and finally I tried some beer. It tasted awful."

"And then?"

She looked away at the distant peaks, and her voice had a vacant sound. "We got sort of slaphappy—drunk, I guess. I had a feeling I wanted Wes to hold me and kiss me. Other girls were kissing their boys, and I kissed Wes. He laughed and kissed me lots and got too free with his hands."

"Did you make him stop?"

"Yes, and we went out and got some more to drink."

Now my mouth tightened. "What then?"

"That's all I remember, except when I woke up. I was on the bed where the coats were. Wes was asleep on the floor. I got up, and my head felt like it had a cannonball in it. And the place smelled terrible, awful! I began to feel I should get out. Run! Two or three couples were still around, half asleep. Some had thrown up all over themselves, and were asleep in it. I felt horrified, Mikki. I couldn't believe I was in such a mess. I walked out the door and walked home. Didn't even get my coat. Sneaked in the back way to our house and went to bed. I heard Dad come in later, and he said to Mom, 'Don't worry. She is right here in bed, sound asleep.'"

Tanya stopped. I felt a deep relief. I had feared she was going to have to tell me she was pregnant. I could just see the grief that would cause to her parents and to her. I was so thankful she had escaped that.

"Come on," I said, brightening. "Let's finish this in the house. You're cold."

She still hesitated. Then her head came up and she looked me right in the face.

"You might as well know the rest of it. I've got to tell somebody. I'm pregnant. I have no idea who the boy was. Could have been Wes, or anyone! I don't remember a thing. And I hate them, I hate them all, do you hear? And you can hate me if you want to. I don't care anymore."

She was screaming at me now, and crying hysterically. I took off my riding coat, put it around her, and picking up my hat from the post, I took her arm and guided her slowly to the cabin.



Ask Dave Wilkerson

Director, Teen Challenge

On these problems of addiction, where would you rate coffee, Dave?

I've noticed in my eleven years here with addicts that they have always capped or topped off their shot with a heavy cup of coffee. I've noticed too that when they couldn't smoke they wanted to drink more coffee. This compensated for one loss, and to me it just complicated their problem. So if they won't drink decaffeinated coffee, they shouldn't drink coffee at all.

I'm also against it because an addict cannot really regain his health and the taste he should if he is a heavy coffee drinker. Those who have quit completely improve so dramatically that there is no comparison.

Would you class coffee as a lead-on habit?

An addict has to have all the props knocked out from under him. He can't try to overcome in one area of his life and then compromise in another. I'm trying to instill in all of our staff members that all former addicts should be taken off coffee as well as heroin and tobacco. And if we're going to go at it for complete healing, let's not just do half a job—let's do the whole job. Coffee drinking is still a monkey on the back—some people consider it a tiny monkey, but he'll grow into an ape. I believe that a coffee addict who is withdrawing from heroin has a much stronger chance of reverting to his old life than one who is not a coffee drinker.



SMOKE OUT

TURNED-ON teen-agers in Bakersfield, California, waged a wild and wacky advertising campaign last year that promised to beat Madison Avenue at its own game.

Its object: to make cigarette smoking an "out" thing among junior and senior high school students in the city.

The campaign was staged by a group of student leaders who organized themselves into a model advertising agency. Using humor and talent, they produced unconventional but persuasive messages.

The initial theme on outdoor boards, bumper stickers, and book covers was "Smoke . . . Choke . . . Croak!"

Some of the radio commercials carried lines such as: * "Worried about the population explosion? Have a cigarette!"

* "I don't smoke, the cigarette smokes. I'm just the sucker at the other end."

* "Hey, man, that cat's smoking! He can afford to. He's got nine lives."

* He: "Have a cigarette." She: "But I thought you loved me."

One TV commercial showed a "corpse" clasping a lily and being carried by four teen-age pallbearers. An off-camera voice said, "Harry Glutz stopped smoking today."

Newspaper ads carried lines such as: "Don't smoke . . . it makes your breath smell like your feet." "Some of my best friends smoke. I'm going to miss them." "Smoking is a means to an end—your own."

It all started in 1967 when the United States Public Health Service awarded a \$52,000 grant to the Kern County Inter-Agency Council on Smoking and Health, a grant for a two-year pilot study on "Peer Group Influence Among Junior and Senior High School Students on Changing Attitudes and Behaviour on Smoking."

"We shortened the name to 'Smoke Out,'" says Mrs. Gloria Zigner, who was hired as project coordinator. Sixty students in three schools were selected by their classmates to participate in the project, and the advertising agency approach was agreed upon.

From then on the campaign took on the aspect of a "happening."

Students designed psychedelic posters and a campaign symbol. They visited the cooperating news media and made their own radio and television commercials, held press conferences, and designed newspaper ads.

At the outset of the "Smoke Out" campaign, questionnaires were distributed to all students in the area. Another questionnaire was circulated in June to measure habits before and after the advertising.

Although the teen-agers' campaign was aimed at fellow teen-agers, there was an indication that it might have hit another mark. Some forty veteran newspapermen attended the press conference at which the campaign was launched—and not one of them lit a cigarette.

This may have been a result of some forethought by the students, though. They provided no ashtrays.

"It makes your breath smell like your feet."



Miss Fran Garten, Miss American Teen-ager, observes Smoking Sam, the manikin who smokes to show why others shouldn't. Both were visiting the town of Greenfield, Iowa, on Cold Turkey Day, when the smokers of the town decided to quit their habit for at least thirty days, preferably longer. Fran was representing the American Cancer Society and Sam the Five-Day Plan to Quit Smoking.

TEENS--*life can be beautiful!*



Sculpture Hits Smoking

CIGARETTE advertising and Madison Avenue took a beating from art senior Geraldine Hulbert when she worked on a Master of Fine Arts Degree at San Fernando Valley State College in Southern California.

This nonsmoking educator and sculptor spent two and a half years in creating constructions which indict the tobacco industry and dramatize the "smoking syndrome" as symptomatic of a wanton waste of human life.

Mediums used included plywood, aviary wire, papier-mâché, plastic cloth, fiber glass, and resin. The exhibit received generous news coverage in the Los Angeles Times and on NBC television. Pieces of the sculpture have been displayed at the Los Angeles County Fair at Pomona, one of the largest county fairs in the world, and at other places as a public service feature. She desires that all six of her sequential structures be housed in an appropriate setting open to the public at large, so that the people can be reached by an "ironic humor which is tangible and immediate."

"Three of my friends have died of smoking-related cancer in the last ten years," she says. "I frequently embarrass friends and relatives by pointing out the puerile nature of this habit to perfect strangers, all the while punctuating my free lecture with coughs."

◀ With a seven-foot-high impression of a child's pacifier, "Perfectly Puerile Playthings" is a visual pun alluding to the childish nature of smoking.

"The Precious Undigestible Appetitie's Blue Plate Special" dramatizes a constant need for oral gratification at the expense of the heart and lungs. ▼



The subtle effectiveness of the propaganda spewed forth by Madison Avenue on behalf of smoking is joltingly dramatized in "Hard Sell Sold."



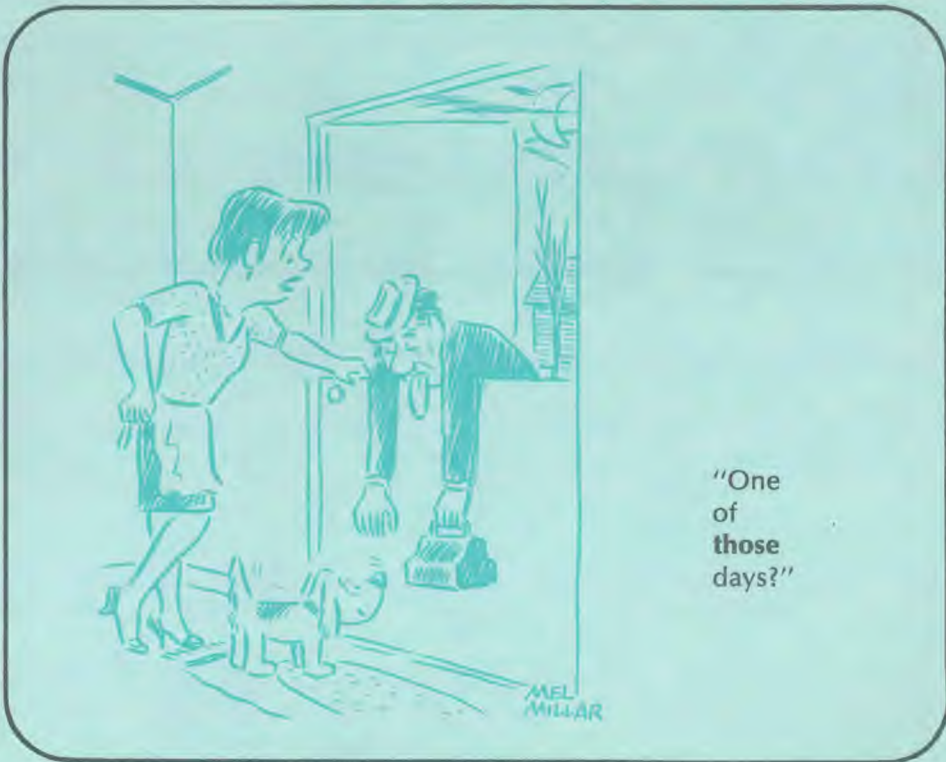
▲ Diseased lungs are depicted as a surrealistic object which has turned into an oversized ashtray in "Smoke Out."

The artist leans on "Succored by Madison Avenue." This structure counters the popular image of attractive sexuality through smoking with a repulsive mouth marred and stained by the habit.



▲ This detail of the simulated corpse in the "Hard Sell Sold" shows action frozen as it reaches for its last cigarette.

Cancer is depicted as a symbolic and monstrous (eight feet high) form in "Ultra Structure."



TEENS--*life can be beautiful!*

Our Daughter Is a Drug Addict

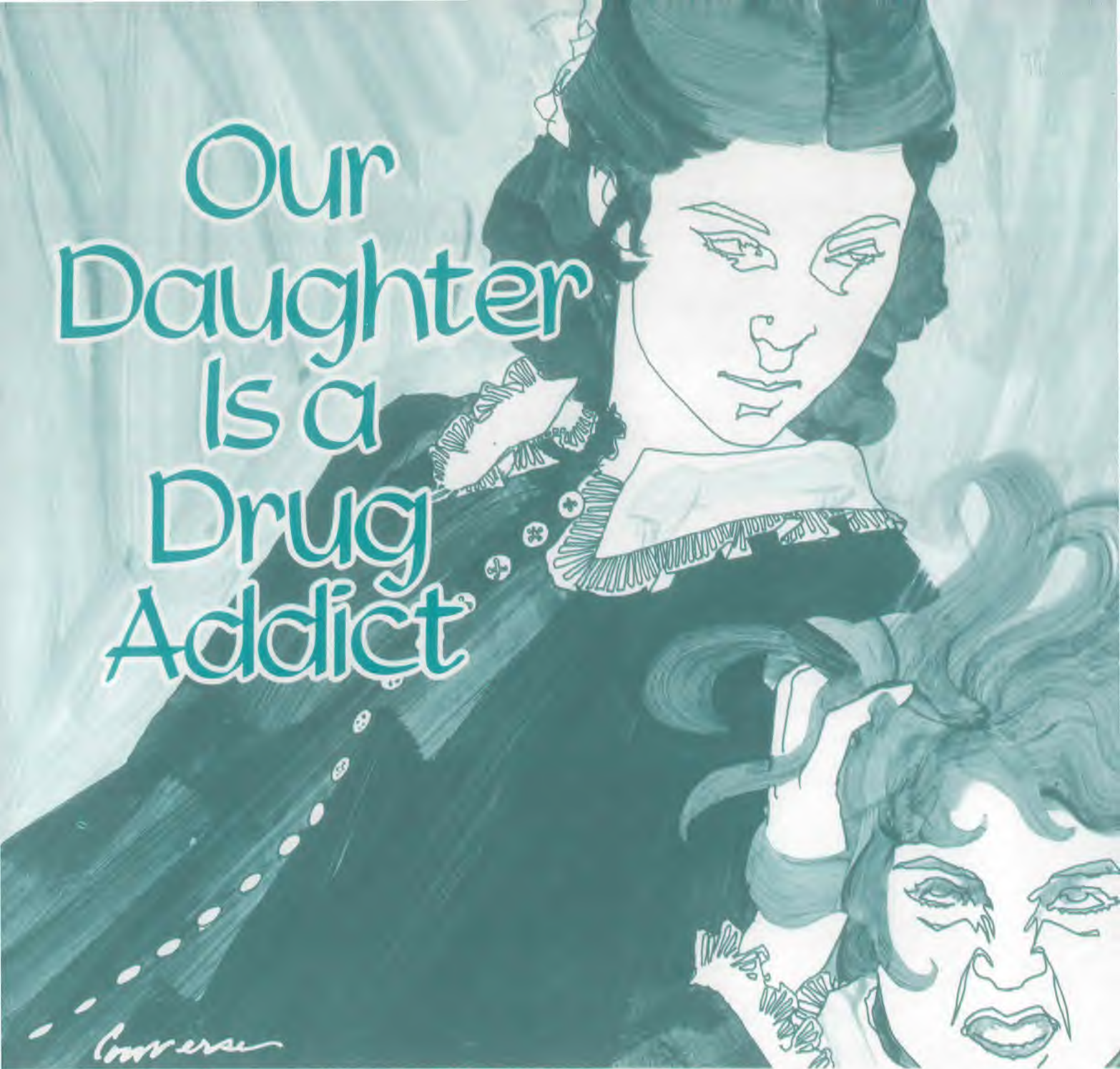


ILLUSTRATION BY JAMES CONVERSE

My "Linda" tree was, no doubt, twisted by some accident of nature. / **Marian Hodgkinson**

"OH, DADDY, take me home, please, please."

Huddled in her father's arms, her golden hair silhouetted against his dark suit, our older daughter, Linda, sobbed heartbrokenly.

"We can't yet, baby, but soon," he answered. "I promise"—his face a mask of agony.

"Take me with you today; I'll be good," pleaded Linda.

"Not today, honey. Maybe next week," whispered my husband. "Hold on a little longer until the doctor says you are well enough to leave this place."

"You hate me, all of you hate me. You, too, Mother,"

screamed Linda, pounding her father's shoulder with clenched, fragile fists, her pretty face distorted. "Next month I'll be eighteen, and you can't keep me here. I'll run away again; you just wait and see."

Nearby sat Samantha, our other child, her head bowed, eyes quiet, and with careful, unsteady fingers she pressed pleats into her short summer skirt.

This was a deliberately cheerful room, with pale soft rugs, bright draperies, and comfortable upholstered furniture. Birds in cages twittered happily; and beyond the long sunfilled windows vivid flowers blazed in a small garden. Drowsy summer sounds came through an open patio door.

Twice at the approach of winter we had watched that garden die, and with it died our hopes.

Through unshed tears, I watched a nurse quietly enter the room and water the already overwatered plants, at the same time watching Linda and listening professionally to our daughter's hysterical crying.

This was the family visiting room in a private institution for drug addicts. We recalled the circumstances that had brought us there.

There was nothing about the particular Monday morning a couple of years ago in California to indicate that it would be the beginning of a tragic, devastating experience in the life of one family.

Our children, Samantha, age fourteen, and Linda, almost sixteen, had gone to school. My husband had left early for his office in the Federal building in a nearby city.

The doorbell's soft tone held no warning of disaster; and when I answered it, a pleasant but serious-faced police officer said, "Mrs. Brown, I would like to talk to you about your children. Is your husband at home?"

"Not on Monday morning," I replied, "and I'm sure you have the wrong Mrs. Brown. Try the second house down the street."

Our neighbors, with the same name as ours, had three lively boys, and at times the police had called in answer to complaints of a broken window, or noisy pipes on the car of the older boy, and other minor infractions of the law.

"No, Mrs. Brown," said the policeman, "it's about your daughters I want to talk to you. I'm Sergeant Howe."

My mind was in a whirl as I invited the sergeant in. Why was the law-enforcement officer so grim and sad? We were a normal family. My husband was an FBI agent with offices in the city. We had moved often because of his rise up the ladder in his profession, and this time we had chosen to live in a lovely seaside town because of its cultural advantages for the children and ourselves. It was a place where good music and various other arts were a way of life. Then there was the Pacific Ocean with all its sports and beach activities.

My life was that of many women of my age. I was all through with the diaper-to-kindergarten routine. My husband and I had better than average educations, and our backgrounds were similar, except that my father was an Episcopal minister and his a lawyer. I played a little golf and a bridge game once in a while, but spent most of my time with my family.

Our girls were pretty and reasonably popular at school and were no problem at home. Oh, we had the usual arguments about too-short skirts and too-long hair, but nothing that wasn't encountered in every family where there is a difference of opinion between children and their parents.

"Mrs. Brown, your daughters are Samantha and Linda, are they not?" The policeman consulted a small black notebook and went on, "Ages fourteen and nearly sixteen?"

"Yes," I replied, wishing heartily that Bob, my husband, were there.

"I wish I could soften this shock, but I can't. Your daughters are known drug users. Samantha has smoked marijuana for five months, and Linda, I am sorry to say, is a user of heroin. She is what we call a 'mainliner.' Do you know what a 'mainliner' is, Mrs. Brown?"

Of course I knew the expression. Wasn't my husband a law-enforcement officer who had to deal with all facets of crime?

Shock dulled my senses, and I sat in frozen horror.

"Will it be all right if I call my husband? He can be here in an hour."

"By all means," replied the officer. "I'll come back at that time."

Numbly I called the familiar number. Bob asked no questions when I said, "I need you."

During that long hour I denied to myself that this could be happening to us. It must be some hideous mistake. Then, more rationally, I went back over the recent months, and painfully I realized there had been times when the girls' behavior had puzzled me. Sometimes they were gay and excited, and then again, quiet, a little sleepy, and withdrawn. All this I had attributed to their growing up.

When Bob arrived, I gave him a short account of what had happened. And I saw his rugged good looks change to those of a gray-faced, haggard old man.

"Oh, God," he moaned. "Not our girls. Why, oh, why didn't I see it—me, of all people."

The officer returned, and with him was a narcotics agent. Their report was factual, precise, and devastating. Our fourteen-year-old did smoke marijuana, and Linda had gone from that to the use of hard drugs.

"But where did they get it?" was my first question. "The girls don't have large allowances, not the kind of money for drugs. They're not even cigarette smokers," I added defensively.

"Could they have stolen the money from you?" asked the agent.

In all honesty, I had to admit that there had been times when I thought there was less money in my wallet than when I had looked last, but since we kept no strict budget, I had never kept track very carefully. There had been the occasional disappearance of an expensive sweater at school along with other clothing, but I had only been annoyed at their carelessness.

"Did you know where your daughters were most of the time?" was the next question.

"Yes, we did," I snapped, my nerves raw.

We were, I thought, careful parents. The girls were not allowed to stay overnight at other houses unless it was a regular house party. Linda, in our opinion, was too young to date, so she went to the beach or movies with a group.

"With no money for drugs and what we thought was adequate supervision, where have we failed?" asked my husband.

"I wish I could answer that, Mr. Brown. To begin with, smoking pot isn't as harmless as some people think. Not

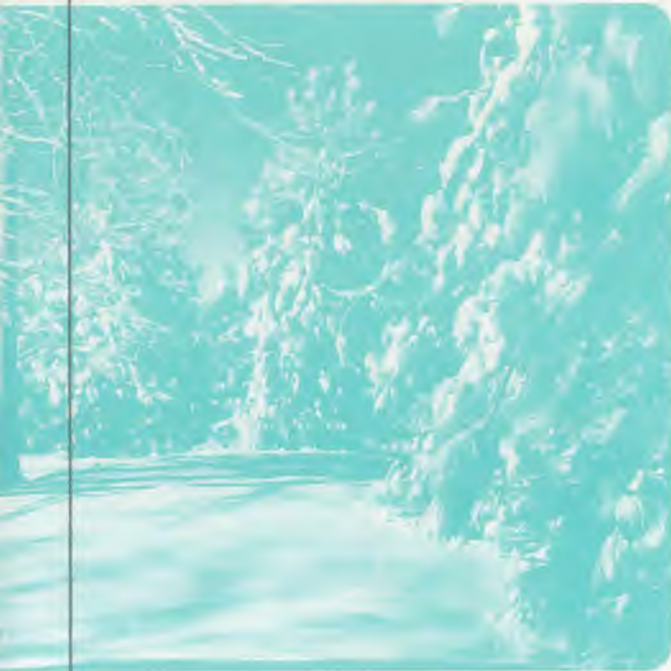
REACTIONARY

Mildred N. Hoyer

Speaking of the world today,
Have you thought of this:
In twenty years these "good old days"
Are what we're going to miss.

After a Winter Storm

Shirley Benton Kerr



The sun has shaggy eyebrows,
Eyelashes fringed with frost.
Mailboxes wear beards of ice,
And rural roads are lost.

Silver trees wave burdened branches,
Scattering crystallized snow.
Weeping willows rain solid tears
On the frozen earth below.

long ago, we interrogated sixty-five users of heroin; and out of that number, sixty-one of them stated they had used marijuana first and had then gone on to hard narcotics. That's a tragically high percentage. For the over-eighteen age group, it's not a pretty picture either. In our state institution they plan on a minimum of three years of rehabilitation, and in many cases it's up to seven years. Some of them are released and have to return time after time.

"What shall we do?" my husband asked, his face drawn.

"Well, Samantha is young. I would suggest a different school for her, completely away from her present companions. As for Linda, she needs hospitalization right away. We have no formal complaint against either girl, and in our experience a confrontation is of little use. All we get are lies and evasions. Parents like you can do more than we can. We'll get the pushers eventually," he said, his face grim. "Keep in touch with us—and pray." Then he added sadly, "Your girls are nice kids."

This one word, "pray," brought me up sharply. I, a minister's daughter, had to be reminded to pray.

Prayer to all of us was as commonplace as brushing our

teeth, but had it been as meaningless? Had we actually encouraged our children to communicate with God?

After a long and painful discussion that night, we decided Linda was to see the family doctor in the morning. She screamed protests and denials, but her father was adamant. We had to know for sure.

The doctor told us that Linda was a drug addict and that her health was deteriorating rapidly. I knew she was too thin and that often she refused to eat, but her answer was, "Who wants to be fat?"

There followed weeks of unspeakable agony.

In the long hours of the night my mind went back to the days when the girls were small, to the simple things involved with growing up in a world full of hazards.

"Don't play with matches."

"Do not cross the street without looking both ways."

Then later, "You must not get in a car with strangers."

Wryly I thought, the next step should have been, "Do not smoke marijuana cigarettes."

My tired mind was like a squirrel in a cage, going round and round, getting no place; one time defending and the next reviling. Meaningful prayer was my only refuge now.

My husband asked for a transfer, but that was not possible. We finally found a place where we felt that we could make a new, less sophisticated beginning where we could reestablish our values.

A small town on the Ohio River was our choice, where Bob, who was a lawyer, could buy into a law firm.

All this took place two years ago.

We are settled in a wooded area about two miles from town. Samantha rides with her father to school as it's on the way to his new law office.

Of her own volition she attends Sunday school and looks to God for her daily help. She is possibly a little quieter and more thoughtful than other girls her age; but the rebellion is gone, and it has been months since we have heard her protest that "all kids smoke pot."

Linda is in a private institution for drug addicts. We drive 125 miles every week to see her. At times she is glad to see us; at other times she is bitter and resentful.

During her period of withdrawal and before she was put in restraint, she had torn her hair out by the handful; but it's grown back now, and she is again our pretty daughter.

As yet we have no idea when she can live with us. It could be years, but it could be sooner. In our hearts we know that God's miracles are not a thing of the past.

My family and I are no longer careless Christians, as we were before disaster struck. We pray for Linda's recovery with perfect faith that it will come to pass.

"Whatever ye ask in My name, that will I do."

In other words, don't tackle problems alone. God can manage what we can't.

Outside my kitchen window is a twisted tree. I call it my "Linda" tree.

It stands, distorted and ugly, among the tall, straight trees in our grove. But, with spring, lovely green leaves burst from its branches, and later come beautiful yellow flowers, the color of Linda's hair.

My "Linda" tree was, no doubt, twisted by some accident of nature. Our daughter's life is equally scarred, but there is renewed hope and faith.

There is no substitute for either.



Student drug users are likely to be middle class, majoring in the humanities or social sciences.

New Drug Laws Asked of Congress

The Nixon Administration has proposed tactics to step up the war on narcotics—including legalizing of "no knock" drug raids.

The proposals for new legislation include a ban on the manufacture, distribution, and sale of marijuana, LSD, and heroin, drugs that have no recognized medical use.

Attorney General John N. Mitchell told the Senate's Juvenile Delinquency Subcommittee that prison was not necessarily the logical penalty for all those convicted of using or dealing in illegal drugs.

He proposed laws that differentiated between criminal elements distributing dangerous drugs, drug addicts, and the increasing number of young people experimenting with drugs on a casual basis.

"I cannot overestimate to you the threat that narcotics and dangerous drugs pose to the mental and physical health of the nation—especially to our young people," Mr. Mitchell said.

If enacted, the Administration drug bill would use existing power to control interstate commerce to control illegal drug traffic.

Among other things, it would set up a sliding scale of drug control with heroin, marijuana, and LSD banned and other drugs limited to purely medical use.

Mitchell said that narcotics violators should be dealt with according to their function, with professional dealers getting as severe a sentence as possible, and lesser penalties given to addicts or those who used drugs only out of curiosity.

"There is little doubt that addiction and drug abuse have reached epidemic proportions over the last several years," said John E. Inger-

soll, director of the Narcotics Bureau.

The Government hopes to stem the increasing flow of illegal drugs and narcotics from Mexico with stiffer border inspection, airplanes, and closer cooperation with the Mexican government.

Scouts Draw Up New Emphasis Program

The Seventh National Boy Scout Jamboree ended with the presentation of a new "action program" calling for increased emphasis in scouting on racial problems, conservation, the menace of narcotics, and decision-making by youngsters.

The program was presented to the 33,400 Scouts and leaders by Paul Collins, 17 years old, of Fargo, North Dakota.

The Scout program called for new emphasis on dealing with the problems of drugs, tobacco, and alcohol among young people.

"We have a concern for the weakening of our self-respect and that of other people with whom we associate," it said, "as evidenced by the increasing use of drugs, tobacco, and alcohol which can do physical, mental, and/or emotional harm."

The Scouts committed themselves "to becoming informed of the dangers of such habits, resisting the temptations which are offered, and helping our friends do the same."

Among the proposals to deal with the drug problem, the Scouts recommended establishment of "contemporary problems" classes in the nation's schools.

Drug Users Viewed in Fact, Fantasy

A profile of the student drug user is beginning to emerge from statistical studies of the campus drug scene, and he appears to be in fact very much as he is seen in fantasy by his elders, according to an article in the *Denver Post*.

Perhaps the clearest portrait of both the turned-on student and his straight classmate has been traced by a group of social scientists in California. Their conclusions, based

on interviews and questionnaires, are generally supported, or at least not contradicted, by the findings of other investigators.

The student who has some familiarity with drugs—meaning, principally, the amphetamines ("pep pills"), marijuana, and LSD—is likely to be a middle-class or upper-class male majoring in the humanities or the social sciences at a college or university in or near an urban center. He probably disagrees with his parents' politics and is himself a left-wing activist.

He is likely to have moved several times during his childhood and early adolescence. He probably characterizes himself as nonreligious in the traditional sense. Sports are of little importance to him, as are campus clubs and groups.

He is generally dissatisfied with his courses and teachers and what he sees as the irrelevance of his education, with the institution's administration, with the society he grew up in, and with the world as it is.

These are some of the student drug user's characteristics found by Dr. Richard H. Blum and his associates, mainly at the Institute for the Study of Human Problems at Stanford University.

The student is likely also to be a coffee drinker and to be familiar with both tobacco and alcohol.

He quite probably sees himself as one of the "idealistic innovators, or even revolutionaries"; but, however much he would like to change the world, he is pessimistic about his future prospects. As for his past, he is likely to "consistently recall the advantages of being sick as a child." Beyond that, Blum notes, the small number of students who retain "a perception of parents as not caring" are heavy drug users.

The student abstainer, according to the Blum study, is generally "younger, poorer, more conservative and religious, and more satisfied with present and future prospects" than the user.

Alcohol and Drugs May Affect Driving Ability

Chelsea College at London University is conducting a study to determine the effect of alcohol and antihistamine drugs on driving performance.

A detailed investigation will be made of the effect on drivers of different levels of alcohol in the blood. The second investigation will continue for two years, covering the effect of antihistamine drugs, both alone and when combined with alcohol.

Professor Arnold H. Beckett, in charge of the project and an authority on the misuse of drugs, says:

"Although blood-alcohol levels can be followed over a period of many hours, it is difficult to measure changes in the ability to perform a complex function such as driving a car."



London researchers are studying the effect of alcohol and antihistamine drugs on driving performance.

In This NEWS

★ Drug use is soaring in all branches of the U.S. military. See page 20.

★ Marijuana is "a mild hallucinogen," says Dr. Stanley F. Yolles. See page 21.

★ Adults are smoking less now than before. See page 22.

Youth Try Drugs to Solve Problems

Why are teen-agers being attracted to drugs?

In Denver, Colorado, James A. VanderWeele, district court psychologist, has seen drug-use-and-possession cases involving juveniles increase from two in 1964 to 112 in 1968, and he has been trying to find the answers. He has formulated his own list of basic causes from discussions with and the counseling of juveniles with drug problems.

"I see drugs as a problem, not the problem. Teen-agers who take drugs usually have severe emotional problems that have reached the crippling stage. Their greatest need is to solve the problems."

This specialist tells of one girl, who in her first counseling session after a difficult bout with drugs, pleaded, "This is the first time I've found friends who love me. Please don't take them away."

The friends were her most precious possession, he explains. They also were her problem. "This girl had never really had any friends until she became part of a group. The only thing other group members required of her in exchange for their friendship was that she use drugs with them. She didn't care about drugs; but she did care about her friends, so she participated."

When the girl was arrested, her biggest concern was not about court charges. Her greatest fear was that authorities would force her to give up her friends.

Psychologist VanderWeele finds that many teen-agers who turn to drugs are "unsuccessful children who are desperately lonely. They haven't found acceptance anywhere. They haven't succeeded academically, athletically, socially. They aren't the ones who go to the prom or are on the football team. They find their places only by joining others who have similar problems."

Continuing lack of success, while there is pressure from every side for them to succeed, makes many of these teen-agers give up completely, he comments. "It's amazing to me that they could resign themselves at the age of sixteen to being failures in life."

He points out that because these youngsters usually aren't doing anything meaningful, they also are "massively preoccupied" with their problems, thoughts. "They're searching within themselves for what they haven't been able to find in the world."

"Teen-agers like this are much more susceptible to drugs. They are very depressed, very frightened. And they think the fantasy world of drugs will be pleasant. Instead, it makes them extremely afraid, extremely confused."

Methadone Research Center Receives Grant

New York City's new experimental methadone research program to combat heroin addiction has received a Federal grant of more than \$1 million.

Altogether more than \$1.5 million is now available for the first year of the program, which will focus on hard-core addicts already involved in crimes to support their habits.

The first treatment clinic is to be a neighborhood facility in the Bedford-Stuyvesant section of Brooklyn. It will be operated with the support of the Central Brooklyn Model Cities committee.

The overall city program will be conducted by a nonprofit corporation headed by Nicholas Katzenbach, former United States Attorney General. Its goal is the treatment of 5,000 addicts over a five-year period.

Various approaches to the methadone treatment as a means of fighting addiction are being tested at the Brooklyn center.

New Alcohol Program for Denver Drunks

Police pickup of alcoholics will be taken over by the Department of Health and Hospitals under the new voluntary alcoholic treatment program being developed by the city.

A Model Cities grant of \$1.9 million has been made available to finance both the alcoholic treatment and mental health programs of the department.

The Denver alcoholic program, beginning on an experimental basis, will be voluntary, but those who don't volunteer for treatment will be arrested.



Clofibrate

Clofibrate is a drug that lowers cholesterol levels in human arteries and removes fats from tissue. Theoretically, individuals taking it regularly could prevent, or at least significantly reduce, their chances of having a heart attack.

To test this theory, the World Health Organization is coordinating an investigation of the drug. During a five-year period, 15,000 healthy adults, with no sign of heart disease, will take clofibrate. If the drug has preventive value, the incidence of heart attacks among these persons should be very low.

The volunteers will be men between the ages of 30 and 49, recruited from urban and suburban dwellers in Budapest, Edinburgh, and Prague.

Dreams

Dreams may be reliable forecasters of illness, says a study by Soviet scientist Dr. Vasili Kasatkin.

In *Medical World News*, Dr. Kasatkin says dreams may reflect a patient's sickness long in advance of a doctor's diagnosis. These are usually unpleasant and are related to the nature of the disorder, he says.

Dr. Kasatkin found that the length of time between the dreams and the actual manifestation of illness varied. He says tuberculosis might give up to two months' notice, while delirium tremens might be signaled 10 days in advance, and acute dysentery two days ahead.

Military Drug Use Soars

Despite stiff military regulations against the use of drugs and an educational program replete with films, lectures, and pamphlets, drug use continues to rise at a phenomenal rate in all branches of the U.S. military.

Ft. Hood, Texas, has been informally renamed "Ft. Head" by the enlisted men there, a reference to the large shipments of marijuana coming across the Mexican border and colloquial use of the word "head" to describe a drug user.

From Vietnam to Ft. Meade, Md., military men report that a wide variety of drugs is freely available and openly consumed by large numbers of military personnel.

"Guys just sit around the barracks smoking pot, and nobody thinks anything of it," reports one recently discharged Army man.

Administrative discharges within the Navy for drug abuse have increased almost 80-fold in the last five years. In 1963 there were only 30 such discharges. In 1968 there was a phenomenal rise bringing the figure up to 2,372.

During the same time the Army encountered 2,956 suspected cases of marijuana use within its ranks, 118 cases of "hard narcotics," and 41 cases of "dangerous drugs."

Most enlisted men—and many officers—say the official figures are absurdly low because so many drug

users in the armed services simply are not arrested. Estimates of the number of men in Vietnam who have tried marijuana at least once go as high as 80 or 90 percent.

Youth Blow Noses Instead of Minds

Glue manufacturers have come up with a new recipe for their product—a touch of mustard or horseradish to discourage glue sniffing among teen-agers.

The idea is to make youngsters blow their noses before they blow their minds.

Ross Chemical Co. of Detroit has started adding "essence of horseradish" to its model airplane glue.

"The horseradish is small in quantity," says company president Victor Ross. "The glue looks the same, it sticks the same, and the smell is unnoticeable unless a person starts inhaling it. Then it will act as a mild irritant and make you sneeze and your eyes water."

The Testor Corp. of Rockford, Ill., has added mustard oil to its quick-drying plastic glue for hobbyists.

The oil wallops the nasal area with the impact of a mouthful of mustard or horseradish, the company said.



Closeup view of the valves of the Orthotopic Cardiac Prosthesis, a mechanical device used as the first total replacement of a human heart.



"Good morning, stupid!"

They'd Rather Switch Than Fight

A national survey suggests that up to 50 percent of those who become heavy drinkers can and do switch to more moderate drinking in a relatively short time.

Don Calahan, a psychologist, says this apparent turnover in heavy drinkers should encourage those who are trying to help cure alcoholism. He notes that the sampling indicated that 9 percent of American adults were addicted to "problem drinking" for at least certain periods between 1964 and 1967, and most of them apparently are still at it.

Calahan also notes that the figures refer to householders, as distinguished from institutionalized alcoholics and skid-row derelicts. Calahan says "we must make a sharp distinction between the distribution of the drinking population and the population with drinking-related problems."

There was a substantial turnover in the population of heavy drinkers, Calahan says. About one fifth of the respondents changed the amount of their drinking between the times of the 1964 and the 1967 surveys.

Should Schools Require Tests for Drug Use?

New York school officials and medical authorities have expressed doubts about the legality and effectiveness of subjecting local students to blood and urine tests to find out if they use drugs.

A narcotics guidance council has recommended that local school boards make such tests part of school physical examinations in order to detect drug use.

Dr. Julius Rice, director of the Suffolk Narcotics Addiction and Drug Abuse Center, says that the council's "motives are good, but it's being impractical."

Urine and blood tests, he says, would not detect marijuana or LSD. These, according to the council report, are two of the drugs most commonly used by students.

Using the tests for barbiturates, amphetamines, and opiates, Dr. Rice says, is time-consuming and expensive. Also, he adds, they could be made ineffective by the

students if they abstained from the drugs for about three days before the physical examination.

Dr. Sidney Weinberg, the chief medical examiner of Suffolk County, disagrees with Dr. Rice's statement that the tests are too expensive. He estimates that a test for barbiturates, amphetamines, and morphine derivatives would cost about \$3.50 a pupil.

Dr. Weinberg, a former chairman of the committee on narcotics of the New York County Medical Society, says that the tests are feasible and practical. However, he has reservations about making them part of mandatory physical examinations.

"If the consent of the parents was obtained first," Dr. Weinberg says, "I think the tests would be a wonderful thing. They would make school systems aware of the drug problem, which up to now they have shoved into the background."

New Jersey Fights Drunken Driving

New Jersey has received a \$196,000 Federal grant for a program to fight the problem of drunken driving.

Attorney General Arthur J. Sills says that since the enactment in September, 1966, of the implied consent law, which makes mandatory a test for those suspected of drunken driving, there has been a marked increase in the number of drunken driving complaints being contested at municipal court level.

Yolles Presents Both Sides of Pot Debate

Dr. Stanley F. Yolles, the Government's chief psychiatrist, recently attacked the "fables" that surround marijuana and called for milder penalties for its use and possession.

Describing marijuana as "a mild hallucinogen" that "should not be associated with narcotics either medically or legally," Dr. Yolles urged Congress to end mandatory jail terms for drug users.

"I know of no clearer instance in which the punishment is more harmful than the crime," said Yolles, director of the National Institute of Mental Health.

"The social and psychological damage caused by incarceration is in many cases far greater to the individual and to society than the offense itself," he said.

Yolles estimates that 8 million to 12 million Americans have used marijuana at least once and that the number is spreading through all social and economic groups in the nation.

"The whole problem has gotten out of hand," he says, "and the smoking of marijuana has become an accepted fashion among millions of our citizens."

Despite this spread, Yolles believes that stiffer laws are not the answer. He has asked for more money for drug treatment centers, and he says state and communities should take a more active role in developing treatment and rehabilitation programs.

He opposes "scare techniques" to discourage marijuana use. These, he says, have been "discredited" by today's youth.

But, he emphasizes, marijuana use is unhealthy.

"It is a drug having a capacity to alter mood, judgment, and functional ability. I believe that in the interests of public health it is necessary—at least for the present—to maintain restrictions" on its availability and use.

It is especially bad for the psychological growth and maturation of teen-agers, who use marijuana to cope with the normal "turmoil" of adolescent life, Yolles says.

Persistent use of an agent which serves to ward off reality during this critical developmental period is likely to compromise seriously the future ability of the individual to make an adequate adjustment to a complex society," he says.

WHAT WHERE WHY WHO WHO? HOW WHEN WHAT

◆ Persons suspected of drunken driving in North Carolina are now required to take a breathalyzer or blood test under a law enacted by the 1969 General Assembly. (AP)

◆ A chemical commonly known as fruit sugar may prevent hangovers, according to five doctors at Glasgow's Western Infirmary. The doctors reported fruit sugar accelerates the breakdown of alcohol in the body and brings on sobriety in about half the normal time. The team stressed that its experiments with the chemical, technically called levulose, were "strictly medical" and not intended for the "cocktail party set." (UPI)

◆ Drug seizures involving the smuggling of hashish rose more than any other type of narcotic arrest during 1968, according to the U.S. Bureau of Customs. During that period 623 pounds of hashish was seized, an increase of 325 percent over the previous year. Officials say the arrests indicate that hashish has a well-established market in the United States. (UPI)

◆ Last June 103 heroin addicts died in New York City—twice the usual number for a month. The average age of the victims was 22—the youngest was only 15. (New York Times)

◆ California's wine shipments for the first part of 1969 hit an all-time high, marketing close to 84 million gallons. This is a 6.1 percent increase over the previous year's shipments. (Modesto Bee)

◆ Debbie Reynolds announced that she was quitting her new television series one day after it started because the network inserted a cigarette commercial. "I will not be a party to such commercials, which I consider directly opposed to health and well-being," she told the National Broadcasting Company. (AP)

Proposed Bill Limits Smoking on Flights

Rep. Andy Jacobs (D-Ind.) has introduced legislation which would require airlines to reserve in a plane a section for smokers only.

"Inasmuch as airline passengers are confined in flight, nonsmokers should not be required to resmoke the cigarettes being smoked alongside them," Jacobs said on the floor of the House.

Jacobs said he was concerned with the health and safety of other passengers and says present policies limit the nonsmokers' freedom of choice.

The bill would require special oxygen equipment for nonsmokers "in order that they might continue to breathe normally" if the airlines are unable to designate special smoking sections.

ARE YOU PUZZLED?

This Is Your Frame

Mary E. Burdick

According to the World Book Encyclopedia "the human skeleton is often said to be made up of about 200 separate bones." Hidden in the letters below are the names of 35 of the better-known bones. To find these names read the letters forward, backward, up, down, or diagonally. Draw a line around each name as you find it, and check it off the list below, where you will find the more common name in parentheses.

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P L I M A N D I B L E F M
A A X E U M U R C A S E R
R T M T I N C U S S T M S
I I U A E U R E O A E U A
E P I T L M P E C N R R B
T I L A N A P A T E L L A
A C I R T A R O M S A M O
L C K S L P A U R K S A R
B O S U U N H C L A T L T
R A B S L C M A X I L L A
L I I U C L U T L B A E I
F S R C R A M T H A T U B
L C A O M V P L O Y N S I
L H D C S I B U P T O G T
U I I C L C W A L N R I E
K U U Y A L A U G A F R D
S M S X V E R T E B R A E
  
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Here are the names of the bones to be found in the letters above:

CARPUS (wrist)
CLAVICLE (collarbone)
COCCYX (end of spinal column)
FEMUR (thighbone)
FIBULA (calf bone)
HUMERUS (upper arm)
METACARPUS (hand)
METATARSUS (hand)
PATELLA (kneecap)
PHALANGE (finger or toe)
RADIUS (forearm)
RIBS
SACRUM (last lumbar vertebrae)
SCAPULA (shoulder blade)
SKULL
STERNUM (breastbone)
TARSUS (ankle)
TIBIA (shinbone)
ULNA (forearm)
VERTEBRAE (spinal column)

Bones of the Ear
INCUS (anvil)
MALLEUS (hammer)
STAPES (stirrup)

Hipbones or Pelvis
ILIUM
ISCHIUM
PUBIS

Head and Face Bones
FRONTAL
HYOID
MALAR
MANDIBLE
MAXILLA
NASAL
OCCIPITAL
PARIETAL
TEMPORAL

Young Alcoholics Have Home Problems

The average alcoholic begins drinking at about age 18. By 26 he is frequently drunk, by 30 or 35 he experiences blackouts or amnesia, and by the early 50's he has lost all control, all contact with family and friends, and he drinks alone. At his lowest point he enters a hospital.

There is another group of alcoholics who enter the hospital for alcoholic addiction before age 30.

According to a British psychiatrist who undertook to find out why the young alcoholics reach the end of the line so rapidly, the striking difference was found to be in

their lives as children. Far more had fathers absent for long periods. Only 18 out of 50 had both parents until they were 15. But the fathers were heavy drinkers and neglected their families.

The younger group began drinking at about age 15 and lost control in less than seven years after the first drink as compared with about 20 for the older group.

They drank for relief from anxiety, depression, or feeling of inferiority. Fifty-two percent also had taken drugs, as compared with 16 percent of the controls.

Gallup Poll

Forty Percent Smoke Less

Four adult smokers in 10 said they had reduced their consumption of cigarettes in the last year, according to the latest Gallup Poll.

The nationwide survey of smoking habits also found:

★ That 40 percent of all adults interviewed smoke cigarettes, with one third of the remaining 60 percent describing themselves as former smokers.

★ That a majority of smokers (64 percent) smoke nearly a pack a day or more.

★ That 71 percent of adults think smoking is a cause of lung cancer. Far fewer, 44 percent, held this view in the last survey on the subject in 1958.

★ That 60 percent of adults think smoking is a cause of heart disease.

When persons who believe smoking causes lung cancer and heart disease were asked why they continued, most said either, "I can't quit," or "I don't want to quit."

In the current survey all persons

who said they smoked cigarettes were then asked: "About how many cigarettes do you usually smoke per day?"

Following are the national results:

Light smokers (1-15) . . . 33 percent
Moderate (16-25) 42 percent
Heavy (26 or more) . . . 22 percent
Don't know 3 percent

Smokers were then asked: "Have you cut down on cigarette smoking during the last year?"

Yes 41 percent
No 59 percent

The proportion of smokers among college students closely parallels that among the adult population as a whole.

The most recent Gallup survey recorded 42 percent on campus as smokers.

Freshmen are the least likely to smoke (37 percent). The proportion rises among sophomores (48 percent) and juniors (51 percent), but then tapers off among seniors (43 percent).

Hart Island Festival Attracts Ex-addicts

There were only 3,000 people attending the music and arts festival on Hart Island last fall, but they set something of a precedent for conduct at such a show.

Unlike recent festivals at Woodstock, New York, and the Isle of Wight not one joint of marijuana was smoked, no LSD was used, no pep pills were taken, nor one drop of wine tasted.

It was the Summer-end Happening of Phoenix House, a therapeutic community of former drug addicts, which is situated on a 100-acre site of a former prison one-half mile east of City Island in Long Island Sound.

The crowds sat on the grass and took in the rock sounds of popular-music groups, such as Larry Harlow and the Ambergris, the New Breed, Jacob's Ladder, and Fusion II.

Others ate at the food stands, watched children working with finger paints, or looked at the delicate art work on display.

While the scene and the music were reminiscent of other festivals, the lack of drug use was not.

Many of the 3,000 visitors were former addicts or friends and relatives of addicts who have had a very intimate association with drugs. Now they want no part of them.



Eighteen-year-old Judith A. Ulett of suburban Ladue, Missouri, received wide recognition for her series of experiments last year showing that cigarette smokers become physically addicted to tobacco. Judith demonstrates the electroencephalograph she used to record brain waves of smokers that showed correlation between smoking and brain-wave activity. Her work was presented at the American Psychiatric Association and published in "Science" magazine.

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peter max

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