

LISTEN

A
JOURNAL
OF
BETTER
LIVING

Debbie Patton,
Miss Teenage America



A Bad Scene, Says Ringo

Ringo has finally leveled with the kids, and come out frankly to admit that drugs are a bad scene. This admission was a long time in coming, but it finally did arrive.

Ringo Starr, diminutive star of the Beatles, probably the best-known rock group of them all, has along with the other Beatles been the idol of millions of screaming, swaying teen-agers through recent years.

They have followed his every tune, his every word—they have bought his every record, gazed at his every television appearance. He has had bigger followings than premiers and presidents, certainly more devoted followings.

The Beatles were a phenomenon in their heyday, and their day isn't over yet. On one occasion, it is said, they received more money for a single television program than the entire annual budget for the National Symphony Orchestra.

So, when Ringo and his fellow Beatles began to spread "The faith of psychedelia," and drop hints that pot and other mind-affecting drugs weren't so bad, the kids took up the refrain. And many impressionable ones not only took up the refrain, they sang the whole song.

In homes, in schools, in youth circles everywhere, one can imagine the comment being made that if Ringo does it, it can't be that bad! Even in places where such a comment was not uttered audibly, the idea was probably acted upon, with the mental assurance that Ringo can do no wrong.

It seems obvious that this miniature drummer (five feet, eight inches, 126 pounds) and his rock group has exerted a far greater influence on today's teen-age marchers than any dozen religious, political, or sports personalities. The Beatles have probably set into motion trends and habits which it would take hundreds and thousands of saner minds to counteract, if indeed the counteracting could be done at all.

But Ringo has changed, he says. "I know good from evil—what's right and wrong," he told a press conference in Hollywood. "And I'm learning more all the time."

Evidently one thing he has learned is the danger and futility of drugs, at least some of them. Time and age seem to have helped bring him to his senses on the subject. "The drug scene has passed its peak," he says. "Everyone I know is getting out of it, including all the singing groups in England. Drugs are a bad scene."

Ringo, in telling of his own background and lack of formal education, calls himself "uneducated, but quite intelligent." Part of this intelligence apparently is now showing up in his turnabout on the matter of drugs. It is tragic, however, that such intelligence didn't show up earlier, in time to prevent untold thousands of his adoring followers from falling into the drug trap.

His latest message is good, advising youth to kick the pot habit, to forget speed, to stay off LSD and other mind-blowing drugs. Unfortunately, once the habit is begun, it just isn't that easy to quit.



YEARLY SUBSCRIPTION, United States, its possessions, and Canada, \$4.00; single copy, 35 cents. To countries taking extra postage, \$4.25; single copy, 35 cents.

Send change of address to LISTEN, 1350 Villa Street, Mountain View, California 94040. Zip code must be included. Allow thirty days for change to become effective. Give both the old and the new address.

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JOURNAL OF BETTER LIVING

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Editorial Office:

6840 Eastern Ave., N.W., Washington, D.C. 20012

Publication Office:

Pacific Press Publishing Association, 1350 Villa Street, Mountain View, California 94040

Copyright, 1970, by Narcotics Education, Inc.

LISTEN, monthly journal of better living (twelve issues a year), provides a vigorous, positive educational approach to health problems arising out of the use of tobacco, alcohol, and narcotics. It is utilized nationally by Narcotics Education, Inc., also by many organizations in the field of rehabilitation. Second-class mail privileges authorized at Mountain View, California. Form 3579 requested. Printed in the United States of America.

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Interview by Francis A. Soper

Donald B. Louria, M.D.

President, New York State Council on Drug Addiction

drug scene

How would you describe the current drug scene?

It is getting progressively worse in every area of drug abuse. I anticipate that this trend will continue for at least five years. This seems to be a common feeling among those in a position to know.

What do you include in the word "drug"?

I refer to any drug used illicitly by youth or others. Alcohol is legal. We here focus on the illegal, recognizing at the same time that alcohol is not harmless and that it has created a national problem.

Why is the drug problem increasing?

We live in a kicks-oriented society. Youth are not different from the society in which they live. Pleasure is the most important aspect of modern life. As new drugs are discovered, they tend to be put in a framework of pleasure. Also, we live in an affluent society, and this leads toward drug use. Our wealth has allowed us to become a nation of pill-taking hypochondriacs.

Are there other factors in this picture?

The deterioration of the family may explain many of the ills of our society. Here perhaps is the primary tragedy of the twentieth century. In conjunction with this, society has become extraordinarily permissive. This is true not only at a family level, but also in many of our educational institutions.

You mention pleasure—isn't this a commendable thing?

Pleasure is good, but it must be placed in proper perspective to the total life. There should be constructive activities which are goal-directed. However, pleasure has become the major aspect of living. It is a goal in itself. Youth must have fun in life; but it should contribute to themselves, to their family, to their community, and to the nation.

How do adults influence the youthful drug scene?

If our adult population would abjure reacting to every physical and mental stress with a pill, a capsule, or a needle, then young people in our society would be far better insu-

lated against the blandishments of the drug proponents.

Is religion a preventive of drug problems among youth?

If youth have a strong involvement in religion, they more likely will resist peer pressure toward drug use. They have something strong to fall back on. Youth simply cannot be emotionally footloose.

Are the churches fulfilling their responsibility in this respect?

The churches must modernize by becoming more relevant to current needs and more involved in problems of society. Religion today is often not a part of everyday life—the family is going less to church. Youth must decide that religion is really worthwhile, and the churches must make it worthwhile, not merely rhetorical and theoretical.

There is a big return to religion coming. People will be driven to find solace and reassurance in church because of the increasing magnitude of the problems today. This is the great opportunity for churches now.

What is the biggest drug problem as you see it?

Marijuana is the most prevalent. It is the mildest of the illicit drugs; but the more deeply a person is involved in marijuana, the more involved he becomes in multi-drug use. Marijuana does not itself push its user on to other drugs, but the drug scene does. Once committed to drug use, he keeps on and expands this use. The drug habit has a built-in escalation.

Would you legalize marijuana?

Legal penalties need to be revised. Punishment should be made commensurate to the offense, but this does not mean the legalization of marijuana. I am unalterably opposed to its legalization. We have intoxicants enough in our society now. The only new drugs legalized

should be harmless ones.

Once a person's mental capacities have been affected by mind-changing drugs, will they ever function the same again?

Permanent brain damage is indicated with LSD, and perhaps with amphetamines. The only drug, however, with proved ability to cause such damage is LSD—the mind is changed for months and years. I wonder if it ever can be the same again after LSD. The changes a user looks for do



the drug scene

not occur, but he loses his personality. Himself plus LSD is simply not as well off!

How should a young person avoid the drug lure?

Youth need to be committed—to anything interesting to them and constructive in life. Society fails youth when it fails to provide such. For example, we cannot advise against drugs and then turn down a community recreation center, or not offer youth after-school activities. Youth should have no time to waste with drugs, but be kept busy with good things. We can't have a school of 2,500 with facilities only for the varsity team—the rest will get involved with self-harm.

Is education about the dangers of drugs essential or desirable?

Youth should be taught about the effects of drugs and

their potential danger. Such education should be in the health-services area, with any factual data carefully checked out. It should be carried on by one who knows the drug scene and can relate to youth. Admittedly, such persons are few and far between.

How about teachers and parents?

Teacher training is most important so that the teachers will know how to relate. This is also true for parents so that they can communicate with their children. Parents must set a good example in the home. They need to modify their own habits with this in mind.

What about community narcotics education?

Community programs as usually conceived are fraught with perils. We need major expertise in dealing with drug problems, with specialization training, under an academic umbrella. No helter-skelter approach can be effective. Education is the magic word today in drugs, but this leaves the whole area open as to how to go about it.

How would you go about it?

On a community basis, positive alternatives to drug use need to be developed, with imaginative approaches. Youth are eager to be directed into constructive activities—help for older people, aid to mentally retarded children, music groups, athletics, antipollution and antipoverty programs are a few ideas.

Youth are not being involved in the everyday drudgery of work as they should be. We give them more leisure and allow more freedom, but we must also give more direction in helping them use these constructively, not destructively. Our life today is too easy. We have the problems of an affluent society—increased leisure, increased boredom.

What does all this have to do with drugs?

Too often we regard drugs as only a problem by the pusher and the user. This is not true. It relates to the entire fabric of society. The remedy must be as broad. Society must regain its vigor, its direction, its integrity. Its youth must become involved. Drug addiction is a disease of the uncommitted.

What are your comments about the hippie movement?

A mark of our day is the desire to withdraw from responsibility. The hippie movement carries this to the extreme, with the idea that its members can live in a commune and get away from it all. Problems simply don't go away by themselves. Withdrawal can't work for the majority, only for a privileged few. It won't bring peace or tranquility to any society.

Isn't the hippie philosophy based on drugs?

The hippies started as a drug movement. It preached ideals, but overall it was destructive. Since 1968 it has been involved by the angry, the violent, with the rest of the movement semi-isolationist. We have always tolerated dissent as a privilege, but not as a mainstream. This would destroy.

Spring Convention

The sky says Yes with crowning clouds,
The sea with frothy waves;
The wind, strong chief, agrees with gusts;
Weak breezes nod like braves.

Not one objection seems to rise;
In fact, the blooms all strive
To have their lovely heads to show
When April does arrive.

Clare Miseles

What is the hippie movement today as compared to what it was at the beginning?

The urban hippie movement today is a conglomerate, some of it oriented to multi-drug use, which is very dangerous. Actually, it has many phases now, including political militants, which are the opposite of the intent of the original movement. There is some good, some that is tolerable, some that is very bad.

Do you see evidences of a generation gap in society today?

Surely, and from history we know this has been true in every generation. It is not only expected, but it is good. Youth do things differently—a twenty-year-old doesn't act like a forty-year-old. The vigor of society is based on this. It holds advantages to each side. I am not perturbed about this as an entity.

On the other hand, do the generations understand each other?

There is a gap in communication. This is remedial, however. We can't assume to solve it by acting younger and claiming to become kids ourselves. This claim is a lot of malarky. Youth soon see through such a subterfuge, and older people lose the respect of the younger. Pretending to be part of the younger generation doesn't solve anything. But we must take an interest in youth problems, and mutually discuss them and together attack them.

Isn't the country getting younger?

This idea is an incredible fetish. The claim that the country is getting younger is a lot of hogwash. The only group growing larger percentage-wise is the one over sixty-five. We are not getting to be a younger society. The birth rate is going down, not up. In 1850 we had a younger society than we have now.

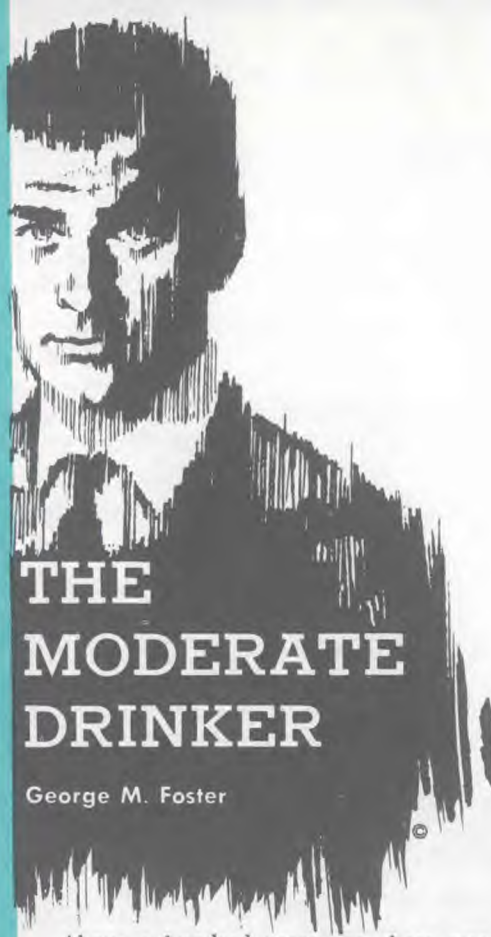
It is important, however, to involve youth. It is not necessary to cater to them. A person who is young and vigorous does not necessarily have maturity and experience. A person over thirty still has a contribution to make to society. Our biggest problem is getting people over sixty to remain active.

How would you summarize a good preventive approach to the drug problem?

We need to reduce the supply of drugs. There need to be fair laws, and these laws should be enforced. For youth there must be positive alternatives to drug experimentation and adequate education at all levels.

Our society needs a more vigorous leadership. Over the past few years we have become more and more a rudderless society.

Youth should be led as peer groups to decide for themselves, "That drug is potent, destructive. We can't afford to become involved with it." In this way they will turn off the drug scene themselves. We must give youth credit for being sophisticated and willing to accept the challenge of society to help solve its problems. ■



About a hundred years ago there was a famous temperance lecturer called Judge Ray. In one of his talks he stated that "all those who in youth acquire the habit of drinking whiskey will, at forty years of age, be either total abstainers or drunkards. No one can use liquor for years in moderation. If there is anyone whose own experience disputes this, I will try to account for it, or acknowledge my mistake."

A tall, imposing man arose, and in a dignified manner said, "My own experience contradicts your statement. I have been a moderate drinker for forty years."

"And you were never intoxicated?" asked the judge.

"Never."

"Well," said the judge, "yours is a singular case; but I think I can account for it by the following story: The town drunkard went fishing and took along a loaf of bread and a flask of whiskey. While he was sitting by the stream, he got the idea of saturating some bread with whiskey and throwing it to the fish to watch its effect. Some of the fish became drunk and floated helplessly so that he was able to scoop them up with his hands. But one large fish didn't react as the others did. The liquor seemed to have no effect on him. The man was curious, so he got his net and caught the fish. He carried it to a local sportsman for identification.

"Why, that's what they call a mullethead. It's noted for having no brain."

"In other words," added the judge, "alcohol affects only the brain; and of course those having none may drink without injury."

The storm of laughter drove the moderate drinker toward the door.

if you smoke pot, do you go to pot?

In 1944, Mayor Fiorello La Guardia of New York, concerned over the near panic that had been aroused in the city in the late thirties and early forties over an alleged marijuana epidemic in the high schools, asked the New York Academy of Medicine to undertake a thorough study.

The report, possibly the most comprehensive yet published on the subject, shows that while marijuana is indeed for the most part a mild hallucinogen, marijuana smoking frequently produces physical and psychological effects that can cause serious trouble:

1

It loosens inner restraints or inhibitions. The user is highly suggestible. Girls are more liable to be seduced while under the influence of the drug. Youngsters can be led to do things for a lark, and wind up in jail.

2

It can bring emotional conflicts to the surface. If a person has a tendency toward psychosis, marijuana could push him over the edge. There are many cases on record where marijuana smoking has preceded attempts at suicide, and police files over the country list innumerable instances where such usage has directly preceded the commission of murder.

The Mayor's Committee conducted experiments on the effects of marijuana smoking and reported that "in three of the subjects a definite psychotic state occurred; in two, shortly after the marijuana ingestion, in one, after a two-week interval."

3

It affects the ability to respond correctly to danger. The Mayor's Committee found that marijuana temporarily causes the mind to function poorly, depending on how much is smoked; the body and hands lose their steadiness, the sense of time is altered—things seem to last longer. This is especially dangerous when driving a car.



Why such things happen has only recently become clear with the isolation of the ingredient in marijuana that is responsible. It is known as tetrahydrocannabinol, abbreviated as THC.

Describing his experimental use of THC on a patient to a national conference on psychedelic drugs held in Chicago in the spring of 1968, Dr. Donald R. Jasinski, of the National Institute of Mental Health, reported that the subject had developed visual hallucinations, distortions of sensory perceptions, loss of insight, muscle rigidity, and muteness.

As reported in the press, Dr. Joseph H. Skom, chairman

Condensed from "What You Can Do About Drugs and Your Child," by Herman W. Land. Copyright 1969 by Hart Publishing Co., Inc.

of the Illinois State Medical Society, said that the report drives home the potential peril in marijuana use. "If users get enough THC in the stuff they are buying, they are facing a hazard," he says. Similarly, Dr. Harris Isbell of the Federal addiction research center in Lexington, Kentucky, commented that the THC experiment clearly indicated the importance of the size of the dosage. The fact, then, that most users do not experience psychotic episodes means only that the reefers are relatively low in their THC content.

4

It is often the first step to the use of heroin. The majority of heroin users have started with marijuana. It's easy to go from one drug to another.

Drug authority Charles Winick writes in a study called *Marijuana Use by Young People*: "There are many reasons young people who start with marijuana 'graduate' to the opiates. They may try heroin on a dare. Young people may originally try marijuana because it is forbidden. They may drift into the use of opiates, which are even more taboo. The 'kick' of marijuana may become less stimulating, and the young sensation seeker may decide to try the stronger 'kick' of heroin."

Many youngsters take marijuana because they are having personality difficulties, and the smoking makes them feel better about themselves. But since the drug does not really help them solve their problems, "they may then go on to the use of opiates in an unconscious effort to solve the same problems."

Moreover, because marijuana has been illegal for so long—the Federal narcotics law lumps marijuana together with heroin and other true narcotics—its use has become deeply intertwined with the underworld pattern of life. It has attracted the same kind of people who are attracted to narcotics—the troubled, the disturbed, the lonely, the outcast, the criminal. And the patterns of distribution are similar.

5

It does create psychological and emotional dependence. This is the reason the World Health Organization regards marijuana as a dangerous drug. Even though physiological addiction doesn't take place as it does with heroin or the barbiturates, continued usage creates real psychological dependence; the user learns that he can escape from his problems and the world through it.

6

It may lead to withdrawal from the world. The youngster learns to "tune out" reality when things are uncomfortable. He begins to prefer to live in a dream world.

Dr. Henry Brill, vice-chairman of the New York State Narcotics Control Commission and director of Pilgrim State Hospital, well summarizes the basic facts about marijuana:

"Marijuana has been known almost since the beginning of time, almost as long as alcohol. It has never achieved permanent social acceptance anywhere, and those countries that have had the longest experience with it finally have been forced to try to get rid of it and to make its use illegal because of its severe social effects."

Referring to users in the Far East and Middle East, Dr. Brill says: "These people are turned inward, living from one moment to another. They just survive. Now translate that into our own situation. If taken to the point of intoxication, marijuana is more dangerous than alcohol because it produces hallucinations and distortions of space and time. The effect of continuing use on the mental life of the individual has to be a withdrawing from activity toward inactivity."

"And then, of course, once you have an involvement with a life that chiefly looks inward and not outward to practical accomplishment, you open the door to other drug experiences."

"I think the philosophy that goes along with it is a particularly vicious one. It is that one lives for the internal experience, that internal reality takes precedence over external reality, and that physical comfort and pleasure are to be chosen over the discomforts of doing something constructive. Among the constructive things that people do is to get trained. And this hits at a point when the effort and stress for training for a future life are very great on young people. It offers them a beautiful chance to retreat."

"Marijuana has this tendency. People will tell you that what it does is to release the tensions so that you are able to return to work more effectively. But it does more than merely relax the tension. It distorts perception and produces all sorts of subjective experiences which already are far beyond that level."

As to the argument that marijuana is not an addictive drug, Dr. Brill points out: "The importance of the relationship between the drug and the man is that if the man is enslaved in the drug experience, he is habituated. The physical symptoms are the least important of all drug manifestations, the easiest to overcome. The problem is that of living for the drug experience. The tendency to live for the drug experience occurs quite frequently with marijuana." ■



NIGHTMARE OF MADNESS



Terri Logan

"HELP me! Help me!" shrieked Colleen, my two-year-old, and a wild streak of terror shot through me before I realized that she was only playing a game with Jim, my husband. I stepped into the living room and saw Jim on his back holding Colleen high in the air. She shrieked again, and my pulse softened. Soon my chest swelled with a wondrous sense of love—love that seems to me now to be miraculously normal.

☐ It wasn't always like that.

☐ It all began shortly after Jim had left for Vietnam. Except for Colleen,

I was alone for the first time in my life. New in the neighborhood, I was lonely. Most of all, I was tense, nervous, knowing that any day I could receive a letter from the Army beginning, "We regret to inform you. . . ."

☐ I had one consolation—my diet pills. Not only was I certain that they were harmless, but I felt sure that my "slim pills" cheered me up! And in one sense I was right. As I later discovered, these diet pills were no more than dexedrine or benzedrine (often called "bennies" by addicts), a class of mind-altering chemicals known as amphetamines. Not only do they de-

press the appetite, they also pep you up—temporarily. But when the slight elation wears off, it is replaced by an equal sense of depression.

☐ In my already depressed condition, these nightly periods of moodiness took on an almost frightening dimension. I grew sullen and irritable, and I fell prey to another effect of amphetamines—sleeplessness. But in my ignorance I never once thought in those first few months that my problem was with drugs. When you think of drug problems, you think of some kind of criminal "fiend"; not an average, if distraught, housewife. I felt certain that



ILLUSTRATION BY HENRY RASMUSSEN

all my problems were external, totally beyond my control. After all, wasn't I a wife and mother whose husband was thousands of miles away facing death each day? Thus I began to feel increasingly that I needed "medication" to help me through this troubled time.

□ So to combat my sleeplessness, I began taking barbiturates. Of course they would make me feel groggy in the morning, but I could always take another diet pill for an extra "lift." Then I began feeling more tense and nervous at the end of the day. But I knew it wasn't the drugs I was taking!

So I started taking an extra sleeping pill at night, then another diet pill in the morning—just this once, mind you, just to get Colleen to the nursery school this one morning. The excuses came, morning after morning, night after night.

□ I started down a road to sheer insanity, a road which I later discovered is being taken by thousands of housewives—not "criminal fiends," but everyday housewives like me!

□ At each turn in the road, I would answer my depression, my nervousness with more self-medication. Looking back, I can see how fear moved into my mind and began managing my life. The very thought of losing my medication would fill me with such overwhelming terror that rational thought was impossible. What did I do when my doctor began to suspect? I felt that something was wrong with him, that he didn't know his business.

□ I knew that I *needed* my pills.

□ So I began to see other doctors, neglecting to tell each about the others, in this way assuring myself a supply. In fact, I assured myself an oversupply, and my pill consumption grew frighteningly.

□ Only rarely would a brief spark of rationality offer me sudden lucid, painful insights into my actual condition. But the insanity building within would reach out and stifle these tiny sparks; fear would rush into the vacuum, and, like a frightened child, I would run to the bathroom and check my precious supply of pills.

□ It was at this point in my life that I met Janet, a young divorcee who lived in the same apartment house. She spotted me, and I spotted her—I suppose like criminals can identify each other. We started talking in front of my apartment one day, and within minutes the conversation got around to pills. She invited me into her apartment and immediately offered me a couple of bennies—crude, illegally manufactured amphetamine pills. I took them without a single thought.

□ Yet if I had met Janet only a few months earlier, I would have recognized her as a very sick woman, in need of professional treatment. She was a full-blown "pillhead" and "speed freak."

□ Instead, I felt only a wonderful sense of elation. Here was a woman who wouldn't spark ugly flashes of

reality in my mind. She would sympathize with me, understand my loneliness and desperation. She too felt these same emotions.

□ And she had found an even better "cure" than I had—methamphetamine, or, as it is known to addicts, "speed," the most powerful amphetamine known. It is used in mental hospitals in tiny doses to combat certain forms of depression. It is used illegally in massive doses, primarily by thrill-seeking youngsters, to induce a sudden, enormous sense of elation. But as such massive doses hit the brain, blood pressure rises drastically, resulting in thousands of minute burst capillaries—literally, a small but general stroke upon each injection. At best, the user ultimately escapes after months of acute depression. At worst—and perhaps most often—he becomes a vegetable, a whimpering, simpering idiot, the delicate circuits of his mind irrevocably burned out.

□ But I knew nothing of this when Janet gave me my first fix of "speed." All I knew in my drugged state of being was that it burst immediately in my mind in a thousand golden sparks of sheer ecstasy. All fear, all problems, were washed away in a wondrous golden light, and I felt *absolutely sure* that I was more lucid and happier than I had ever been before in my life.

□ There is perhaps no more terrible illusion in all the world. My wondrous elation changed, Jekyll-and-Hyde, into a sense of depression unmatched by anything I had ever felt before. Sleep was impossible for at least two days. There was only one thing that would combat this depression—another injection of "speed."

□ Thus I almost immediately became addicted. Technically, you cannot become physically "addicted" to the amphetamines. Although you can build a tolerance to them, like heroin (and thus have to take more and more), there is not a well-defined set of withdrawal symptoms associated with their use. But in a practical sense, "speed" is even more addicting than heroin, the difference being that the heroin addict must go through terrible physical pain during withdrawal, while the "speed" addict must endure mind-snapping mental pain, pain that has no distinct beginning or end—truly a private hell.

□ "Speed"—"meth"—"crystal"—different names for the same thing, the



surest road to insanity known to man.

□ And for me insanity wasn't long in coming. I soon found myself suddenly and unexpectedly embarking on wild, irrational spirals of thought; my conversations with others would end in the middle of a sentence, and for a terrifying moment or two I would forget suddenly whom I had been talking with, what about, and even who I was. At times, when I was "coming down" from an injection, I would suddenly realize fully what I was doing to myself, but as quickly my mind would plunge into an escapist and often frightening dream world, a dream world that became increasingly darker, fraught with insane visions of terror and suicide.

□ Somewhere deep in my mind I well knew that it was shortly to come to a crashing, mind-bending halt.

□ And it did.

□ Somehow I had gotten Colleen ready for nursery school and then dropped in on Janet. I found her hiding behind her bed, shivering like a frightened animal. Then she giggled like a madwoman. And I knew she was. But although fear was coursing through me, pounding past my temples, I still managed to hide the truth from myself. Janet, I thought, was just a little eccentric. "Speed" is like that—by the time you're beyond hope, you are also beyond evaluating your own condition. You lie and lie and lie to yourself, and lie again. And the moment you doubt your lies, the whole world comes falling apart.

□ That is exactly what happened to my world at work that day.

□ I don't remember what brought it on, or even what it was all about, and perhaps this is for the best. All I know is that I suddenly opened my eyes and found myself at work—spill-

ing coffee all over my blouse, laughing hysterically. Then suddenly I became aware of the utter silence in the office; all eyes were on me.

□ And in those eyes was the same look that had been in my mind as I looked down upon Janet that morning.

□ Tears began pouring down my cheeks, and all my mind could grasp was that I was in a totally foreign building surrounded by unfamiliar beings whose hard bright eyes were telling me that I was insane! Then a hand touched my shoulder, and I felt a blessed return to reality. "Terri, get hold of yourself." It was my supervisor, Mr. Harrison. He led me into his office, and started to call a doctor. But so frightened was I at the thought of seeing a doctor that I summoned every shred of willpower I had left and stopped my tears.

□ "I'm all right," I said shakily, "just under some strain."

□ Somehow I convinced Mr. Harrison that I could get home alone, and promised him that I would see my own doctor immediately. He led me out to my car, and I soon found myself on the road, gripping the steering wheel with clawlike hands, my knuckles white, fright coursing through my veins, as the car sped toward the apartment as if under its own power.

□ All I remember about the short trip was a snatch of lyrics to a popular song on the car radio. "Save the life of my child," said the chorus again and again, vibrating meaninglessly through my fright-filled mind.

□ And quite suddenly, I was home—and into a new world of madness.

□ Policemen and firemen were running up and down the stairs. An ambulance sat ominously in front of the apartments. To me, it was maddening

confusion. I had no way of knowing that there had been a gas explosion in Janet's apartment. Janet was only slightly hurt, but she is still in a mental hospital.

□ To me, though, the frightening activity, the threatening uniforms, the white-coated ambulance attendants, were only additions to my hallucinating madness. I ran to my apartment and buried my face in a pillow. This was the end! I could go on no longer; I had no place to turn. Fear paralyzed me, choked me. My world was suddenly one of incomprehensible movement, noises, flashes of light.

□ Except for one terrible, all-encompassing thought.

□ For all these months, when I came home from work, Colleen had been with me, for I always picked her up after work. That it wasn't even noon meant nothing to me. Colleen's absence sparked an explosion of fear in my mind.

□ The lyrics returned: "Save the life of my child!" Again and again it screamed from deep within my mind.

□ In a blinding rush, I *knew* beyond a doubt that Colleen was in great danger, and that it was *my* fault. I burst from my apartment screaming, crying—and then my world went black.

□ The next month is only a feverish blur in my mind. My mother had come down from San Francisco, I knew that. Somehow I knew that my husband Jim had been told that I'd had a "nervous breakdown." Then my memory grew gradually better. There were embarrassing questions by the police, nightmarish depression, kind touches from the nurses. And finally there were months on outpatient status, during which time I had to meet with a psychologist and a group of people like myself, broken human beings attempting to recover from a nightmare of madness.

□ All that is in the past now, and I am back in my own living room. I look down on Jim and Colleen again. Colleen shrieks with joy, and my smile broadens; tears of happiness in my eyes grow heavier. Thank God for Jim and Colleen. Thank God for His mercy in giving me hope again.

□ But for many, like Janet, both God and hope are but meaningless sounds that echo dully in the dead, gray mass that was once a delicate human mind.

□ Yes, thank God for giving me hope again.

The Government Is a Pusher!

I HAVE been an Army wife for fourteen years, and I've seen thousands of families broken up, children hungry, wives abused, and good men turned into worthless alcoholics.

This has happened all over the world, on many Army posts—both Stateside and overseas.

The Army encourages men to frequent its clubs and drink its booze. There is more liquor on an Army post than in most towns, and it runs a lot more freely. On the seven Army posts we have been on it is mandatory for both officers and enlisted men to join the clubs. I have checked sources from many more posts, and the answers are all the same: It is required to join the clubs. It doesn't matter whether a man intends to use the club or even walk inside it, the operators want his dues.

The first thing on a new Army post is a place for the men to eat. Next is usually a place for them to drink. Normally this takes precedence over decent recreational facilities for non-drinkers.

No matter where a soldier is, there are always beer and liquor available to him, except on the front lines. I'm told the men usually scrounge it there too, but the Army doesn't supply it.

Drinking in the Army is a way of life. This is true because of its accessibility and because the Government sells it so cheaply. It is so inexpensive at all overseas posts that it flows like water. Men, and some women too, seem to think they have to drink the place dry before they leave.

Gin and vodka sell for \$1.00 to \$1.50 a quart overseas. Whiskey sells for \$1.50 for the cheapest to \$3.00 a quart for the most expensive. The prices in the States seem to be the same nationwide. Out of a package store, gin or vodka sells for \$3.50 to \$4.45 a quart. Whiskey sells from \$4.00 to \$5.50 a quart.

If the Government wants to put worthwhile discounts on something let them do it in the commissary on such staples as milk, eggs, and meat. Recently the post commissaries have become a big joke; their prices can be beat in any halfway decent store.

Cigarettes are another big discount item with which the Government is helping kill off its people. Overseas, cigarettes sell for \$1.25 a carton; in the States for about twice that amount.

We are trying to get people to quit smoking and to persuade television stations to quit advertising cigarettes,

while our own Government is still selling cigarettes to our servicemen and their families at discount prices. Why?

Army families are barely getting by financially. Most of us Army people like our life, or we wouldn't be part of the Army; but that doesn't mean we should have to live like paupers. Why doesn't the Government urge that this liquor and cigarette money stay in the family paycheck where it belongs? Why does it encourage our men to drink, thus neglecting their families and ruining their own lives?


I feel that I have a right to speak out on this subject. My husband has more than twenty years in the Army. He is all soldier, but now he is something else. He is an alcoholic. He was a social drinker and thought alcoholism couldn't happen to him, but it did. We are living with the proof. When a man is away from his family, it is easier for him to fall into the trap.

The Army doesn't want these men after they become emotional cripples, nor does it show much compassion when they get drunk and aren't able to work the next day. When they have too much to drink and get into trouble, they are court-martialed and punished like other offenders. I'm not saying whether this is right or wrong. I am saying, however, that many of them would not have become alcoholics if liquor in all forms were not pushed on our servicemen the way it is.

Something should certainly be done to stop this. ■

Ruth Tine

ILLUSTRATION BY
ERIC KREYE



*My husband is
all soldier,
but now he is
something else.*

Teens-- Life CAN BE BEAUTIFUL

The four finalists for the title of Miss Teenage America were Debbie Patton of Odessa, Texas, current titlist; Nancy Meek of Indianapolis, Indiana, first runner-up; Tina Coleman of Jacksonville, Florida, second runner-up; and Sylvia Stockwell of Colorado Springs, third runner-up.



Solve the problem by pulling the tooth!

No Qualms About Tomorrow

Lynn Swann Davis

THE NEXT time someone says that all young people are dropping out, tell them about the four finalists in the Miss Teenage America Pageant.

These are young women selected from thousands to represent the best of American youth. Far from being moralistic or square, they attack life with awareness and enthusiasm.

Look at Deborah Susan Patton, named Miss Teenage America during the ninety-minute CBS telecast in November featuring singing star Oliver, performer Bobby Van, and television personalities Dick Clark and Marilyn Van Derbur.

Debbie has lived all her life in Odessa, which she describes as a "conservative" West Texas city of about 100,000.

Debbie's classmates at Permian High School selected her Most Intelligent Girl, and the American Legion, the Optimist, and Lions Clubs have presented her awards.

Debbie is editor of the yearbook and a former president of the Southwestern Council of Student Publications, as well as a past president of her high school student body and student council.

In Odessa "a very small percentage of kids take narcotics. It's not a problem here," says Debbie, who knows of only three boys who took drugs. One lost interest in school and quit, another is in a rehabilitation center, and the third has left Odessa.

"I don't know what happened to the boy who left town," says Debbie. "He was a tremendously outstanding person."

"We were close—more or less, very best friends. He was one of the most intelligent boys in our class, but he got in so deep he had to leave home. Now I don't know where he is."

Debbie laments the fact that this

young man's great potential may never be realized because of his dependency on narcotics.

Debbie tried to reason with the young man. "He said I couldn't relate to him because I wasn't in the same situation. He said that when I grew up I'd probably take narcotics too."

But Debbie feels that using drugs is "not a sign of maturity, but of immaturity."

She studied the problem of narcotics when she took part in a discussion in debate class. "We got into the subject so much it really got heated," Debbie remembers.

Addicts give reasons for their addiction, such as needing an escape from reality or from the great pressures of society.



The forty-five candidates for the title of Miss Teenage America and their escorts, the Singing Cadets from Texas A&M University, listen intently to singer Oliver during dress rehearsal at the Tarrant County Convention Center.



A tearful Debbie Patton accepts congratulations from singer Oliver, left, and from pageant emcee Dick Clark as she is named Miss Teenage America.



"But you can't escape a problem by evading it; you have to face it squarely," Debbie says. She uses an analogy to get across her point: "If you have a bad tooth, you can take a pain-killer and relieve the pain—for a while. But the only way to solve the problem is to face the issue and pull the tooth."

Debbie thinks that most kids who take narcotics don't reason out a philosophical excuse. "I think most of them want to take drugs because of the kicks involved. Like in previous generations, the big thing was to smoke."

She believes that taking drugs is immoral because "it debases the body," but she admits that this sort of reasoning doesn't get across to people who are hooked. "The hardest thing to do is to keep from preaching," she says; and she remembers that her addicted friend used to tell her, "Don't preach at me. You don't know because you haven't tried drugs."

Debbie admits that the drug problem around her may be more prevalent than she realizes. "I live in a very conservative area. The 'out' crowd—the cheap girls—they're the only ones who drink or smoke."

"Most people wouldn't let you know they take drugs unless you're close to them. I may be in contact with some and not know it."

In contrast to tall, statuesque Debbie Patton is petite Sylvia Lara Stockwell of Colorado Springs, Colorado, third runner-up for the national title of Miss Teenage America.

Remembers Debbie, "Sylvia and I got to be the very best of friends dur-



ing pageant week; yet we clashed on so many points of view." But on the matter of drugs they stood together, in militant opposition.

The girls are different in background and, consequently, in outlook. Debbie has lived in Odessa all her life. But Sylvia, born in Monterrey, Mexico, has also lived several years in Paris; and every member of her family speaks at least two languages.

Debbie plans to do research in the field of education after college, while Sylvia hopes to enter show business.

As one of the eight semifinalists, Sylvia had a chance to give her talent presentation before millions in the television audience. After singing a folk song, "Get Together," Sylvia recited an original poem entitled, "Society, Why Do You Weep?" focusing on racial prejudice.

A teacher at Benet Hill Academy, where Sylvia is a senior, told her, "Millions of people watch the Miss Teenage America Pageant. If you reach just one of them you have done something."

Sylvia does a great deal of work with drug addicts, despite warnings from adults that she herself may be labeled as an addict.

"I can't help it if I can't identify with them because I've never tried drugs. But I'm a teen-ager—like they are. They know God's there, but where? We all have different levels of strength; their levels are low."

Successful in helping some young people toward a drug-free track, Sylvia says, "I don't go with the idea that I'm going to preach. Just being there is important. If I, as a teen-ager, turn my back, where can they go?"

She was elated at helping a boy get off "speed" for six weeks—"and that's



an eternity for him," she says of her success.

Sylvia is eager to erase racial prejudice, as her talent presentation revealed. She once talked in a predominantly Mexican junior high school, ►



Life CAN BE BEAUTIFUL

Debbie Patton received a Western welcome from a cowpoke and a lawman when she arrived in Fort Worth, Texas, for the Miss Teenage America Pageant.

The eight semifinalists for the title of Miss Teenage America are, from left on the front row, Karin Breuer of Los Angeles; Tina Coleman, Jacksonville, Florida, second runner-up; Dawn Dickson, Denver; Lynne Leonard, Seattle; Sylvia Stockwell, Colorado Springs, third runner-up. On the back row from the left, are Nancy Meek of Indianapolis, first runner-up; Kristina Mordaunt, of Dallas; and Debbie Patton of Odessa, Texas, Miss Teenage America.



► where her appearance eased racial tension. Fluent in Spanish, she said, "It's a big point in being able to speak to Mexican kids in their own tongue."

The four finalists' accomplishments are varied. Nancy Carol Meek, first runner-up, is a tap dancer who has taught her art in her hometown of Indianapolis.

Nancy obviously likes youngsters, for she has worked with cerebral palsied children and plans to specialize in the care of handicapped and retarded children after receiving a B.S. degree in nursing.

She has wanted to enter nursing all her life, perhaps because this happens to be the profession of her mother. In fact, friends jokingly call her "Nurse Nancy."

Nancy is homecoming queen at Arlington High School, where she is a senior with a B grade average. She was earlier elected spring class queen and junior prom queen. As current president of the National Association of Student Councils, she will preside over its national convention in her hometown this June.

Like most of the forty-five Miss Teenage America candidates, second runner-up Christine Kay (Tina) Coleman of Jacksonville, Florida, does a great deal of work for her fellowman. Tina has contributed 200 hours of volunteer hos-



pital service and is a member of Young Life.

Tina is an A student and is editor of the literary magazine in her high school. She has had her art and pottery exhibited in the Jacksonville Art Museum and, as a member of Storybook Players, has made numerous stage and television appearances.

Having studied dramatics for ten years, Tina hopes to teach drama after college rather than become a performer. She says modestly, "I doubt if I'll break down any doors in show business."

It is obvious that Debbie Patton, Miss Teenage America, and her runners-up

—Nancy Meek, Tina Coleman, and Sylvia Stockwell—are all interested in helping others and in building a strong future.

Charles R. Meeker, Jr., president and executive producer of the Miss Teenage America Pageant, sums it up: "When I work with the youth of today, I have no qualms about tomorrow." ♦



YOUR QUESTIONS ANSWERED

R. W. Spalding, M.D.

I'm a teen-age girl interested in a teen-age boy, but I'm still growing and he isn't. Would it help if I smoked in order to stunt my growth and not grow too much taller than my boyfriend?

First, I would suggest that as you grow physically you will also grow mentally. A girl in her teens is usually more mature than a boy of the same age.

Young people grow by spurts and rests during their teen years. Your boyfriend will likely continue to grow until he is twenty-two or older. Most girls have attained their full stature by the time they are eighteen. But we know that teen-agers continue to grow intellectually well into their twenties.

The young man who appeals to you now will probably have much less attraction to and for you five or ten years from now, especially if you marry him within the next five years. If you wait until you are twenty-two or past, your chance for a happy marriage is greatly increased, for your lifetime goals and ideals will be much more stable and less likely to change in the coming years. Your urge to meet standards of appearance, such as relative height, will not be as important to you five years hence.

Should you seriously consider establishing the habit of smoking, which will not only decrease your ability to maintain good health, but will definitely decrease your ability as a woman to pass on the best possible health to your children? Please don't get "hooked" by a bad habit just to control your height. But we do hope that when you get "hooked" by a life companion that it will be for good and forever!

Is a smoker actually an addict?

Who is an addict?

If we define an addict as a person who has pain or discomfort due to decreasing or discontinuing a drug, then the answer is Yes. If we define an addict as one who requires ever-increasing amounts of a drug in order to produce a desired effect, then again the answer is Yes.

Or should we define an addict as a person who takes into his body a harmful drug to produce an effect from which he derives pleasure? With that definition the answer would still be an emphatic YES.

Is smoking worse for a girl than a boy?

I am forced to say Yes for the following reasons:



Cartoons of the Month

"As a college graduate, I'm anxious to earn my \$360,604 and retire."

1. Smoking ages a person.

2. Smoking affects the following generation when a girl smokes, because no woman can pass on to her child more healthy tissue than she possesses herself.

3. Smoking by a mother-to-be increases the risk that her child may be born prematurely. The chance for a miscarriage (birth before the fetus is viable) is markedly increased. And the baby is less healthy at time of birth.

4. Smoking affects the nervous system of a woman to a greater extent than it does that of a man. ♦

TALL TALK

Taffy Jones

TALL TALK is the highest kind of talk, the interchange of thoughts and opinions. It beats chatter, gossip, chitchat, and windy mutterings. Speech is important. Without communication where are we? With improper communication we can get ourselves into a mountain of trouble. Tall Talk finds out what the other person is thinking; it talks about worthwhile things. It is the understanding between one person and another.

When you Tall Talk you have to be sure that your brain is engaged before you put your mouth in gear. Scatter-brain talking can spoil what you really are or are trying to be. We all talk too much. Maybe it's because we are ill at ease or want to be the life of the party. Maybe we want to show how smart we are. Anyhow the jaw is always in motion.

Why do we always say, "How are you?" and we don't actually want to know. What about the dead silence when everyone stops talking and no one knows what to say? That's when you can jump in right away with some interesting Tall Talk. Don't wait, the silence gets worse the longer it goes.

Tall Talk is also learning something from what's being said. You keep away from unpleasant subjects and include everyone in the group. If someone new joins you, make him feel a part of the conversation. Have you ever noticed how some people, probably you yourself, use the same words over and over like: "You know? Really! Wonderful! Great!" Words like that, or lengthy hesitations, spoil Tall Talk. It may also be spoiled by speaking too loud or too soft, too high or too low.

A Tall Talker finds out what the other person is interested in, and he can also be a good listener. He never loses his temper or hogs the conversation. He looks at the person to whom he is speaking, and he finds the best in that person. It all adds up to being real, yourself, and in having a genuine interest in the other person or group of people you are talking to at the time.

So why not leave the chattering to the birds? Everyone likes Tall Talkers. The taller they talk, the better. ♦



An Apple a Day--Better Than a Pill a Day!

■ "AN APPLE a day keeps the doctor away" is a good rhyme—and a wonderful way to keep in good health.

At Michigan State University a group of 1,381 students were guinea pigs for a three-year experiment in which they were required to eat an apple a day. The results were amazing. These students had fewer illnesses of the types triggered by pressure and tension—headaches, feelings of insecurity, nervousness, and an inability to concentrate—than the students who did not make the apple a regular part of their daily diet. They also suffered less from the common cold and other upper respiratory infections than the non-apple eaters.

Not to be outdone by their sister college, the University of Michigan also conducted studies involving apple eating. Equally as impressive as the MSU study, the results were about the same. Apple consumers enjoyed better general health than other students. The UM experimental group made one third fewer calls to the Health Service for upper respiratory infections than the other college students. This group also made less than one sixth as many calls for so-called tension-phenomena disorders, from which so many college students suffer. Students who avoided apples made five times as many visits to the Health Service for every kind of complaint as did the select apple group.

Why is an apple a day such good preventive medicine? The vitamin content is largely responsible. Apples are loaded with vitamins A and C—vitamin A is conducive to growth and aids in warding off the common cold, and

vitamin C fights infection and maintains sound teeth and bones. Apples not only contain other vitamins in lesser amounts, such as vitamins B and G, but they also are affluent with essential minerals such as calcium, iron, phosphorus, and potash. Present also on a minor scale are copper, manganese, magnesium, potassium, and sodium.

Natural fruit sugar is a fringe benefit apples give to those who put them to work in their daily diet. What a splendid way to get the quick energy of sugar without consuming redundant calories. A fresh, juicy, medium-sized apple contains 75 calories (4 teaspoons of sugar contain 80 calories). An apple is an ideal snack for weight watchers.

In a country which lists heart dis-

ease as its No. 1 killer, it is encouraging to learn that a popular, easy-to-eat food like the apple is a good preventive measure as well as good medicine for a person already afflicted with heart trouble.

Professor Leon Binet, the French nutrition specialist, advises that if an unpeeled apple is eaten every morning, a person will have found an ideal preventative against arterial hypertension, a malady which plagues many Americans. The apple's high pectin content is said to be instrumental in lowering the blood cholesterol level and in this way helping to prevent heart disease.

At a meeting of the American Heart Association in Saint Louis, Dr. Ancel Keys, University of Minnesota physiologist, reported on two years of research to show that the pectin in fruits does reduce the cholesterol level in the blood. Two ripe apples a day provide a person with approximately 15 grams of pectin, the amount given to the research volunteers in Dr. Keys' experiment. This dosage reduced blood cholesterol levels by an average of 10 milligrams over a three-week period. Apparently, in preventing or treating heart disease, if an apple a day is good medicine, two apples a day are even better!

Apples are praised as being a boon to good dental health. For more than thirty years Dr. Fred D. Miller of Altoona, Pennsylvania, has been lauding the benefits of eating apples as snacks and to top off the school lunch. Dr. Miller calls the apple "nature's toothbrush" and advises his patients to "finish every meal with an apple." He believes there is a strong tie-in between



Shirley M. Dever

proper diet and sound teeth. Chewing apples provides the gums with the massage vitally needed if they are to remain firm and pink.

The American Dental Association is also verbal about the importance of fruit in the daily diet. "In addition to tooth brushing," it advocates, "every person should include in his diet, particularly at the end of the meal, some detergent food such as fruit." The greatest detergent fruit by far is the apple, which eliminates 96.7 percent of the bacteria in the mouth. In comparison, brushing the teeth for three minutes, followed by a mouth rinse, eliminates only 65.3 percent. For a bonus, the apple is crisp, crunchy, and delicious!

An apple a day seems indeed to be good medicine. It has proven effective in preventing or treating heart disease, high blood pressure, intestinal and digestive disorders, upper respiratory diseases, tension-phenomena problems, and the triple threats of arthritis, rheumatism, and gout. And besides all these benefits, the apple helps prevent tooth decay.

Apples pamper the palate, polish the teeth, and put genuine sparkle in the eyes. Apple munching soothes the nerves. Apple snacks slim the waistline. Apple eating is beneficial to overall health.

Some dietitians laud apples as a health tonic, while others go so far as to call apples a miraculous cure-all. Somewhere in between lies the old theory that *an apple a day keeps the doctor away*. Most of us will buy that. And we'll also believe that an apple a day is good medicine, better than a pill a day. ■



IN OUR COMPLEX SOCIETY many major problems afflict man. In the United States there are an estimated five to six million alcoholics. This figure does not include early problem drinkers, which also represent a problem of great magnitude and seriousness to public health.

Statistics reveal that an estimated 6 percent, or one out of every fifteen teenagers, may become an alcoholic sometime in his life. Most teenagers do have some experience with drinking.

About 10 percent of alcoholics, it is estimated, are alcoholics from their very first drink. It is urgent, then, to be able to recognize the initial signs of alcoholism, which include a feeling of dizziness, undue exhilaration, unusual activity, signs of depression, of silence, lethargy, sleepiness, violent swings of emotion, feelings of carelessness. All of these may be warning signs. But simply ignoring the suggestion that there has been heavy drinking, or resenting the criticism of one's alcoholic habits, might also be a barometer that trouble looms ahead with alcohol, often even leading to suicide.

Voluminous studies have reported the various types, causes, social factors, et cetera, related to alcoholism and to suicide and suicidal attempts. There is further evidence that alcoholism and suicide are directly related. Recorded suicides reveal that as many as 30 percent were heavy drinkers, whereas the estimated number of alcoholics in the general adult population is about 4 percent. Unsuccessful suicide attempts by alcoholics are also high from 13 to 46 percent being reported. Medical science has proved that alcoholism may be even more closely related to suicide than to mental illness. To a great extent, evidence of this nature is based on studies of individual cases rather than overall surveys. Investigations of population groups and of special samples may give varying results. Alcoholism suicide investigations have at times not taken into account other existing variables, such as age, economic status, or marital condi-

Suicide-

A HOW-IT-IS-DONE ARTICLE



MARIE LAYNE

tion, so that the degree to which the relationship is independent of such variables is not fully established. But the fact exists that extensive findings have definitely indicated the relationship of alcoholism and suicide.

A "common cause" may be applicable as the interpretation of this relationship, because both alcoholism and suicide are regarded as the result of the same "cause." Most theories concerning the alcoholism-suicide relationship do make this assumption. Some of these factors include urbanization, social disorganization, social integration. It is obvious that personality factors are crucial.

A second interpretation is that in which alcoholism is viewed as leading to suicide. The important consequences of alcoholism may be important antecedents of suicide. Prolonged and heavy drinking may lead the alcoholic to ignore basic familial, occupational, and social roles and may lead him to engage in actions which are embarrassing and status-threatening to relatives, friends, and even work associates. The alcoholic may be rejected, thus becoming a social outcast. The alcoholism-suicide relationship is thus involved in an association among three variables, i.e., heavy drinking, negative and disruptive social relations, and suicide.

These interpretations are in no way incompatible. Antecedent social structure or personality attributes (or both) may combine with negative social reactions to make suicide more probable. The impact of social reaction, for instance, may be greater for alcoholics with certain personality types.

These interpretations are not implausible. Yet the precise nature of the alcoholism-suicide relationship is not yet fully understood. Much more needs to be made clear; and when it is, undoubtedly alcohol will be seen as an even greater factor leading to suicides.

friend of the lepers

Henry F. Unger

There was no traditional Hawaiian lei of greeting as Ira Barnes Dutton came ashore at Kalaupapa on July 29, 1886. His only greeter was a smiling, stocky priest, his face and hands disfigured with the ravages of leprosy.

"Welcome to Molokai, Brother," the priest said, "and indeed how we welcome and need you."

Tall, well-knit, and blessed with a slim, muscular figure, Ira Dutton preferred this happy greeting to one from any celebrity in the world. He was finally ashore on the notorious leper colony of Molokai Island, and he could hardly believe it or believe the transformation that had occurred in his life.

Dutton, a heavy drinker for many years, was now face to face with the famous Father Damien de Veuster, S.S. C.C., who had sacrificed his life to work with outcast lepers. Until Dutton's appearance on the island, no one had offered to work full time and without pay as the Catholic priest's assistant and to minister to the scores of lepers who not only suffered the ignominy of disfigurement of face and body but who agonized with pain and with the foul-smelling odors emanating from their dying bodies.

What seemed like a dream for Dutton—setting foot on the leper colony—would stretch into forty-five years of self-sacrifice for the former Civil War veteran among the lepers. At that moment, Dutton did not realize that for nearly half a century he would never leave the leper colony.

Born in the tiny town of Stowe, Vermont, Dutton later moved to Janesville, Wisconsin, where he was reared as an Episcopalian. He volunteered his services with the city Zouave Corps, which in turn enrolled in a body as Company B of the 13th Wisconsin Volunteer Infantry during the Civil War.

Wiry and conscientious, Dutton served with gallantry in Kansas, Kentucky, Tennessee, Alabama, Louisiana, and Texas, and in 1865 was promoted to the rank of first lieutenant.

After he was mustered out of the service, Dutton foresaw a placid future as he married. But he soon discovered that his wife was a faithless type, and she went to live with another man in New York. When she

piled up bills for Dutton, he divorced her.

A great gloom descended upon the previously optimistic Dutton, and he sought solace in whiskey. For over a decade he staggered along with his menial job but always in a stupor, convinced that his whiskey habit was his balm.

One day Dutton decided that alcoholism was ruining his life and determined to cast off the habit. He saw a clergyman, asked for his help and for help from God. Knowing full well the struggle it would entail, he took the pledge and never returned again to alcohol.

Realizing that he had wasted much of his life with his whiskey habit, Dutton now determined to help others in their struggle against the habit.

The future friend of lepers contacted Catholic priest Father J. A. Kelley, O.P., and was received into the Catholic Church. "I thought that service within the walls of the Trappists would provide the penance I was seeking," Dutton said, "but after two years with that strict religious group I decided this was not the vocation for me."

Dutton left the monastery and went to Saint Louis. He met another priest there. Together they went on to New Orleans, where Dutton learned about the famous Father Damien on Molokai Island and his valiant struggles to help the outcast lepers.

"Why this suddenly impressed me with the certainty that I had found my real vocation I have never tried to elucidate; but I have acted as if there was need only to go ahead, leaving the whys and wherefores to any who like such problems."

As he had thrown the drinking habit, Dutton now moved ahead swiftly, determined that this was the answer to his longing to do good. Dutton determined to make a visit to Molokai Island.

When he arrived in Honolulu, he sought out the Catholic bishop and received his and the Board of Health's permission to visit Molokai Island. Immediately he was offered money to work on the island with the lepers.

"I preferred to work without pay," Dutton said, "and so I was gladly accepted."

He had hardly come ashore that fateful day when he realized the immensity of his transformation from an alcoholic to a helper of his fellowman. The average man would have shrunk from the challenge. He looked at Father Damien's ravaged face and could see thirteen years of the priest's self-sacrifice. He realized that he could also be infected with leprosy. As he rode alongside the brave priest in his buggy from the Kalaupapa landing, Dutton could see the twisted faces of the lepers he would live with. Never hesitating, Dutton only listened to the many plans of Father Damien, who was to die three years later.

Dutton, now called Brother Joseph by Father Damien, expended every effort to make the lepers more comfortable. Always smiling, reserved, and thoughtful, Dutton preferred not to discuss his "wild years," but had words of caution for the lepers who were prone to depend on whiskey.

Given charge of the two churches and the orphanages, Dutton was constantly at work. He corresponded with persons all over the world, telling them about the plight of the lepers and about the urgent needs on the



Ira Barnes Dutton

island. One of his letters reached President Theodore Roosevelt, who in 1908 ordered the Great White Fleet anchored at nearby Honolulu to divert its course and to pass in front of Molokai Island to honor the former Civil War veteran and his leper charges. Daily Dutton had raised and lowered the American flag on the high flagpole at the leper colony. He had told the leper children about the greatness of America and boasted about the immense United States Navy. He was startled when an entire fleet of battleships passed by the colony in a tribute to him. Again in 1925 the battle fleet passed in review before Dutton, an honor not ordinarily given to civilians.

Without his desiring it, Dutton's fame spread over the globe. After his death a notebook containing 4,000 addresses of correspondents was found. Despite his gallant efforts, Dutton simply could not keep up with the letters he received.

Dutton became the director of the Baldwin Home on the colony and handled its affairs, supervising its physical setup and disciplinary problems. He also provided proper recreational facilities for the young leprosy boys.

Dutton was so dedicated to the work among the lepers that during his forty-five years on the island he moved only from his lodging to the flagpole, to his work among the lepers, to the chapel, and then back to his lodging, writing letters until the early morning hours.

At the side of Father Damien when he died in 1889, Dutton continued the priest's efforts among the lepers. A school in Beloit, Wisconsin, was named after him. In 1929 the pope sent him his special blessing, and the Hawaiian parliament voted him a testimonial.

Called "the brother of all the world," Ira Dutton proved to the world, without wishing to do so, that alcoholism can not only be crushed but that it can become a stepping-stone to a remarkable service for man.

Dutton, rarely ill during his long, remarkable stay on Molokai Island, finally died on March 26, 1931, and was interred there beside his friend, Father Damien. Later the priest's remains were removed to Louvain, Belgium, and a statue to his honor was erected in renowned Statuary Hall in the United States Capitol.

Father Damien de Veuster



NOTE FROM HISTORY



Not All Cherry Blossoms

In Washington, D.C., there is a definite link between crime and drugs. More than 1,000 persons arrested each month "are hardline drug users," says Deputy Mayor Thomas W. Fletcher.

According to figures from three separate studies, more than 46 percent of the prisoners at D.C. jail entered while under the influence of drugs. Of those 46 percent, 93 percent were on heroin.

At the receiving home, a one-month study showed that 25 percent of youthful offenders were on drugs when they were arrested.

According to Dr. Robert Dupont, corrections community service official, interviews have shown that "the percent who used only marijuana coming into the Department of Corrections is very small. Those same people who use heroin also use marijuana in a high percentage; exactly what percent I do not know."

"The percentage who use just marijuana, and not heroin, is small—about 2 percent," he says.

Big Addiction Fight in New York

Since 1966, New York State has spent \$250 million to attack drug and narcotic abuses, says Governor Rockefeller. He is hopeful of getting Federal aid for this program, which he calls "one of the nation's first and most comprehensive approaches to the menace of narcotic addiction."

The Governor listed, as achievements of the program, an increase in the number of beds for care of addicts from 375 to "more than 5,000," and treatment of "over 10,000 certified and noncertified addicts."

Federal figures show that at the end of 1967, New York State had 52 percent of all active users of opiates (heroin, morphine, opium) in the United States. Of the state total, 95 percent live in New York City.

The state estimates that at the end of 1967 there were 65,000 active addicts in New York City and that

two of every 100 in the 15-to-44 age groups were addicts.

Weldon H. Smith, coordinator of narcotic programs for the California Department of Correction, says his experiences have "made it clear to me that New York has achieved the leadership role in the United States for treating drug abuse."

He also says it is important to distinguish between the problems connected with use of marijuana and the far more serious consequences of heroin addiction.

"The marijuana user," he says, "in the main, is not a sociopath, a mentally disturbed person, a person with disabling personal conflicts, or even physically disabled by the use of marijuana."

Mr. Smith says that evidence from a variety of sources indicates that "experimentation with and chronic use of marijuana pervades almost every sector of our society,"

How to Be Sure That You Are a Heart Attack Risk

More than 20 percent of American men and women past 45 are heart disease risks, but most of them do not know it.

Delay in establishing a mass screening program to identify the high-risk persons prevents them from getting treatment, according to Dr. Jeremiah Stamler, director of the Chicago Health Research Foundation.

Dr. Stamler details new data, demonstrating how accurately medical science can select the important factors in heart disease.

For instance, about 15 to 20 percent of American men make it into middle age with a virtual immunity to heart disease. They rate normal in a consideration of six risk factors, including blood pressure and cholesterol levels, and they don't smoke.

MOONING AROUND

We understand one of the craters on the moon is to be named Mare Lactis, "The Sea of Milk"—named, no doubt, for the cow that jumped over the moon. Incidentally, it cost us \$24 billion to put a man on the moon. Last year, Americans spent \$24 billion on alcoholic beverages, and their effects, proving that it costs as much for a lift as for a lift-off.

Top Health Problem

Alcoholism is a critically important health problem in America, according to Dr. Roger O. Egeberg, assistant secretary of the Department of Health, Education, and Welfare.

"In terms of the number of its victims and the enormous consequences of their illness," he says, "it may rank as the most important health problem of all."

Dr. Egeberg says that there are somewhere between 4.5 million and 6 million alcoholics in this country, and most of them are not getting the care they need.

"If they were," he says, "experience shows that a great many could be restored to healthy, useful, and productive lives."



Dr. Roger O. Egeberg

At the other extreme, between 20 and 25 percent of the middle-aged adults fall into a very high risk category.

They have a combination of three or more factors contributing to heart disease.

The overall number of deaths from any cause during a ten-year period showed a striking difference between persons with predisposing factors to heart disease and those free of such factors.

Among the low-risk group, there were 43 deaths per 1,000; among the higher-risk group, the figure was 170 per 1,000.

This demonstrates a payoff, Dr. Stamler says, in terms of life for those who are free of the warning signals of heart trouble:

- High cholesterol level.
- High blood sugar level.
- Any current use of cigarettes.
- High blood pressure.
- Any abnormality in the resting electrocardiogram.

—Being 25 percent or more above normal weight.

Dr. Stamler says the individual who is rated high on any three of these factors is in a very high risk category for heart disease.

He also says that with a preventive program the death toll could be brought down dramatically.

What Age?

On ice?

With all the drugs and alcohol being consumed, this could be termed the Stoned Age.

—H. E. Martz.

In This NEWS

★ Can coffee have anything to do with your heart? See page 20.

★ What can you tell your children when they ask about drugs? See page 21.

★ A new way to discourage people from smoking. See page 22.

What the Doctor Sees in Coffee

Stress has long been associated with heart attacks. For almost three decades Dr. Samuel Bellet, a heart specialist, has studied various facets of stress such as smoking and stress and automobile driving and stress.

Recently, Dr. Bellet and his colleagues at Philadelphia General Hospital have been examining the relationship between caffeine and stress. Their work has led them to doubt the advisability of heavy individual consumption of coffee, tea, and cola drinks that contain caffeine.

Some drawbacks of coffee and caffeine have been known for decades. Many tense persons cannot tolerate caffeine; it intensifies their tensions. Persons with stomach ulcers or colitis are advised to shun coffee because it aggravates their condition. And caffeine keeps some people awake.

In recent years, studies have shown a correlation between "excessive" coffee drinking and coronary heart disease. No scientist has said, or implied, that coffee or caffeine causes heart disease, but there does seem to be a relationship.

Dr. Bellet has found that caffeine "is an extremely stressful substance." One of his studies showed

that caffeine, particularly when consumed in black coffee, is associated with an increase of "free fatty acids" in the human body.

The body normally releases these acids between meals to serve as food for various tissues. Excitement or nervousness seems to stimulate an increased release of the fatty acids.

The danger can lie in a reaction by the liver to excessive release of the acids. The liver turns them into another form of fat—triglycerides—and sends them back into the bloodstream. Triglycerides, like cholesterol, are thought to increase a person's susceptibility to a coronary attack.

Dr. Bellet, director of cardiology at Philadelphia General Hospital and professor of clinical cardiology at the University of Pennsylvania, looks at the American custom of a coffee break with something less than complete approval. He says that the American male competes in a stressful "jungle" of modern society. When the male tires during the day, he may "whip himself up" by drinking coffee.

Sometime in later life, says Dr. Bellet, the American male will have to pay back nature for that artificial stimulation.

San Diego Smokers Tested for Lung Cancer

A lung-cancer detection survey among cigarette smokers is being conducted among San Diego County's 1,000,000-plus residents.

The program, first community-wide survey of its kind, will be run jointly by the San Diego County Medical Society and Smoking Research—San Diego, a Federally financed but privately operated organization of several anti-smoking groups. The aim: A breakthrough in preventive care through early detection and treatment of lung cancer, a leading cause of cancer deaths among men.

The test will consist of examinations of sputum coughed up by cigarette smokers. The specimens of sputum are to be taken during patients' regular physical check-ups. Microscopic examination often reveals suspicious changes in the cells discarded by the body in the sputum. These changes could suggest precancerous as well as cancerous conditions. If these danger signs are found, pathologists could then make further diagnostic tests.

The sputum test has been tried out by researchers working with individual patients. It has shown promise as an "early warning" cancer test. If the San Diego County survey is deemed promising, presumably such testing might become widely and routinely used by physicians in diagnosis and physical-examination work.

It probably will not replace entirely detection of lung cancer by use of chest X rays. This is the method most often used currently. But survival of patients properly diagnosed with X rays is only about 5 percent, according to Dr. Steward Dadmun, chairman of the medical committee organizing the sputum

test campaign. This means the X-ray method detects lung cancers usually too late for effective treatment.

According to the American Cancer Society, perhaps 65,000 new lung-cancer cases appeared in the population last year, and about 59,000 persons were expected to die of the disease. This is 14 times the comparable totals 35 years ago. The cancer society says flatly that "most lung cancer is caused by cigarette smoking" and is therefore mostly preventable. Control is nowhere in sight, however.

Canada's Pot Problem

Canada is edging toward the legalized sale of marijuana, and United States narcotics officers are fearful of a nightmare of new enforcement problems.

"If marijuana becomes freely available over there, it will mean a tremendous job for us," says Frank Shefferly, chief inspector in Detroit for the U.S. Customs Bureau. There is mounting evidence that Canada is giving serious thought to a new approach to the marijuana problem.

A narcotics officer for the Royal Canadian Mounted Police agreed that pro-legalization sentiment is swelling in Canada and has become a potent political issue.

More than a year ago, Canada made its first move toward relaxed marijuana laws when it softened the penalties imposed on first offenders for possession of the drug.

A special five-man fact-finding commission has been set up to study the whole drug problem. A report is due in 1971.

AA's as Missionaries

Alcoholics Anonymous members in England have been urged to take on a more missionary approach to the drinking problem and think especially of a slightly different class of sufferers—"the heavy drinkers."

A man of this class, they have been told, can be roughly identified as one who regularly consumes a bottle to a bottle and a half of spirits or between 20 and 30 pints of beer a day without drawing much attention to himself.

He is usually a shy man, who probably has a well-paid, important job. He shows no overt signs of breaking up but is probably on the verge of it, and he is at a grave risk of succumbing to one of the diseases of the pancreas that are filling many hospital wards.

College Course in Drugs

Richard L. Sine

Union College, founded in 1795 as the second-oldest college in New York State, is continuing the role of a curriculum innovator that it began when its original board of trustees made it the first college in America to permit French to be substituted for Greek for entrance and graduation.

Union has now installed a Junior Projects Course that permits students to do most of their work off-campus, where they have more opportunity to view the world of reality. Research in one of these courses, "Nutrition, Health, and Disease," focuses on two contemporary problems, alcoholism and drug abuse. Students engaged in this research, as shown by their term-end reports, sought solutions to the problems, rather than only reporting on causes and effects.

Fieldwork for the students consisted of interviews with such diverse groups as rehabilitated alcoholics and addicts, jailers, jail trustees, public health nurses, Salvation Army officers, city policemen, workers in volunteer associations, doctors, and state agency personnel.



Drug Substitutes

Cyclazocine and naloxone, two new drugs which neutralize the effects of heroin and other habit-forming opiates, may soon be used in rehabilitation programs for heroin addicts.

At the New York State Narcotic Addiction Control Commission conference, Dr. Jerome H. Jaffe of the University of Chicago and Dr. Max Fink of New York Medical College reported on the narcotic antagonists, which are still in the testing stage.

Unlike methadone, which is being administered now to about 1,500 addicts in New York City as a substitute for heroin, the new drugs are not themselves addictive, one of the problems encountered with methadone.

Dr. Jaffe said cyclazocine has several applications in rehabilitation programs for heroin addicts.

First, he said, "if taken in high enough dosage, it prevents patients from becoming physically dependent, and thereby makes it possible for them to work or to participate in rehabilitation programs even if they never get to the point of total abstinence from narcotics."

"In addition," he added, "there are theoretical grounds for believing that just as conditioning may play a role in the development of compulsive drug use, patients taking cyclazocine who use narcotics and feel no effect will 'decondition' themselves, so that eventually even the cyclazocine can be discontinued."

Another idea would be to implant naloxone in capsules under the skin so that amounts of the drug would be released continuously over a period of weeks or months. Thus an addict would be immune to the effects of heroin and would have no reason to take it.



For the first time, scientists have determined the complete chemical structure of the key molecule of immunity, as here shown by Professor Gerard M. Edelman of New York's Rockefeller University.

"Can't you do anything right?!"



When Children Ask About Drugs, What Can You Say?

How should parents react when their children come to them with questions about marijuana?

"First of all, don't panic," advises Robert C. Petersen, director of the Center for Studies of Narcotic and Drug Abuse in the National Institute of Mental Health.

Petersen is a 38-year-old psychologist with three grade-school children of his own. He explains:

"When my children bring up drug abuse, which they do from time to time, I answer their questions honestly. At any age it is important that children should know you care about the things that are going on around them. But it is not wise to create an atmosphere in which you expect your children to do wrong."

"Most youngsters," he points out, "are not using drugs, and most of those who do try marijuana do not continue beyond experimentation."

The major deterrent, he said, is the high degree of supervision that grade schoolers normally receive from parents and teachers. In his view, parents should use that advantage to build up a "line of communication" reaching into the junior high school years when studies indicate drug experimentation does begin.

By the high school years, when the marijuana problem confronts many not previously tempted, the behavior patterns that can help students avoid experimentation are already established.

"Students who find satisfaction in other activities," Dr. Petersen notes, "are less likely to find regular use of drugs appealing."

The patterns of adult behavior may also influence the teen-ager's response, in his view.

"Drug abuse is many things," he reminds parents. "It is also the

adult starting his day with an amphetamine for needed 'pick-me-up' and ending with several drinks to 'unwind' and a barbiturate to put him to sleep."

Dr. Petersen has several concrete suggestions for parents whose children come to them for answers about drug experimentation—those parents who have kept the lines of communication open so that questions can be asked and answered freely.

His advice is to avoid panic, scare tactics, and stereotypes.

"Drug abuse, like other forms of aberrant behavior, may have varying causes," he explains. "For some it may represent ill-advised experimentation; for others, it may indicate basic or adolescent psychological problems." Among the warning signals may be loss of interest in school and social relationships with others, marked alterations in behavior, deterioration in physical and personal appearance.

In most cases, however, parents can handle the situation by avoiding sensationalism. To be effective, says Dr. Petersen, prevention ultimately must be based on each student's decision not to use drugs because they are incompatible with his personal goals.

Parents should not make the mistake of assuming that any departure from traditional styles or customs means their sons or daughters are using drugs. Young people who experiment, says Dr. Petersen, "come in all sizes and shapes and with short as well as long hair, conventional clothes as well as eccentric dress—so do those who don't use drugs."

Avoid creating an atmosphere of distrust and suspicion, he counsels, or you may encourage the very behavior that you're trying to avert.

New Drug Law Asked

President Nixon has asked the states to adopt a uniform drug abuse control law patterned after proposed Federal legislation.

The new law would take marijuana out of the category covering hard narcotics like heroin and give judges leeway to grant probation to first-time offenders convicted of possessing any narcotic or dangerous drug for personal use.

"This is a model that will require immediate, positive action by the states if we are to successfully mold a coordinated, effective war on narcotic and dangerous drug traffickers and if we are to successfully control the flow of legitimate drugs and prevent their diversion into the illicit drug market," says Attorney General John N. Mitchell.

In general, the Nixon administration wants both state and Federal laws so that officials can deal effectively with both interstate and intrastate aspects of the drug traffic.

John E. Ingersoll, head of the Justice Department's Bureau of Narcotics and Dangerous Drugs, says the Federal Government is launching a nationwide educational campaign—through radio, television, newspapers, and billboards—"to start counteracting the idea that drug taking is hip. Only if we reach young people at their own level with a message that makes sense do we have a chance."

Nader Asks Smoke Ban

Consumer advocate Ralph Nader has petitioned the Federal Aviation Administration to ban smoking on airlines as a health and safety hazard.

Mr. Nader, a nonsmoker, has asked the FAA to issue an immediate rule abolishing cigar, cigarette, and pipe smoking on passenger planes.

In his petition, Mr. Nader notes that one FAA regulation requires "that passenger-compartment air must be free from harmful or hazardous concentrations of gases or vapors," and he says cigarette smoke has a carbon-monoxide concentration 8,400 times greater than that defined by the FAA as hazardous to health.

No-smoke Drugs

The cigarette companies, sorely troubled by the antismoking spots on television, are in for more troubles.

They'll be coming from the pharmaceutical companies, which have discovered that there's a dollar or two to be made in smoking deterrents.

At least three of the pharmaceutical concerns will probably be joining J. B. Williams's Nikoban as national TV advertisers.

Nikoban, sold as both lozenge and chewing gum, has at the moment the lion's share of a retail market estimated at \$15 million. It was promoted by \$1.5 million in advertising in the first six months of 1969, with over \$1.4 million of that to network TV.

WHAT WHERE
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◆ Ultrasciences Inc., a maker of cosmetics and filter systems, says a leading cigarette filter-machinery manufacturer has agreed to produce machines to make a filter developed by Ultrasciences. The new filter is said to reduce tar and nicotine "up to 70 percent over filters now on the market, with no resistance to draw, and at no appreciable increase in cost."

◆ American Machine & Foundry Co. says it has developed a process for increasing tobacco bulk while improving "biological effects." The method, called the foam tobacco sheet process, involves mixing tobacco particles with foam, adhesives, and cellulose fibers, drying it into a paperlike sheet, then shredding it like ordinary tobacco.

◆ Dick Butkus, the Chicago Bears one-man version of destruction, is blitzing the public for a new anti-smoking product, Smoke-X. The product is made by Alva Laboratories, which claims, "Smoke-X, in tests for the past five years, has been proved to be the safest product of its type on the market. The product does not contain lobeline sulfate, a drug used in other products in the antismoking field to arrest tobacco hunger."

◆ The Food and Drug Administration has proposed that medical researchers be required to obtain advance approval from the Food and Drug Commissioner for any animal or human tests using tetrahydrocannabinols, the main active ingredient in marijuana. Such a requirement already is in effect for other hallucinogenic drugs, such as LSD. (Wall Street Journal)

◆ In New York City this past year the number of children and teenagers dying from heroin overdoses increased as much as 300 percent. About 50 children between the ages of 14 and 16 died from overdoses of heroin. According to city medical officials, the youngest was only 12 years old and had been taking heroin for perhaps two years. (New York Times)

◆ The American Medical Association rejected a resolution calling for an end to radio and television advertising of cigarettes and the discontinuance of Federal subsidies to tobacco growers. The AMA agreed to maintain its ties with the tobacco industry on research projects although there have been earlier arguments that the AMA is "being tainted" by its \$18 million contract with the cigarette manufacturers. (Times-Post Service)

◆ About 80 percent of some 700,000 alcoholics throughout New York State have operators' licenses, according to the N.Y. Motor Vehicle Department. The department and courts suspend the licenses of only about 10,000 persons each year because of alcohol-involved offenses. (Highway User)

ARE YOU PUZZLED?

Pen Pal Puzzle

Frieda M. Lease

Use definitions and spaces as helpers in completing these "pen" "pal" words.

- | | |
|---------------|--------------------|
| 1. — pen | not closed |
| pal — | colorless |
| 2. pen — | a coin |
| pal — | part of hand |
| 3. pen — | writing gadget |
| pal — | house for royalty |
| 4. pen — | fowl |
| pal — | roof of mouth |
| 5. — pen — | regret |
| pal — | worthless |
| 6. pen — | enter into |
| pal — | beat |
| 7. pen — | paid to old person |
| pal — | bed of straw |
| 8. pen — | small flag |
| — — — — — pal | head of school |
| 9. — pen — | vertical |
| pal — | tasty |
| 10. — pen — | used up |
| — pal | gem |
| 11. — pen — | to bar temporarily |
| — pal — | to dismay, shock |
| 12. pen — | thoughtful mood |
| pal — | fence |

Wreckords of Wet Drivers

Drinking drivers may be involved in more than half of all fatal accidents.

That was one possible conclusion from "Analogue 1000," a study recently released by the Indiana State Police Department.

It is, in the words of Robert K. Konkle, superintendent of the law-enforcement agency, "the history of 1,000 fatal traffic accidents that occurred on rural Indiana roads and highways between August, 1965, and April, 1967, and claimed a total of 1,238 lives."

The study revealed that 746—over half—of all those killed succumbed in accidents which involved a drinking driver. Some 389 drivers who were known to have drunk alcoholic beverages just prior to their accidents, were at fault. Thirty-three were partially at fault, and 52 were not at fault.

The study also found that half the total number of drinking drivers had blood alcohol levels of above 0.16 percent. The legal limit in Indiana is 0.15 percent.

Eighteen percent of all the drinking drivers were under 21, Indiana's legal drinking age.

These results are not too surprising. In fact they are remarkably similar to most other recent

Federal and state drinking and driving polls.

The most recent of these was the mammoth survey conducted by the United States Department of Transportation in 1968. The department's findings blamed the drinking driver for over half of the nation's fatal traffic accidents. In that poll, the report stated that the 1 to 4 percent of Americans who are heavy drinkers are responsible for at least half of the single-vehicle accidents in which the drivers are killed, and almost half the fatalities involving more than one vehicle.

The Top Man Speaks

Henry F. Unger

The Valley National Bank, largest bank in the Rockies, with headquarters in Phoenix, had a nice thing going with color scenes of Arizona on their checks—until Walter Bimson, chairman of the board, recently decided to stop smoking.

Bimson spotted the scene of the checks showing a cowboy smoking deeply a la the Marlboro ads. Immediately he put a stop to this and called off the issuance of any more like checks.

This is going off the smoking habit with enthusiasm.

Want to Quit? Smell Smoke!

Want to quit smoking? Have somebody blow stale smoke in your face. A lot of it. Often.

That's the basis of a program credited with helping up to 90 percent of the subjects stop smoking permanently.

Dr. Irwin Lublin, psychologist at California State College, uses a hair dryer to blow smoke from smoldering cigarettes into the faces of volunteers, all heavy smokers and drawn mostly from the 26,000-student campus.

He insists they puff on their own cigarettes during the treatment. Some choke, some gag during the 30-minute sessions, but if they stick it out for five successive days the odds are high that they will kick the habit.

"We call it aversive conditioning," says Lublin. "After just one or two treatments, the subject begins to associate smoking with the unpleasant experience of smelling hot, stale smoke. Soon he begins to 'smell' hot, stale smoke every time he even thinks about lighting a cigarette, so he doesn't light one."

"The only failures we've had are people who don't really want to quit smoking, or whose psychological need to smoke is greater than their need to quit."

Lublin believes his method is better than those which rely on mild electrical shocks or on scaring the smoker by stressing the illnesses which may result from smoking.

"The mind doesn't associate electrical shocks with smoking as readily as it associates a bad smell with smoking," he said. "And the scare technique doesn't work too well because the mind may forget un-

pleasant statistics, but the body retains a physical aversion to stale smoke for a long time, long after the habit is broken."

For proof, Lublin points to his results.

"We make periodic checks for as long as the subject will cooperate. Some of the more than 200 we have worked with are still abstinent after two and a half years."

Drug Use Is Contagious

The use of drugs is an infectious disease that is spreading rapidly, says Sir Harry Greenfield, chairman of the International Narcotic Control Board.

Sir Harry says the board's attention has been drawn to the "changing pattern" of drug abuse. There has been a shift in the drugs employed at the same time that the use of drugs has spread, he says.

The growing consumption of marijuana has been accompanied by an increase in the use of such psychotropic drugs as pep pills, tranquilizers, and hallucination-producing substances of the LSD type, explains Sir Harry.

Drug consumption has spread to all social levels and to a "fairly wide spectrum of age groups, including juveniles," he adds.

Answers:

1. open-pole; 2. penny-palm; 3. pen-pal; 4. pen-guin-pal; 5. re-pent-pal; 6. pen-gue-pal; 7. pen-pal; 8. penant-pal; 9. pen-pal; 10. pen-pal; 11. suspend-appal; 12. pen-pal; 13. pen-pal; 14. pen-pal; 15. pen-pal; 16. pen-pal; 17. pen-pal; 18. pen-pal; 19. pen-pal; 20. pen-pal; 21. pen-pal; 22. pen-pal; 23. pen-pal; 24. pen-pal; 25. pen-pal; 26. pen-pal; 27. pen-pal; 28. pen-pal; 29. pen-pal; 30. pen-pal; 31. pen-pal; 32. pen-pal; 33. pen-pal; 34. pen-pal; 35. pen-pal; 36. pen-pal; 37. pen-pal; 38. pen-pal; 39. pen-pal; 40. pen-pal; 41. pen-pal; 42. pen-pal; 43. pen-pal; 44. pen-pal; 45. pen-pal; 46. pen-pal; 47. pen-pal; 48. pen-pal; 49. pen-pal; 50. pen-pal; 51. pen-pal; 52. pen-pal; 53. pen-pal; 54. pen-pal; 55. pen-pal; 56. pen-pal; 57. pen-pal; 58. pen-pal; 59. pen-pal; 60. pen-pal; 61. pen-pal; 62. pen-pal; 63. pen-pal; 64. pen-pal; 65. pen-pal; 66. pen-pal; 67. pen-pal; 68. pen-pal; 69. pen-pal; 70. pen-pal; 71. pen-pal; 72. pen-pal; 73. pen-pal; 74. pen-pal; 75. pen-pal; 76. pen-pal; 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The sole on his right shoe had at last worn through, and David Chambers was painfully aware that a blister was beginning to form on the bottom of his foot.

He walked slowly and moodily, his eyes cast downward. Unrecognizing faces hurried past him, coming and going. Someday perhaps this would be a warm and friendly city for him. Someday there would be people who would greet him as he walked along.

That day had not yet come. It was a lonely thing to be a stranger.

He stopped abruptly as a "Don't Walk" sign flashed its warning. At once he caught sight of the girl across the street from him.

She was sitting nonchalantly on the sidewalk, apparently contemplating her sandaled feet. She wore tight blue denim pants and a loose-fitting blouse. Her black hair was parted and pulled back. She wore no makeup except for her pale white lipstick.

She was obviously not aware of his gaze, so for a moment he studied her face. It was a pretty face, he noted, but most unusual.

She stood up and strolled dejectedly to the curb. She tried vainly to cross against the stream of traffic; then, becoming discouraged, she returned to her previous position.

Strangely enough, the overall impression was not one of cheapness. She seemed cynical, even defiant, but never cheap.

Beautiful, perhaps.

And perhaps lonely.

The light changed. The anxious crowd swarmed across, and he followed with them. As he passed her, she glanced up at him but her face registered no expression.

He hesitated, then continued. When he was several blocks away, he cursed himself for not having stopped.

In his room, he began to dream.

* * *

The Dream: The next day he hurried to that same corner, hoping passionately that he would find her there again. He caught sight of her face a good distance away, sitting there in the same place, in all her defiant, youthful glory.

When he reached her, she was beginning to walk away, not having noticed him. From her gait, he judged she had nowhere in particular to go.

"I hope you're not leaving," he said.

GIRL ON THE SIDE- WALK

T. Casey Brennan

*This is the world
of the dropout and the
runaway, a lonely
world of dreams and
fantasies which,
by their very nature,
are bound to
be trampled by an ever-
present reality.*



"I came here to see you." He said it openly, and with sincerity.

She looked back at him and smiled.

He noted that she looked hungry, as he fingered the fruits of his newly cashed unemployment check in his pocket.

"Join me for lunch?" he asked softly.

Till her meal was finished, she talked infrequently. But then she chattered on endlessly much to his delight.

"—living with two girl friends, and I don't have *any* money; not *any*! I left home two months ago."

She would pause periodically to tear open packs of sugar and empty them on her plate.

"I don't care what anyone thinks." She was not so different from him, he noted as she spoke.

"I've seen enough of *their* values." She was indeed a kindred soul.

"I just want to get away." She paused a moment, obviously losing her train of thought, and added, "Say, how do you know me, anyway?"

He smiled. He had learned that her name was Debbie Rogers, but had not yet introduced himself, preferring instead to remain a mystery.

"I saw you on the corner yesterday," he said, "and I wanted to meet you."

She cast her eyes downward, and he saw her face redden somewhat.

She was about to speak when he interrupted her.

"I'm David Chambers."

"Wanted to make a friend?" she said. It was half question, half statement.

"Wanted to make a friend," he repeated.

"Isn't this city awful?" she asked.

"Only for some," he replied. "But perhaps not for always."

The Reality. When he realized he was awake, he pulled himself from the bed. He had not slept long, but his dream had been long—the dream of actually meeting that girl on the sidewalk. In reality, he knew nothing of her name or personality. Perhaps she would be far different from the dream.

The next day he hurried to that same corner, hoping he would find her again, as he had in his dream. But a day had passed, and she was gone. He returned to that spot each day for nearly two weeks, before pocketing his last unemployment check, packing his bags, and moving on.

"THE HIGH I HAD ON GRASS CAN'T MATCH THE HIGH I'M ON NOW THAT I KNOW JESUS."



The girl in the window is Ann. For three years Ann lost herself in the world of marijuana and amphetamines. Then she found Christ, and, as she says, "Only my Lord could put me up on this cloud I'm on now, and it's a beautiful place to be."

Watch for Ann's story soon in Listen. She tells how the death of a child finally opened her eyes to search for something better. Ann is one of many young people writing their stories for Listen in the hope that others might avoid their mistakes.

These true stories are just one of many ways Listen encourages happy, healthy living free of drugs, alcohol, and tobacco. If you would like to read Listen's stories and interviews every month, or share them with others, fill out this coupon today.

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