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LISTEN



TAMMY AVIS-“I FOLLOW ME”

How Safe Are Over-the-Counter Drugs?

Teen Suicide- Preventable Tragedy



Nan Friedlander

I never thought that when I broke my leg skiing my whole life would change. It did, though. Although crutches were a real hassle, I'll always be glad I needed them for a few weeks.

The weekend of the accident started out as usual. A group of my buddies and I drove to the mountains on a snowy night. It's a five-hour drive even without a storm. As it was, the trip took close to eight hours. So naturally, when we reached the cabin, we built a fire and sat around to relax.

Relaxing to us meant breaking out the beer and popping a few 'ludes. Some of us were pretty high by the time we staggered off to bed. I was used to handling my highs, so I didn't worry. After all, I'd been on one drug or another ever since I hadn't made the varsity football team the year before.

The next morning a couple of gung-ho skiers wanted to be first in the lift line, so we drank our coffee on the run. We figured we could stop for breakfast when the slopes got crowded. To tell the truth, I was feeling pretty rotten. More and more my highs were followed by really bad lows, but I thought I'd always be able to fix my lows with stronger highs.

Maybe if it hadn't stormed the night before, I would've seen the tree. It was only a small one, curved over with the weight of the snow. In any case, we were schussing straight down the slope when—pow!—my left ski slid under the tree. I heard two cracks as I was flung forward. Sure enough, I had a spiral break.

No need to go into the messy details of what happened next: the trip in the toboggan, the hospital stay, the traction, the cast, and finally the crutches. It's enough to say that all spring I was hobbling around with my bookbag strapped to my back. I kept on popping pills because they provided my only moments of feeling better, even though things were much worse in between.

I don't know how long I would've gone on like that, if my parents hadn't left to see my married sister's new

CRUTCHES

"There's nothing wrong with crutches, Chuck," Grandmother said, "so long as you give them up when you don't need them."

baby. Originally I was to be allowed to stay home alone. I'd been looking forward to having the gang over for some real parties, but my life on crutches changed all that.

"Dad and I have talked it over," my mother said. "We've decided you're to stay with your grandparents."

"Hey, wait a minute, Mom. They live way out of town. How will I get to school, for instance?" It wasn't that I was so crazy about school, but I wanted my parents to be impressed that I cared. Besides, I didn't want to miss any more of the action my senior year.

"Grandmother says she'll drive you to the bus." My mother's voice had that note of finality I knew so well.

Two days later I was on the way to the Old Homestead. I felt like one of the Waltons. There was the beat-up old farmhouse, the sagging porch, even the rocking chairs out front. Once the place had overlooked cow pastures and woods, but now the city had crept out and junked up the area with trailer courts and drive-ins. Only one meadow remained between the farmhouse and the nearest gas station. It was Endsville.

How was I going to stand living here for two whole weeks? It was lucky I'd had the wit to slip some 'ludes in the pocket of my duffle bag.

Grandmother had baked cookies for my arrival and made lemonade. With real lemons, yet. How could I ask for a beer instead?

"Welcome, Skippy," Grandfather said. "We're real glad to see you."

Skippy! No one had called me Skippy since junior high. "I'm called Chuck now, Gramps."

"That so? Hard to make these changes." Grandfather sat down in the rocker. "Sit yourself down, Chuck. The crutches can lean against the wall there."

I sat down. This was going to be a real drag, I could tell already. We rocked for a while in silence. My most recent pills were wearing off, and I was nervous as a cat. I must have started rocking a lot harder, because my crutches fell down with a bang.

"Shoot!" I reached for them. "I hate these

things." All of a sudden it seemed as though the crutches were ruining my life.

"There's nothing wrong with crutches, Chuck," Grandmother said, passing the cookies, "so long as you give them up when you don't need them." She sent me that piercing look my mother must have inherited from her.

What was that supposed to mean? Of course I'd give them up when they weren't needed. I'd be crazy not to.

"Who would use a crutch when it wasn't needed?" I asked.

Grandfather put down his lemonade. "There's more than one kind of crutch," he said quietly.

And what was *that* supposed to mean? No wonder there was a generation gap. Old folks talked in riddles.

We rocked again in silence. I turned Gramps' riddle over in my mind. What other kind of crutch was there? Then it came to me—pills, smack, hash—even beer? Yes, I suppose they could all be called crutches. They sure helped me through plenty of situations. But if they were crutches, then I was getting dependent on them, wasn't I?

I thought back over the school year. I couldn't remember one exciting thing I'd done on my own. The whole time I'd been drifting in and out of highs.

Grandmother picked up her knitting. "This is for your new nephew." She held up a blue suit with the name "Hugo" knitted into the top.

"That's a lot of work," I said absently, my mind still on the crutches.

"I know, but I get so much pleasure out of it." Grandmother clicked away. "First when I knit it; later when I see Hugo wearing it. And all the time in between just thinking about it."

"Yeah?" I was silent for a moment. "A kind of long-term high, you mean?"

"That's one way of putting it." Grandmother gave me that look again. "No what you call 'down periods,' you see."

No downs. No crutches. Just walking free.

"Sounds good." I really meant it, too. It'd been a long time since I'd been either free or happy. I needed to do some thinking. "Guess I'll go unpack." I put down my glass and picked up the crutches.

"Need any help?" Grandfather asked.

"Nope, I can handle it." I put my full weight on my walking cast. "I may not need these dumb things too much longer."

When I threw away my wooden crutches, maybe I'd get rid of a few others too.

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VIEWPOINT

Should Smoking Be Allowed on High School Campuses?



Denise Watts, 11th Grade
Clarion High School
Clarion, Iowa

YES. People are going to smoke; so let them do it under supervision. Why should nonsmokers like me have to breathe all that smoke in the restrooms? Give smokers a special time and place. And have a teacher who smokes present. Then we can all breathe freely.



Greg Garrison, 12th Grade
Bourbon High School
Bourbon, Missouri

NO. Peer pressure is often the stress point that breaks willpower. The most dangerous influence begins in high school, but since smoking is a moral principle, it cannot be prevented by disallowing it with school rules. Schools should enforce a policy against smoking, but only to give healthy and wise students a decisive edge on dominant bad influences.



Donna Melton, 11th Grade
Irvington High School
Fremont, California

NO. In school we learn about health. Isn't allowing smoking on campus defeating this purpose? To allow smoking on campus is to discourage students from taking care of their bodies. Just the thought of it makes me choke.



Rhonda Tow, 9th Grade
Etowah High School
Gadsden, Alabama

NO. Smoking is a known cause of lung cancer and heart disease. If a smoker wants to ruin his lungs and shorten his life, let him. But he has *no right* to endanger the lives of others around him with his cigarettes. If he wishes to smoke, let him do so at home, not at school.



Michele Cooke, 8th Grade
Redfield Elementary and High School
Redfield, South Dakota

NO. Why? 1. Nonsmokers would be urged to smoke. 2. Some students might try to smoke marijuana on campus. 3. Even secondhand smoke is dangerous to health. 4. Smoking contributes to litter and pollution on campus.

We'll pay \$5 for each student opinion (50-75 words) published. To qualify you must send a recent photo with your viewpoint and specify your grade, school, and hometown. Each submission will be evaluated on logic, clarity of expression, and legibility. Sorry, we cannot return photos.

Question for March 1981 *Listen*:

Should marijuana be decriminalized?

Send opinion, photo, and return address to:

Viewpoint
Listen Magazine
6830 Laurel Street, NW
Washington, DC 20012

Submissions for March *Listen* must be received by November 25, 1980.

EARTH TRIPPING

How to Say Merry Christmas to the Earth

Jim Conrad

Don't forget the earth this Christmas.

When your head is all bright ribbons, lit-up trees, and what-you're-going-to-get-whom, take time out to notice the forest, where you're seeing nothing but window displays and aisles of goodies. Look for the far-away mountains and deserts and swamps in the jingle-bell streets you're walking down.

Here's what I mean. Pretty wrapping paper is made from the earth's trees. Those electronic toys are silicon, made of the earth's sand, and aluminum, made from bauxite ore mined from the earth. That eggnog you're drinking is mostly cow-chewings, compliments of a Wisconsin-type earth-field.

Whatever you see these days that *looks* like nothing but Christmas really is nothing but nature that people have worked on and changed around a bit. We humans may be exchanging presents with one another, but it's the earth doing all the present-giving.

With this in mind I hereby announce the opening of a new kind of store. I'm sending you descriptions of a few items to be found in the *Listen* Magazine Earth-Present Store. Prices are reasonable.

First, maybe you've never given

the earth a present, and you don't know how to do it. It's simple. First, you choose a present. It doesn't have to be one described below. Once you see what kind of treasures we're offering, you can figure out how to design your own.

Then you go someplace nice—such as a high, isolated mountaintop, an unpopulated tropical island, or maybe beneath the kitchen table. With your mind's eye focused earthward you say, "Hey, Earth, this is my present to you. This is what I'm going to do for you."

Then you *keep* your earth-promise.

GIFT 1: Pay more attention to your personal use of energy. When, in the winter, you set the thermostat too high or leave lights burning needlessly, in a very real sense you're asking the utilities to supply you with more energy. That means they need to mine more coal (burning coal causes air pollution, and much coal is mined by the "stripping" technique, which often destroys the land and pollutes water), or burn more oil (you know about our oil problems), or build more nuclear power plants (there are serious environmental questions about nuclear power).

We Americans waste about half our energy. We do it because

we're used to doing things in a certain way. With a few changes in our life-styles, we can stop a lot of the waste.

GIFT 2: Instead of automatically thinking of a car when you need to go someplace, start thinking in terms of walking, riding bicycles, and using mass transit. Cars cause air pollution, use a lot of petroleum products, and in general are not an environmentally sound way of getting from one place to another.

GIFT 3: Learn about nuclear power. Many people say that nuclear power is the wave of the future. Others say that the by-products of nuclear power present a danger to all living things. It's such a complex issue that most of us don't even try to figure out for ourselves what needs to be done.

If you study the issue, you may decide we *need* nuclear power. Or you may decide that it constitutes the greatest danger to life on earth since life began. Whatever the truth is, nuclear energy is an issue about which all of us should be informed.

GIFT 4: Consider eating less meat, or even becoming a vegetarian. It takes a lot of land to feed a beef cow. We can take that same land and grow vegetables on it that will provide much more nourishment than we'd de-

rive from just eating the cow.

However, becoming a vegetarian is serious business. If right now you simply stop eating meat, but continue eating the way most Americans do (mostly highly processed and junk foods), you can harm your body.

On the other hand, if you study nutrition and eat wisely, you can turn yourself into a plant-made person and be just as sassy as ever. A good book to read on this subject is *Diet for a Small Planet* by Frances Moore Lappé, which can be found in almost any bookstore or library.

GIFT 5: Join a locally active environmental group. Participating in its activities should teach you plenty about nature and the problems we have with pollution, overpopulation, the misuse of energy, etc. If there is no environmental group in your school, start one.

Both the Sierra Club and the Audubon Society often have local chapters in medium- and large-sized American cities. To see if there is a chapter of one or both of these clubs in your town, call your local natural-history museum, library, or college biology de-

partment for information.

When every day we're surrounded by nothing but concrete, steel, and plastic, it's easy to believe that somehow we humans no longer have anything to do with nature. However, if we trace any cellophane-covered, refined, pasteurized, superprocessed man-made *thing* back to its roots, we'll find wild nature there.

If this Christmas we dedicate ourselves to a life-style that reflects the respect with which we should behold nature, that will be a good Christmas present for everyone and everything. ◇



TAMMY AVIS RUNS FOR HER LIFE—WITHOUT BEING CHASED

"I FOLLOW ME"

THOMAS M. JENKINS

"Pizza and pop," she said.

"Aren't you in training?" I asked the slender runner.

"Sure, but it includes *some* junk food." She paused and smiled. "And eight to ten miles of running every day."

As Colorado's 1979 high school girls' state track champion in the one- and two-mile events, Tammy Avis is quietly confident about herself. She is aware of who she is—and who she isn't. She's not a "superathlete" driving herself beyond reason, not a dynamo who must win because she can't handle losing, and not a gaunt-faced stoic pushed by a demon. A 16-year-old Englewood High School junior, Tammy considers herself a normal girl who runs because she loves to run.

At the Englewood High School track I watched her pace herself for a mile. Her five-foot-three-inch, 90-pound form moved easily around the track as she aimed at 73 seconds for each quarter, attempting to reach her goal of 4:52 for the mile. (Her best time to date is 4:59.) She seemed to glide along with the wind, effortlessly and tirelessly.

She continued running as she turned off the track on a path to a small park, where she ran another six miles. I waited for her at the track. Soon she was back. "Do you want any more photos?" she asked easily, hardly out of breath.

"Yes. Would you run in the other direction so the sun is on your face when you pass me?"

"Of course," she replied. The warm afternoon sun illuminated her pretty, freckled face and auburn hair.

Tammy enjoys competition, the reaching for a hard-earned goal. She delights in the interplay of meeting people and making friends, including the boys. "I'm like one of the guys," she said, and laughed. "I have a lot of friends."

She went on to explain her off-season running schedule. She never runs alone but is paced by one



of her parents (on a bike or in a car) or by a boy her age who runs with her—there are no girls who can maintain her pace. In the process she enjoys the socializing, talking while she runs, even in bad weather and up hills.

This spring she continued to win not all but most of her races, even breaking records periodically. At Easter Relays held in the Air Force Academy's huge indoor track near Colorado Springs, Tammy not only won the mile run but also set the A.F.A. high school track record for the girls' mile.

On that same day another dimension of Tammy's character was evident: she ran in one of the many heats of the 880-yard run and came in second in the overall times. Her particular heat was "slow," affecting her pacing and ultimate place. She accepted it. "You don't win every time," she said matter-of-factly.

"But you almost do," I responded.

"I've been lucky, so far," she said.

I asked, "Do you really think it's luck?" Before she answered, I thought about Tammy's brand of luck. If it's "luck," its fabric is woven by Tammy's purposefulness. She seldom talks about her daily, year-round running and the motivation behind it, and she never brags. She just does it.

Then she said, "It's the running itself, the going after it that counts."

"You mean the competition?"

"More than that."

"What?" I asked.

"The feeling—the knowing—that I have something, something that is needed by our team," she answered.

Between events at one of the meets, I talked to Tammy's mother, who is always in attendance. She spoke proudly but casually about her daughter. "When she started running at age 10, she ran on pure guts, with sheer untutored energy. Now, with tougher competition, she has to work at it harder, pace herself strategically. And she does, without anyone telling her to. But the key thing is, she stays relaxed. She never lets it consume her."

Tammy's mother is an older version of her daughter's slender form, looking equally as fit and equally as calm. "What about training and the self-discipline?" I queried.

"She loves pizza and pop and lives for more than just running. She hasn't been a 'natural' student in school, but Tammy has learned how to study, mostly through the discipline that running has given her." She paused a moment. "Running has given her confidence to be more outgoing and to make friends out of strangers at the track meets." Her quiet assurance and relaxed buoyancy of spirit

were obvious. She continued, "My husband and I, Tammy's two brothers, and sister—we've all enjoyed it. What Tammy has gotten out of running as well as what we have gained. We too enjoy the friendship with the other kids."

Tammy's parents are also her friends. She has been given support and guidance from them, patience at times, a push at other times. "My parents are great, even when I'm upset with them or down," she says. "They have confidence in me."

That confidence, in addition to Tammy's resolve and daily running efforts, contributed to her participation in national track meets last year: The Junior Olympic trials in New Jersey and North Carolina; A.A.U. Nationals in California and Florida; and the Junior Womens' National in Indiana as a member of the two-mile relay team.

As a result, Tammy is becoming well known. Because her parents are not wealthy, she welcomes the advent of a college scholarship in track. From initial contacts already received, there are possible offers from colleges in several states. Before she graduates from Englewood High School, her winged feet may make her more records and attract more college scholarship offers.

Records are important, but to Tammy Avis they are only one of many essentials. I asked Tammy about what other students—her peers—think about her. "I don't know," she said flatly. "Probably not as much as you might think." She looked across the field. "How big a deal it is depends. I enjoy it, but I have it in place." True enough, but Tammy underestimates herself. I learned from her coach that she is cocaptain of the team and that she stimulates and inspires others by her attitude and team loyalty.

Her coaches have helped Tammy, recognizing her qualities in relationship to those of the other members of the team. One coach told me of Tammy's sense of humor: for a few days, earlier in the season, Tammy wore a T-shirt proclaiming, "I don't have to try harder; I am state champ." Tammy and her running team enjoyed it hugely.

Balance and control: Tammy has them. Each day she takes by itself—each day's opportunities to run, to be with her friends, and to have a pizza and pop occasionally. She has her goals, and she goes after them, in her own way.

"A lot of kids get messed up, get into bad habits and drugs. You know, they do it to be *in*." Then she added quietly, "They follow someone blindly—someone they think is a leader." She stopped a moment.

"Not me. Do you know what I mean?" she asked simply. "I follow me." ◇

MEDICINE MAN

WITH A MESSAGE

Dianne L. Beetler

Dressed in a white shirt, bright yellow vest, long black topcoat, bow tie, and top hat, he faces his audience of teenagers.

"Is your blood weak, watery, and limp?" he demands as he peers over his granny glasses. "I have what you, your parents, and your grandparents waited for—a cure for the miseries." He holds up an empty patent-medicine bottle.

"Warner's Safe Kidney and Liver Cure is absolutely safe," he assures the audience. "You can tell, because there's a safe pictured on the bottle."

The audience laughs, which is the way most people respond to modern-day medicine man Wayne Nordstrom.

Nordstrom's career as a medicine man began 16 years ago, when he started remodeling his farm home. "Under the living room was a pile of junk dating from 1850 to 1890," he says. The pile included more than 500 antique bottles, most of which had contained patent medicine.

Nordstrom carefully collected and saved the old bottles and began to compare life a century ago with life today. With his new knowledge he developed a program which he presents to high schools, youth groups, and business and civic organizations. The format is part medicine-man spiel, part musical entertainment on old-fashioned instruments Nordstrom plays.

Nordstrom explains that a century ago medicine men visited communities by horse and wagon to sell their patent medicines. With a persuasive spiel and questionable tactics they sold their products. They used words such as "electric," "volcanic," and "magnetic" to convince people that patent medicines were just what they needed to cure their real and imagined illnesses.

"Electric bitters will charge you up," Nordstrom says, imitating an old-time medicine man. "Electric bitters,"

"volcanic oil liniment," "magnetic liniment," and other similarly named patent medicines were hot-selling items 100 years ago.

Many patent medicines were titled with doctors' names to make them appear medically approved. They bore such alluring names as Dr. Foley's Kidney and Bladder Cure, Dr. King's New Discovery for Consumption, and Pierce's Pleasant Purgative Pellets.

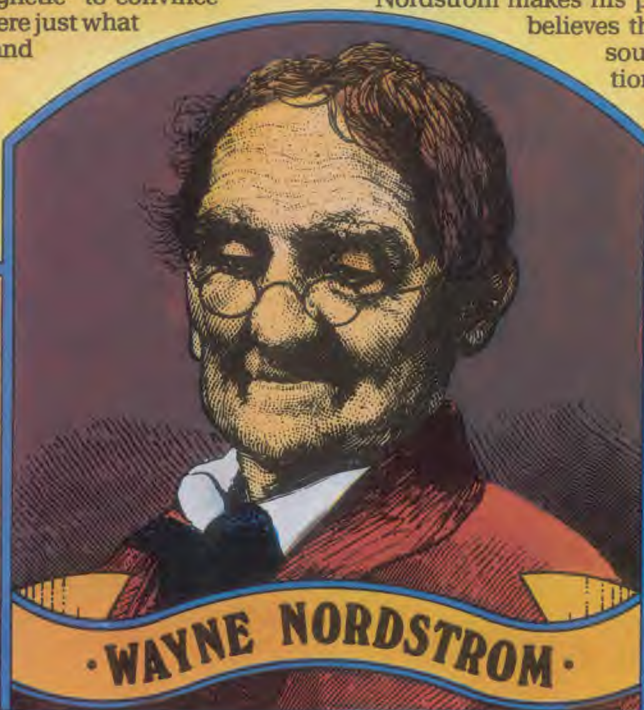
"I found over 50 unbroken bottles that claimed 'instant relief and certain cure,'" Nordstrom says. Unfortunately, the cure was neither instant nor certain.

He points out that many patent medicines contained high levels of alcohol, opium, and other narcotics. Dr. King's New Discovery for Consumption—a cough syrup—contained chloroform, opium, turpentine, and alcohol.

"Everyone drank bitters back then, but it was just plain 'hooch,'" Nordstrom says. "The temperance movement and prohibition organizations were going great guns, but many of their sponsors used patent medicines containing alcohol."

Audiences are amused at the extravagant claims made by medicine men and at the gullibility of the people who bought them. "They laugh at people 100 years ago, but suddenly they realize that they're laughing at themselves too," Nordstrom says. He asks his audiences not to be too hard on people who lived a century ago. "When you sit in front of the boob tube, compare the commercials with the spiel you hear today. You'll find a startling resemblance."

Nordstrom makes his program entertaining because he believes that "laughter is the music of the soul." But throughout the presentation he uses his "silent sentinels" to emphasize that "the problems we face and the hangups we have cannot be solved by physical panaceas such as drugs."



This year one of these children will experiment with drugs.

A recent government survey showed that one out of three 12-year-olds has dabbled in marijuana. Nearly three out of four have used alcohol.

What's happening to our children? Can they develop the moral stamina to survive childhood untouched by drugs?

The Winner Magazine can

help. Each 16-page issue gives your children the facts—through stories, articles, and activities that capture young imaginations.

The Winner shows your children how to make sound choices. Develop healthy self-concepts. Create lifestyles free from harmful drugs.

Childhood can be a moral

battleground. So give your children every chance to survive. Give them

The Winner.

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From the publisher
of *Listen* Magazine.





HOW SAFE ARE OVER- THE-COUNTER DRUGS?

LES STANWOOD

Nothing too unusual about the parking lot that early morning—scattered trash, paper, cigarette butts, old bottles. Then the supervisor of the large food-processing plant stopped short.

One cough syrup bottle would not have attracted his attention. But eight or nine? Newly emptied, he guessed, by looking at the last few drops dribbling onto the cement. What did they mean?

He checked to see if there was a rash of colds among the employees. What he discovered was something more dangerous than a simple head cold making the rounds. He uncovered deliberate drug abuse.

Apparently some workers on the night shift—he later discovered that it was a trio of 18-year-olds—were slipping out during their break and downing

bottles of cough medicine to get high. The supervisor shuddered at the thought of how many accidents might have been caused by numbed minds and slowed reflexes.

The U.S. Food and Drug Administration estimates that as many as 500,000 different preparations are offered on drugstore shelves in this country—everything from laxatives and bunion removers to pain relievers and cough remedies. Over-the-counter (O.T.C.) medicines are a mammoth business, generating more than \$4.5 billion each year for American drug companies. But if O.T.C. drugs represent a chance to make a lot of money, they also represent a huge potential for drug abuse.

There are no statistics on how many people intentionally drink cough syrup by the bottle or take aspirin and cold tablets by the handful. Such infor-

mation would be difficult to get. But most pharmacists suggest that abuse of O.T.C. drugs is a real problem, even if it's hard to document.

"There are fads with certain O.T.C.'s," says one West Coast druggist. "Some weeks the kids are all buying Contac because they've heard a rumor that the little yellow balls are some special drug. [Note: The makers of Contac maintain that is untrue.] The next week they're after Somnex."

The National Clearinghouse for Drug Abuse Information, an organization which keeps track of drug abuse patterns, has few figures on the abuse of O.T.C.'s. Like many drug abuse agencies, it spends most of its time and money dealing with street drugs and prescription medicines. Drugs as "mild" as aspirin and cough syrup don't get much attention.

In reality, aspirin and cough syrup are not mild at all. Abuse of these drugs can be disabling or even fatal.

Consider aspirin, a drug almost as American as apple pie and Chevrolet. You can get it from your school nurse or your parents. You can buy it at any store. There are special fruit-flavored aspirins for children. You can even buy doggie aspirin for the family pet.

Yet many experts agree that if aspirin were a newly created drug trying to earn a place on the druggist's shelf in 1980, the federal government would make it illegal to buy over the counter. Aspirin is too toxic, the experts say, and has too many side effects to be sold without a prescription.

Aspirin has caused birth malformations in laboratory animals. Some people have died from a single tablet, and nearly everyone who takes the drug regularly runs the risk of slow internal bleeding. In addition, aspirin thins the blood and causes it to resist clotting. Finally, continued use of the drug can cause *acidosis*, a condition that causes the blood to become acidic. Death may result.

Among children five years of age and under, aspirin overdose is the leading cause of death from poisoning. According to a study in Seattle, Washington, it is the third most commonly mentioned drug in emergency room drug cases. A mild drug? Hardly.

Yet young people across the country still joke about aspirin and cola as an elixir which will help them "feel no pain."

Considering the facts, why would anyone intentionally abuse O.T.C. drugs? First, too many Americans cling to the illusion that these preparations are totally safe. Television and magazine advertisements and popular mythology encourage this illusion.

One study has estimated that by the time a child reaches school age, he has seen more than 20,000 items concerning the use of one drug or another, most of them advocating drug use. Very little is done to tell the other side of the story—that O.T.C. drugs may be extremely hazardous when abused.

In addition to the illusion of safety, there's another factor which encourages the abuse of O.T.C. drugs—the so-called placebo effect. A "placebo" is a fake pill which researchers use to test drugs. Strangely enough, in many studies researchers have found that the placebo—often no more than sugar and starch—will relieve symptoms if the pill-taker believes in it strongly enough.

The same principle operates with O.T.C. drugs. A kid hears from a friend that 10 aspirin and two decongestants in a bottle of cough medicine will cause him to see beautiful visions. Because he believes so strongly in the concoction, he can sometimes interpret the effect of the drug so that a beautiful vision appears.

Unfortunately, although the placebo effect can add to the action of a drug, it can never completely cover the physical properties. Anyone who takes this cough syrup-aspirin-decongestant cocktail is in great danger. His stomach will begin to hurt, he'll probably become dizzy and have convulsions. He may lapse into a coma and, finally, die.

The same dangers exist for people taking excessive amounts of other O.T.C. drugs. Cold capsules, hay fever pills, seasickness pills, weight-reducing products, sleeping aids, and wake-up pills—all these contain drugs which can be extremely hazardous in overdose, especially when combined with alcohol and other prescription medicines.

There's probably no way to stop completely the abuse of these drugs. Some consumer advocates suggest the creation of a new category of drugs, "Controlled-Sale Drugs," which would allow druggists better to monitor the use of potentially harmful substances. But it's doubtful that such a roadblock to easy purchase of medications would find much support, especially among drug makers.

Too, there's a limit to how extensively we can ask the drug companies or the government to protect us from ourselves. As one drug company representative says, "Look, there's no end to the things a person can abuse if he wants to—water, cupcakes, pain relievers. You could die from any of them!"

Perhaps the best suggestion for dealing with the problem comes from a Washington State pharmacist. "The drug companies came up with a childproof cap to protect children," he says. "Now all they have to do is come up with a foolproof cap—to protect the fools." ◇

BETWEEN PIMPLES AND WRINKLES

Lois Greene Stone

Your nose is growing faster than your cheeks, and baby skin has become a breeding ground for pimples and blackheads. Each look in a mirror makes you feel worse. Giving up chocolate, peanuts, and Coke—plus scrubbing with medicated soaps—is merely busywork. Within your body, hormones are heralding in a new you, even though the havoc raised without makes you want the old you back.

Suddenly your dentist tells you your teeth are too large for your jaw. Four must come out to prepare space for an orthodontist to move the remaining ones around. The wires scratching soft tissue in your mouth hurt less than the "metal mouth" image. Perhaps, too, you've just become nearsighted. Glasses are the last thing you want to mess up your face even further.

TV shows foster feelings of isolation—the teen stars are so attractive. None are blemished, eyeglassed, wired. It's difficult to be objective about your physical looks.

But whether you'll outgrow these things isn't nearly as important as living and dealing with them now. Just because an ugly duckling eventually becomes a swan doesn't help that duckling cope with his problems during his duckling stage. Long-armed, short-torsoed, "I'm gross," you may think of yourself.

Smooth skin, no need for eyeglasses, teeth that took care of themselves, passing a mirror pleased with the reflection—I remember—I'm middle aged. See, we do have something in common—you identified with the same conditions but from a different perspective.

I reflect a jowling jaw, wrinkled forehead, broadening face, and creases around eyes. Sometimes I wonder who I'm looking at. In spite of exercise and still wearing a size four dress, my thighs wiggle, as well as my neck. Those perfect teeth straightened by appliances are still perfect, but the gums are receding. My nearsighted-at-

teen-years eyes that became 20/20 during maturity have become farsighted with middle age. Back to glasses at a time when my face needs all the help it can get. "I'm gross," I think.

But I'm not that concerned, really. Other good changes have occurred. What's happened between pimples and wrinkles has been a fantastic development of *me*. I like myself. I've developed my God-given talents and followed the morality and philosophy I learned as a child. I've worked on an enduring love relationship, given birth three times, and helped my children become aware of what there is to learn.

I've taught high school, touched minds and lives, written articles for unknown friends to read, and learned to enjoy my own company. The pressure to conform to a group has long since left me, and now it's important for me to be true to only my values, religious beliefs, and my family.

Listen, I don't like my grape face becoming a pleated raisin any more than you enjoy the relief-map blotches on yours. But here's something to consider. Once you're past puberty, you'll look great for about 20 years. During that time you must create a lasting identity, become permanently pretty in personality, lovely in self-esteem, and gorgeous in sensitivity, compassion, and consideration for fellow humans.

Your grandmother may be kind, creative, a good cook, generous, loving, funny, boring, nasty, selfish, or stern. From your viewpoint probably her identity has nothing to do with body features.

So with you. You're unique and will develop into an individual person. Nature will alter your appearance as calendars are replaced. What's projected as a never-to-be-repeated human being is untouched by time.

You don't have to like pimples, glasses, braces, shyness, and uncertainty in social situations. Just like yourself. ◇



MS. REALITY CUT-OUT DOLL

Ms. Reality comes complete with blemishes to fit every occasion. Choose from zits and braces for that "preppie" look. Or, for a more mature image,

dress Ms. Reality in wrinkles, bags, or spots. Fun for the whole family! (Batteries not included.)

- A. Bottle-Bottom Glasses
- B. Metal Mouth
- C. Zits (your choice of white- or blackheads)
- D. Corrugated Forehead
- E. Shopping Bags
- F. Old Age Spots
- G. Double Chin



To me, New York City was depressing, to Kathy, each day was beautiful.

NOBODY STAYS SICK FOREVER

Jocelyn D. Woods

When I first awoke, I didn't know where I was. But when I saw the white walls, I knew it must be the hospital. I closed my eyes, and the memories came flooding back.

Last night I'd gone to a party with some other kids. Everybody was pretty stoned on beer, pot, and an assortment of pills that somebody had brought. I usually took downs, but by last night I was so used to them that it took six to get the same high I used to get off two.

I realized I used downs too much, but they helped me get through the day. And you could always buy them from somebody—at only 10 cents each. One time I'd overdosed and been saved just in time. But that wasn't like last night. That had been an accident.

Last night had been on purpose.

"Stephanie," I heard a voice say. I opened my eyes. It was my parents. They must've brought me to the hospital last night. I closed my eyes again. I didn't want to see them.

"How do you feel?" my father asked. My mother was crying.

"I'm OK, I guess."

"We have to talk," my father said. "Your mother found the pills in your drawer. Obviously you were taking them almost all the time—"

"I don't want to talk about it," I said.

"Is it because of us?" My mother cried. "Is it our fault, Stephanie?"

I shook my head. "I said I don't want to talk about it," I repeated, closing my eyes. After a while they left.

No sooner did my parents leave than a doctor came in to see me.

"Hello, Stephanie," he said. I didn't answer.

"I'm Dr. Wagner."

So what? I thought.

"How do you feel this morning?"

What did he care? "I'm still alive."

He nodded. "That's not what you wanted, though, was it? You wanted to die."

I shrugged. "Who are you—the local shrink?"

He didn't react. "I can come back later," he

said, "if you don't want to talk now."

"Don't bother," I said, as he walked away.

"You're only wasting your time with me."

He turned around. "Stephanie, no human being is a waste of time. Not you—not anybody." He said this very sincerely, trying to make me believe it.

"I wouldn't bet on that," I muttered as he left the room. Then I stared at the ceiling for a long time.

They told me I would have to stay in the hospital for a week. After that I could go home, but I still would have to see a shrink twice a week. Not Dr. Wagner, though. Another guy.

On my third day in the hospital I was sick of staying in my room. I didn't want to be in the hospital, but I didn't want to go home either. I didn't even want to be alive.

I left my room and took the elevator up to the observation deck on the top floor of the hospital. It was enclosed in glass so you could look out and see the whole city of New York. I had the room all to myself. The sky was gray and overcast—it looked like it might rain. The weather matched my mood perfectly.

I wished I had some downs. But that wouldn't do any good either, I realized. Downs had landed me in the hospital in the first place. There was no way out.

As I stood there staring at the skyline and rehashing the hopelessness of my life, a girl about my age walked over and stood beside me. I immediately felt like moving away. It made me uncomfortable to have people near me. But for some reason I stayed.

"Hi," she said. She had a strangely fragile air about her. Maybe it was partly her wide brown eyes and wispy auburn hair. I didn't feel threatened by her, as I did by my parents and Dr. Wagner.

"Hi," I said. Then we both looked out at the city.

After a while she asked me, "What's your name?"

"Stephanie," I said—grudgingly, as though I were giving a part of myself away. "Stephanie Rogers."

"Oh," she said. "I'm Kathy Patterson."

I didn't say anything. I sort of hoped she'd leave. I wanted to be alone. On the other hand, she was the only person I'd seen all week who hadn't asked me a million questions. So I liked her a little.

"Do you live in the city?" she asked in a friendly way. Usually I hated people who sounded like that. I was sure they were faking it, but she didn't sound phony.

"Yeah," I said, "on the East Side, near Carl Schurz Park. How about you?"

"I live on the Island," she said. I didn't know if she meant Long Island or Staten Island. I really didn't care. After a while I left.

My talk with Dr. Wagner the next morning was as useless as our first meeting. He kept trying to get me to talk about *why* I had taken pills every day, *why* I had deliberately taken an overdose—and so on and so forth.

Finally I got so sick of it that I yelled, "Will you just leave me *alone*! I'm sick of you and all your stupid questions!" He just watched me. "I'm leaving!" I slammed the door behind me.

I didn't feel like going back to my room, so I went to the observation deck again. I looked out at the East River and wished everybody would leave me alone. I was sick of life. When I took downs, that made it even worse. I wished I could die.

Suddenly I heard a noise like somebody crying. I thought I was the only one up there, but I looked across the room and saw the girl I'd met yesterday. She was looking out the window and crying quietly to herself.

My first thought was, Don't get involved! I have enough problems of my own. But I decided I'd just go over and see what was the matter.

"Hey, Kathy," I said.

"Oh, hi, Stephanie," she murmured, drying her eyes hastily. I was surprised she'd remembered my name.

"Are you OK?" I asked.

She nervously brushed the hair off her forehead. "Oh, sure, I'm all right," she said.

"But why were you crying?" I asked.

She looked away. "It's hard to talk about it sometimes."

"You don't have to."

"It's OK," she said. I waited a few moments to see if she'd go on. "It's just that being sick like this can be very hard sometimes. Like when I

look out over the city—it's so beautiful."

I didn't know what she was talking about. New York looked just the same as ever, even from that height—depressing. I couldn't see anything beautiful about it.

"Well—you'll get better, though," I said, trying to cheer her up. "Nobody stays sick *forever*."

"Well, you're right about that," she said bitterly. "Nobody stays sick forever. I'm dying."

I was stunned. "You're dying?"

"I have leukemia."

Cancer. I didn't know what to say.

She sighed. "You know, I don't think anybody appreciates life until he has to die. I guess a lot of people don't think much of life. One way or the other, I mean. That's the way I felt last year. I really didn't care about life—I could take it or leave it, you know?"

She paused. "Now it's like each day is a precious gift."

A precious gift. In my eyes New York blurred. I couldn't appreciate that gift—but I wished I could.

Kathy looked at me. "Hey, I'm sorry," she said. "I didn't mean to upset you with my problems."

"It's all right," I said, swallowing hard.

My mind was turning somersaults. Kathy valued her life so much, and I'd tried to throw mine away—first by taking pills all the time, then by trying to kill myself. I probably didn't deserve to live, but I was alive anyway. Kathy really deserved to live, but she was dying. It didn't seem fair.

"Hey, I never asked you," she said, "how come you're in the hospital?"

I knew I couldn't tell her. I just couldn't.

"Uh—my tonsils," I lied quickly. "Well, I better go now. Maybe I'll see you tomorrow."

Back in my room, I cried for the first time in months. (I could never cry when I took pills. I don't know why.)


The next morning I woke up feeling better than I had in a long time. When I thought of Kathy, I started to feel depressed again. But I realized something: Even though Kathy couldn't do anything about her problem, I could do something about mine. I could live.

And, in a way, I'd live for her.

Life would never be perfect, but it didn't have to be unbearable either. Maybe someday I might even think it was a precious gift. Maybe.

When I saw Dr. Wagner later, I said, "I think I'd like to talk today."

He didn't look surprised, or react much. "All right, Stephanie," he said. ◇

A black and white photograph showing a close-up of a person's hand holding several small, round pills. The hand is positioned over a dark, diamond-quilted surface, possibly a bedspread. Below the hand, a small, dark pill bottle lies on its side on a light-colored, textured surface like a carpet. The bottle's cap is removed and lies nearby. Several pills have spilled out of the bottle. The bottle's label is partially visible and upside down, showing the word 'WATER' and other illegible text.

CAROL LEIDY

TEEN SUICIDE

The Preventable Tragedy

Signs of spring were evident everywhere—flowers had begun to bloom, and trees and bushes were sprouting fresh leaves.

It was a beautiful morning for everyone but Amy. Life seemed unbearable to her—just one disappointment after another. Arguments with her parents had recently grown worse. No matter what she

did, the yelling continued. There seemed no end to it—no way to make them listen.

Amy's grades had been dropping steadily. She started backing off from friends and grew progressively more angry and depressed.

In the bathroom one morning Amy took several of her mother's Valiums, scratched her wrists with a razor blade, then put on a fresh spring top and appeared at the breakfast table. No one noticed. She made a point of displaying her wrists to her friends. Thinking Amy was merely seeking attention, they didn't do anything.

Two weeks later Amy was found dead in the bathroom, an artery cut, an empty Valium bottle at her side.

Her suicide left lasting scars on those who knew her. At first many had trouble accepting her death as a suicide, insisting it must have been an accident. Some questioned how she could do it and remarked that she had so much to live for. Her parents, wondering where they went wrong, felt shame and guilt. Her brother and sister were confused and frightened and somehow felt responsible. Her friends wondered what they could have done to stop the suicide.

Could Amy's death have been prevented?

Suicide is now the second leading cause of death among teens and young adults. In the last 20 years, the suicide rate among those aged 15 to 24 has tripled.

Perhaps someone you know has tried to take his life or will someday attempt to do so. You can help! By being well informed, you might be able to recognize danger signals and take action that could possibly save a life!

Why Do People Attempt Suicide?

There's no single reason why a person looks at death as his only alternative. The suicidal person feels sad, lonely, rejected, and isolated. He or she is frequently experiencing family problems. Maybe there has been loss of a loved one through death or divorce, or the threatened loss of an important relationship. Often there is great disappointment over not meeting goals—personal, family, career, or financial aspirations.

The suicidal person feels personally ineffective and worthless. He feels confused and depressed and may experience a sense of lost identity.

The person contemplating suicide does not feel understood. His efforts to express feelings of failure,

unhappiness, or frustration to his parents or loved ones often go unheard. He feels unloved and uncared for and even unworthy of love. Suicide becomes a way of communicating with others after all other communication forms have broken down.

Drugs and alcohol are closely linked to suicide. A recent study of suicides among the young showed that nearly half were involved in these problems shortly before committing suicide. The suicide rate among alcoholics is 58 times higher than it is among the general population.

Danger Signals

You have a friend you're concerned about? If you're not sure whether he or she is considering an attempt at suicide, there are specific signs to look for.

Suicidal persons send out many clues that might allow others to save them—if friends are listening and looking. Watch the person; listen for messages; look for these behavioral clues.

1. *A previous suicide attempt.* Four out of five people who commit suicide have attempted suicide at least once before. Sometimes other people are hesitant to take a suicide attempt seriously, feeling that the person is merely seeking attention. Yet this is a desperate cry for help. If it is not heard, the next attempt might be fatal.

2. *Suicide threats or statements revealing a wish to die.* Unfortunately, suicide threats are often ignored because of the mistaken belief that people who talk about suicide won't really follow through on their threat. It's true that suicidal people sometimes manipulate friends and relatives. They make their associates feel guilty and responsible for their actions yet helpless to change things. That kind of person needs attention. Without it, the next cry for help will likely be more dangerous.

The facts show that those who take their own lives often talk about it first or make statements revealing a wish to die. Comments such as "I wish I were dead" or "Everyone would be better off without me" are danger signs that should always be taken seriously.

3. *Changes in personality or behavior.* Has the person become unusually withdrawn, apathetic, or moody? Has a normally cautious person become impatient and impulsive? Any sudden or significant changes in behavior may be clues, especially if there has recently been a major loss or disturbance in the person's life.

4. *Depression.* Continued mental depression is

generally a factor in suicide attempts. It's much deeper than the occasional bout with "the blues" that most people experience. Rather, it's a serious depression of far greater intensity.

The deeply depressed frequently experience worthlessness. They see themselves as helpless to change their lives and give up hope that they will ever feel better. They withdraw from family and friends, keeping silently to themselves. Ordinary decisions and tasks become difficult.

Many times there are physical symptoms, such as not being able to sleep—or sleeping too much. Sometimes there is a loss of appetite and weight. The seriously depressed person may be nervous, cry frequently, and be unable to concentrate.

How can you tell if the depression is severe? Look for a combination of these symptoms, and try to find out how long they've lasted. More serious is the case of a person whose symptoms have been going on for many weeks or months.

5. *The making of final arrangements.* People planning to end their lives will often attempt first to get their affairs in order. This may involve giving away treasured personal possessions, making a will, or going over life insurance papers.

If the person you are concerned about is exhibiting some of the above danger signals, it's time to do something.

What Can You Do?

Suicide frightens and threatens people. It questions the very meaning of life itself. So it's much easier to ignore and hide suicide attempts than to cope with the unspoken questions they raise.

Your friendship is vital. It's important that you let the person know you care and that you stay in close contact. Even though your friend may seek isolation, don't let him drift completely away. Your concern and friendship could very well be that crucial difference.

Don't be afraid to encourage the person to talk about what he or she is experiencing. You don't give a person morbid ideas by speaking about suicide. Instead, you can help by bringing suicidal thoughts into the open so they can be discussed. Showing that you respect him and recognize the seriousness of his problems will help him to feel safe to share feelings with you.

The best approach is not to give advice or false reassurances that "everything will be OK." Instead, ask questions about how he or she feels. The suicidal person is frequently reluctant to tell someone his feelings about suicide. Once he has confided in

you, he will be quite sensitive to your reactions. Show concern, but remain calm and straightforward with your questions.

If the person has mentioned wanting to die, ask what feelings are causing him to want to end his life. Inquire about any problems that he may be having with family and friends. Find out if he has developed a specific suicide plan. Remember, the more detailed the plan, the greater the risk. If you think there is immediate danger that he will attempt to carry out his plan, stay with the person until help arrives or the crisis passes.

Asking questions helps open communication. By letting the person know you are interested in his feelings and allowing him to express his pain, you might help him to feel better and to believe somebody else can help him.

Above all, assure the person that life isn't hopeless, that something can be done for him. Involve other key people in the person's life. Encourage him to accept professional help from a counselor or clergyman. Put him in touch with a professional if he's unable to call by himself.

Remember—while trying to die, the suicidal person is really pleading, "Listen to me so that I may live. Love me—help me." Your help can make the difference between life and death. So if you care, listen—before it's too late. ◇

WHERE TO GET HELP

You can obtain advice from experts to help prevent another's suicide. Where do you turn for help? Consider school counselors, the local mental health clinic, clergymen, private therapists, and the family doctor.

The American Association of Suicidology lists 166 Suicide Prevention/Crisis Intervention agencies scattered throughout the United States. Most of these offer a 24-hour crisis phone service staffed by professionals and trained volunteer crisis workers.

These listeners help callers cope with emergencies and are available any time of day or night. In addition to giving confidential emotional support, most also offer information and referrals to other helping agencies in the community, including emergency resources. They are a good source of referrals for counselors and therapists experienced in dealing with suicidal problems.

In addition, various churches also sponsor crisis centers. Check your phone books under the heading "CONTACT!"

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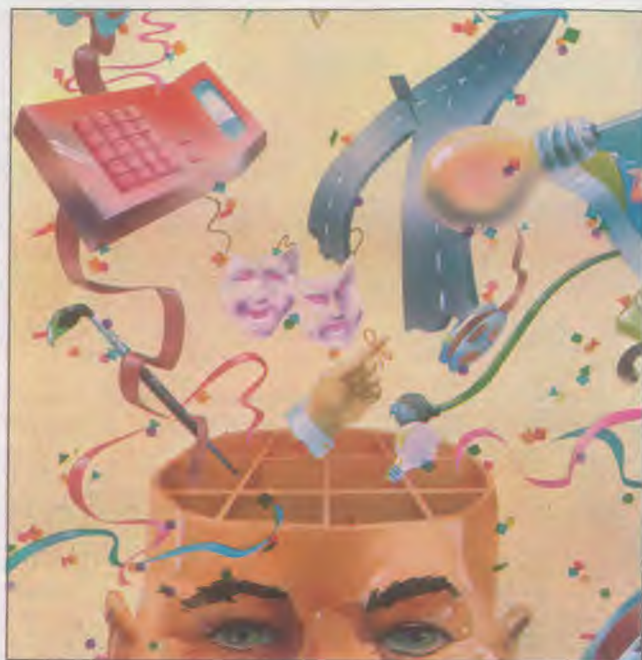
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AND SO FORTH...



HAVE YOU BEEN HUGGED TODAY?

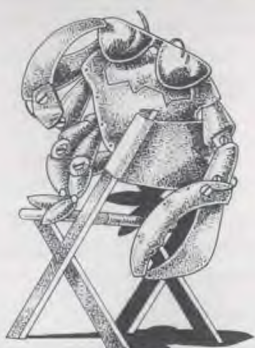
What's the best cure for depression? Would you believe it's drug-free, doesn't cost a nickel, and it's even fun?

Social scientist Virginia Satir says that to cure the blues, you need 12 hugs a day from someone you love.

Satir told the 4000 delegates to the American Orthopsychiatric Association in Toronto that "physical contact

is very important." Says Satir, "Our pores are places for messages of love."

Satir added that "four hugs a day are necessary for survival, eight for maintenance, and 12 for growth."



HERE COMES SANDY CLAWS

When word got out that extras were needed for a horror film, the locals lined up ankle-deep at the casting director's office.

These locals have claws, however. And they're only being paid a dollar each for their labor.

The film is "Island Claws," the story of a giant land crab who gets irritated at man-made pollution and takes revenge on a small fishing village.

The star is "Mandy" (short for mandible, or jaw) a 9000-pound mechanical crab. The hundreds of local extras were hired to form an army around the cranky crustacean in the \$3.5 million epic.

BOSS HUMBUGS SANTA-SUITED DRIVER

Bus driver Gary Van Ryswyk was full of Christmas spirit when he showed up for work wearing a Santa suit and toting \$20 worth of candy.

The passengers on his urban Minneapolis route loved it. Says Van Ryswyk, "When I got to intersections, all sorts of people would honk. Little kids would come up smiling."

But Metropolitan Transit Commission (MTC) officials humbugged the idea. They suspended Van Ryswyk indefinitely for violating the dress code and refusing to change into his dark green uniform.

"A Santa Claus suit has a big floppy hat, long sleeves, and a beard that gets in your eyes," explains MTC official Gary Abel. "There's a big safety factor involved."

Abel claims he's just enforcing the dress code. And besides, he says, "If I let someone wear a Santa suit, what would happen on Easter and Halloween?"

THAT VOICE IS STRANGELY FAMILIAR

Jane Barbe is not exactly a household name, but it's amazing how many people can recognize her voice.

For 17 years she's been the "time lady," giving time and temperature checks to 12 million customers a day. She's the nice lady who tells you, "I'm sorry, but the number you have dialed is no longer in service—"

Barbe works for Audichron, an Atlanta-based company which manufactures equipment for Southern Bell

Telephone. According to Audichron, Jane Barbe's voice is used in 90 percent of recordings of the "intercept messages" you hear when something goes wrong, and in about 60 percent of the automated time and temperature recordings.

Barbe estimates that the equivalent of 70 billion people have heard her voice over the years. Some people have strange reactions to Barbe, like one woman in Texas. She wrote to her local newspaper saying she felt sorry for that poor woman they kept locked up in a little room answering time and temperature calls.



SMUGGLER LEARNS IT TAKES GUTS

Miami surgeons recently removed 88 tiny balloons thought to contain cocaine from the intestines of Herbert Meadows.

Meadows, 25, thought twice about his dope smuggling after he heard about a man who died when cocaine-laden balloons broke inside his intestines. Meadows checked into a hospital and asked that the balloons he had swallowed be surgically removed.

SMOKE GETS IN YOUR EYES

Everyone knows smoking is bad for the lungs and the heart, but now the American Optometric Association (A.O.A.) says that it can be bad for your vision too.

The A.O.A. says that smoking deprives eyes of the oxygen needed for optimum vision.

And if you smoke while driving, you're asking for trouble. The trade group warns drivers to watch for a build-up of smoke film on their windshields.

WEATHER WISE

Fill in each blank below with a word frequently used by a weather man. Example: Eye of the *hurricane*

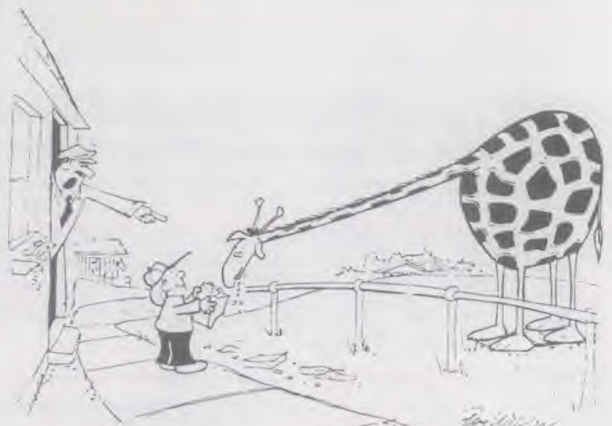
- When it _____, it pours
- _____ to the Chief
- Won it _____ and square
- Florida, the _____ State
- Bat the _____
- _____ up the engine
- Normal body _____ is 98.6° F.
- The calm before the _____
- Play it _____
- _____ of laughter
- A tuba is a _____ instrument
- A right angle has 90 _____
- On thin _____
- _____ under the collar
- Up on _____ nine
- American poet Robert _____
- Got _____ feet
- _____ White and the Seven Dwarfs
- 0° C. is the _____ point

CHRISTMAS CHEER IS HIDING HERE

How many words related to the Christmas season can you find in the letter maze below? The words may run up, down, forward, backward, or diagonally.

HECPGAMESSESSAGECNAIDAR
OOVHLOGTGPMYTHCUSTOM
LCUEOUAHNIARTOLECRAP
IAGSWRMGIRHRMRKNIGHT
DNEGELAITILEKACTIURF
AEISCARLETTTMLLHCTOYI
YVJINGLEEEHFFRUEDNARG
ECNEREVERGREENSEASON
NLCOLORIGINGERBREADI
MIBOLHGIELSHTDESGNIK
IFRAGRANCETHHOTRADEC
HATSTADLNRGOGVHOPEBO
CRRUPSALAITGIELKNIWT
RSEOHOSERFRWRBERRIES
AUEITGHBBSIEPEHCERC
DGPNGYESSMMSAEMHRL
LAOIEDRRETTILGMNOEEV
ERVLV EEMMISTLETOEOEE
PINEDEEEEVGTONGGERRR
GFPRANCERESPLENDORYE

advent, Amahl, angel, bell, berries, Bethlehem, bright, cane, carol, cedar, cheer, cheery, chimney, choral, chorale, color, comet, cradle, creche, crib, custom, dasher, dove, eggnog, eve, evergreen, feed, festive, fir, firelight, flakes, fragrance, friendship, fruitcake, games, gift, gingerbread, give, giving, glee, glitter, glow, gold, grandeur, greenery, greens, greeting, hearth, holiday, hope, house, hue, ice, jingle, kings, legend, light, list, log, love, magic, merry, message, mistletoe, Moore, myth, needy, night, origin, pageant, parcel, pie, pine, plum, poem, Prancer, radiance, red, reindeer, religious, remembrance, reverence, scarlet, Scrooge, seal, season, shop, silver, sleigh, sparkle, spirit, splendor, spright, stable, star, stocking, sugar, tie, time, train, tree, trim, toy, twinkle, wisemen



"Please don't feed the giraffe!"

'TIS THE SEASON

Here's a Christmas quiz that will test your holiday knowledge. See how many of these fact-and-fancy questions you can answer correctly. Answers below.

- Name the first line of a famous Christmas poem written in 1822 by Clement C. Moore.
- In seventeenth-century Massachusetts a law was passed forbidding the observance of Christmas by feasting or any other way. True or false?
- Which religious sect led by Cromwell officially "abolished" Christmas in England?
- What three gifts did the Wise Men bring to the Christ child?
- Name the famous cartoonist—originator of the GOP elephant and the Democratic donkey—who gave us our modern concept of Santa Claus.
- Perhaps the first of all Christmas carols was that sung in the heavens by the angels. How does it begin?
- Christmas Day has always been observed on December 25. True or false?
- What are "waits"?
- What word associated with Christmas originally meant "dance in a ring"?
- According to legend, what animals kneel in worship on Christmas Eve?
- The X in Xmas represents the cross. True or false?
- Who wrote "The Birds' Christmas Carol"? (a) Kate Douglas Wiggin; (b) Anna Katherine Green; (c) Edna St. Vincent Millay.

Answers to "Tis the Season"
1. "Twas the night before Christmas, when all through the house..." 2. True. The law was passed in 1659 and was enforced for 22 years. 3. The Puritans. 4. Gold, frankincense, and myrrh. 5. Thomas Nast. 6. "Glory to God in the highest—" (Or "Gloria in Excelsis Deo"). 7. False. For centuries it was celebrated on January 6. 8. Christmas carolers. 9. Carol. 10. Cows and horses. 11. No. It is the Greek equivalent of "ch" and is intended to represent "Christ." 12. Kate Douglas Wiggin.

Answers to "Weather Wise"
1. rains. 2. Hall. 3. fair. 4. Sunshine. 5. breeze. 6. warm. 7. temperature. 8. storm. 9. cool. 10. gale. 11. wind. 12. degrees. 13. ice. 14. hot. 15. cloud. 16. Frost. 17. cold. 18. Snow. 19. freezing.

Heroin Flow, Addicts Increasing in U.S.A.

Fears are growing that the United States—and Canada—is facing an increase in heroin overdose deaths and possibly a new wave of heroin addiction.

The fears center in the dramatic influx of Middle Eastern heroin to Western Europe the past two years. It has brought with it record high rates of addiction and overdose deaths.

"The increase in availability of Mideastern heroin that occurred in 1979 may well reverse the four-year decline in the number of heroin users in the U.S.," says the National Narcotics Intelligence Consumers Committee.

Strong brownish-pink heroin has been reported to be entering the U.S. in small quantities for the past two years from Iran, Afghanistan, and Pakistan. Some experts believe it will hit harder in the future.

Middle Eastern heroin is very pure heroin, not yet cut to the degree that Golden Triangle (Southeast Asia) heroin has been. Because of the degree of purity, an addict unwittingly using the stronger drug runs a higher risk of overdose.

Women Alcoholics Need Special Treatment

More women with alcohol problems are admitting their illness and looking for help. But experts in the treatment field believe there's not enough available to them, and many existing programs are not tailored to women's special needs.

Joseph Wright, information and referral director for the Washington [D.C.] Area Council on Alcohol and Drug Abuse (WACADA), says the number of women seeking help is steadily increasing and that 40 percent of those

who use WACADA's services are women. He says this is because alcoholism is more open now, and there's more information about it, and women are "not in the closet with this thing anymore."

However, he goes on to say, "The help for women is insufficient. For example, this city has 20 detoxification beds for women and 75 for men. There's not enough help now and there's going to be a real crisis in the future."

Dr. Dorothy Camera, director of the alcoholism treatment program for women at the O'Malley Center of St. Elizabeth's Hospital in the District of Columbia, believes more treatment programs designed specifically for women are necessary. "The available treatment is set up on a male model, assuming that the client will be a man," she says. "It's difficult for women to benefit from this."

Federal Government Indicts Marijuana

Specific indictments about its dangers were included in the federal government's 8th annual Marijuana and Health report to Congress. It cites evidence of increased use of the drug by younger people, stronger drug potency, and increased likelihood that daily marijuana use leads to lung damage similar to that resulting from "heavy" cigarette smoking.

"If widespread marijuana use, especially by young people, is not curtailed, our society may pay a large price in health consequences and medical costs," says Dr. William Pollin, director of the National Institute on Drug Abuse (NIDA).

One of the most disturbing trends, according to analysts, is the age at which marijuana use begins. Among

high school seniors in the class of '75, 16.9 percent claimed they had first tried the drug prior to grade 10. Four years later 30.4 percent of seniors said they had used it before reaching grade 10.

Marijuana is more potent than it was five years ago. Chemists at the University of Mississippi, who have been analyzing confiscated cannabis for years, say current samples are up to 10 times more potent.

"Such stronger materials are more likely to lead to higher levels of intoxication and to possible adverse consequences," according to the NIDA report.

Why Kids Use Alcohol

Four key factors that contribute to teen problem drinking are listed by public opinion surveyor George Gallup, Jr. From surveys and comments by high school students he cites these reasons:

1. Teenagers see their parents drink, sometimes heavily.
2. Parents fail to set guidelines.
3. Communication may be lacking with parents.
4. Peer pressure is often present.

Typical teen comments include such as this from a 15-year-old girl: "People my age sometimes follow the group so they won't be outcasts. They try to enjoy themselves, but then things get out of hand."

Another girl comments: "Kids nowadays are not given any alternatives to drinking and drug use. There aren't any places to go or things to do, so to have fun and excitement they drink and smoke pot."

Whatever the causes, alcohol use among teenagers is producing grim statistics. An estimated six out of every ten accidental deaths among teenagers involve alcohol.

EDITORIAL

Postponing Your Funeral

For everyone the big black car sooner or later will make a trip to the cemetery. Death is an inescapable fact of life.

But one of the great aims of research and study is to postpone that trip as long as possible and to help a person develop a life-style to preserve and lengthen life.

A continuing study by Dr. Richard A. Krumholz is setting up another signpost pointing in that direction. Ten years ago this respiratory specialist at Kettering Medical Center (Ohio) started to monitor 475 middle-aged executives with various smoking habits.

The results so far are based on information from 105 of these men, ranging in age from 34 to 65, who remained in the area and whose smoking habits did not change in the first nine years of the experiment.

Conclusions evaluated on these nine years (1970 through 1978) show the following:

Smokers' heart rates, at rest and with exercise, are greater than those of nonsmokers and ex-smokers.

Smokers need more oxygen with moderate exercise than do nonsmokers and ex-smokers.

The lungs of smokers and ex-smokers appear to have aged at a faster rate than those of nonsmokers.

Dr. Krumholz conducted his study to get a reading on people with similar stresses and external influences rather than a cross section of people of varying ages, environments, and professions.

Each of the 105 men in this study were in good health and did moderate exercises during testing, rather than the strenuous ones often used in research.

It was found that the smokers had to work harder than nonsmokers and ex-smokers to do the same exercise.

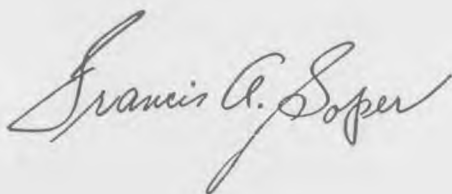
Smokers in the experiment had been on the habit for 25 years when the study began, and the ex-smokers had indulged for an average of 25 years before they quit.

Testing revealed that the lungs of the ex-smokers had "aged" (declined in capacity) as much as those of the current smokers at the beginning of the testing period.

According to Dr. Krumholz, the tests indicate that the smokers' and ex-smokers' lungs are in worse shape than those of nonsmokers, apparently because something happened which caused accelerated aging before the testing period.

"It's a good argument," he says "for people never to start smoking."

Obviously, smoking is no habit for anyone wishing to postpone his funeral.



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For anyone to touch,
And yet we walk through moonlit fields
And touch them,
for we must!

Carol Bessent Hayman

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