

A JOURNAL OF BETTER LIVING

MARCH 1983

LISTEN



**SUICIDE AMONG
THE YOUNG**

**MARIJUANA —
SEARCHING
FOR ANSWERS**

**DO YOU RESPECT
YOURSELF?**



T H E
T H E

S. K. M I L L E R

This article won first prize in the Student Story category of the 1982 "Say it! We'll LISTEN Contest."

Janet snuggled deeper into the big, overstuffed chair, trying to flee the damp chill that stalked the old house. The pattering of rain on the roof increased her feeling of melancholy.

Why should I have to spend my spring break here at Great Aunt Mat's? she fumed. She was angry at her parents for going off on a business trip and not trusting her enough to allow her to stay home alone.

Aunt Mat had to be the stuffiest, most boring person she had ever met, and as old as the hills. Janet had never been around Aunt Mat very much, even as a child, and she could see no reason for increasing their contact now.

"Janet?" Aunt Mat's wobbly voice sounded like a parrot to Janet. Janet shut her eyes and pretended she was dozing as the old woman came slowly and carefully into the room.

"Oh, here you are, Dear. I was wondering if you'd care to play a game of dominoes? It's been years since I've played, but when I was a girl your age I was pretty good at it."

Janet opened her eyes. Aunt Mat's trembling hand held a faded, splitting box of dominoes. Janet was sure that nobody played dominoes anymore. She had no idea how to play and no desire to learn.

"I don't think so, Aunt Mat. I have a headache." Janet shut her eyes again, hoping her

aunt would just leave her in peace, if, she wondered, she could call freezing to death in this musty old house peaceful.

Janet thought about her friends, Susan and Elaine, and wondered what they were doing. She wished she were with them, then just as quickly she was glad she wasn't. Susan and Elaine had lately decided that the only way to have a good time was to drink a few beers. So far Janet had refused the temptation, but Susan and Elaine were really pressuring her to give it a try.

What's so wonderful about beer? Janet wondered. Her parents didn't drink, and she'd never given it much thought. But it seemed to her as though all her friends were doing it now. She didn't want to be a party pooper, so she usually ended up staying home if her friends were going to drink.

But staying home and missing all the fun was getting old. Even her steady boyfriend, Steve, had suggested more than once that they have a few drinks. It bothered Janet that she was seeing less and less of Steve these days. The whole ordeal was beginning to depress her.

Janet stayed in the chair until the room began to get dark. She was glad that her first day at Aunt Mat's was almost over. Feeling hungry, she got up and went in search of her aunt. She found the old lady sitting in what Aunt Mat



called the parlor, although it looked more like a library to Janet, with its rows and rows of books.

Aunt Mat, her wire-rimmed glasses about to slide off the end of her nose, was reading a book. A smile lit up her wrinkled face as Janet came into the room. Janet felt a pang of shame for so totally ignoring her aunt all day. She realized that Aunt Mat was probably very lonely, yet it irked Janet greatly to be forced to spend time with somebody so out of touch with things.

The old lady reached up slowly and took off her glasses, then laid them equally slowly on the table beside her. She closed the book in her lap and laid it aside. It seemed to Janet that she was watching a movie in slow motion.

"Did you have a nap, Dear?" Aunt Mat asked, and Janet nodded. "I want you to go up in the attic with me, Janet. There is something up there I'd like you to have." Aunt Mat smiled as though very pleased with herself. Janet thought about her hunger but knew it would be rude to refuse to go with her aunt.

They sat in the attic together, Janet on a small, dusty stool, Aunt Mat in a rickety rocking chair, going through the contents of an old trunk. Despite her hunger, Janet found herself enjoying looking through the treasures in the trunk. There were lovely old dresses and a red hat with a long black feather in it. Aunt Mat told Janet stories about where she had worn the clothes when she was a young woman.

Janet began to form a picture in her mind of her aunt as an attractive, outgoing woman. She wished she could turn back time for a little while and see Aunt Mat like that. Janet was surprised to realize that she and her aunt were chatting and laughing like two friends.

Finally Aunt Mat opened a small black box, and Janet caught her breath. Inside the box was a string of small black pearls. Janet thought it was the most beautiful thing she'd ever seen. Aunt Mat smiled at Janet as she handed the little box to her.

"This is what I want to give you, Janet. I wore them when I was about your age. They were very different then, as they are now."

Janet carefully drew the precious gift from the box. She wondered why Aunt Mat was giving

her such a valuable gift and whether or not she should accept it. Aunt Mat's pleasure in her deed was apparent. Janet had never heard her aunt talk so much.

"My father gave these pearls to me. I shall never forget what he told me." Aunt Mat's eyes had a faraway look. "He told me to dare to be different. I always wore the pearls as a reminder that I didn't have to follow the crowd, Janet."

Aunt Mat shut the trunk and suggested that they have some dinner. Janet had forgotten how hungry she was. Aunt Mat laced her arm through Janet's as they left the attic, and the gesture warmed Janet's heart almost as much as the pearls.

The remainder of the week flew by, and Janet was sad to see her last evening with Aunt Mat come to an end. They sat in the parlor, quietly playing dominoes. When they had finished the game, Janet told her aunt about her friends, Susan and Elaine, and about Steve. She hesitated, not wanting her aunt to know about the pressure she felt to join them in their parties, or how awkward it made her feel.

"I haven't fit in with them as much lately, even though we've all been friends since first grade. Things are just different somehow," Janet said, lowering her eyes.

Aunt Mat nodded her head and pulled her crocheted shawl closer about her shoulders. She was looking at Janet as though she sensed everything the young girl was feeling. And then Janet was telling Aunt Mat all about the drinking, all the feelings she had had of being left out. It felt good to Janet to share her problems with someone.

The next day Janet's parents came for her. She hugged Aunt Mat, thanking her again for the beautiful black pearls she now wore around her neck. Aunt Mat touched the pearls and smiled at Janet. Then she thrust a small piece of paper into Janet's hand and said good-bye.

As Janet and her parents drove away, Janet read the little note from Aunt Mat: "'A man is rich in proportion to the number of things he can afford to let alone.' Thoreau."

Janet smiled. Aunt Mat had given her far more than the black pearls. ◇

Ask a Friend

Jack Anders

My best friend calls me on the phone a lot, then doesn't talk except to say, "You hate me, don't you? I know you do." It makes me mad to hear her say that because we've been friends for years, and I like her very much. What should I do?

It can be confusing and annoying to get two such different messages from someone. It's as if your friend were calling you to tell you that you're her friend and then telling you that you're not.

You might feel sometimes as if she were playing a game with you, and this is what I think she is indeed doing, though not deliberately. I think she really is afraid that you don't like her because she doesn't like herself.

Sometimes when we want something desperately, we become afraid to ask for it because we fear getting a No, and so we leave the opposite impression such as, "You really hate me," instead of, "I want to know whether you really care about me."

It might be a good idea to be straight with your friend about your feelings regarding the calls. When she calls a lot and then sits quietly on the phone except to say, "You hate me," tell her that this confuses and annoys you. She needs to know that you feel this way. She also needs to know that you still value her as a friend. Try to be patient with her, and don't feed her fears by getting angry with her, even when she seems to want you to.

Give her some attention when she doesn't ask for it. For example, call her sometimes and talk for a few minutes and let her know that you care for her, then tell her that you'll get together and do something with each other. Let her know that she's all right as far as you're concerned.

Remember that people often do things that annoy us or make us mad because they're lonely and frightened and need attention desperately. I think your friend is lucky to have

someone like you who isn't going to give up on her. Good luck.

My boyfriend of over a year asked me to marry him, and I agreed. Then he backed out after I announced it to everyone. Now I'm hurt and depressed because I loved him so much. It's hard for me to trust anyone again. This has happened to me several times. How should I handle this problem?

It's very painful when a relationship ends, and it's much more so when you're the one who's abandoned and everyone knows it, as in your case. It's no wonder that you're depressed and embarrassed.

But as much as it hurts, there aren't any shortcuts through grief. It's OK to feel depressed and to cry for a while when we lose someone special. And, depending on how you handle it, it may even be OK to be angry for a little while about what has happened and to feel the injustice of it all. More important than anything else, though, is where do you go from here?

It's no fun to be dropped, but it's not the end of the world. Even if you don't feel like it, you're the same warm, affectionate, and attractive person you were before this experience.

Don't engage in a lot of talking to yourself about your failure, and don't put yourself down. Instead try to look at *why* this has happened. Especially look at why this seems to happen repeatedly.

You said in your letter that you've had this happen several times. I really became curious as to why. Do you get into really heavy relationships, such as an engagement, too quickly? Are there things about you that don't wear well, and after a while your friends get tired of you? Do you get into sex too quickly so that the relationship stalls and burns out there? This may be a good time for you to sit back and take a good look at yourself

to find out what it is that you're doing in relationships.

When I've had a problem myself, I've found it easy to point out what *other* people did to cause the problem. But I've also found that it is more constructive to turn the question around and ask myself, What am I doing to create this problem? I would suggest that you try doing this. It may take some serious introspection—looking into yourself—to find out what is going on. But once you have thought this through, you can ask yourself, What can I do to prevent this from happening again?

Remember that we learn lessons from all of life's experiences and probably learn more from the hard, hurtful experiences than from those which are pleasant. But out of these experiences can come some development that can enable us to be better persons. I have a feeling that if you will do this, you'll make some better choices next time around. ◇



Have a question about friendships, family relations, drugs and health, or other teenage concerns?

Ask a friend—Jack Anders, parent, grandparent, counselor, and social worker from Silver Spring, Maryland.

Address your question to "Ask a Friend," *Listen* Magazine, 6830 Laurel Street N.W., Washington, D.C. 20012. Because of space limitations we cannot print all questions and answers in the magazine.

Do You Respect Yourself?

He who respects himself wears a coat of mail that none can pierce. So said the poet Henry Wadsworth Longfellow many years ago.

What about you? Have you donned your coat of mail? Do you respect yourself?

Take this test on self-respect to see.

Yes No 1. Do you regularly get a good night's sleep?

Yes No 2. Do you exercise vigorously without other people's prompting?

Yes No 3. Do you try to foresee the consequences of giving in to urges to do things you know you shouldn't do?

Yes No 4. Do you let your friends know when you disagree with them?

Yes No 5. Do you smoke, drink alcoholic beverages, or take drugs "once in a while"—or more often?

Yes No 6. Do you go along with the crowd even if you feel it's not what you want?

Yes No 7. Do you spend time learning about new thoughts or ideas?

Yes No 8. Do you try to solve problems as soon as possible after they arise?

Yes No 9. Do you do wheelies on motorcycles, stand on your moving bicycle, or otherwise "exhibition drive" when you get a chance to use a vehicle?

Yes No 10. Do you crank up the volume on the stereo or radio every chance you get?

Yes No 11. Do you live by the Golden Rule ("Do unto others . . .")?

Yes No 12. Do you gossip?

Preferred Answers

1-2. Yes. If you respect yourself you'll try to keep your body rested and fit. People who dislike themselves generally overeat,

burn the candles at both ends, and view exercise strictly as hard work, rather than as a method for tuning up their body for the long haul. Medical evidence points to bodies rusting out from disuse rather than breaking down from overuse.

3. Yes. Again, if you respect yourself you'll try to look ahead to the possible harm you could do yourself by throwing erasers at the teacher, stealing from a store, or engaging in other inappropriate or antisocial behavior.

4. Yes. Those who respect themselves will occasionally disagree—gently—with friends or even with parents and other loved ones. Bottling up your ideas and emotions does not help you cope with disagreeable situations or learn to relate to others. In addition, when you disagree you are showing your ability to stand by yourself. You'll respect yourself, and others will too.

5. No, of course. Anyone who gets involved with cigarettes, alcohol, or other drugs shows how little respect he or she has for body and mind. People who respect themselves want to keep their bodies healthy and pure. Your body is, after all, the only body you'll ever have.

6. No. If you respect yourself you will weigh what is right or wrong or good or bad for YOU. The fact that many people want to do something doesn't necessarily make it right. Generally people in a crowd are trying to impress each other rather than do what is best or right.

7. Yes. Those who respect themselves realize that school is not a plot being perpe-



trated against them, nor are they afraid of learning new things. Learning is a lifelong process that can be made dull or exciting, depending on the student. If you respect yourself, you'll work to make learning joyous and fun, because once you stop learning, you're dead, even if you're still alive.

8. Yes. Problems lying in wait breed other problems. Out of respect for yourself you should solve a problem as soon as you possibly can after it arises so it doesn't fester and infect you.

9. No. Those who respect themselves realize not only the possible physical consequences of taking risks but the mental ones as well. What if you maim or kill someone else? How would you live with yourself?

10. No. Again the respect you have for your body will dictate your actions. It is very easy to hurt your hearing permanently by listening to loud music. And for several types

of ear damage there simply is no cure.

11. Yes. There's an old adage in life to the effect that you get back from life what you put into it. My experience shows that to be true. If you respect yourself, you'll live by the Golden Rule so others will treat you the way you treat them.

12. No. Those who gossip generally feel bad about themselves, and to make themselves feel better, they cut others down to size with words.

From your answers you should begin to form a picture of how much you respect yourself. People who respect themselves peer ahead to the future from time to time; they know that the easy path is not always the best one to take. A self-respecting person understands, to paraphrase American patriot Thomas Paine, that it is necessary to the happiness of a person that he or she be mentally faithful to himself or herself. ◆

WILL DRUGS AFFECT YOUR BABY?

Having a baby is relatively easy—what's difficult is having a *healthy* baby. The mother's circulatory system carries the only nourishment for the baby. If her diet is poor and she has taken drugs known to harm the fetus, her son or daughter could be affected.

After separating emotion from fact, medical experts currently give the following advice for having the healthiest baby possible.

CAFFEINE: Caffeine is a drug which stimulates the central nervous system. The consumption of caffeine-containing beverages has become a controversial topic in recent months. In fact, studies with animals prompted the United States Food and Drug Administration to issue a warning to pregnant women about the dangers of continued caffeine usage.

It's clear from medical evidence that caffeine remains in the unborn baby's system for about three hours. According to the Addictions Research Foundation of Toronto, "If the usual safety

precautions respecting drugs were adopted with respect to caffeine, cans of coffee would be required to bear a label warning pregnant women to consume no more than a small fraction of a cup each day."

SMOKING: Cigarette smoking among women jumped tremendously after World War II. So has the tendency to deliver smaller babies with lower than average birth weights. Researchers agree that women who smoke run a higher risk of having undersized babies with more lung and breathing difficulties. When a pregnant woman

smokes, her unborn baby shares most of the effects.

Recent research also shows that there's a possible connection between parents who smoke and Sudden Infant Death Syndrome (crib death). This problem has puzzled specialists for years.

ANALGESICS: What about medications for headaches? Pregnant women should not take aspirin, especially during the last three months of pregnancy, because it can cause bleeding problems for Mom during labor and can disturb normal blood-clotting processes in the baby. Although good dental care is ad-

vocated throughout pregnancy, major procedures requiring pain medication can probably be postponed until the baby is born.

ANTIBIOTICS: Tetracycline antibiotics prescribed to treat acne are a no-no for a woman who is pregnant. They can jeopardize the baby's bone growth and discolor the youngster's permanent teeth. Sulfa drugs administered for urinary tract infections are generally avoided in the last months of pregnancy because of their possible effects on the baby's liver function. Treating the common cold with antibiotics is a worthless endeavor whether or not one is pregnant, since antibiotics do not work against viruses.

Despite these warnings, if you suspect a serious infection, report it to your doctor. Ignoring the condition could be more dangerous to the baby than medication therapy.

ALCOHOL: Scientists have found a pattern of physical and mental abnormalities in babies born to mothers who drink. When Mom drinks, so does the baby. Because of the baby's small size, he or she is affected faster and to a much greater extent.

Alcohol interferes with the baby's normal physical development, possibly leading to abnormalities in the facial structure and in the position of the eyes and ears. A large percentage of the infants of drinking mothers are mentally retarded. These tragic changes have been

labeled the Fetal Alcohol Syndrome.

Researchers first studied women who were alcoholics or women who drank in "binges" followed by days of total abstinence. Now scientists are asking themselves whether one or two drinks can be harmful as well. The answers they have found are startling.

Drinking four or more drinks a day (wine, beer, or mixed drinks) greatly increases the chance of harming the baby. One or two drinks before dinner is less hazardous, but the risk *still* exists. The final word? NO ONE knows any "safe" amount of alcohol consumption during pregnancy. With any alcohol there is risk.

MARIJUANA: This substance contains mind-altering cannabinoids. The principle one is THC, which is fat soluble, meaning that it is stored in parts of your body such as the reproductive system and brain.

Dr. Robert DuPont, longtime director of the National Institute on Drug Abuse, says, "Marijuana is profoundly toxic to human reproduction. . . . Any mother who is concerned about her unborn child will stop marijuana use totally during pregnancy."

COCAINE: A pregnant woman using cocaine is damaging her own health, which may damage the baby's. The emotional roller-coaster effect that cocaine produces certainly can't help either Mom or her baby. A heavy

"coke" habit also leads to intense psychological dependence and physical symptoms upon withdrawal of the drug.

AMPHETAMINES: Scientific studies *suggest* an increased risk of blood vessel and liver defects in babies whose mothers take amphetamines. Scientists know that women with heavy "speed" demands neglect their own bodies. Poor diet, lack of good health habits, along with exposure to amphetamines add up to danger for any mother and baby.

HEROIN AND NARCOTICS: A pregnant heroin user can addict her baby. After birth the infant may suffer withdrawal symptoms. If narcotics were taken prior to delivery, the baby's breathing could be dangerously slowed. Mothers on heroin are more likely to lose their babies by miscarriage. They also have infants that are underweight and undersized.

Scientists may not know all the answers, but it's best to play it safe and avoid street drugs. Consult your obstetrician about prescription and nonprescription medicines. We do know that the majority of medication-caused birth defects happen during the first 12 weeks of pregnancy when the brain, organs, and limbs are developing. We know too that nearly everything a mother eats or drinks will reach the baby. Eating a good diet and avoiding harmful substances gives your baby the healthiest start possible! ◇

MARIJUANA

SEARCHING FOR ANSWERS

In the mid 1960s the University of California at Berkeley became world famous as a hotbed of protests, demonstrations, civil disobedience, and drug use. Timothy Leary and others openly advocated the theory, "tune in, turn on, drop out." Headlines in the media screamed this story around the world, encouraging myriads of people toward a druggie lifestyle. Facts were scarce at that time to help offset the lure and glamour of the new drug fad.

However, even then Dr. Hardin Jones, a university health scientist, and his wife Helen, collaborated in personal research, often interviewing their own students who used drugs, in an attempt to ferret out the truth on a confused subject. Later they traveled worldwide to crystallize and verify their conclusions. All of which resulted in an epochal book *Sensual Drugs*, written primarily for their students but still an authentic source of information. Tragically, Hardin's work was cut short by his unexpected death in 1978.

Now Helen Jones, in carrying on the research that she and Hardin inaugurated together, has authored a new book *The Marijuana Question—Science's Search for an Answer* (with journalist Paul W. Lovinger), coming out later this year from Dodd Mead, New York.

This *Listen* feature briefly reviews the upheavals at Berkeley, the early days of the drug explosion, the pioneering contribution of Hardin and Helen Jones in a most uncertain era; then *Listen* talks with Helen Jones in comparing some aspects of the current drug scene to those early times.

WHERE THIS SEARCH STARTED

F R A N C I S A. S O P E R

Although drugs were being used to some extent in the early 60s on some university campuses, the real launching of a major drug-use movement started at the University of California in Berkeley in 1964.

In the fall of that year groups of students, faculty, and nonstudents launched a concerted campaign against enforcement of university directives barring use of campus facilities for off-campus political and social actions. In his Charter Day speech at the Davis Campus of the University of California in May 1964, President Kerr stated his position: "Students, individually or collectively, cannot take the name of the university with them as they move into religious or political or other nonuniversity activities; nor . . . can they use university facilities in connection with such affairs." Kerr told the Board of Regents of the university in September 1964, that such use was "not proper, wise, or necessary," and to permit it would "compromise the university's obligation to remain neutral in such matters."

Thus began the confrontations—that were so well covered around the world by the news media—involving students, law enforcement officers, faculty, administration, regents, and off-campus people. This was the period of protests and civil disobedience, and drugs seemed to be tied in with the protests. Drugs were readily available both on and off campus.

However, on December 8, 1964, the Berkeley faculty, in their academic senate meeting, adopted a resolution stating among other things: (1) The content of speech or advocacy should not be restricted by the university, and (2) on-campus advocacy or organization for off-campus political activities should not be restricted as to purpose. This was contrary to the regents' directive barring use of the campus for unlawful off-university activities, reiterated less than three weeks previously.

The regents of the university took no action on this academic senate resolution, thus in effect thrusting the responsibility for student discipline onto the civilian authorities and the courts. The campus was thereafter used to advocate and organize illegal on- and off-campus activities without university reprimand.

When the university convened in January 1965, after the holidays, which followed the December faculty resolution, the area in front of Sproul Hall (the campus administration building)—which included Sproul Hall steps and Plaza—was used daily to protest, to plan, and to advocate illegal activities, including the use of illegal drugs. The so-called "Free Speech" movement was succeeded by the "Filthy Speech" movement, and then the Anti-Vietnam movement, where protesters organized marches on the Oakland Induction Center and the Oakland Army Terminal. Draft cards were burned and troop trains blocked.

The noon hour was a particularly active time in Sproul Plaza as large crowds of students, faculty activists, and nonstudents gathered to listen to speakers of the day. Although voice amplifiers had been banned, microphones were regularly used. Time was at a premium, so organizations signed up for use of the Sproul Hall steps, where the microphones were plugged into the university's electrical outlets. Handouts for all types of causes were circulated through the crowd and were available in the Plaza from representatives of each particular cause.

Illicit drug use, particularly of marijuana and LSD, was advocated daily in the campus newspaper (the *Daily Californian*), underground newspapers, handouts on the Plaza, or over the Sproul Hall steps' microphone. Tables were set up from which to disseminate information and recruit workers by those wishing to decriminalize or legalize marijuana. Marijuana was a convenient symbol of protest, particularly when compared to the use of alcohol by the "establishment." Drugs were advocated to "expand your consciousness, know your real self, be creative," and, as Timothy Leary said from the Sproul Hall steps, to "tune in, turn on, and drop out."

Observing this scene were Dr. Hardin Jones and his wife Helen, who at the time had a son and a daughter on campus, another daughter who had just graduated, and a son who was in Berkeley High School. Hardin Jones was a professor of medical physics of physiology and assistant director of the Donner Laboratory of Medical Physics, a prestigious research center.

Both he and Helen were active in youth groups. They lived near the campus and had a constant flow of young people in and out of their home whom they could observe. Both of them had been on campus since they were students themselves at Berkeley. Dr. Jones taught a class in human biology and, being a health scientist, was sensitive to the health habits of young people.

Alarmed by the rapid rise in drug use, he was distressed by what seemed to be a planned campaign urging students to use drugs, with no warning of possible hazards. He added a unit on drug abuse in his human biology course and later offered, as far as is known, the first course in drug abuse at the university level.

The majority of students in his classes used marijuana. They liked it and considered it harmless. It was the main drug they wanted to talk about—in class, in his office, when they ran into him on the streets of Berkeley, and at rap sessions in his home. In the early days marijuana was illegal, so users were concerned about being arrested. Students



In Sproul Plaza large crowds listened to speakers who advocated illegal activities, including the use of illegal drugs. Even the microphones they used were on the banned list.

wanted to talk about their friends' use, or their roommates', brothers', or sisters'—seldom their own use. Professor Jones became adept at detecting subtle symptoms and would challenge them about their drug use. Indeed, it was their own marijuana use they wished to discuss.

At that time the marijuana was weak, and students had used it for such a short time that only a careful observer could detect symptoms. After talking to and observing thousands of users, Dr. Jones detected the symptoms (his background in physiology helped), which he discusses in *Sensual Drugs*, the book he and Helen wrote for use in his course (and for the layman), 82 pages of which are devoted to marijuana.

In addition to college students, Dr. Jones had the opportunity to observe hundreds of street people and flower children who gathered in Berkeley. Later he helped with the drug problem in the armed forces, going to Vietnam twice.

In 1973 he and Helen traveled around the world studying the drug problem, visiting army bases in Germany and Thailand. They sat on the floor of a rehabilitation house in Kabul, Afghanistan, in a rap session with young travelers from around the world who in their travels had gotten as far as Kabul and had come to this center seeking escape from their drug use. They talked with young clients in a hashish

shop and coffee houses in Katmandu, Nepal. They talked with young drug users on the beaches of Mexico and Hawaii and visited rehabilitation houses in Australia and England. They visited rehabilitation centers in the United States and spent time with Dr. Robert Baird, who in the evening ran a rehabilitation program in his home in New York's Harlem for young drug users, after a full day's work as a Fifth Avenue physician.

Like Dr. Harvey Powelson, who was making observations of marijuana users at the student health center and at the university psychiatric hospital, Dr. Jones made observations before the controlled studies were performed that helped explain the phenomena.

Dr. Jones came home one day and said, "Helen, the students are telling me they don't get high the first time they smoke marijuana. I think the active ingredient accumulates." This has now been proven.

He observed that students who drank enormous quantities of beer and wine along with smoking marijuana would rarely, if ever, vomit, and he deduced that marijuana did something to the vomiting center in the brain. Marijuana is now being used by patients undergoing chemotherapy.

He noted the facial pallor with little change caused by emotions—such as a reduction in the ability to blush. He noticed a decrease in the range of facial expressions; smiling, for example, was difficult. He noted the flat look in the eyes and the drug's interference with the eye's ability to track with thought. He noted that the attention span and abil-

ity to concentrate were reduced and that the short-term memory was adversely affected. In the heavy user, he noted a change in his gait. He noted the mood swing, the munchies, and the giggles.

Students discussed with Dr. Jones their sleep and sexual disturbances—the aphrodisiac effect in the beginning, with a decline in sex drive and disturbance of sexual functioning with continued use. They discussed their loneliness and their depressions. He recognized all these symptoms as effects on the brain and its control centers.

Class discussions were lively and often hostile, since the drug users did not like to have their drug use challenged. They preferred to believe the messages they were getting from the Sproul Hall steps. They demanded evidence of the harmful effects. There was much in the literature from countries where marijuana has been used for centuries, but the students would say that didn't apply in the United States. Controlled research had just begun, and such research was sparse.

Dr. Jones had noted that the behavioral changes caused by marijuana were subtle and that the regular user was unable to recognize the changes in him-

self. "Marijuana seems to affect [a user's] ability to evaluate his condition," he observed.

Dr. Jones gave the students a challenge. He told them not to believe him or anything they read but to do an experiment themselves. He said, "Go off marijuana and observe the changes in yourself. You have to stay off for at least two months to give the marijuana time to clear from the body, so use no marijuana during that time, and be an honest observer."

At the time of his death, Dr. Jones had given this challenge to more than 2000 marijuana users. Of those who took up his challenge, 520 reported improvement, and of these, 450 decided to stop all use of marijuana. Not one came back to Dr. Jones saying that he was wrong.

Dr. Jones wrote what the abstainers reported: "After several weeks of abstinence the regular marijuana user will see his memory improve and his mind will become markedly clearer. He will feel as if the 'fog has lifted.' If he was a heavy user he will observe the return of his sexual functions. Even if he was only an occasional user, if he is a perceptive observer, he will note some improvement in his mental functioning."

THE SEARCH STILL GOES ON LISTEN INTERVIEWS HELEN JONES

What gave your husband and you such strong convictions that you were able to withstand the opposition you obviously had in those early days at the University of California?

For one thing I was a mother. I had four kids, and I saw what was happening to some of their friends with marijuana and other drugs.

My husband was a health scientist, and he had worked in the alcohol and tobacco fields. When he was to give a presentation in an international symposium on the harmful effects of tobacco, he was advised by some of his colleagues not to do so because they said he would be destroyed by the tobacco industry.

But he said, "This is what I see as a scientist, and I have to tell what I see." So with marijuana, he had such compassion for his students that he just couldn't stand by and see them misinformed without his providing a counterbalance to that pressure.

Speaking of tobacco, did you and your husband come to any strong conclusion as to the relative harmful effects of tobacco and marijuana?

Hardin knew from research done on hashish-using soldiers in Germany that abnormal bronchial tissue developed in a few months' time that would have taken several years of smoking tobacco to develop. Research done in Switzerland in the early 70s showed that marijuana smoke caused a greater degree of damage to lung cells than tobacco smoke did.

Research now shows there is a considerably higher content of potential carcinogens in marijuana smoke compared to tobacco smoke. Also, it takes many more tobacco cigarettes than marijuana cigarettes to cause the same narrowing of the large airway passages.

The combination of tobacco smoking and marijuana smoking seems to be particularly hard on the lungs, and Hardin found from his interviews that the majority of marijuana smokers also used tobacco.

Do you have the impression that there is as much marijuana being used now as back then, or do you feel that use has reduced some?

My impression is that the college people have accepted marijuana use but that they aren't using as much. It isn't as much the in-thing to do—they can take it or leave it. However, it has gone down to lower grades, to the high schools, even to grade schools.

I was lecturing at a grammar school, and a girl in the sixth grade said, "I don't smoke marijuana, but the thing that bothers me is seeing the nine-year-olds in the park smoking." It seems to be prevalent both in grammar schools and high schools.

You don't feel, then, that the conviction of danger has gotten through to the kids?

Not to the majority. And I think many parents haven't gotten the message either. They still will say, "Where is the harm? Everybody is doing it; it can't

really be that harmful. We had our beer in our day.”

On the other hand, many parents have noticed changes in the behavior of children who smoke marijuana. It's hard to measure lung function slowly being damaged, even though it's well proved now that marijuana is harmful to the lungs. Kids don't see that, though, because it's gradual, and they don't see the changes in their brains. But the people who know them well can see such behavioral changes. Of course, this is what Hardin noticed in his students.

Parents are beginning to organize, and they are the ones who are seeing something wrong in their marijuana-smoking children. As you know, the parent movement is really taking hold across the country. I hope that they stay organized and really get the information out about the harmful effects of marijuana on children. Authorities all agree now that marijuana should not be used by children.

It is encouraging that recent polls show daily marijuana use has dropped in high school seniors from 11 percent in 1978 to 7 percent for the class of '81. However 42 percent of the class of '81 does not perceive there is great risk with regular marijuana use, even though 75 percent of the class disapprove of regular pot use.

Would you say that the potency of the drugs we are seeing today is different from that of the drugs that were used in the 60s?

Oh, much stronger. In the 60s the bulk seizures of marijuana contained less than 1 percent THC—as low as .02 percent to .5 percent. Now the seizures are averaging around 5 percent, and they have found some as high as 13 percent (California sinsemilla).

I phoned the testing laboratories to ask if the marijuana reefers on the street today are indeed diluted or are the same as the bulk seizures they are getting. And they said, judging from microscopic examinations, reefers are not diluted. They are coming through as straight marijuana. So it's pretty potent stuff—many times stronger than before.

I understand, Helen, that you are following through with your husband's research and are updating information on this subject. What gives you the conviction that you want to carry on this work yourself?

I feel that Hardin died prematurely, before he had really finished his work, and I get distressed when I see some of my own friends' children harmed by drugs.

Also I am concerned about getting out the information that has resulted from studies. One was done by Dr. McGahan, a member of the Department of Diagnostic Radiology, University of California at Davis. He asked to examine by CAT scans the brains of three groups of monkeys from the Davis monkey colony, a control group and two groups who had been given THC (in doses equal to humans)—one group for five years and another for two to ten months (the short-term group). No monkey had received THC for a year before this brain study. Brain damage was de-

tected in some of the monkeys who had been given THC for five years—in the same areas of the brain as those in some other similar studies.

I think another cause for special concern are the recent findings of studies done in Ottawa, Boston, and Los Angeles on pregnant women who smoked marijuana during pregnancy and on their newborn babies. In the mothers such effects were noted in prolonged, protracted, or arrested labor. The effects on newborn babies included lower birth weight and smaller length and head circumference. Also noted were abnormal blinking reaction to bright light, marked tremors, exaggerated startle reflex, and poor self-quieting. Some had the distinct, shrill, high-pitched cry like newborns of heroin and methadone addicts. Researchers say the data indicate an effect on the nervous system. What the long-range effects will be, of course, remain to be determined.

For the past several years animal experiments have been showing the effect of THC on reproductive functions and on the offspring of THC-exposed mothers. Students used to say to my husband, “Oh well, that's only on animals.” Well, animals can be very good subjects for researching what might happen in humans—especially with monkeys, whose behavior or reproductive processes are very similar to humans.

However, with the increase of use of marijuana by women, human populations can now be more readily studied than in the past for the effects of marijuana smoking on pregnancy and offspring. A major study is in progress in Denver to examine 900 pregnant marijuana smokers and their offspring.

Is this new book of yours a sequel to the book you worked on with your husband called *Sensual Drugs*?

My coauthor and I are reporting over 200 scientific studies because people were saying, “Where's the evidence, where's the evidence?” So we're presenting the evidence in the book.

The publisher wanted us to present both sides, so we have studies that show harmful effects and studies that seemingly don't show harmful effects, but then we point out why certain studies show one thing and certain studies show another thing. You can't look at any one study alone, or any two studies, or any three studies. You have to look at the bulk of them, and there have been over 7500 studies on marijuana published in scientific literature that have been listed in two volumes of annotated bibliography. According to Dr. Carlton Turner, one of the authors of this bibliography, 80 to 90 percent of the studies “do not give marijuana a clean bill of health.” None of them show that marijuana doesn't have *any* effects on health.

Are these studies quite recent studies, utilizing the stronger drug that we have now?

Yes, our book reviews recent studies as well as past ones. As you know, some human studies done in the 60s are criticized for their low doses of THC due to the low-potency marijuana available at that time,



Frequent demonstrations in Sproul Plaza involved faculty members or visiting speakers.

and some of the animal studies are criticized for their high doses. Over the years the adjustment of dose has become more refined, so today the experiments done on animals and humans are designed to approximate doses used by marijuana smokers.

Of course, marijuana available on the street varies in potency, and individuals smoke varying amounts. The experimental doses may be low according to some smokers and high for others. It is interesting to note that the marijuana cigarettes supplied by the government for research contain 1 percent to 3 percent THC. Marijuana available on the street can be several times higher than that. I'm told by the Division of Research at the National Institute on Drug Abuse that it is not unusual to see samples of confiscated marijuana today that contain 8 to 10 percent THC.

What's the relationship between the use of marijuana and its leading to the use of other drugs? Do marijuana users invariably become multidrug users?

No, they don't invariably, but because of the scene and the people they are with, and because they want to get a higher high, many of them go on to other drugs. My husband saw this at the university, but people poo-pooed him. Now a recent study shows that the marijuana user is indeed more likely to go on to other drugs. It's a stepping-stone.

Ninety-nine percent of the heroin users my husband interviewed—and he interviewed many when he was in Vietnam—had used marijuana first.

Do you have any comment as to the increasingly younger age of the students and others you find using these drugs?

Yes. According to the statistics that I have reviewed, drug use is increasing in the lower age groups. In the class of 1975, 17 percent reported they started marijuana use before the ninth grade. By 1981 some 24 percent reported this, and in a survey in Maryland in 1978, 20 percent of the eighth graders questioned said they were currently smoking marijuana.

Today it's not uncommon for grade-school children to use marijuana. As part of a year-long study in Berkeley schools conducted in 1981 and 1982, fourth and sixth graders of several schools were asked if they had ever tried marijuana, hard liquor, or beer. Nine percent of the fourth graders surveyed said they had tried marijuana, 54 percent said they had drunk beer, and 30 percent said they had tried hard liquor. Among sixth graders, 32 percent said they had tried marijuana, 46 percent had drunk beer, and 55 percent had tried hard liquor.

One mother reported at a parents' meeting how her kindergarten child was approached on the way to school to try marijuana, and a teacher told us that six students in her grade school were sent home in one week for coming to school stoned, and one was a kindergartner. But this kindergartner had been turned on by her mother before she started school.

Do you consider marijuana an addictive drug?

The World Health Organization now uses the word *dependence* rather than *addiction*. Yes, there is both a psychological and a chemical dependence. However, we found from our interviews that the degree of dependence varies a great deal in individuals, just as with tobacco dependence. And the psychological dependence to marijuana seems to be the most difficult to break.

Marijuana is considered chemically "addictive" in view of two factors: tolerance (diminished effects of a drug after repeated doses) and withdrawal symptoms (discomfort when the drug is given up). Because THC, the main psychoactive ingredient in marijuana, accumulates in the body, there is tapered withdrawal. Symptoms are relatively mild as compared to narcotics and alcohol, for example. They may include irritability, restlessness, and sleeplessness. Authorities don't know what the relationship is between the chemical and the psychological dependence.

Suicide

Among the Young



VIVIAN BUCHAN

BEAUTIFUL 17-YEAR-OLD JENNIFER IS DEAD. Last night she drove her car through a barricade at 85 miles an hour. An autopsy showed she'd downed four bourbons and swallowed a full bottle of Bufferin before she accomplished what she'd tried to do three times before—kill herself. Her "accident" happened on the birth date of the baby she would have had if she'd not had an abortion seven months earlier.

Sixteen-year-old Jerry suffered a knee injury that resulted in his being cut from the hockey team in his senior year. The day the coach left Jerry's name off the list of team members, Jerry went home and shot himself.

Eighteen-year-old Jonathon, whose future education was not a financial worry, was turned down by the college of his choice. The day he received the rejection letter, he picked up a gun and shot himself. Four days later his best friend, who was notified that he'd received a \$7500 scholarship to the college of his choice, killed himself. Why? No one who knew the boys could explain.

What's going on with children? Why are seven out of every 10 children from the age of three on up either considering committing suicide, attempting it, or succeeding in doing it? Why, at a time when our society is so youth-oriented and eternal youth is so coveted by adults, are more and more suicides taking place among young people?

"We've always assumed that youth was a carefree, happy time of life," says Dr. Andrew E. Slaby, a psychiatry professor at Brown University. "We

are discovering that it can be downright miserable."

Until recently depression was considered an adult disorder. But it is rapidly becoming a childhood disease. That is why counselors, psychologists, teachers, and concerned parents are trying to find answers to the baffling question of why young people are taking their own lives.

Adolescent suicide is unlike

Adolescent suicide is unlike adult suicide in that it is more impulsive and unpredictable. It seems to be triggered by something transitory or seemingly insignificant that leads to the decision to end it all.

adult suicide in that it is more impulsive and unpredictable. It seems to be triggered by something transitory or seemingly insignificant that leads to the decision to end it all.

The death of a pet, the loss of a parent, a divorce in the family, the breakup of a friendship can be so devastating that suicide is preferable to enduring the deprivation.

While statistics show that young men outnumber young women in successful suicides by a 4-to-1 margin, young women outnumber the men by a similar margin in attempted suicides. One reason for this is the irrevocable methods chosen by young men who commit suicide: they either shoot or hang themselves. Young women, on the other hand, use drugs or poisons to kill themselves and are often discovered before it is too

late to save their lives.

Is there a type of person more prone to suicide than others? Dr. Barry Garfinkel, a Toronto psychiatrist, studied 500 adolescents who had attempted suicide to see if there was some common motivator that gave them a predilection toward suicide. He found the family background to be the most significant factor.

Children whose parents were separated were twice as likely to be suicidal as other children; those whose parents were divorced were three times more likely to be suicidal.

He concluded, "Whether the family is intact makes a real difference. The biggest predictor, in my view, is not having an adult around to offer advice and help."

Even if a child apparently withstands the trauma of seeing his parents divorce, his emotional stability can be so threatened that future blows or shocks can't be successfully handled.

Another type of suicidal child is one whose family has a history of suicides. A parent who attempts suicide seems to pave the way for his children to consider doing the same thing, even if the parent isn't successful in his attempt. Mental disorders that are passed from one generation to another seem to carry a genetic predisposition toward suicide attempts.

Then, of course, youngsters hooked on drugs or alcohol are prime candidates for suicidal attempts. "So many kids, in priming themselves to commit suicide, must drink or take drugs," Dr. Slaby continues.

Psychologist Carl L. Tishler of Ohio State University sees an average of 200 kids a year who

have attempted suicide. "They use far more drugs. Pot is one of the worst drugs you can take if you're depressed. It's like putting an emotional bag over your head, and it eventually has to blow off. These kids are treating their own mental illness, and in the worst possible way."

One of the reasons it has been difficult to determine what drives young people to commit suicide is the lack of advance warning or the absence of explanatory notes left behind.

Martha, mother of 16-year-old Sandra, grieves, "It came out of the blue. I walked into her room to find her dead of a gunshot wound while her stereo was playing, 'Die Young, Stay Beautiful.'"

Are there behavioral changes that can clue you in to the fact that someone you know may be suicidal (or that you yourself might be)? A lack of interest in school, withdrawal from social and athletic activities, disinterest in personal appearance or the opposite sex, loss of appetite, or insomnia can be indications that a person is depressed or coping with unsolvable problems.

Keep in mind that what would be a minor upheaval in an adult's life can be considered catastrophic by a young person. And no child is too young to consider death as an escape route. It may come as a shock to hear that many fatal childhood accidents are deliberately planned by children *under five years of age*.

Dr. Perihan A. Rosenthal, a psychiatrist in Massachusetts, says, "Accidental deaths among small children are just the 'tip of the iceberg' of actual suicides. Do you really think some child takes a whole bottle

of pills accidentally?"

Small children can't grasp the concept of death. They may think they can die today and come back to life tomorrow when the troublesome situation has righted itself.

Dr. Donald H. McKnew, a research psychiatrist for the National Institute of Mental Health in Bethesda, Maryland, believes that toddlers as young as one year of age can suffer such severe emotional trauma that they seek a violent means

Youngsters kill themselves by jumping off roofs, falling down stairs, running in front of cars, dosing themselves with poisons, banging their heads on walls, or cutting themselves with knives or scissors.

of escape from the stress.

Youngsters kill themselves by jumping off roofs, falling down stairs, running in front of cars, dosing themselves with poisons, banging their heads on walls, or cutting themselves with knives or scissors.

It's startling to hear that the third leading cause of death among teenagers is suicide. And in the 15 to 19 age group, the rate is steadily increasing. What's even more alarming is the number of suicides occurring in the 10 to 14 age group.

Furthermore, it's not children from the deprived groups who are turning to suicide as a quick and easy way out. It's children from all ethnic groups, religions, and levels of affluence who are involved with drugs, alcohol, and suicide.

Young people today are coping with pressures and stress

that were rare a few years ago. The one-parent homes that are empty most of the day, divorced parents quarreling over custody, worry about finding a job or deciding on a career, and finding money for college education are problems facing young people everywhere.

Even though many youthful suicide victims may not display personality changes, it's possible to detect suicidal tendencies if you know what to look for.

Just knowing that 70 percent of all children are either considering suicide, attempting it, or accomplishing it should make us more sensitive to the "plea for help" that most suicidal persons may display either consciously or unconsciously.

A concentrated effort to launch an all-out campaign against teenage suicides must be made before the burgeoning rates can be brought down. "We need to consider every possible treatment, from drugs to hospitalization," says Slaby. "The problem must be recognized by teachers, coaches, and clergy."

He continues, "It's not how you see their lives that's important. It's how they see their lives."

The message to everyone working with or living with young people is to be more sensitive to their troubles, because it might be a seemingly minor problem that triggers an impulsive suicide.

Becoming more aware of the tendency surfacing among young people to solve their problems in a final and irrevocable way can be helpful in providing the understanding and counseling that can help reduce the senseless loss of lives that are being destroyed by suicide. ◇

WORTH FIGHTING FOR

A YOUNG GIRL TELLS HER STORY

LISA LAKE

I had my first experience with pot when I was 14. A friend introduced me to it. It made me very silly, and I liked it. But I smoked it only occasionally that year.

When I entered high school, everyone was either smoking pot or talking about getting high. I felt frightened because I knew smoking pot was wrong, and I was afraid I'd get caught. But pressure from the group soon overpowered my sense of guilt and fear, and I gave in. After I came down from that high, though, the guilt was awful, and I swore never again!

As I got older, it seemed like the whole world turned against me: my boyfriend, my parents, my friends. I remembered how pot had made me feel before, and I knew it could help me escape the pain I felt. So I started a habit which I thought would be easy to break.

That's the danger of pot. It distorts your whole world. It makes you see life as Easy Street. It lets you build your own world with no problems or hassles. Once you've done this, quitting is hard. It's scary. You've given up being responsible for yourself and your life, so suddenly facing reality and problems again is scary.

When I was willing to face life again, I spent 30 days at La Hacienda Drug Treatment Center at Hunt, Texas. Therapy and medical treatment helped

me get back to the real world. Now it was up to me to make the best of what I'd learned about myself and to cope with life.

I don't believe any kind of drug habit is ever cured completely. Once you've been an habitual abuser you'll always have a tendency to be one. I live life one day at a time, one problem at a time. On good days I build myself up for the bad. On the bad days I'm frightened, because thoughts of a good high tempt me. But I've fought them off so far, and I'll keep fighting. I respect myself; I need myself. I'm worth fighting for.

I'm now married and expecting a baby. I don't know how my pot smoking may have damaged me physically. Every day I pray to God that my baby will be healthy. I cringe at the horror of having an abnormal baby and facing the day when he or she says, "Mommy, why am I like this?" That's one question I would rather never have to answer.

I hope you'll be stronger than I was and will be able to say No; will keep your respect for yourself, your mind, and your body; and will think about the consequences before trying pot, pills, or alcohol.

You are important—don't blow your self-worth on an hour-long high and possibly a bad trip. Think of yourself, not of what others will think. Your friends may not understand, but you're worth fighting for. ◇



THE SWEET TASTE OF VICTORY

MARILYN THOMSEN



"SWEET LOU" JOHNSON stands before the junior high school students in Los Angeles looking every inch an athlete. Powerful biceps bulge under his blue knit shirt. Large thighs press against designer jeans. The lights in the classroom go off and the World Series flashes on the screen. It's game seven in Minneapolis. Lou has just hit a home run to win the Series.

Memories of winning are sweet, but Lou has bitter recollections to share too. He's not speaking merely as a former baseball player. He has come as a former alcoholic and drug abuser to warn others who might follow in his path. The students listen carefully to his story.

"I had a short but juicy career with the Dodgers," Lou says with a smile. "Tommy Davis broke his leg in May of '65, and I came up from the Pacific Coast League. I hit only .259, but I had a lot of game-winning hits."

It was after a game with the Pittsburgh pirates that he acquired the nickname "Sweet Lou." He had just won another ball game with a timely hit, and Dodger broadcaster Vince Scully marveled, "Lou, you can do it all."

"Yeah," Lou conceded, "Sweet Lou can do it all." Before long, everyone at Dodger Stadium knew him as "Sweet Lou."

Indeed, Lou's success was sweet, for he had bounced from team to team for years. At times he felt like a yo-yo, going from the minor leagues to the major leagues to winter league and the old Negro League. "It was a way of life with me," Lou says now. "I got used to it. I've been in three revolutions and five riots."

The 1965 and 1966 Dodgers were loaded with talent—Sandy Koufax, Don Drysdale, and Maury Wills, to name a few. Lou played with them in two World Series, winning one and losing one. Then in 1967, the team's play soured, and Lou was traded to the Chicago Cubs for "Paul Popovich and a truckload of Wrigley's chewing gum."

By the time he hit Chicago, Lou was already using alcohol and drugs to wash away the pain whenever he felt bad. "I was a good ball player. I should have had more time in the major leagues than I had," Lou recalls with feeling. "I drank to that a lot of times."

When he was young, it



seemed to Lou as if he would always play baseball. He never thought about what he would do after he hung up his glove. "I looked at my life like a parachutist," he says. "Just jump out of the plane and float around." When he left baseball in 1969, there was a big void in his world. To fill it he turned more and more to alcohol and drugs.

Over the years that followed, Lou had visions of doing many things—going back to college, starting a baseball school, running a business. "I started many a thing and never finished anything," he admits. "I had no concerns." But he did have alcohol and cocaine, and he turned to them often. Too often. Then his habits began to turn on him.

"Alcohol really made me do idiotic things," Lou remembers soberly. "Nobody wanted to be around me any more. I couldn't get a job. A lot of opportunities had come my way, and they were dropped immediately because of my alcohol use. I was very hostile, mean, and angry."

"Sweet Lou had turned bitter," Lou's wife J. J. recalls. "Lou became violent, and he

hurt me on occasion. He hurt the children. His personality was totally altered by alcohol. He was a Dr. Jekyll/Mr. Hyde.

"When I saw him get up in the morning and drink beer and straight tequila to get the day off to a start, it frightened me," J. J. continues. "I've heard when a guy has to have a drink to get up, he's in trouble. I saw him in trouble, and I knew I couldn't help him."

J. J., a beautiful and sophisticated woman, lost weight as she worried about Lou. She dropped from a size 14 to a 6. "I went through the transitions of loving him and hating him," she says. "There were times I was glad to see him leave and hated to see him come home. When the car drove up, my nervous system went up like a porcupine needle. I asked myself, 'What's he going to do to us now?'" Finally, in desperation, she decided to leave him.

For 20 years Lou had been drinking and using drugs. In November of 1980, he knew he had hit rock bottom. He had already hocked one of his most prized possessions in a drug deal—his World Series ring. Now J. J. was about to leave. Bankrupt in body and spirit, he called Don Newcombe, head of the Dodger alcohol/drug rehabilitation program. "We've been waiting for you," said Newcombe, himself a former alcoholic. Newcombe outlined what it would take to get Lou's life back on track. "I'm willing to do whatever it takes," Lou replied.

Four days later, Lou arrived at The Meadows, an alcoholism rehabilitation center in Arizona. He stayed there eight weeks. The first step in his treatment was to admit he was an alcoholic. Then he learned

to be totally honest with himself in other areas of life and to find peace within himself. J. J. spent two weeks at the center, learning how to help her alcoholic husband. The day after New Year's, 1981, Lou came home to Los Angeles determined never to take a drink or get high again.

Today Lou spends his time as an employee of the Dodgers, speaking to young people about the dangers of alcohol and drug abuse. His approach is straightforward. He simply tells his story.

"Alcoholism has no age or color barriers," he tells people. "There are only two kinds of alcoholics: male and female." Alcoholism is incurable, but he has found the solution: "All I have to do is just not drink anymore," he declares. With the help of J. J. and Alcoholics Anonymous, he's determined he never will.

The bell rings. The class period is over. Lou rewinds the film on the projector as the students go to lunch. He hopes his message has gotten through and that it will save a life. "Mine was saved," he reflects. "It's a miracle to be alive." ◇



Letter to Mike

DEAR MIKE,

It seems weird to be writing you a letter, I guess because it's the first time I've done so. Maybe you won't pay any attention to what I'm going to say. Maybe you'll say, "He's off his rocker—stir crazy," or something like that. You've got a right to say that after all the bum advice I've given you.

Remember when we were kids—me leaving 13 and you reaching for 12? You used to look up to me like I was some kind of hero. I thought I was big stuff too. Taught you how to smoke that day by the river. I told you it would make you a man. I laughed till my sides hurt when you coughed and choked trying to inhale.

Well, Mike, I taught you well. You got to puffin' so much that you outsmoked me by at least a pack a day. Guess you got me to thank for all the lung problems you have now.

I gave you a lot of other advice too. Like pot. We had some high times, didn't we? Thought we were so cool, splittin' a joint on the way to school. We'd sit in our first class all silly and red-eyed—me in math, which is still Greek to me, and you in English, which you flunked. Maybe that explains why you haven't written me yet!

Sometimes we met during lunch period and shared a few tokes in the john. The place reeked of pot, and it wasn't all from us. Then, on the way home, we'd hit the stuff again. We didn't

think it was hurtin' us, but I guess our grades showed that we messed up our heads pretty well. Funny the way those F's in high school follow you forever. If I'd known then how important grades are—how they check your school records when you try for a job with a future—well, maybe I'd have been smarter.

But back then I thought I knew it all. Remember when I started experimenting with other drugs? Got you into them too. We did acid, angel dust, coke, 'ludes—we tried just about everything. Somehow, with all those good times we thought we were having, I can't remember much. It bothers me that nothing sticks in my head to remind me of the fun. Are you that way too, Mike? When you look back, is there anything that grabs you as special? Anything that makes you proud?

I can remember plenty of bad times. Losing Jenny was a real bummer. Guess she got tired of trying to help me. I heard she's engaged to some college preppie. Well, she deserves the best. She stuck by me after I quit school, even though I couldn't get any decent job. At least you got your diploma. Be thankful for that. Digging ditches gets old fast.

I think it was the drug busts that scared Jenny away. They didn't scare me. Remember how we laughed about my probation, and that holier-than-thou counselor I had to listen to once a week?

Steve Travis

I quit laughing when my probation ended and I tried to join the service. I thought I was doing them a favor, and they wouldn't even take me! They didn't like my batting average. I had the feeling that I'd dug a hole for myself that I couldn't climb out of.

I should've wised up then and tried to put some plusses on my record. I could have cleaned up my act and gone to trade school or even tried to pass the G.E.D. and then get some kind of education.

But I was broke and out of a job, and all I could think of was getting stoned on more drugs to forget my troubles. You were on a construction crew then, and I borrowed from you till you were squeezed dry. My habits were expensive.

That's when I made my biggest mistake. Lucky you were sick with bronchitis, or I might have talked you into joining me. I could always talk you into anything.

Anyway, you know the story. I thought stealing from those rich dudes down the street would be a piece of cake. They were out of town, and the way she always dripped with gold, I figured there was plenty of jewelry, if not cash, somewhere in that house. I also knew the jealousy door faced their dark backyard.

Too bad I didn't know about the silent burglar alarm. The cops had me surrounded before I knew what was happening. They caught me riflin' through all the drawers. Man, I was plenty scared when they handcuffed me and read me my rights.

So here I sit, like an animal trapped in a cage, with lots of time to think. It's at least two years before I'm eligible for parole. All the bad things you heard about prison life are true, only much more so.

One good thing's come of all this, though, and I'll try to pass it on to you. It took awhile for my head to clear of all the chemicals I was taking. Now I can look back and see my mistakes and how I've got no one to blame but me for what's happened. I messed you up too, and I can't forgive myself for that.

See, Kid, I stupidly painted myself into a corner, never thinking of what would happen when I got stuck there. Maybe after I serve my time the paint'll be dry enough to try to tiptoe out, slowly and carefully.

But you left yourself a few openings. Please—don't close yourself in. Don't try to copy me anymore, or you'll end up just like I did. Everything I taught you was bad. This time let me give you some good advice for a change. Get off the drugs! Get yourself some education for a good future.

Even here they offer training in some trades, and I plan to take whatever they let me. Then, when I get out, I'll build on what I've learned. If I stay 100 percent straight, I can still make it.

Funny, even though I'm in prison, I have more self-respect right now than I've had in years. Maybe my outlook improved with my health. I'm getting more sleep than I did on the outside. Even though the food's lousy, I'm eating more regularly. I'm doing physical work, so I stay in shape. But mainly my mind and body are free of drugs. It's amazing how much better that's made me feel about myself.

For the first time I have goals. I hope it's not too late.

Take it easy.
Your brother

STEVE

Dear Mike

It Seem



JIM CONRAD

HOW TO GROW YOUR OWN VEGETABLES

Growing your own vegetables is not as difficult as you might think. All you need is a plot of ground that has these characteristics:

- loose, crumbly soil,
- sunlight during most of the day, and
- enough water to keep the plants from drying up.

If you don't have such a plot of ground, you can grow plants in pots and keep them wherever there is good sunlight (Fig. 1).

Figure 2 shows some city dirt that until now has been hidden under lawn grass. A few minutes spent scraping away the crabgrass, chopping the soil with a hoe to loosen it to a depth of about a foot, and mixing in a few handfuls of peat moss produced a very good soil. Look at how it crumbled in my hand.

Start planning your garden in the winter as soon as seed packages appear in your local su-

permarkets and hardware stores (Fig. 3). On the backs of these seed packages you'll find directions that tell how and when to plant the seed (Fig. 4).

If you pay attention to the plant's soil, sunlight, and water requirements, plant your seeds according to the instructions on the seed package, and keep weeds pulled, probably you'll grow a passably good garden.

However, if you want a luxuriant, jungly garden with huge, crisp heads of cabbage and pea vines scrambling like octopus tentacles, then you need to know more about gardening than can be told in these pages.

Go to your local library and read about gardening. A very good book on the subject is *Crockett's Victory Garden* by J. U. Crockett (Little, Brown and Co., Inc., Boston). It will tell you about fertilizer and cabbage moths. It'll show



Figure 1



Figure 2



Figure 3

you how to use *mulch* and how to design your garden so that you get the most food out of a little space.

Many folks get hooked on gardening. For one thing, gardening lets you experience freaky colors, textures, and forms that you otherwise might not encounter in your daily life. Look at the squash in Figure 5. Notice how young squash have flowers stuck on their bottoms. I like lying among my garden plants, getting a bug's-eye view of things.

Nothing equals the feeling of slicing a tomato you've grown yourself. As you place those slices in a sandwich, you'll remember how at first the tomato plant was nothing but a feeble sprout. Then one day a tiny yellow flower blossomed on it. Eventually the flower fell off, leaving a small, hard green ball that started growing (Fig. 6). As the green ball enlarged it turned yellow, then

bright red and juicy, ready for use in that sandwich of yours.

Furthermore, your tomato is full of tastes that supermarket tomatoes don't have. Nowadays mass-produced tomatoes are grown with tough skins so they won't bruise when they are shipped long distances. They are picked green, and then chemicals are used to make them ripen at the supermarket's convenience. Flavor is kicked out the window.

However, your homegrown tomato has nothing to do with all that. It's grown and ripened at its own pace and is delicious. It's something you can be proud to claim as your own at your next family picnic.

And all you did was plant some seeds in a spot with loose, crumbly dirt, sunlight, and a little water—and maybe weed them and talk to them from time to time!



Figure 4



Figure 5



Figure 6



YOUR GOVERNMENT AT WORK

The United States Department of Agriculture has decided that America's pigs deserve a higher grade of garbage in their troughs.

That's why the USDA has adopted a new regulation stating that all gar-

bage served to hogs must first be boiled for half an hour at a licensed facility.

The actual reason for the boiling of the food is to prevent the spread of hog cholera and African swine fever, but the pigs don't care *why* they'll be

eating higher off the hog.

Some swine won't benefit from the government's concern for their welfare, however. Sixteen states prohibit entirely the feeding of garbage to swine, even if it's boiled and run through a Cuisinart.



ANYBODY GOT A QUARTER?

If you can't beat 'em, join 'em. That's the way school officials at San Jose High School in San Jose, California, feel about the video games they've installed in an empty classroom as a fund-raising measure.

"We need money to hire a dance teacher or buy enough equipment to compete in sports or buy a computer

for the classroom," assistant principal Oreen Gernreich said as she watched students jockey for a turn at a Donkey Kong game.

The six games, which were installed the same week the U.S. surgeon general warned that there's "nothing constructive" about video games, are available before and after school and during lunch during a

three-week experimental period. The revenue they generate will be divided equally between the machines' vendor and the school's student-activity fund.

The majority of the students waiting in line to play the games said they didn't care where the money went or what the surgeon general had to say about video games.



SAFETY AT ANY COST

"Protect everyone from everything at any cost!" That's the motto of

NOT SAFE, the National Organization Taunting Safety and Fairness Everywhere.

NOT SAFE's purpose for existing is to lampoon an overregulated society with overkill examples and to get people involved in controlling their own government, according to Dale Lowdermilk, a 33-year-old air traffic controller and family man from Santa Barbara, California, who founded NOT SAFE three years ago.

"Do you realize," he asks as he writes "Caution" on a banana, "what you have after eating a banana? A banana peel! And we all know what happens when you step on a banana peel!"

He frowns and circles the banana. "This is a dangerous fruit. I am recommending that it be so labeled."

At least 700 other people—the members of NOT SAFE—share Lowdermilk's fixation with killer bananas and other dangers.

"We never meet," he explains,

"because of the danger of spreading contagious diseases. We communicate by mail. However I do caution our members not to cut their tongues when they lick the envelopes." Anyone can join NOT SAFE by paying \$10 or bartering a service.

Since its founding, NOT SAFE has taken on everything from empty bottles (potential Molotov cocktails) and apple pie (which causes obesity) to motherhood (which causes everything).

Lowdermilk's latest concern is animal rights, which prompted him to propose that the speed limit be reduced from 55 to 15 miles an hour.

"That would save bugs from getting squashed on windshields. Bugs have feelings too, you know," he states.

If the possibility of such a law ever being enacted disturbs you, write your congressman or Ralph Nader a letter of protest. Lowdermilk would be pleased.

And So Forth



SIGN LANGUAGE Oliveros McLloyd

Hidden below are 42 words or groups of words found on various kinds of signs. Draw a line around each one as you find it. They may run horizontally, vertically, or diagonally, forward or backward. They always run in a straight line, and they never skip letters. Words often overlap, and letters may be used more than once. You will not, however, use all the letters in the diagram.

N O U T T O L U N C H O S P I T A L X U
 O L I T D V O E S R O S C T H P R S N J
 S I G N E P N O U T U R N E N A E R D V
 M T N R E W D N E Y O J L R L Y U P H N
 O L I N P G N I S S A P S E R T O N C O
 K I S X S Z U E S Z W A L K T O L H S P
 I V S C E Q D R H A C N V S X L I R R A
 N E O R C Y O A N W O U U U G L O Z T R
 G R R O U A Q T O J Y M R N D A V D H K
 J T C S D Z E B A R E R I R D H A E G I
 P U D S E D P Y E N G K E C E E Z E I N
 K O A W R J W V A W R N L P H A Q R R G
 W P O A T A O L B O A O I A P D X C P N
 O E R L L N T U W T S R N D E I C R E I
 L E L K E H S N P E U R E S N A L O E S
 S K I W G S E L D O U L O O U I J S K S
 O N A I T M A S T T A L X T F Z W S P A
 G Y R O V Y L E U S C Y I E L D V I Y P
 V O P S X O D R E D R O F O T U O N T O
 R E T A W H G I H T N J C U R V E G V N

Beware of Dog, Bus Stop, Caution, Children at Play, Closed, Crossroads, Crosswalk, Curve, Deer Crossing, Detour, Exit, Go Slow, Help Wanted, High Water, Hospital, Keep Out, Keep Right, Men Working, No Jaywalking, No Parking, No Passing, No Smoking, No Trespassing, No U-Turn, One Way, Open, Out of Order, Out to Lunch, Pay Toll Ahead, Quiet, Railroad Crossing, Reduce Speed, Right Lane Must Turn, Road Closed, Sale, Slippery When Wet, Slow, Stop, U-Turn Ahead, Walk, Winding Road, Yield

HUMMING ALONG Frieda M. Lease

A puzzle is fun and soon finished when a hum is the focal point in each word. Fill spaces with letters to complete.

1. -hum- heavy dull sound
2. -hum pal
3. hum--- hoax, nonsense
4. hum----- small bird
5. --hum--- cruel, brutal
6. hum--- dull routine
7. hum-- moist air
8. hum--- long bone in the upper arm
9. hum----- philanthropic
10. -hum- a digit of the hand
11. hum--- not proud
12. hum---- teller of jokes
13. hum---- ridge in field of ice
14. hum-- having the nature of people
15. --hum- to bring out of the earth
16. hum----- to abase
17. hum- found on a camel's back
18. hum-- soil composed of decayed leaves

CAUGHT IN THE MIDDLE Ruth Schiefen

Change the italicized terms into different words by adding a different letter to each end. For example, *pin* can be changed into a backbone by adding an *s* at the beginning and an *e* at the end, resulting in the word *spine*.

1. Change *owe* into a tall structure _____
2. Change *pea* into a weapon _____
3. Change *love* into a leguminous herb _____
4. Change *him* into a musically tuned bell _____
5. Change *tag* into a platform in a theater _____
6. Change *rip* into a complaint _____
7. Change *ear* into a muscular organ _____
8. Change *live* into a splinter _____
9. Change *ham* into guilt or embarrassment _____
10. Change *one* into currency _____
11. Change *rim* into an illegal act _____
12. Change *lot* into fabric _____
13. Change *had* into shelter from heat and light _____
14. Change *ran* into a mischievous trick _____

PUZZLE ANSWERS Answers to "Humming Along"

1. thump 2. chum 3. humbug 4. hummingbird 5. inhumane 6. humdrum 7. humid 8. humerus 9. humanitarian 10. thumb 11. humble 12. hummer 13. hummock 14. human 15. exhumed 16. humiliate 17. hump 18. humus

Answers to "Caught In the Middle"

1. tower 2. spear 3. clover 4. chime 5. stage 6. gripe 7. heart 8. silver 9. shame 10. money 11. crime 12. cloth 13. shade 14. prank

Drinking Troubles

One in Three Families

A recent Gallup Poll on alcoholism reveals that drinking causes trouble in one out of three American families, and that figure has doubled in the last six years.

Also risen is the number of people who consider alcoholism a major national problem, up to 81 percent from 60 percent in previous polls. According to Gallup, it is extremely rare to find Americans in such complete agreement on any question.

The question, "Has drinking ever been a cause of trouble in your family?" was asked by phone to 1566 adults over the age of 18. Thirty-three percent said Yes.

Gallup speculates that the poll reflects both a real increase in alcoholism and an increase in awareness of the problem.

Today's Seventh Graders Half as Likely to Smoke as in 1970

Today's seventh graders are far more aware of the hazards of smoking cigarettes than were the seventh graders of 1970, according to the American Heart Association.

A study by the AHA of 2000 students in seven states shows that the seventh graders of 1982 feel twice as strongly about not wanting to smoke as did the youngsters of 1970.

"The results of our study indicate that today's seventh grader has a healthier attitude about not smoking and can be taught to resist pressure from friends, classmates, and some of the other traditional forces that lead to the cigarette habit," says Dr. Robert M. Daugherty, Jr., chairman of the National Interagency Council on Smoking and Health and an Amer-

ican Heart Association volunteer.

The AHA study was a repetition of a study conducted by the University of Illinois in 1970. Both the AHA and the University of Illinois studies asked students how strongly they agreed or disagreed with several statements, like these: To be popular, one has to smoke cigarettes; Smoking helps people when they feel nervous about something; If parents smoke, they should allow their children to smoke; Cigarette advertising should be banned from newspapers and magazines.

The results of both studies were scored on a scale from zero to 176, with a higher score representing a healthier attitude. Dr. Daugherty said that today's seventh grader scored 126 points on that scale while the seventh grader of 1970 scored less than 60 points.

Seventh grade is the time when cigarette smoking usually begins, and the health agency's experts feel the time may be right for antismoking programs at that level in all schools.

Airport Drug "Sniffer" Busts Cocaine Smuggler

A device that detects concealed drugs by "sniffing" their odors recently made its first bust, according to United States Customs officials at the Houston Intercontinental Airport, where the device is being tested.

The machine, which resembles a standard, airport, walk-through metal detector, blows air currents across a subject to sensors which analyze the collected vapors for odors associated with illicit drugs and common packaging materials.

After the machine alerted them to

the presence of such odors on a traveler, Customs inspectors found a kilo of cocaine secreted in a false-sided suitcase he was carrying. The traveler, a 36-year-old Venezuelan man, was arrested on the spot.

The \$19,000 machine, which was developed by the Customs Service, is currently in use only in the international passenger inspection area of the one airport.

"It's a prototype, the only one of its kind," states Customs spokesman Charles Conroy of Houston. However, he said that if the machine continues to prove itself reliable, similar devices will be installed in other U.S. airports.

FDA Rejects Petition to Loosen Controls on Pot

The United States Food and Drug Administration has rejected a petition filed by NORML (National Organization for the Reform of Marijuana Laws) requesting that marijuana be made more accessible for therapeutic purposes by reclassifying it from Schedule I to Schedule II of the federal Controlled Substances Act. (Drugs listed in the tightly-controlled Schedule I category are those considered to have the highest potential for abuse and serve no medical purpose.)

The FDA cited a lack of evidence supporting the medical use of marijuana as the reason for their decision but promised further investigation into the question.

Despite the FDA's position, 33 states currently recognize ingredients in marijuana as being effective in the treatment of glaucoma and the nausea caused by chemotherapy for cancer.

Smoking in 4-D

No one these days will claim that smoking isn't habit-forming. In fact, the majority will probably admit that it's downright addicting.

The longer a person continues smoking, the more he hunts for ways to keep up his habit while still feeling that he's protecting his health, at least to some extent.

Such rationalizing by the smoker is obviously looked upon by the tobacco industry with pleasure, for from the standpoint of money it would exert every effort possible to keep its customers smoking while appearing to be concerned about producing "safe" cigarettes and preserving health.

The filter was one of the earliest methods devised for making cigarettes "safe." In fact, some of the first filters were too efficient, leaving the smoker only hot air to inhale. This was not only unappealing to the smoker but also unprofitable for the industry.

So these filters had to be made more inefficient to preserve taste and to keep the smoker on the hook.

"Low tar" became the promotional rallying cry. Actually, in its publicity releases to the media, the industry claimed that it didn't accept the idea that smoking was injurious to health. Yet at the same time the tobacco companies engaged in a running duel in their advertising as to whose cigarettes had the lowest tar content. This competition still goes on.

Low-tar, king-size cigarettes were introduced on the market. However, it was reported that these were being made of cruder tobacco with a higher tar residue, with the result of increasing the smoker's health hazard instead of reducing it.

In the meantime, to enhance taste and other attractive features, the makers increased their use of additives. This was especially true of low-tar cigarettes.

Now it is beginning to appear that this, too, is a fluke, that low-tar cigarettes can pose a more serious health threat than the older, higher-tar brands because of the additives being put into them.

For example, careful research by the Florida *Times-Union* of Jacksonville has shown that tobacco companies are buying a million pounds a year of the swamp plant coumarin. Popularly known as deer tongue, the plant was banned by the government some 30 years ago as a food additive because it was found to be hazardous to health. At the time of its being banned in foods it was already known as a widely used flavoring for tobacco.

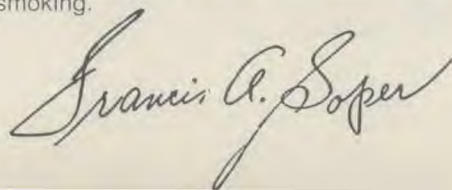
Other additives cigarette makers use to add flavor include licorice and sugar. Another of their favorites is cocoa. Research has shown that cocoa-flavored cigarettes cause more skin cancers in experimental animals.

In 1977 the tobacco industry spent \$76 million on flavorings, while in 1979 this total rose to \$113 million. All of which adds relevance to the question of whether such extra ingredients could be making low-tar cigarettes riskier than the older types.

Can't the government control this? The answer is No. The government can issue warnings about health hazards of smoking. It can require such warnings on cigarette packs and in tobacco advertising. But it has no control over the manufacturing processes or ingredients.

In other words, additives banned in foods as being health hazards can still be used in cigarettes if they aren't illegal.

Smoking is still a 4-D habit—*deception, danger, disease, and possible death*. These D's continue to haunt anyone who dabbles with smoking.



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6830 Laurel Street N.W., Washington D.C. 20012.

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Pacific Press Publishing Association, P.O. Box 7000, Mountain View, California 94039.

All editorial inquiries should be addressed to the Editorial Office in Washington, D.C. Inquiries regarding subscriptions should be addressed to the Pacific Press.

Subscription Rates—per year

When purchased in U.S.A., \$24.00 (U.S.) package plan, mailed to addresses in U.S.A.; \$25.00 (U.S.) package plan, mailed to addresses outside U.S.A. When purchased in Canada, \$29.75 (Can.) package plan, mailed to addresses in U.S.A.; \$30.75 (Can.) package plan, mailed to addresses in Canada or overseas.

LISTEN, monthly journal of better living (twelve issues a year), provides a vigorous, positive, educational approach to the 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. Litho in the United States of America.

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The Wall



Which architect erected,
stone by solid stone,
this formidable
wall of Alone?
With the trowel of
faintheartedness and the
mortar of fear,
who plastered up

three more walls?
Who built this loneliness prison?
Who?
The selfsame and only one
who can tear
the walls
down.
You. Yourself.

Bill Vossler

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It’s a critical passage that either develops him—or destroys him.

A kid learns a lot more in high school than geometry. He learns the hard way about self-concept. Peer pressure. Drugs.

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LISTEN

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