

STEPPING IN GENTLY

You wondered, put the thought away but it came back. You examined it closer, maybe...your argument went something like this: They don't get drunk often and maybe I'd offend them if I questioned them about their drinking, and besides drinking is what people do in this town. But on the other hand, they blew an entire paycheck buying rounds at the local tavern, an innocent morning game of golf sent them staggering home; and they get depressed after a few drinks. What should I do?

The N.C.A.A. estimates over 70% of college students will drink on occasion and eight to ten percent of those who drink will become alcoholics. Alcohol, considered the nation's #1 drug problem has paradoxically succeeded in gaining a "socially accepted" status. The media portrays alcohol as a way of being popular, sexier, healthier and more sophisticated. Is it any wonder that we could watch the slow destruction of our friends without saying a word? But speaking our concerns about alcohol to a friend can be a turning point for them. Caring, itself, is therapeutic.

Basically, a drinker needs to examine his/her reasons for drinking and what the consequences are of the behavior. For instance, did they drink to socialize or as a way to escape? Did they hurt themselves or someone else while intoxicated? Consider the reasons for drinking rather than the amount of alcohol consumed.

As a helper, you want to understand your friend's view so be candid but careful of your choice of words. Ask your friend if they feel they have a problem with alcohol instead of telling them they have a problem. Now that you've raised the subject, your friend can respond with defensiveness, denial or agreement if indeed they possess a problem.

If defensiveness becomes the case, be sure to make clear that it is the behavior you dislike and not the person. Don't let them intimidate

you—defensiveness is fear of dealing with the problem. Handle denial by stating how your friend's drinking affects you. If your friend agrees that drinking does create a problem, explore the causes and the ways of dealing with the problem by asking questions like "What causes you to drink?", "How can you change this habit?", and "What can I do to help?"

Here are the DON'TS

- ✓ Don't confront while your friend is intoxicated.
- ✓ Don't make excuses for your friend's drinking behavior.
- ✓ Don't accept irresponsible behavior.
- ✓ Don't nag or preach.
- ✓ Don't play amateur detective around your friend.
- ✓ Don't supply the money for the alcohol or drugs.

Realize that your help in serious cases may not aid your friend enough. Don't try to be a therapist. There are numerous resources to turn to on campus and in Lane County. Remain supportive of your friend's efforts and be prepared for times of stepping backwards. Try not to organize activities that involve alcohol. Keep the lines of communication open, frank but tactful and reflective of both you and your friend's feelings. Sometimes, as a friend of someone who seems to be harming themselves, we want to take the problem instantly away, but for what we've taken away, something needs to be given back. Alcohol is often a means of coping, and other constructive coping mechanisms need to replace the drinking. This change is not instantaneous, but the first step is taken when one acknowledges that yes, there is a problem. For more information, see the reference and resource list in this issue.

MELANIE STEED

COCOON

Entrapped in dull cocoons we hide,
of beige and gray so uniform;
'neath layers of the wraps we build,
to insulate potential storms.
Perhaps the sun will kiss the walls,
and sultry moonlight bathe at night--
yet lest it come with guarantee,
it's easier to hide than fight.

And so within our layered walls,
we wait and question as we lie,
the lucky few will brave the venture,
free to be the butterfly.

—Beth Gaiser, 1985.

IS THERE AN ADDICT IN THE HOUSE?

Susan, (her name changed for the purpose of anonymity), is an eighteen year old marijuana smoker who admits she is an addict. Her first exposure to pot came when she was six years old. Like approximately one-fifth of her peers, Susan was exposed to the drug through her parents. She currently spends about \$20 a week on her habit and even sells it to her friends periodically. When asked why she hasn't taken any steps towards treatment, her simple reply is, "I don't want it." Unfortunately, the only way she can picture herself getting help, is through mandatory means. She continues to smoke because of the "good feeling" it gives her. She states this country hasn't done enough to crack down on casual users and addicts such as herself. While vague on what the solution to the problem is, Susan believes that if there was one, it would be in place right now.

Many of us are probably like Susan or know someone who is. In the November 15th issue of the *Oregon Daily Emerald*, a poll conducted among U of O students showed:

97% of students polled have experimented with alcohol, 42% have smoked marijuana, and 30% have tried cocaine. The growing use of alcohol and drugs on campus makes education and awareness a vital necessity to everyone. Is the person who gets "sloshed" after a sporting event or takes an occasional bong hit after class an addict? This article will provide some insightful information and guidelines to help you become aware of the warning signs that lead to and are characteristic of addiction. Hopefully, you will be able to help yourself or someone you know with a drug problem.

The definition of addiction can be quite ambiguous. It can be viewed from either a physical or psychological perspective. However, the most common belief, combines both aspects in assessing an individual's behavior. Amaya Gillespie, from the Office of Student Affairs, specializes in substance abuse behaviors. Although she says addiction is difficult to completely define, there are a couple of common denominators found in addicts. These include: "a feeling of never being completely satisfied," "a loss of control," or "being a slave to a habit," as found in many dictionaries.

Gillespie cited a progression line from the National Institute of Drug Abuse (NIDA) that maps the course of an individual towards addiction. This analysis can apply to both alcohol and drug use, and people can be at different stages of the line with different drugs, all at the same time.

The first stage, obviously, is that of **no use**. For most individuals this is the time interval up to the onset of adolescence. Adolescence is not only a bridge from childhood to becoming an adult, but also is a time associated with many risk-taking behaviors like drug use, pregnancy, eating disorders, and even suicide. Gillespie states that because there is "something missing" in society to help the person cope with this confusing period of life, often it leads them to the next stage towards addiction, termed **"experimental use"**. The common characteristic of this stage is that the person experiments with the drug and becomes aware of how the drug will affect them. Also, they will try different combinations of drugs for the intensity of their combined effects. Following this stage is that of **"social use."** He or she frequently uses the drug(s) of their choice in many social settings and discovers various ways to get the drug either through friends or "connections" a friend may have. This may eventually lead to the stage of **"harmful involvement,"** which is where a person's drug of choice starts creating problems and/or strains in family relations, academics, friendships, and loss of motivation towards future short and long-term goals. Addiction follows with a person's obsession to continually stock and use the drug. They see it as a mechanism to avoid other problems in their life. They may use it three times a day or even once a week. The whole key to detecting behavior that is "addictive," is to assess why that person chooses to continue their drug involvement. Do they need it to feel comfortable in a social setting? Are they going through

some kind of family turmoil? Is it just an escape from reality? Once you have determined "addiction" is present, the next common step is that of **intervention**.

"I honestly believe it is virtually impossible for any addict to have a purposeful life," says Tom Favreau, the Community Relations and Marketing Director for Sacred Heart's Adolescent Recovery Program (SHARP). He states that addiction affects a person's entire lifestyle. This is why "intervention" is so important. Intervention involves training the user's friends and family to approach the user and deal with their denial. Success is measured by actually getting the person to seek treatment. This may sound like a simple process, but it is not. Amaya Gillespie says that one of the most difficult parts for a person choosing to intervene, is fear of "playing a holier than thou role." Favreau implies the toughest part for the user in being confronted, is having to "own responsibility for their ego." They do not like being told they are ruining their future. They often rationalize their drug use by saying statements like, "everyone else is doing them," "I'm a casual user, not an addict," or "at least I'm not a heroin addict." Tom Favreau is a bit narrower in his assessment of an addict's situation. "The bottom line doesn't matter for the addict. You're an addict, little or big." This is why Gillespie says intervention must be a process where the addict is openly and honestly shown concern by their friends, family, or both. She suggests using a statement similar to this, "I really care about you—I'd like to talk to you about your habit. Let me know when I can talk with you." She warns against using threatening statements like, "You are _____" or "You have to _____." She states it is important to remember you can't make a person do anything. However, on the extreme end of intervention Favreau says you may have to approach the addict and say, "I've already called—you have a bed—you're going in." Both specialists agree you must believe what you're doing is right. "If we make excuses for them, we are enabling them to continue their habit," suggests Gillespie. If you have questions about "intervening" with a person's addiction call the Student Health Center and talk with a Peer Health Adviser, check out some material in the library, or call a treatment center and ask for what information they have available. Our society advocates a "mind your own business" philosophy, making intervention a sometimes painful task for both parties. However, it is important to remember there are resources out there that can help.

The United States has 5% of the world's population, but consumes an estimated 60% of illegal drugs on this planet. Education and awareness are only the beginning. Right now in some areas around the United States stricter penalties for first-time offenders are being considered—automatic license suspension, an end to plea bargaining, loss of state aid and benefits for persons convicted of drug sales, and automatic jail sentences. These penalties may be a step in the right direction, but are far from coming to terms with a permanent solution to the problem.

BY MATT GRIPP



A BOOK... is a perfect evening companion. It doesn't snore or hog the blankets. It doesn't keep you up all night unless you want it to and it's a great way to learn more about the things you read today in the Well Now!

ADULT CHILDREN OF ALCOHOLICS by Janet Geringer Woititz Provides a thorough understanding of what it means to be a child of an alcoholic and suggestions that meet their special needs.

STRUGGLE FOR INTIMACY by Janet Geringer Woititz This book provides skills for achieving healthy relationships written specifically for Adult Children but is also useful for children from dysfunctional families. Examines abandonment, vulnerability, anger, bonding, guilt, depression, sexuality and love.

ALCOHOLISM by John Wallace A book that integrates such diverse topics as knowing concepts in spirituality, breakthrough developments in brain chemistry, the wisdom of Alcoholics Anonymous and the impact of alcoholism on families.

RECOVERING: HOW TO GET AND STAY SOBER by L. Ann Mueller and Katherine Ketcham An essential guide to treatment for alcoholics and their families

RELAX, RECOVER by Patricia Wuertzer and Lucinda May A book of stress management for recovering people. Stress and stress management is part of everyone's life and gaining social and personal skills is the theme of this book.

WHY WEIGHT? A GUIDE TO ENDING COMPULSIVE EATING by Geneen Roth This is a workbook which guides the reader through discovering what is at the core of compulsive eating and works on self esteem, self worth, forgiveness and self respect.

FEEDING THE EMPTY HEART: ADULT CHILDREN AND COMPULSIVE EATING by Barbara McFarland & Tyeis Baker-Baumann This book explores the link between abusive, dysfunction and/or alcoholic families and compulsive eating and obesity. Assists the reader in coming to grips with the emotional metaphor food plays in their lives.

"THE SEDUCTION OF ADVERTISING"

NOW AVAILABLE!!! read the ad in the Friday, Nov. 3 *Oregon Daily Emerald*. NO HASSLE—The "new party ball" is "hassle-free keg-style beer" that's "portable" and "the preferred alternative for any party...ice it down and take it anywhere."

"This ad equates having fun with having volumes of alcohol, and it perpetuates the stereotype of college students being party animals," said University Dean of Students Shirley Wilson. "The University is especially concerned about ads that relate fun with drinking because half of our undergraduate population is under the legal drinking age."

By the time most University students reach the age of 21, they have seen an estimated 100,000 ads promoting alcohol and drinking. The ads sell far more than products. They sell images of success, popularity, worth, love and sexuality. Many ads perpetuate stereotypes about women, minorities and college students.

College students are bombarded with tempting messages about drinking. Drinking is the ultimate reward after a strenuous workout or a stressful day: "When you really get it all together." Drinking is the perfect social lubricator. "Making friends is our business." Drinking will attract the opposite sex: "Nothing attracts like Bombay gin," and "The joy of six." Drinking is fun: "Play that funky music, Spuds boy." And drinking is an excuse for any behavior: "Tossed out of the best bars everywhere."

While the ads may seem harmless, silly or even artistic, many college administrators and health educators see the ads as adding up to a powerful form of cultural conditioning. They are also concerned that messages promoting low-risk, healthy lifestyles and their programs teaching decision-making skills are being superseded by the expensive marketing strategies of the alcohol industry.

"We stress responsibility and accountability around drinking behaviors, especially when actions lead to harmed relationships or regrettable behavior such as unwanted sexual attention," said Wilson. "Our messages contradict popular advertising, which promises drinking will help you relax, socialize and improve sexual prowess."

The college market alone represents annual sales of \$30 billion to alcohol producers and dis-

tributors, who spend approximately \$2 billion per year on advertising, promotions and sports sponsorships. Sick ads that link drinking to health, happiness and success ignore the adverse effects alcohol has on people's lives.

According to the 1988 UO Drug Use Survey, one-third of the students reported that they have an immediate family member who has had a problem with alcohol or other drug abuse, and on-fifth felt that at some time in their lives they have had a problem with alcohol or drugs. Sixty percent said their use of alcohol interfered with their ability to think clearly and/or caused regrettable behavior. Seventy-eight percent had their first drink before the age of 18.

A survey in the Sept. 1989 issue of *Nutrition Action Healthletter* indicates beer advertising messages are coming across loud and clear to young adults. The survey, administered to 300 high-schoolers, showed 40 percent of the males listed at least one beer commercial in their favorite five ads. The popularity of the ads may be one reason that 35 percent of high school seniors nationally are heavy binge drinkers, according to the newsletter.

A growing number of health and civic organizations are calling for major changes in public policy toward alcohol advertising. Many advocate slick "counter advertising" campaigns in which one commercial warning of the dangers of drinking could be shown for every three or four ads that promote drinking.

Karlin Conklin is a guest writer this issue representing Campus Organization for a Substance Free Environment (COSAFE)



WHERE TO GET MORE INFORMATION:

Counseling Center
686-3227

*Assessments and treatment for alcohol and drug abuse
*individual psychotherapy
*Group therapy for ACOA, Recovery Issues, Interpersonal relationships and coping with depression.

Student Health Center
686-4456

*Health education services include: peer health advising, library and browsing room, speakers for group meetings.

Volunteer Organizations in Lane County:

■ Adult Children of Alcoholics (ACOA)
683-6533/344-8556

■ Al-Anon: for family and friends of alcoholics
741-2841

■ Alcoholics Anonymous (AA)
342-4113

■ Narcotics Anonymous
341-6070

■ Nar-Anon
683-4757/747-5243

■ Overeaters Anonymous
683-0110

■ Alcohol & Drug Help Line
1-800-621-1646

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