

SEX ON THE ROCKS

By Jason Fullan

A common myth in society is that alcohol consumption can increase and/or enhance our sexual arousal and response. The fact is, alcohol is a depressant and actually decreases a person's ability to function sexually. Though there is a physiological reduction in sexual response, for some people, alcohol actually reduces their inhibitions about sex. That is, some people feel that it is easier to deal with sexual situations while under the influence of alcohol, because the alcohol can falsely mask the individual's feelings of uneasiness and nervousness.

This is a common practice on university campuses, where alcohol is often used as a means of socializing with friends and a courage-builder to meet others of the opposite sex. Unfortunately, along with an increase in courage, there is a strong decrease of our ability to make sensible and responsible choices. Thus, when we are intoxicated we might take risks that in other sober situations we would not. This increase in risk-taking applies directly to our sexual practices. Sexual risks might include unhealthy practices such as unprotected (without a condom) intercourse, multiple partners and having intercourse with people we have just met.

When engaging in sexual activity with

another individual(s), while under the influence of alcohol, we are putting ourselves in a situation where we are in a greater risk of contracting a sexually transmitted disease (STD). The majority of college undergraduates fall into the age range where STDs are the most prevalent in our society. According to "STDs, a guide to sexually transmitted diseases," people in the age range of 15-25 are the most commonly infected with STDs.



The most common STDs on college campuses are chlamydia, genital herpes and genital warts. In some cases, STDs have no external symptoms, while in others, the individual may have symptoms but not perceive them as anything to worry about. So, often there is no way for an individual to tell whether or not his or her partner is infected.

Because alcohol reduces our ability to make self-protective decisions when engaging in sexual activity, for your own personal well-being, it is not wise to mix the two. It is also a good practice to be aware of the symptoms of STDs and if you personally ever acquire any of these symptoms, you should see a physician immediately. Many STDs are treatable with prescription medication. Do not try to treat it yourself because self-treatment does not work. It merely allows the disease to live longer in your body. Information on STDs and their symptoms are available to all students in the Student Health Center.

ALCOHOL continued from page 1

are a number of genetic predispositions and risk factors that appear to be related such as depressed brain neurotransmitters (e.g. serotonin, endorphins and enkephalins) and metabolic abnormalities that produce betacarbolines and THIQs.

The alcoholic's liver processes alcohol into a highly addictive end-product called THIQ which is as addictive as heroin. A pre-alcoholic gradually approaches a threshold where addiction manifests. At this point, choice is no longer feasible. Sometimes one beer is consumed without any problem. Other times, one beer becomes eight pitchers, absenteeism, loss of interest in hobbies, talents and non-drinking friends. At this point, rehabilitation and counseling are needed — to learn how to live free of alcohol permanently.

Over the course of time, alcohol wreaks havoc on the body. It is unrealistic to assume everyone is concerned about their health enough to quit drinking for the sake of the

future. Moderate use of alcohol is reasonable, however. While the present is immediately gratifying and a lot of fun, at some point a heavy drinker is going to run into trouble. Excessive drinking robs the body of vitamins and retards protein synthesis and metabolism of fat and protein. In practical terms, this means a shorter life expectancy, obesity and high susceptibility to illnesses. Cirrhosis or death of liver cells is a fatal disease epidemic among long-term heavy drinkers.

So — alcohol, friends, music, weekend and moderation really do all fit together. That is, of one chooses to include drinking in their lifestyle. Guidelines for moderate use of alcohol include limiting drinks to one per hour, having a few glasses of water, drinking beer or wines which have a lower alcohol content per ounce and holding off peer pressure to drink more than is comfortable for you. Tell them "My alcohol dehydrogenase is calling for a time out." (That should shut 'em up for awhile). Most importantly — be careful. You've only got one life. Make it the best you can and have fun!

A BOOK is a treasure chest of ideas that one can explore without leaving the house.

ADULT CHILDREN OF ALCOHOLICS, by Janet Geringer-Woitz. There are 28 million adult children of alcoholics in the U.S. This book describes some of the problems and characteristics of ACoA's and what can be done.

THE ADDICTIVE PERSONALITY, by Craig Nakken. Alcoholics and drug addicts are not the only victims of addiction. There are countless compulsive eaters, compulsive gamblers, sex addicts, workaholics and compulsive spenders who also get high. Nakken looks at the fundamental question of addiction.

KICKING THE COFFEE HABIT, by Charles F. Wetherall. This book examines coffee addiction and the health problems associated with both coffee and caffeine. It provides a comprehensive list of food, beverages and medications that contain caffeine. Cessation advice is given.

STAYING SOBER, by Terence T. Gorski and Merlene Miller. This is an excellent book for helping addicts, co-dependents and adult children of alcoholics to understand the relapse dynamics that have affected their lives.

Children of Alcoholics

By Kim Howard

As a child in your family, did you feel that if you could just find the right way to behave then everything would be better between you and your parents? Children of alcoholics often have a difficult time breaking free from feelings they learned as youngsters, including abandonment, anger, guilt, shame and low self-esteem because of their family's dysfunctional behavior.

Entering college and beginning adulthood offers many of us opportunities to reevaluate our own attitudes about ourselves, the families we come from and our social surroundings. For the children of alcoholics, it may be a struggling time due to walls of denial and defensiveness that helped a child of an alcoholic survive growing up. Many children of alcoholics believe that they are somehow to blame for their parent's drinking problems and have learned in childhood to protect

themselves by lying, suppressing their feelings and withdrawing from close relationships.

A dysfunctional family system involves relationships with little intimacy, inconsistent parenting, child-parent role reversals and children who struggle through their developmental stages because their basic needs may not have met by a parent under the influence. In these unbalanced systems, communication tends to be indirect and confusing and emotions are denied, controlled or not expressed consistently. Children of alcoholics tend to think in terms of good or bad, black or white. Behavior may often be unpredictable. Feelings of guilt and anger are often high while self-esteem and trust are low. 50 percent of adult children of alcoholics marry problem drinkers because children of alcoholics are familiar with the rules and roles of living with a chemically dependent person. Thus,

they continue the family drama of dysfunction. According to the American College Health Association, 10 percent of adult children of alcoholics develop patterns of compulsive behavior as adults, including alcoholism, drug abuse and overeating.

If you can identify with some of the things in this article, there are steps you can take to help the problem. The first thing to do is realize that you are not alone — approximately 12-15 percent of all college students come from an alcohol abusing background.

The next step is to realize it is not your fault and you are not to blame for your parent's drinking problem which may have left you devaluing yourself. It's important to remember that you are a survivor, you have already developed important skills in your family that can help you to better your life in the future. Another important step is to tell someone

about the problem because the dynamics of alcoholism and the problems associated with it are important to learn and understand as well as to learn about your own feelings.

Many therapists recommend participating in a self-help program such as Al-Anon, Adult Children of Alcoholics or Children of Alcoholics. If you try therapy, work may include dietary changes, stress reduction techniques, exercise and visualization/affirmation exercises. By making use of the network of special support groups and counseling services, children of alcoholics can develop healthy self-esteem (free of guilt, fear and blame) and learn to trust themselves. You may have grown up unheard, unloved or un nurtured, but now is the time to reevaluate yourself — starting now. It's never too late to begin to listen, love and nurture ourselves for a happier, healthier life.

Questioning alcohol and tobacco advertising

By Jill Ritter

Have you realized how many alcohol and tobacco advertisements you see every day? They're everywhere, from billboards to T.V. There's no escaping them. Our attitudes about tobacco and alcohol are influenced by the industry's very successful marketing efforts. But lately, parents and health experts have attacked these industries because of the effects that the ads are having, particularly on the children. In one study, children of different ages were asked if they recognized the character in each of two pictures. One picture was of Old Camel Joe, Camel cigarette's mascot, and the other was of the Marlboro Man. The results were amazing:

AGE	OLD CAMEL JOE	MARLBORO MAN
3	30.4%	86.1%
4	41.8%	91%
5	73.3%	96.7%
6	91.3%	100%

Whether or not recognition of these two symbols leads children to start smoking or not is questionable but the results are interesting.

These advertisements not only for cigarettes but also for alcohol are often shown as a way to lead sexier lives, be more socially sophisticated and even as a way to better health. The amount that these industries spend on advertising is amazing. The beer industry alone spends over \$100 million on advertising (Schlaadt, 1990). The cigarette industry each day loses 2,000 smoking Americans who stop smoking and 1,100 smokers who die, leaving a deficit of about 3,000 people that is made up for by advertising (Castro, 1990).

You may also have noticed the new "thing" in advertising, especially with alcohol. They have now come up with slogans such as "know when to say when" and

"think when you drink." The first campaign slogan mentioned was put out by Anheuser-Busch Co. and the second one was from the Philip Morris Miller Brewing Co. Many people believe that these responsible drinking ads aren't doing any good because they are overwhelmed by other ads that portray the fun and good times of chemical use.

Both the tobacco and alcohol industries have done a great job at influencing consumers through their advertising campaigns, but the public is becoming aware of their marketing effects, especially on the younger population. The industries then came out with the responsible drinking ads, which I think are good ads and may catch the attention of a few people, but do the industries really care about the lives of the smoking and beer drinking populations or are they just trying to avoid the heat of the opposition for awhile? That's the real question.

Kick the habit



Here are a few programs to check out if you're trying to kick the smoking habit.

- American Cancer Society —

Their FreshStart is a four-week program with essential information and strategies to quit smoking. Call 346-4456 for the on-campus program or, for more information, call the American Cancer Society at 484-2211.

- The American Lung Association — They have different programs and materials available to help quit smoking. Call (503) 224-5145 or 1-800-545-5864.

- NICODERM or Nicotine Gum — These programs are especially good for people who have problems with nicotine withdrawal. Talk to your physician for further details.

- Smokers Anonymous — This program follows a 12-step program for people who have found that they are powerless over nicotine. Call 688-0672 or 689-9959 for more information.

Smoking from the sidelines

By Sheri Helms

FACT OR FICTION:

Sidestream smoke (smoke from the burning end of a cigarette) is worse for you than mainstream smoke (smoke directly inhaled into the lungs).

There is a lot of debate over this issue; and the public concern about how our health is affected by passive smoking continues to grow. In recent years, hotels, motels and car rental agencies have offered more non-smoking rooms and

vehicles; and some airlines have banned smoking on all flights. In addition, at least 22 states limit or restrict smoking in public places; and laws that address smoking in the workplace have been enacted in at least

22 states. Smoke from cigarettes contains over 3,000 chemicals. Many of these are poisons and have been shown to have adverse health effects on humans. Chemicals included in the smoke are formaldehyde, ammonia, hydrogen cyanide, nitrogen oxide, car-

bon monoxide and acids.

Sidestream smoke does contain higher concentrations of many of the chemicals than does mainstream smoke. Although the second-hand smoke is considerably diluted in the large volume of air in a room, a passive smoker can inhale enough smoke to equal one to ten cigarettes a day depending on the amount of exposure. Findings of an American Cancer Society study show that non-smokers exposed to 20 or more cigarettes a day at home had twice the risk of developing lung cancer.

The following is list of some health effects that have been found to be linked to second-hand smoke:

- Increased blood pressure
- Increased risk of lung cancer
- Increased risk of stillbirths and miscarriages in pregnant women
- Twice the rate of respiratory illness in children who are exposed to smoke at home
- Increased rate of pneumonia and chronic bronchitis during the first two years of life

Smoking, passive or mainstream, is bad for your health — so, encourage those smokers you know to quit, for the benefit of their health and yours.

Symptoms leading to relapse

By Mindee Beyerle

Relapse, a concept that is often overlooked by those who are struggling with addictions, should not only be acknowledged by addicts but considered to be a serious threat to their recovery. When a person goes into recovery, it is important to realize that the majority of addicts do not successfully stay in recovery their first attempt at being sober.

Relapse is the result of a subtle process and is somewhat predictable when a person knows the signs to be aware of. Relapse does not simply jump out at you on your way to the bathroom in the morning to brush your teeth. The process of relapse can, to some degree, be identified by both the addict and close family and friends if they are all informed of what to watch out for.

This list identifies some symptoms that can lead to relapse and, caught early enough, the relapse can often be prevented.

- 1. EXHAUSTION** — Allowing yourself to become overly tired or in poor health. Feeling well helps to think well.
- 2. DISHONESTY** — Little lies and deceits with fellow workers, friends and family. These can lead to big lies to yourself. This is rationalizing / a sure way to relapse.
- 3. IMPATIENCE** — When this feeling rises, it's time to look at what is really upsetting you.
- 4. ARGUMENTATIVENESS** — Arguing

small and ridiculous points of view indicates a need to always be right.

- 5. DEPRESSION** — Unreasonable and unaccountable despair needs to be dealt with and talked about.
- 6. FRUSTRATION** — Things may not always go your way.
- 7. SELF-PITY** — Why do things always happen to me?
- 8. COCKINESS** — No longer having fear of the addiction. This will wear down defenses against your disease.
- 9. COMPLACENCY** — When disciplines are no longer a part of daily life and fear of relapse is non-existent. Don't let up on prayer, meditation or meeting attendance. You can't afford to be bored with recovery.
- 10. EXPECTING TOO MUCH** — You cannot expect others to change their lifestyle even though you have. Do not set goals you cannot reach with normal effort.
- 11. SWITCHING ADDICTIONS** — Addicts often switch addictions. These addictions include food, drugs, alcohol, gambling, shopping, sex and more.
- 12. FORGETTING GRATITUDE** — It is good to remember where you started from and how much better life is now.
- 13. OMNIPOTENCE** — Don't feel like you have all the answers for yourself and others. Thinking "it can't happen to me" is dangerous. Almost anything can happen to you and most likely will if you're careless. Your disease is progressive and you will be in worse shape if you relapse.

In order to stay in recovery, attention must be given to the disease. This list provides a good idea of what to look for. **GOOD LUCK!**

Tobacco facts

- Tobacco use is responsible for more than one in six deaths in the United States.
- It is estimated that smoking is related to about 400,000 U.S. deaths each year.
- Smoking accounts for 30 percent of all cancer deaths, is a major cause of heart disease and is associated with conditions ranging from colds and gastric ulcers to chronic bronchitis and cerebrovascular disease.
- It is now estimated that in the United States today there are about 38 million ex-cigarette smokers and about 50 million smokers.
- Smoking rates are higher among blacks, blue-collar workers and less-educated people.
- Children (especially girls) are starting to smoke at earlier ages.
- More than 3,000 teenagers become regular smokers each day in the United States.
- The proportion of adult male smokers (20 years and older) consuming 25 or more cigarettes per day increased from 30.7 percent to 32 percent between 1976 and 1985 and female smokers from 19 percent to 21 percent.
- For every pack of cigarettes sold, it costs society \$2.17 in lost productivity and treatment of smoking.
- The prevalence of smoking has decreased from 40 percent in 1965 to 29 percent in 1987.

Marijuana Facts

- Marijuana contains up to 50 percent more tar and cancer causing chemicals than cigarettes, added to the fact that the smoke from marijuana is inhaled deeper and kept in the lungs longer than cigarette results in extremely more tissue damage.
 - A greater risk of low birth weight and joint, heart and abnormalities is found in newborn babies to mothers who smoke pot.
 - Marijuana affects one's driving abilities by impairing perception, reaction time and ability to follow a moving object.
 - THC seriously affects the brain's ability to balance the chemicals that control mood, energy, appetite and concentration.
 - Unlike many drugs, which exit the body within hours, the breakdown of pot's products in the body can take 3-5 days, even weeks for heavy users. This could mean much buildup for the regular user.
 - Marijuana also disturbs the hormonal balance of the reproductive system, disrupting menstrual cycles in women and causing low sperm counts in men.
 - Marijuana is considered a "gateway drug" with its use progressively leading to the use of more illicit drugs, especially when used at a young age.
- SOURCES: MARIJUANA: A SECOND LOOK and MARIJUANA HEALTH EFFECTS
Continued by Carrie Springer

Editor: Melanie Steed
 Director of Health Education: Joanna Frank
 Peer Health Advising Coordinator: Anne Dochnahl
 Health Educators: Lisa Spitzmuller, Britt Ellis, Marjorie Callahan and Melanie Steed
 Layout Design: Scott Dana and Melanie Steed
 Peer Health Advisers: Aimee Gridley, Darcy Held, Carole Springer, Shannon Hussey, Jason Fullan, Brett Fischer, Kim Howard, Tom Boyer, Jill Ritter, Trish Herber, Jeff Johnson, Mindee Beyerle, Carla Borovicka and Sheri Helms.
 Production: Ingrid White
 The Well Now is a newsletter sponsored by the Student Health Center and produced by the health education staff with the assistance of the Oregon Daily Emerald. All articles are written by students and GTIs for the Health Education Program.
 I would like to extend many thanks upon my graduation to the Health Education Staff (Joanne, Laurene, Anne, Lisa, Marjorie and Britt), Robert Pettit, Administrator of the Student Health Center and Dr. Gerald Fleishly, Dr. James Jackson, Bryan Coppedge, Director of Advertising, Scott Dana, Ingrid White and the production staff for making this publication possible during my two years as editor. May you have good health!
 Melanie Steed, Editor.