

DRUGS AND ALCOHOL (Cont.)

FAS include low birth weight, small head size, birth defects, withdrawal symptoms, behavioral problems and mental retardation.

HEROIN & OTHER NARCOTICS: Problems in the pregnant woman include hepatitis, endocarditis, miscarriage, stillbirth and premature labor. An increased risk of contact with the AIDS virus is possible when the substance is used intravenously. Problems in the infant include low birth weight and length, small head size, difficulty responding to human voice and touch, withdrawal symptoms and an increased risk of crib death.

MARIJUANA: Problems in the newborn include low birth weight, withdrawal symptoms and an increased risk of crib death. There is also evidence of behavioral problems as the child grows.

OTHER FACTS: Drug-affected infants are often very difficult to care for in the first few months of life; a family with no addiction problems would find it a major stressor. These infants develop neurologic difficulties, medical problems and learning disabilities. Treatment requires extra effort, time and resource commitment from their families. Illicit drugs are excreted in breast milk, and exposure through breast milk has caused seizures and apnea in infants.

- Courtesy of the Klamath Newsletter



ALCOHOL HITS WOMEN DIFFERENTLY

Women are much more susceptible to the effects of alcohol, and the difference isn't due just to smaller body size, but to the way women's bodies break down alcohol, researchers have concluded in a new study.

Alcohol gets into the bloodstream in a less-metabolized state in women, explaining why women are more susceptible than men to alcoholism and to the liver damage that results from chronic alcohol abuse.

The difference appears to be related to the breakdown of alcohol in the stomach before it gets into the bloodstream. That "first-pass metabolism" of alcohol was

four times more efficient in men than in women, even after allowing for differences in body size and composition, the researchers found.

And in women who are alcoholics, virtually none of the alcohol ingested was broken down in the stomach before entering the bloodstream.

In addition to increasing the risk of alcoholism and liver damage in women, "These differences should be considered in the definition of safe levels of drinking for men and women driving motor vehicles or engaging in other activities requiring a high degree of attention or coordination," the study's authors said.

The findings reported in the *New England Journal of Medicine*, were based on a study of 20 men and 23 women at the University of Trieste, Italy, and the Veterans Administration Hospital and Mount Sinai School of Medicine in New York. Included in that group were 12 alcoholics.

All were given doses of alcohol proportional to their body weights, sometimes in the form of a drink, other times intravenously. In men, the blood levels of alcohol were much greater when the alcohol was consumed intravenously, suggesting that the stomach had broken down significant amounts of alcohol that was ingested.

In women, the difference between oral and intravenously alcohol consumption were only one-quarter of that in men, suggesting that breakdown in the stomach was much less.

The difference was probably due to less activity of the stomach enzyme, gastric alcohol dehydrogenase, that breaks down alcohol, the researchers said.

And at least three factors appear to lessen further the ability of the stomach to break down alcohol - chronic alcohol abuse, binge drinking and drinking on any empty stomach, according to the study.

Two University of Texas doctors suggested in an accompanying editorial yet another area of potential risk for women in the use of alcohol: "Women may also be more prone than men to have neuropsychiatric illnesses related to alcohol consumption."

- Courtesy of the Oregonian

"PACKWOOD SEEKS DOCTOR"

SENATOR SAYS WILLAMINA IN DESPERATE NEED FOR PHYSICIAN

Sen. Bob Packwood, R-Ore., is joining the battle to place another doctor in Willamina.

The senator has written a letter to Dr. Donald Weaver, director of the National Health Service Corps, asking him to place a doctor in the community as soon as possible.

"It's unfair for the NHSC to move physicians around the country without giving adequate consideration to the effect on medically underserved communities," Packwood said in a press release.

Willamina recently lost Dr. Dawn Gertson, an NHSC physician who was told to move to Mobile, Ala., to meet her commitment to the federal agency for paying her way through medical school.

"This rural community is in desperate need of a physician," Packwood said in his letter to Dr. Weaver. "A physician must be assigned to this medically deprived community," he added.

Gene Taylor, a Willamina resident who worked to attract Dr. Gertson to the community and has been trying to find a replacement for her, greeted Packwood's announcement with both surprise and elation.

"Bless my soul," Taylor said when he learned from The Sun that Packwood is entering the fight.

Taylor said it's clear that the West Valley area, with

about 10,000 people, must be served by more than Dr. Jim Molloy who has a practice in Sheridan.

Taylor also criticized the federal agency for insisting that Dr. Gertson move to Mobile. "They have one doctor for every 750 people in Mobile," he said.

Packwood, in his letter to Dr. Weaver, noted that Dr. Gertson "ran into procedural problems" because she wasn't asked to serve in Willamina to meet her obligation to the NHSC.

"I certainly understand that Dr. Gertson must fulfill her responsibility. Clearly, the community surrounding Willamina will be adversely affected by the departure of this physician," Packwood wrote.

"Willamina has been designated a shortage area since June 28, 1988, and I firmly believe that action needs to be taken as quickly as possible to fill this vacancy," Packwood added.

The NHSC pays for medical training for medical students who commit to practicing in a rural area decided on by the federal agency for two years.

The doctor shortage in the West Valley developed rapidly late last year when Dr. Maurice Butler retired from his Sheridan practice and Dr. Gertson reluctantly agreed to comply with the NHSC order to move to Alabama.

Dr. Molloy has been trying to attract another doctor to his Sheridan practice. A physician spent two weeks working in Molloy's office a month ago and is considering joining the practice later this year.

- Courtesy of The Sheridan Sun

INDIAN CHILD WELFARE ASSOCIATION HIRES PROJECT COORDINATOR

Terry Cross, Director of the Northwest Indian Child Welfare Association, has announced the selection of Trudy Multine to serve as Project Coordinator for the development of a child sexual abuse prevention curriculum for use in Native American pre-schools. The curriculum, to be developed over the next two years in cooperation with the Lummi Tribe in Washington, is the first of its kind to be geared toward Native American pre-schoolers.

"Ms. Multine comes to us from the United States Department of Agriculture's Farmers Home Administration where she served as assistant to the Oregon State Director. She has a strong background in public relations and community development, as well as considerable planning experience having worked with federal, state and local governments in Arizona and as a partner in the Portland firm in Multine, Hagland and Associates, a public relations company. We are fortunate to have her on board," said Cross.

The Northwest Indian Child Welfare Association, Inc. is a private non-profit organization dedicated to the promotion of positive parenting in Native American communities. The Association has developed several curricula for use by parents, professionals, schools and Native American communities. The curricula are designed to promote traditional values, a positive cultural philosophy and specific skills for Indian child welfare practice.

- Courtesy of the Northwest Indian Child Welfare Association