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FOCUS ON ALCOHOLISM

Entered as second class matter, Olympia, Wash.

Vol. 8 Sept.-Oct., 1967 No. 3

Washington State Department of Health

U. S. SUPREME COURT WILL HEAR ALCOHOLISM CASE

The United States Supreme Court has agreed to review a Texas case testing the constitutionality of jailing an alcoholic simply because of public drunkenness, according to an Associated Press report, October 9.

DISEASE OR CRIME? State Supreme Court Decision Expected Soon

The Washington State Supreme Court is expected to rule soon on whether or not chronic alcoholism is a defense against the charge of public drunkenness.

On March 28, all nine state supreme court justices heard arguments on an appeal from the conviction of Wayne J. Hill in Seattle Municipal Court.

Hill, a former commercial fisherman, logger, and shipyard rigger, had been convicted ninety-seven times for being drunk in public—and, since the appeal, has added more than a dozen arrests and convictions on the same charge to his record.

Two United States circuit courts of appeal have already ruled that chronic alcoholism is a disease and that, therefore, jailing a chronic alcoholic simply because of drunkenness is unconstitutional.

These decisions are binding, however, only in Washington, D. C., and the states of Maryland, North Carolina, South Carolina, West Virginia, and Virginia.

If the Washington State Supreme Court should follow the decisions of the two federal courts that have ruled on the matter, it would be the first state court to hold that alcoholism is a disease rather than a crime.

The Washington State Legislature in its most recent session, in a memorial to Congress, not only stated that alcoholism is a disease and "that an alcoholic is a sick person who can be treated" but that "the jailing of alcoholics is both cruel and futile."



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"You gotta right to be proud! Imagine—bein' appointed to the fund raising committee of the alcoholism council!"

Spielholz to Speak at State Council Meeting

Jess B. Spielholz, M.D., chief, director of Health Services, Washington State Department of Health and acting head of the Washington State Alcoholism Program, will be a featured speaker at the semi-annual meeting of the Washington State Council on Alcoholism in the Olympic Hotel, Seattle, Saturday, October 21, the Reverend Charles H. Fox, council president, announced.

Dr. Spielholz will discuss comprehensive planning for alcoholism services and, together with Stephen R. Camden, staff assistant, Attorney General's Office, will report on alcoholism legislation.

Mrs. Mary Wingate, director, Yakima Valley Alcoholism Information and Referral Center, and Edward A. Kenealy, field representative, Washington State Department of Health, both of whom recently attended the University of Wisconsin course on alcoholism information center activity, will lead a discussion on the role of an alcoholism information center.

"Working with the Family" is the title of a workshop which will be led by Doyle E. Shields, director, Thurston-Mason Alcoholism Information and Referral Cen-

ters, and Dianne Pierce, caseworker, Family Counseling Service.

James W. Smith, M.D., medical director, Shadel Hospital, will moderate a panel of physicians who will discuss medical care of the acute case of alcoholism.

Nomination and election of officers for the ensuing year will take place during the council's business meeting. Members of the nominating committee are the Reverend Fox, Ralph Bruskos, Mrs. Wingate, and the Reverend Milton S. Hunt.

Reservations should be made with Richard Silver, council secretary, 3109 Arcade Building, Seattle—MA 3-8380.

Harold Westbrook's Work to be Commemorated

Plans to commemorate the work of Harold Westbrook, secretary of the Spokane Council on Alcoholism, who died in May of this year, have been announced by Ralph Connor, Ph.D., chairman of the Spokane Coordinating Council on Alcoholism.

"We have submitted a proposal that SPARC House, one of the recovery houses for alcoholics now being operated by the coordinating council, be renamed, 'Westbrook House,'" Dr. Connor stated, "and, since Harold was instrumental in starting SPARC House and acted as its manager

until a short time before his death, we feel sure that the members of the board will approve."

The official ceremony will probably take place during Alcoholism Information Week, Connor said.

Mutual Assistance Treatment Centers Meeting in Seattle, Oct. 22-25

The second annual conference of the Association of Halfway House Alcoholism Programs of North America, Inc., will be held at the Olympic Hotel in Seattle, October 22 through October 25, according to an announcement by John T. Dalton, conference manager.

Approximately 400 persons representing more than 200 halfway houses throughout the United States and Canada are expected, Dalton said.

"Halfway houses for alcoholics—or recovery houses, as they are sometimes called—provide food and shelter, at minimum cost to alcoholics seeking sobriety," Dalton said, "but, more important than that, through the mutual assistance provided by living with a group of persons with the same problem, they strengthen and support the recovering alcoholic's determination to conquer his illness."

Halfway houses are usually started and managed by recovered alcoholics seeking to help others to recover, according to Dalton, and, because most of their financial support comes from fees paid by the residents, they provide treatment to the recovering alcoholic at little or no cost to the taxpayer or the charity donor.

Milton A. Maxwell, Ph.D., executive director, Rutgers Summer School of Alcohol Studies, Clinton Duffy, former war-

FOCUS

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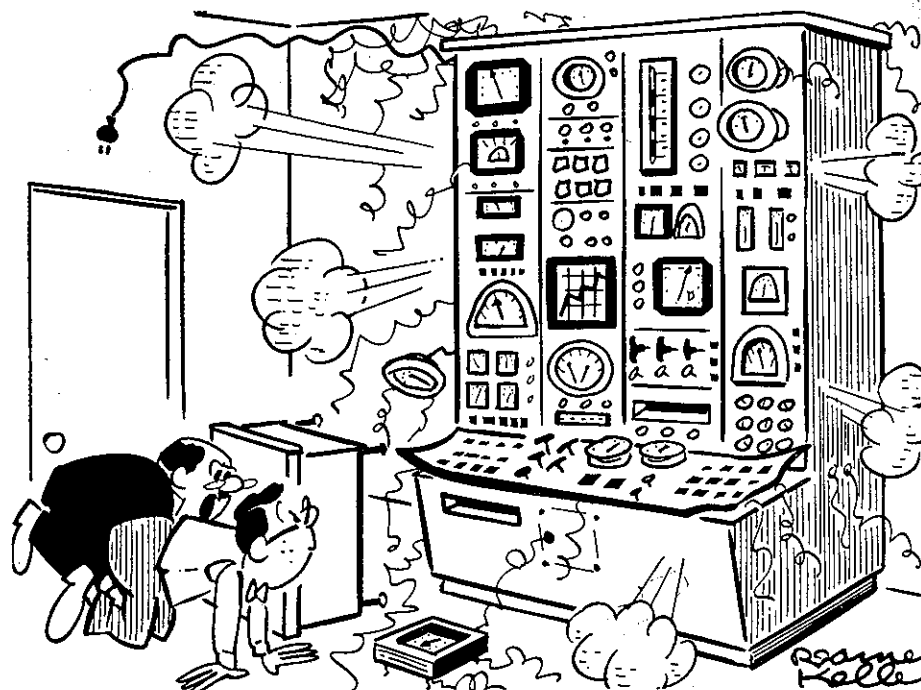
Daniel J. Evans, Governor
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Director of Health
Nick Hughes, Editor

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"How many times have I told you—NO computer can figure the average cost of running a recovery house!"

den of San Quentin penitentiary in California, and Peter Barron Hutt, Washington, D. C., attorney, who successfully pleaded the *DeWitt Easter v. District of Columbia* case, establishing alcoholism as a disease rather than a crime, are among the speakers who will address the conference.

Senator Magnuson, one of the sponsors of Senate Bill 1508, which would appropriate approximately forty-five million dollars for the control of alcoholism, had been scheduled to address the meeting on federal legislation but will be unable to leave the nation's capital in time to attend.

Dr. Maxwell, is a former member of the Washington State University faculty, and served on the Governor's Advisory Committee on Alcoholism.

Warden Duffy, who is credited with instituting the first Alcoholics Anonymous program in a penitentiary, at San Quentin in 1942, will discuss halfway houses for alcoholics and the parolee from prison.

A discussion of fund raising will occupy an entire day on the conference agenda.

"This is by unanimous request of over a hundred persons who responded to a questionnaire," Dalton declared.

"It used to be that most of these people were interested in money only as a means of buying a bottle of hooch," Dalton continued, "but now they are interested in money as a means of helping people to stay away from booze."

The public is invited to attend the

Monday noon luncheon, when Dr. Maxwell will discuss the causes of alcoholism and the banquet at 6:30 p.m., Tuesday, at which Hutt will discuss the implication of the court's ruling in the Easter case.

Tickets for the luncheon and banquet are available at all alcoholism halfway houses in the Seattle area. For further information call MA 4-5385, Seattle.

The conference is sponsored by Pioneer Fellowship House, a Seattle halfway house for alcoholics.

HELP WANTED!

Alcoholism Program Head, Washington State Department of Health Olympia.

A doctoral degree from an academically accredited college or university with a major in sociology, psychology, counseling or closely allied field; Plus, three years of administrative or consultative experience in community organization, community social services or applied social research are the minimum requirements for admittance to examination.

Experience in the field of alcoholism desirable but not essential.

Salary range: \$1,001 to \$1,342 per month.

Alcoholism Program Field Representative, Washington State Department of Health, Olympia.

A bachelor's degree from an academically accredited college or university involving major study on social science



The Nature of the Indian Drinking Problem

S. RON MCBRYDE

Officer, British Columbia Provincial Probation Service

Drinking is not a cause of all the problems which the Indian people face but is more of a symptom. There is no known physiological difference between Indians and non-Indians which causes heavy drinking, rather there is a cultural and sub-cultural base for the problem.

Wherever you have a depressed, poverty-stricken group you will find numerous problems, including problem drinking. This problem drinking reflects an apathetic, fatalistic group whether it be in a Vancouver or Montreal slum, in Harlem, or on our Indian Reserves.

Wherever people lack economic and political power and are unable to see that they can have any worthwhile effect on their own environment; that is, where there is little hope, there will be problem drinking.

The Advent of the White Man

The Indian people at one time had a stable and well-developed culture, but this was crushed by the onslaught of the uncaring white man. Indians have still not recovered from this cultural disruption; and, having lost one system, they have, for the most part, been left out of the other.

Present paternalistic policies which prevent the growth of individual and group responsibilities amongst the Indians perpetuate this problem.

With only a few exceptions, the Indian people have been by-passed by the non-Indian culture. When they are admitted

Plus, three years of experience in community organization work, public relations, or social casework, including or supplemented by paid or voluntary work with alcoholics or in connection with alcoholism program; additional qualifying experience may be substituted, year for year, for education; (one year of graduate training in social sciences may be substituted for one year of experience) are the minimum requirements for admittance to examination.

Salary range: \$646 to \$865 per month.

Applications for program head will be accepted until November 6, 1967. No closing date for applications for field representative has been announced.

For further information and application forms contact: Washington State Department of Personnel, 110 General Administration Building, Olympia, 98501.

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ritual and is often accompanied by sexual and aggressive behavior. The Indians appear in many respects to have taken up this pattern because of the many problems which they as a group and as individuals must face.

Learning Moderation

However, cultural deprivation does not give us the total picture of the Indian drinking problem and there are bases for dealing with this drinking problem on an individual basis.

Related to the above mentioned problem drinking is the fact that people learn to drink—and how to drink. If a child grows up seeing drinking that is nearly always excessive, he will come to feel that this is the only way to drink.

A teacher in a rural Indian school occasionally had a bottle of beer with his supper, and when an Indian child happened to notice this he would tell everyone that teacher was drunk. The children had never really seen temperate or moderate drinking.

When dealing with an individual in the counseling situation, explaining and examining with him how he learned to drink can be important. Occasionally it is helpful to point out examples of Indian people with whom they are familiar who are able to drink moderately.

Another factor of drinking amongst Indians, especially reserve Indians, is

it is usually only into the lower strata, and acceptance is not complete.

Discrimination and the desire to keep the Indian "where he belongs" are not always out in the open, but they nearly always exist. So the Indian is still in many ways part of a distinct cultural or sub-cultural group whether he lives on the reserves or in the cities.

Although the Indians have much in common with other deprived and depressed cultures they have many problems which are still distinctly their own.

Anthropologists tell us that drinking can become part of the ritual or social functioning of any culture, and that, where a culture exists in fear and anxiety, problem drinking will become more widespread.

Group drunkenness becomes a social



"You got the date of the meeting OK, but you misspelled 'Anonymous'."

© Cartoons-of-the-Month

the sheer boredom of reserve life. There are few stimulating activities, few facilities, and very few Indian people willing to advocate other types of activities.

Seeking Escape from Boredom

Indian people, young and old, who see the added problem of excessive drinking and who have no great desire for a drunken party often end up attending just because there is little else to do.

Another factor which one must consider when attempting to assist problem drinkers amongst Indian people is that of identification.

Many Indians feel that excessive drinking is a part of being an Indian or a part of belonging to this cultural group. The extent to which individuals incorporate this into their own opinion of themselves and the extent to which the Indian society in general identifies itself with heavy drinking is a surprising fact.

Even those who successfully strive for a better life and who are working hard to improve their position show this identification.

Surely there must be more positive aspects of their culture with which they can identify; excessive drinking has not traditionally been a trait of the Indian culture.

In individual and group counseling, attempts must be made to change this unfortunate individual and group image.

Social Pressure

Probably the strongest factor preventing the individual Indian from becoming a moderate drinker, or giving up drinking altogether, is social pressure.

Traditionally, the Indian people in many areas have shared goods, especially food and drink.

The individual Indian on or off the reserve has tremendous social pressure put on him to join in drinking activities.

The extent of this pressure may be seen by examining a facet of the white culture; that is, the bachelor or stag party. At a bachelor party, the man who is about to enter the state of matrimony is pressured into becoming completely inebriated. If he fails to do so the party is unsuccessful and few people can withstand this obligation or social pressure.

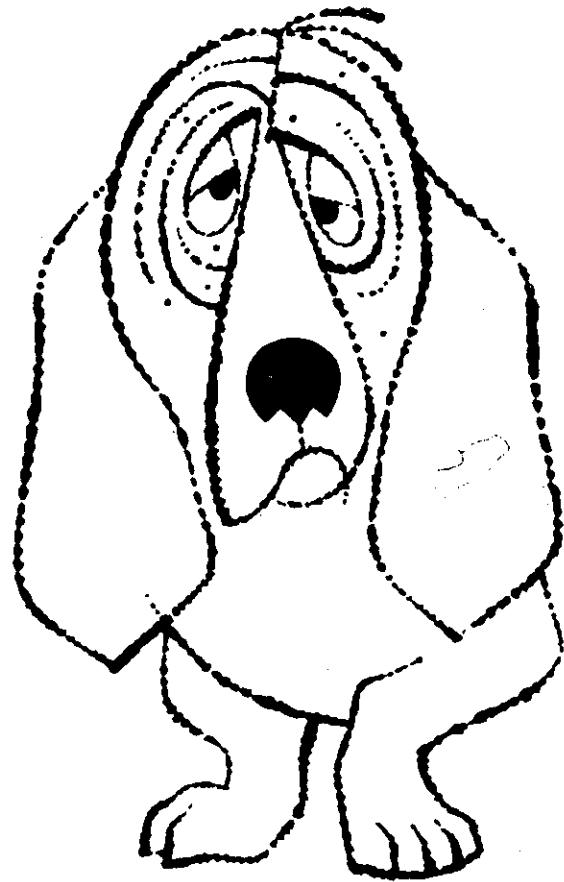
Take this same pressure and apply it to every individual Indian on nearly every weekend, or other occasions when liquor is available, and you see the problem he faces. If he does not drink to the best of his ability until the last drop of liquor is gone, then he becomes a non-conformist, a social outcast.

This is the downfall of many Indian

Symptoms of Alcohol Addiction

(with apologies to Jellinek)

HANGOVERS



"Don't tell ME that I need 'a hair of the dog that bit me.' "

people. It is especially noticeable when dealing with well educated, intelligent young Indians who have great potential, but who will end up spending much of their time in jail for minor drinking offenses or for more serious offenses connected with drinking.

In individual counseling, acknowledging that this problem exists, and then helping the person to be able to deal with it is of some help. Just avoiding the party areas can also be useful. For example, some families move away from the main village to help them avoid this problem.

More recently another method has come to my attention: this involves having individual Indians take a pledge to stop drinking and then giving them a badge to wear which demonstrates this pledge to others. Apparently this has met with some success in lessening the group pressure on the individual.

It seems that in many instances abstinence is easier to obtain than moderation.

Although this appears to have worked on a voluntary basis, abstinence ordered through the courts often has just the

opposite effect, and more pressure is usually put on the person by his peer to participate in drinking.

New Approaches

Interdiction, threats, sermons, and other traditional methods have for the most part failed to help the Indian deal with his drinking problem. However, there is cause for hope as new and more imaginative approaches are attempted.

On both the individual and group levels, most work by a professional person who involves himself with Indian people brings about some improvement.

In individual counseling some of the traditional methods, if not too rigid, and if used in combination with the above mentioned general involvement often proved successful.

However, there is much room for new and more imaginative approaches when it comes to helping the Indian people deal with their drinking problem.—Condensed from *Alcoholism Review* published by Alcoholism Foundation of British Columbia.

Education: Preventive for Alcoholism

ASHTON BRISOLARA, M.ED.

Executive Director, Committee on Alcoholism for Greater New Orleans

The most logical approach to education in the field of alcoholism is the initiation of a community program through an alcoholism council or committee—a voluntary health agency whose goals are education, information, coordination, referral, development, and prevention.

A local council, to be effective, must ally itself with the official state agency, and can best complete a triangle of strength by national affiliation. The board of directors should be representative of the community and establish an education and information center, staffed by professionals, to carry on the educational goals of the council.

Subcommittees should be formed to deal with specific community areas, headed by members of the board, but composed of members from the community at large. Such committees could be: Education, industry, nurses, public relations, law enforcement, legal, clergy, etc.

Alcoholism education can be:

- *Interpretative*—Spelling out in realistic and understandable form the problem being faced, erasing fallacies and planting the seed of factual information.
- *Creative*—Molding a climate for the acceptance of alcohol as a chemical reality and alcoholism as an illness.
- *Therapeutic*—Geared to salvaging lives or monetary interests.
- *Orientative*—Placing the many pieces of the problem in their correct perspective.
- *Motivating*—Urging individuals directly or indirectly involved to seek help or advice.
- *Informative*—Imparting knowledge within academic settings.
- *Preventive*—Since primary prevention is impossible, secondary and tertiary prevention.

Interpretative programs are possible through the mass media. Spot announcements and articles can spell out the "disease concept" of alcoholism, and even the neutrality of alcohol. Without this the public health educator's role can be vague, misunderstood, and confused.

Speeches, special radio and television programs can create the climate in a community not only for the acceptance of alcoholism as a public health problem, but of treatment facilities, which ultimately will have to be set up to round out the total approach to the problem. Such presentations can deal with the physiology of alcohol, danger signs of alcoholism, and referral sources.

Therapeutically, law enforcement officers can be taught the rudiments of on-

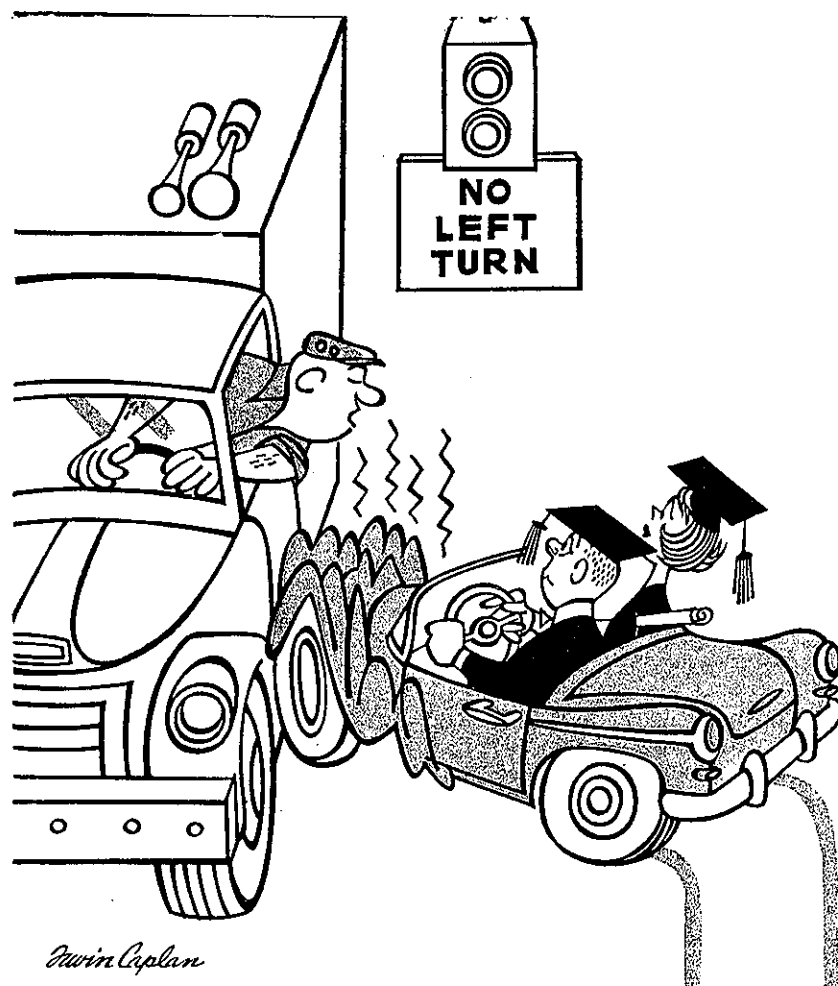
coma, etc., as well as avoidance of unwise procedures, can do much in saving lives, protecting drunks from physical harm, and even preservation of the officer's safety.

Industry is an excellent location for salvaging lives via alcoholism industrial programs stressing safety, and, of even greater importance, detecting and remedying alcoholic problems long before termination is necessary, thus salvaging a wealth of talent and increasing production and profit.

Therapists can be *oriented* to utilize the team approach by commencing with matters of general interest and delving into areas of treating the whole man—BODY, MIND and SOUL—and referral sources available for physicians, psychiatrists, nurses, etc.

Many avenues are open for *motivating* projects, commencing with the motivation of alcoholics and/or their families to seek help, to sustain motivation of pa-

the-street diagnoses of some common dangers associated and confused with intoxication. Techniques of ascertaining head injuries, stroke, epilepsy, diabetic



"An' I'll bet you were summa cum lousy in driver training."

tients in an endeavor to break down, or avoid a rebuilding of denial or rationalization techniques.

Informative programs on an academic level can be devised for colleges, high schools, and even seminary settings. These can go into depth, and, if time permits, cover behavioral aspects of alcohol, socio-cultural aspects of alcoholism, and the progression of alcoholism.

Finally, since there is no primary *prevention* for alcoholism, much can be done, even though it would be difficult to measure the results, in secondary prevention by emphasizing the danger signs of impending trouble and the progressive development of untreated alcoholism.

If "the pen is mightier than the sword," and there is no doubt of the veracity of this statement, then there is no tool more potent in the area of alcoholism eradication and prevention, than education.

Editor, FOCUS:

One of the major areas of emphasis for programs during the coming biennium of Altrusa Clubs in Washington, Oregon, Idaho, Alaska, and three provinces of British Columbia, Alberta, and Saskatchewan is that of the woman alcoholic. I have just received the January-February issue and believe that our program personnel in our forty-eight clubs would find this most helpful in developing meaningful program content for these clubs.

If it is possible, could you make forty-eight copies of this issue available to us for distribution to the clubs? We will soon be sending our bi-monthly District Service Bulletin to the clubs and could include the FOCUS with that mailing.

Roberta C. Schumann,
Program Coordinator.

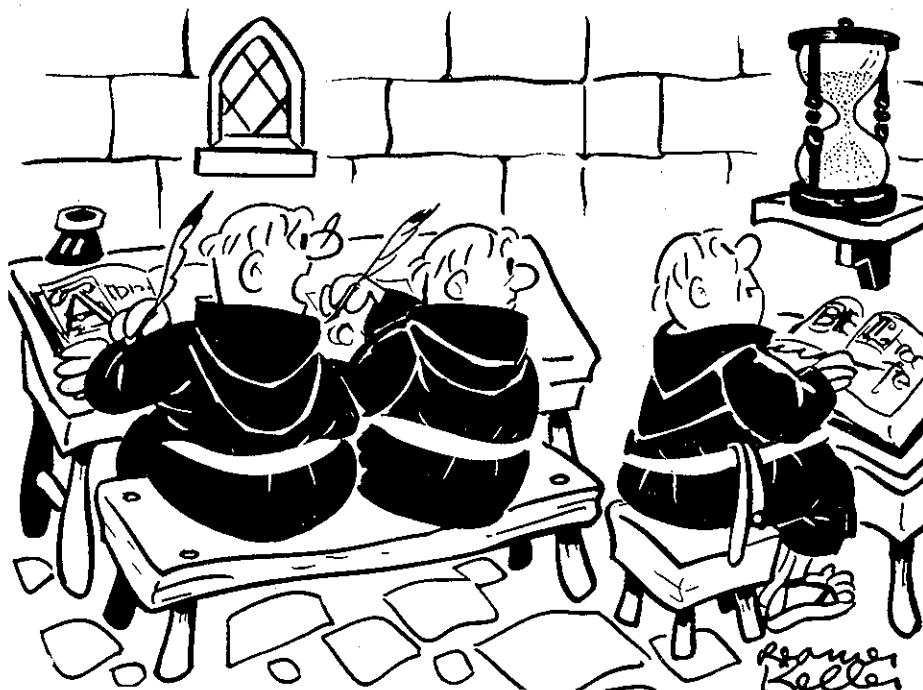
Editor, FOCUS:

The problem that we are faced with in treating an alcoholic is not whether he is a criminal or whether he is ill, but where can this acutely intoxicated individual be protected from himself.

A physician should not be responsible for furnishing baby sitters for this alcoholic. Ninety-nine percent of the hospitals will not admit an alcoholic unless they have around-the-clock bedside care. Hospitals cannot afford it and I think it will have to be, that when an alcoholic is arrested, a physician will have to make a diagnosis of intoxication and determine if he should be hospitalized under police protection or jailed until he has sobered up, at which time he should be given a court order to be under treatment and stay with treatment until pronounced cured.

Louisville, Kentucky, at one time, had a court order standing for all drunken

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"He's checking the time it takes his liver to oxidize one glass of sacramental wine and how it affects his writing ability."

drivers which was a 919, nine days in jail and \$19 fine. Somehow this was set up so that it was not appealable.

Maybe we should just have an automatic law for all people picked up for drunken driving. By this time they would be dried out enough to be in a position to appreciate treatment without making our nurses and the hospitals take the brunt of a chronic alcoholic sobering up.

I do know this, we cannot expect our hospitals to furnish personnel to protect them twenty-four hours a day. If they are going to be treated in a hospital, I think it is time law enforcement has a standby staff for this job. Very few alcoholics are going to submit to treatment without orders, and there will be very few more submit to treatment with orders. If they are ill, they should be compelled to get treatment, until they are sober enough to understand they are ill and they should be under custody of legal authorities.

I don't know whether it is legal to sentence a man or woman to treatment and order the kind of treatment, but I am thoroughly convinced that no alcoholic is going to benefit from treatment until he decides he needs it.

When an individual decides that it is time to sober up for health reasons and has the desire to live, then he can be

helped. Until then, nothing can be expected. I have had excellent results with this type of individual utilizing AA and hypnosis.

I do not believe that the private physician, and the hospital, and the local police should be expected to provide treatment for these individuals until every community has adequate machinery set up for it.

This would consist of arrest, the diagnosis, and the power to say this person will go to jail to sober up and then treatment or directly into treatment.

M. E. B., M.D.

Editor, FOCUS:

Through the Tarrant County Council on Alcoholism I was privileged to read your Volume 8, No. 1, January-February, 1967, issue of FOCUS ON ALCOHOLISM, and in it an article by Richard Silver, M.S.W., "The Family: Key to the Alcoholic's Recovery." This is a very enlightening article, and I was wondering if reprints are available.

If so, I would like to obtain six copies of these, and if you will let me know the cost I will reimburse you for them immediately.

C. C. Wagget,
Texas Commission on Alcoholism.

FOCUS—September-October, 1967

Myth of Hidden Alcoholic

Reams of copy have been written about so-called hidden alcoholics. Over and over again we are told about housewives who drink in the secret alcoves of their homes, about patients who fail to reveal their drinking problems to otherwise trusted family physicians, about business executives who deviously conceal their excessive alcohol intake from colleagues.

The list is long. Since our combined approaches to the problem of alcoholism—Alcoholics Anonymous, clinics, hospitals, churches, social agencies and others—probably reach no more than 15 percent of the total alcoholic population, we assume that the other 85 percent are hidden. This is a convenient premise because we cannot be held responsible for failure to help those alcoholics we cannot find. Of course, we proclaim our readiness to help if only the hidden legions will emerge from the shadows. That reasoning has more piety than validity because the belief that most alcoholics are hidden is false.

Industry, for example, is supposed to be a favorite hiding place of alcoholics. Since most are employed and few are reached, it seems logical to conclude that the majority of alcoholics are invisible. Or at least their alcoholism is. But it may only be invisible because of our refusal to see rather than their skill at camouflage.

Mr. G., vice president in charge of production, was a "hidden" alcoholic for years. Mr. G's boss was stunned by the thought that Mr. G. was an alcoholic. How could he be? After all, he had a fine family which included a wife and three children. He was active in community affairs and in the church. Besides, the boss and Mr. G. belonged to the same country club and their wives traveled in the same social circles.

Nevertheless, Mr. G. was an alcoholic and the symptoms had been demanding recognition for at least five years. But when Mr. G. complained of constant fatigue he was given extra vacation time because everyone recognized the pressures of the job. Pressure was also used to excuse a series of faulty decisions. It also explained why a man who had been gregarious and congenial had become querulous and distant, why it became difficult for him to tolerate even the friendliest criticism and why his temper flare-ups, aimed especially at subordinates, occurred with increasing frequency.

The only reason that Mr. G., like thousands of others, was a hidden alcoholic was because those around conspired to hide him. The warning sirens were loud and clear—aberrant drinking patterns, personality changes, absenteeism, deterior-

ating job performance, blackouts. All were ignored in the hope that some magic would make them disappear.

Industry is not the only area in which alcoholics are unheeded for years. Those who practice in the helping professions see alcoholics every day and seldom do anything about it.

Unfortunately, they are examined and probed and treated for all sorts of emotional and physical disorders but not for their alcoholism.

Alcoholics are admitted to hospitals in impressive numbers—even to those hospitals determined to discourage their admission. They enter with diagnoses ranging from gallstones to gastritis. Sometimes the ruse is deliberate because the physician recognized the need for hospitalization and cannot effect it in any other way.

Industry and hospitals are not alone in the conspiracy to hide the alcoholic or simply ignore him. The catalogue is extensive and should be carefully scrutinized in every community. We have a long way to go and we can move faster if we abandon the myth of the hidden alcoholic. For the most part, he is not hidden.—*Concept*, publication of the Division of Alcoholism, Edmonton, Alberta.

Why buy a cow if milk from the dairy is cheaper?

Many of the services needed by problem drinkers already exist in American communities. The objective should be to ensure that these services are strengthened, supported, and made available to problem drinkers on an equal basis with other patients.

The establishment of specialized services could weaken rather than strengthen the activities of the key "care-givers" in assisting problem drinkers. There is evidence that some general care-giving agencies will "dump" problem drinkers on such specialized services. Or, if there is a specialized inpatient unit in a city, general hospitals are even less likely to admit patients with drinking problems.

There is a danger that specialized services will operate in isolation from the community helping services—thus weakening the effectiveness of these agencies with problem drinkers and re-enforcing the belief that alcoholic patients are very, very different from other patients.

The presence of even limited special alcoholism facilities may also create the erroneous impression that much is being done for this patient group, that the problem is being handled.—*Thomas F. A. Plaut, Ph.D.*



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**"At least ten times I've told you: 'One more drink and you're through.'
Can't you get it through your thick skull
that I mean it?"**

Abraham Lincoln on alcoholism

These words of insight and compassion were spoken by President Abraham Lincoln:

In my judgment each of us who has never fallen victim (to alcoholism) has been spared more by the absence of appetite than from any mental or moral superiority over those who have. Indeed, I believe if we take habitual drunkards as a class, their heads and their hearts will bear an advantageous comparison with those of any other class.

There seems ever to have been a proneness in the brilliant and warm-blooded to fall into the vice; the demon of intemperance ever seems to have delighted in sucking the blood of genius and generosity.

The victims should be pitied and compassioned, just as are the heirs of consumption and other hereditary diseases. Their failing should be treated as a misfortune, and not as a crime, or even a disgrace. —*NCA Newsletter*

Soused mouse

A man phoned his wife and idly inquired of her activities. "Oh, I've been busy!" she exclaimed. "There was a mouse in the house but I got him drunk and threw him out." The husband was a bit taken aback, but his wife's ensuing explanation proved to be entirely logical.

She had caught the mouse by clapping a glass jar over it. Then she didn't know what to do with it. An anesthetic seemed to be the answer, but there was none on hand so she filled a bottle cap with sherry and slipped it in with the mouse. The mouse took one sip, then another, and another, and finally fell flat on his face. The ingenious housewife slipped a piece of paper under the jar and took the jar and mouse outdoors.

The air soon revived the mouse. He shook himself drunkenly and staggered off across the lawn, probably looking for a chapter of Mouseaholics Anonymouse.

—*The Alkoline*

If somebody calls you a fool, go into a huddle with yourself—he may have something there!

—*Shreveport Honor Class Newsletter*

* * *

Drunk driver to traffic cop: "What do you mean, take a sobriety test? I haven't even had time to study for it." —*Washington State Public Health Association Notes and Quotes.*

The final word on resentments:

Love your enemy—it'll drive him crazy!

—*AA Grapevine*

WHERE TO LOOK FOR HELP

Clinics-Diagnostic-Information-Referral Centers

Bellingham

Alcoholism Information and Referral Center
Room 27, Clover Block
203 West Holly — 733-1400
Hours: 12:30 to 5, Mon. through Fri. or by appointment.

Olympia

Alcoholism Information and Referral Center
110 West State — 943-8510
Hours: 12 to 9, Tues. and Thurs.
Sat., 9 to Noon, or by appointment.

Renton

Alcoholism Information and Referral Center
The East Valley Good Neighbor Center
9395 South 180th — BA 6-0210
Hours: 1 to 4, Mon., Tues., Thurs., Fri., or by appointment.

Seattle

Alcoholism Information and Referral Center
(Admitting Agency for Seattle Alcoholism Treatment Clinic)
3109 Arcade Bldg. — MA 3-8380
Hours: 8:30 to 4:30, Mon. through Fri.

Shelton

Alcoholism Information and Referral Center
428 Birch — 426-6648
Hours: 9 to Noon, Fri., or by appointment.

Spokane

Alcoholism Information and Referral Center
Spokane City Health Department—MA 4-4341
Ext. 231. Hours: 1 to 5, Mon. through Fri.
Evenings and Saturdays by appointment.

Spokane

Alcoholism Diagnostic and Referral Center
West 30½ Main Ave. — MA 4-0476
Hours: 8 to 5, Mon. through Fri.
Evenings by appointment

Tacoma

Alcoholism Clinic, Tacoma-Pierce County
Health Dept., 631 County-City Bldg.
FU 3-3311, Ext. 331
Hours: 8 to 5, Mon. through Fri.

Vancouver

Alcoholism Information and Referral Center
207 Central Bldg., 1206½ Main — 694-2862
Hours: 9 to 5, Mon. through Fri.
Evenings by appointment.

Wenatchee

Alcoholism Information and Referral Center
(Serving Chelan and Douglas Counties)
601 Douglas Street — NOrmandy 2-2201
Hours: 7 to 9 p.m. Tues. and Thurs.; Sat.,
8 to Noon (by appointment).

Yakima

Alcoholism Information and Referral Center
202 Miller Bldg. — CH 8-6800
Hours: 9 to 5, Mon. through Fri. or by
appointment.

Citizens' Committees

Bellingham 98225

Whatcom County Council on Alcoholism
Room 27, Clover Block
203 West Holly — 733-1400

Benton-Franklin Counties 99301

Benton-Franklin Committee on Alcoholism
Benton-Franklin Health District
1218 N. 4th, Pasco — 547-9737

Chehalis 98532

Lewis County Committee on Alcoholism
R. Sherwin Johnston, M.D., Secretary
Court House Annex — 748-8644

Everett 98201

Snohomish County Council on Alcoholism
Mrs. Beryl Manley, Secretary
Snohomish Health District
County Government Center — AL 9-9401

Grays Harbor-Pacific Counties

Twin Harbors Council on Alcoholism
Richard Simons, Secretary
P.O. Box 630, Montesano 98563

Longview 98632

Lower Columbia Council on Alcoholism
Mrs. Mary Woods, Secretary
P.O. Box 724 — 423-7425

Okanogan 98840

Okanogan County Steering Committee on
Alcoholism
The Reverend Robert F. Kinch, Chairman
P.O. Box 367

Olympia 98501

Thurston-Mason Council on Alcoholism
110 West State — 943-8510

Port Angeles 98362

Olympic Council on Alcoholism
John Rarity, Pro tem. Chairman
101 West Front Street

Seattle 98101

Seattle King County Council on Alcoholism
3109 Arcade Building — MA 3-8380

Spokane 98201

Spokane Coordinating Council
West 30½ Main Ave. — MA 4-0476

Tacoma

Tacoma-Pierce County Council
Chaplain Karl W. Berg, Chairman
V.A. Hospital — JU 8-2185
American Lake 98498

Vancouver 98660

Clark County Citizens' Committee on Alco-
holism
207 Central Bldg., 1206½ Main — 694-2862

Walla Walla 99362

Subcommittee on Alcoholism
Mrs. Helen King
Walla Walla Community Service Council
418 Drumheller Building — JA 5-0572

Wenatchee 98801

Greater Wenatchee Committee on Alcoholism
The Reverend Charles Fox, Chairman
15 North Garfield

Yakima 98901

Yakima Valley Committee on Alcoholism
202 Miller Bldg. — CH 8-6800

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