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**ALASKA NATIVE COMMISSION
ON ALCOHOLISM AND DRUG ABUSE**

**750 East Fireweed Lane
Anchorage, Alaska 99503**

July 13, 1977

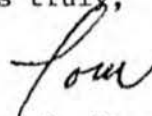
Senate Special Committee on Alcoholism
Gerald Abramczyk, Coordinator
Box 2536
Anchorage, Alaska 99510

Dear Gerry:

Enclosed is a brief list of villages and contact people respectively that I would recommend the Committee consider visiting during their itinerary of testimony.

Attached is the present roster of Regional Technical Assistants who should prove to be invaluable to the Committee as resource people and as entré/interpreter as necessary.

Yours truly,



Thomas L. Stoner, Field Deputy
Office of Technical Assistance

TLS;rrb
Enclosures
cc: Regional Technical Assistants

VILLAGESCONTACTS*Part in making list*SOA NCAA

(LOWER KUSKOKWIM AREA)

Akiak
 ✓ Akiachuk
 Aniak
 Napaskiak
 Hooper Bay
 Red Devil

Tim Williams Sr.
 • William Lomack ✓
 Richard Romer
 Fred Pete ✓
 Rudy Smith or Fred Pete ✓
 • Fred Pete ✓

(CENTRAL INTERIOR)

✗ Ruby
 Minto
 ✗ Galena

• Donald V. Honea Sr.
 Peter John
 • Roger Huntington ✓

(LOWER YUKON)

Kaltag
 Nulato
 Holy Cross

• Andrew Demoski
 • Andrew Demoski
 • Claude Dementieff

(UPPER YUKON)

Arctic Village
 Chalkyitsik
 ✓ Ft. Yukon

John Titus
 Rev. David Samon
 Titus Peter

(UPPER TANANA)

Dot Lake
 Eagle Village

Chief Andrew Isaac
 Jim Junoy

(SOUTHEAST)

Angoon
 Hoonah
 Hydaburg/Craig/Klawock

• Cy Peck Sr.
 • Mike Everson (Tlingit & Haida Central Council)
 " " "

(COPPER RIVER AREA)

✗ Copper Center

Stewart Nicolai

(ALEUTIANS)

✗ ✓ Unalaska
 Sand Point

Frank Poplawski (Unalaska Alcoholism Program)

(NORTHWEST)

Point Hope and Wainwright

Elijah Rock

(NORTH COAST)

✗ ✓ Barrow and Barter Island

Loretta Kenton

Rough Draft.

July 13, 1977

Senate Special Committee
on Alcoholism
Gerry Abramczyk
Box 2536
Anchorage, AK. 99510

Dear Gerry,

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Attached is the present roster of Regional Technical Assistants who should prove to be invaluable to the committee as resource people and as entrée / interpreter as necessary.

Yours Truly,

Tom Stoner

cc. Regional Technical Assistants -

Villages

Contracts.

(Lower Kuskokwam area)

Akiak	Tim Williams Sr.
Akiachuk	William Lomack
Aniak	Richard Romer
Napaskiak	Fred Pete
Hooper Bay	Fred Pete (
Red Devil	Fred Pete

(Central Interior)

Ruby	Donald V. Honca Sr.
Minto	Peter John
Galena	Roger Huntington
Katrag/Nulato	Andrew Demostki
Tanana	Richard Frank

(Lower Yukon)

Katrag	Andrew Demostki
Nulato	" "
Holy Cross	Claude Dementieff

(Upper Yukon)

Arctic Village	John Titus
Chalkyitsik	Rev. David Samon
Eagle Fr. Yukon	Richard Ernest
	Titus Peter

(Upper Tanana)

Dot Lake	Chief Andrew Isaac
Eagle Village	Jim Sunaboy

Villages

CONTACTS.

(South east)

Angoon

Cy Peck Sr.

Hoonah

Mike Iverson TACE

Hydaburg / Craig / Klawock

"

(Copper River area)

Copper Center

Stewart Nicolai

(Aleutians)

Unalaska

Frank Poplawski

Sand Point

"

(North west)

Pt. Hope

Elijah Rock

Wainwright

"

(North coast)

Barrow

Louretta Kenton

Barter Island

"

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER
OFFICE OF ALCOHOLISM

JAY S. HAMMOND, GOVERNOR

POUCH H 05F - JUNEAU 99811

July 6, 1977

RECEIVED
JUL 8 1977

ANCADA

ANCADA
File

Thomas Stoner
Field Deputy
Office of Technical Assistance
750 East Firewood Lane
Anchorage, Alaska 99503

Dear Tom:

I am in receipt of my copy of your May 25, 1977 letter to Senator Mike Colletta regarding "Policy Alternatives for Alcohol Control". I found the letter interesting in the extreme and have questions regarding the basis for some of your observations with which I hope you will be able to help.

First of all, could you tell me what you meant by the phrase, "However, the magnitude of such theoretical and data based constructs is somewhat constraining to pragmatic considerations of objective alternatives"? (Last sentence on page 1.) Just prior to that sentence you correctly cite that there is a growing body of scientific evidence to support the "public health thesis" inherent in the Governor's proposed alcohol legislation. How you can then conclude that that evidence is immaterial to "pragmatic considerations of objective alternatives", escapes me.

Secondly, it seems to me that there is some confusion in the next paragraph (top of page 2) when you say that, "The suggestion...that alcoholism can and should be approached as a problem of public health control techniques, rather than as a matter of individual pathologies, is attractive and enlightened." We would agree that our proposal was "attractive and enlightened", however, we would argue that if both alcohol abuse and alcoholism are matters of such great public concern that there is constant reference to them as problems, then government has a responsibility to attempt to deal with both. Alcohol Abuse can be altered, according to the scientific evidence, by control policy. Some Alcoholism can be prevented by that same control policy. Alcoholism, when it emerges in an individual, must be treated on an individual basis. Prevention, on the societal level and treatment on the individual level, are the two necessary components of an overall alcohol abuse policy.

I am confused by one of your next statements on page 2, when you say, "Yet it is far from clear that a concerted policy of reducing alcoholism and alcohol related pathology by controlling the distribution and consumption of alcohol is, at this time, either feasible or desirable". We would argue that the scientific evidence that you accurately cited earlier, definitely bears out that such policy is feasible. Whether it is desirable, we would agree, is a "value question" to be answered by the people. We do have, by the way, a very clear notion of the costs and benefits of our current non-system of controls, presented in Volumes One and Two of Dr. Kelso's work.

July 6, 1977

I question your statement in the next paragraph on page 2 which asserts that (sic) "Control measures lead to reductions in alcohol related mortality and morbidity in the short run". What is the evidentiary basis for the implication that the effects of control measures are time-limited?

On page 3 you make what appears to be a series of validated statements of fact which I believe are instead, your opinion, and which require some serious work on your part if you are to clarify for your audiences which statements are fact and which opinion.

For example; are you able to support with evidence as solid as that which you quoted earlier (DeLint, et al) the assertion made in your first paragraph on page 3 that "All three strategies have already been implementedin the lower United States....and that the rates of both per capita consumption and alcoholism have continued to rise"? The clear implication is that control policies have no effect on rates of per capita consumption or alcohol abuse. Yet I doubt that you can support that implication with sound evidence. All the sound evidence points to the opposite conclusion as you are well aware.

I might agree in part with your comment in the same paragraph that "the remnants of Puritan and Prohibitionist sentiment have encumbered liquor retailers, with restrictions more demanding than those placed on the purveyors of any other legal product", yet I do not agree with you in whole.

First, centuries prior to the evolution of the concept "Puritan" or "Prohibitionist", men were consuming alcohol with both good and bad results. There is evidence that the earliest governments and societies established laws and mores related to the use of alcohol ranging from the very uncontrolled (the Celts and Germanic tribes of Europe, for example) to the very measured and controlled (i.e. the Buddhist, Taoist and Hindu Societies). Therefore, there are much more ancient and generalized human concerns with the use of this potent drug. I believe you do a disservice to stamp all persons who may be interested in the relationship between control measures and alcohol related problems with the emotionalized "Puritan/Prohibitionist" label. Certainly you know many people who fit neither category, who nevertheless maintain an active interest in the control strategies/alcohol problems relationship.

Secondly, you are well aware that ethanol is not a neutral product and that throughout the history of man, some control has been maintained over its use precisely because it is a potent, mind and body altering drug with visible, well-documented potential for abuse. To suggest by implication as you appear to do, that it be treated like any other product, seems to me to ignore the reality of its potent and sometimes lethal properties.

I think you have a responsibility for providing your various audiences for the scientific basis for the following additional assertions on page 3 of your letter to Senator Colletta;

that; "denial of access to alcohol may (does?) displace addictive behavior onto other substances, such as barbituates, with, at best, no net social gain."
that; "those subcultures with relatively small proportions of abstainers

tend to have relatively low rates of alcoholism."

that; "Impeding the flow of alcohol to actual or potential alcoholics through the use of control mechanisms, will also impede the flow for (sic) others....in a relatively unequitable manner."

that; "higher rates of alcohol taxation would necessitate(!) that they (the poor) spend a higher proportion of their finite disposable incomes on alcohol".

ESPECIALLY that; "those historical instances adduced by proponents of alcohol control as evidenced that taxation can reduce consumption and alcoholism have tended to be short lived, as increased per capita income soon overtakes the demand-dampened impact on the taxes. Growth in per capita income remains the strongest single prediction of growth in per capita consumption in modern societies". (If that's true, you have just strongly argued our case for an increased excise tax that is designed to co-vary with the Consumer Price Index and levels of per capita income.)

that; "Tax policies have induced shifts in consumption patterns from one type of beverage alcohol to another, but with no obvious effect on Alcoholism." (What about France, Tom?)

Most particularly, I wish to take you to task on all of your assertions on page 4 of your letter to Senator Colletta. On that page you assert, as if it were fact, the following: (sic) "There is no hard evidence on this question that would support the beliefs of the control strategy proponents...The weight of intuitive evidence runs directly opposite"..."Correlations between per capita consumption rates...are too highly aggregated and too subject to ecological fallacy"..."higher taxation would reduce consumption among those whom consumption does good, but no harm, and especially the poor within that group, without it being at all clear whether it would reduce alcoholism"..."given the present state of knowledge about the effectiveness of control mechanisms, greater uniformity (of law) has only neatness to recommend it"..."So promising and straight forward is the simple syllogism of reducing alcoholism by reducing total social consumption that it is painful to realize that there appears to be no way to make it work in the near future"..."The correlations between per capita consumption and alcoholism deaths due to cirrhosis do not prove the causal factors in addictive behavior in a portion of an exposed population..."

Tom, I suggest to you that those assertions are presented by you to me and others as authoritative, objective observations based upon some fairly sophisticated familiarity with the research evidence on the relationships between alcohol control policy and alcohol abuse. Instead, they reflect to me, your own opinion on these matters. While you are entitled to your opinion, I think you owe it to your audiences to present a clear distinction between your personal, subjective, editorial opinion and the presentation of fact based upon validated research. To do otherwise begs the questions you attempt to address and serves to obfuscate and confuse the opportunities for their discussion and rational resolution.

This whole alcohol/control question has served to teach me that every man is indeed "his own Sociologist". We attempted to present the Governor, the people of the State, and their elected representatives, with the best evidence we could find that would allow them to make some potent and informed decisions about how to reduce alcohol abuse in Alaska, if the people chose to.

July 6, 1977

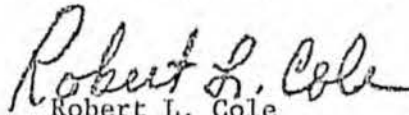
I would hope that we discharged that duty with responsibility and integrity.

Our policy recommendations would accomplish exactly and precisely what we said they would: lower per capita consumption; less alcohol abuse; some reduction in alcohol-related mortality and morbidity; more local citizen control over how alcohol is used; a better cost/revenue posture for the State General Fund and a more realistic and reasonable body of law that protects the consumer at least as much as it does the industry.

This is overwhelming statistical and visual evidence of the incredibly high and disproportionate human and economic costs of alcohol abuse and alcoholism in Alaska and equally weighty evidence from other countries and jurisdictions that what we proposed, works. We did not promise that the control measures would "eradicate alcoholism" or "abolish alcohol abuse". We said we were confident, based on the evidence, that they would help ease our alcohol-related problems in specific, identifiable ways.

I would close by asking you; "What would you propose as alternatives which, based on scientific evidence, bears such promise for achieving the same ends?"

Very sincerely yours,



Robert L. Cole

Coordinator

Office of Alcoholism and Drug Abuse
State of Alaska

cc: Jay S. Hammond, Governor
Francis Williamson, Commissioner; H&SS
Senator Mike Colletta
Senator William Sumner
Representative Chad Chadderton
Representative Mike Bierne
Gerald S. Abraniczyk, Consultant

ALASKA NATIVE COMMISSION ON ALCOHOLISM AND DRUG ABUSE

750 East Fireweed Lane
Anchorage, Alaska 99503

July 11, 1977

Mr. Robert L. Cole, Coordinator
Office of Alcoholism
Pouch H-05-F
Juneau, Alaska 98111

Dear Bob,

I wish to respond to your letter of July 6, 1977 and compliment you for some very astute considerations.

My letter to Senator Mike Colletta (May 25, 1977), has resulted in an informative dialogue to say the least. It was my intention, to supply Mike Colletta and committee, with both a "pro and con" academic base of information, from which not to draw any conclusion, but rather be sensitized to objectivity while assessing additional information or testimony. However, I have since re-evaluated my letter and the bent with which it intimates. Therefore, I would like to respond to your questions with explanation of some error on my part.

I previously asserted that control measures lead to reductions in alcohol related mortality and morbidity in the short run. As you have appropriately questioned, "What is the evidentiary basis for the implication that the effects of control measures are time-limited", this I believe was the focal point of our difference of understanding.

I must assume full responsibility for being unaware that the proposed increases in excise tax adjustments would equitably follow increases in net per capita income. Growth in per capita income does remain the strongest single predictor of growth in per capita consumption. Therefore, the proposed increase in alcohol excise tax that co-varies with the "Alaskan Consumer Price Index and levels of per capita income", lends itself to a considerable stronger argument in terms of its feasibility. I therefore, willingly share with you the hope that the recommendations would in identifiable ways, lower per capita consumption, lessen alcohol abuse, demonstrate a reduction in alcohol-related mortality and morbidity (alcohol-related deaths are principle life threatening indicator, not cirrhosis, as I had earlier stated), and provide more local citizen leverage into its use and a cost/revenue posture for the State General fund through a reasonable body of law.

Robert L. Cole

In terms of other narrative assertions you adequately "took me to task" upon, may I simply comment by stating that the entire question of alcohol control beckons "the individual as Sociologist" tendency within us, and unfortunately can reflect more of an editorial and subjective bent. My apologies!

My primary interest at this point is not of academic departure, for I sincerely feel there is not ethical room for debate on these issues in the areas of intensely "disproportionate human and economic" need.

I propose therefore, that we jointly investigate a means of providing the citizenry of Alaska with some facts that can be related to. With all due respect to Dr. Kelsoe's report, the mere mention of it, is an immediate negative with the Senate committee. Obviously, we are dealing with certain realities, and our strategies will require some finesse.

I believe, that the people of Alaska should have the opportunity to decide the merits of all the issues concerning the proposed alcoholism / alcohol control bills by referendum and ballot vote. The sponsor of such strategy obviously would have to be from an independent source. I do not believe that the Senate committee could find this convenient.

However, during the two periods of time, that the committee intends to visit village areas, in the interest of gathering testimony, groundwork can be laid to formalize the advent of an Alaska Native Traditional Leadership Conference. Whereby, if viewed as being of significant import, resolutions drafted by such a group coalition, could provide the leverage needed for a ballot vote.

Once each geographical area (region) had an opportunity to make an evaluation of the bills individually, the poll would determine the ultimate merits of any change. One statewide, comprehensive legislative package can not meet the wide diversity of need. I am suggesting then, that each community take a strong posture of ownership in the process of making law. The more subjective interest groups and lobbying efforts would be at bay.

I trust that a cooperative spirit of leadership will be jointly shared by the Senate committee and rural constituents during the next twelve months. The decisions made during this period of time Bob, will effect at least the next twelve years.

Robert, my compliments!

Very Sincerely Yours,

Thomas L. Stoner, Field Deputy
Office of Technical Assistance

ANCADA file

**ALASKA NATIVE COMMISSION
ON ALCOHOLISM AND DRUG ABUSE**

750 East Fireweed Lane
Anchorage, Alaska 99503

July 12, 1977

Ms. Nyda Bailey
New Jersey Alcoholism Association
212 West State Street
Trenton, New Jersey 08618

Dear Ms. Bailey:

I am very interested in obtaining a written report on the recently passed New Jersey legislation providing for in-patient and out-patient insurance coverage in hospitals and alcoholism treatment centers licensed by the state. I understand that there is a unique provision requiring Blue Cross-Blue Shield and commercial carriers to provide coverage up to the normal per diem limitations of the policy with no dollar or treatment day restrictions. It further requires inclusion of alcoholism in individual as well as group insurance contracts.

Alaska is on the threshold of the types of sophisticated program development that is now ongoing in areas such as New Jersey.

Therefore, if it is possible to obtain some documentation of the legislative history of the four recent bills passed regarding coverage, and/or copies of the newly adopted statutes, it will be greatly appreciated and made known.

Sincerely yours,

Thomas L. Stoner, Field Deputy
Office of Technical Assistance

TLS:rrb

cc: Alaska Senate Special Committee on Alcoholism
Robert L. Cole, State Office of Alcoholism

THE ANCADA ANSWER

vol.2, no.7

Monthly Newsletter of the

ALASKA NATIVE COMMISSION ON ALCOHOLISM AND DRUG ABUSE

750 East Fireweed, Suite 2

Anchorage, Alaska 99503

Phone: (907) 274-7435

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ANCADA Holds Board Meeting

The board of directors for ANCADA recently held their quarterly board meeting here in Anchorage. The meeting was originally scheduled to be held in Dillingham, Alaska but due to high costs, the meeting was changed to Anchorage.

Regional reports were given from board members representing their regions. A staff financial report and an update report on the Regional Technical Assistance program were also given. George Barril, Executive Director for ANCADA presented his quarterly report to the board along with an update report on the APEP project.



Board members for ANCADA listen on as William Orfitelli, Controller, gives the quarterly financial report.



Marcello Quinto, President of the Board for ANCADA conducted the meeting while regional board members gave their reports.



From the left, Joyce Nelson, Peg Benepe and Louie Andrew all RTA's listen to board reports prior to giving local RTA update reports.

B.B.A.H.C. Hires new RTA

Peg Benepe was recently hired as the new local RTA for the Bristol Bay Area Health Corporation. Peg has joined the RTA team bringing with her many years of experience in alcoholism, training and counseling.

Peg has spent seven years working with the AL NON program in Washington. She also organized the local AL NON group in Friday Harbor, Washington. While living in San Jaun Country, Washington Peg was employed as a psychiatric nurse which involved her in counseling, treatment, in-service training, education and community referral.

Peg earned her Masters of Education with emphasis in counseling from the University of Washington, a B.S. in Psychology and an A.A. in Nursing.

Peg has been stationed in Dillingham, Ak. for the past month getting to know the people, agencies and general feeling of the area. She has plans for an October workshop involving community health aids in her region. Peg has been very busy working with the local people, agencies, high schools, court systems and is presently seeking an Outreach Worker in the Bristol Bay Area Health Corporation region.

If anyone in the Bristol Bay area would like to contact Peg with ideas or suggestions you can write to Peg Benepe, Box 233, Dillingham, Alaska 99576. Or you can call 842-5266. Good luck with future projects Peg and welcome to the RTA team.



ANCADA Drug Proposal Approved

At a recent meeting held in Anchorage, July 15 and 16, the Governor's Advisory Board (GAB) on Drug Abuse approved for funding a drug Information/Counseling grant for ANCADA.

The grant proposes to do training on these topics in the Yukon-Kuskokwim and the Bristol Bay regions. The grant also proposes to do a video tape of the short-term client Systems Counseling course and the pharmacology of drug abuse within the regions in the Yupik language.

Rio Ritha Brown, Administrative Assistant/Trainer will be the project coordinator for this grant. The \$20,000 grant will be implemented as soon as ANCADA receives the award notice.



Yakutat Director Hired

As of July 1, Stella Adams is the new Director of the Alcoholism Information and Referral Service in Yakutat, replacing Rosemary (Rowsey) Riley who headed the program there for several years.

Yakutat is her home town, but Ms. Adams said she has recently been working for the Sitak Council on Alcoholism as halfway house manager and counselor at its main office.

Commenting on her new position, Ms. Adams said, "It is my goal in this program to go into community education, early intervention, prevention. Alcoholism is such a deadly and complex disease that I believe the community should be educated in the symptoms and progression of the disease in order to combat it. . . I am happy to be back home again and looking forward to starting my new job."

TWO DRINKS A DAY COULD HARM FETUS

Although it has been known for over four years that heavy alcohol use by pregnant women could cause their children to be born with congenital birth defects, a recent study shows that pregnant women who are only moderate drinkers run risks as well.

Dr. Ernest P. Noble, the director for the National Institute on Alcohol Abuse and Alcoholism, has asked the government to warn pregnant women that more than two drinks a day — a total of one ounce of alcohol — might harm their unborn baby.

Dr. Noble told a news conference last June that recent research evidence led him to issue the caution on the dangers of fetal alcohol syndrome. According to Dr. Noble, pregnant women who drink as many as six cans of beer, glasses of wine or mixed drinks per day may have babies with all the symptoms of the syndrome, while those who take more than two drinks a day but less than six may produce children with one or more symptoms.

Symptoms of fetal alcohol syndrome include children born with IQ levels between 60 and 70, hyperactivity, heart murmurs or other cardiac defects, small heads, low-set ears, small eyes, flat noses with upturned nostrils, carp-shaped mouths, poorly developed limbs, joined or otherwise malformed fingers and minor genital abnormalities.

Noble estimates that 5 percent of the three million women who give birth each year are heavy drinkers, and perhaps one in 100 of their babies a year have the full-blown syndrome, and probably "several fold more" have some of the symptoms.

"Both the risk and the extent of abnormalities appear to be dose related," Noble said, "increasing with higher alcohol intake during the pregnancy period."

Meanwhile, the institute is currently considering a proposal to require a caution label for pregnant women on alcohol bottles and cans, but Noble stressed that this is only in the discussion stage and no such official recommendation is being made at this time.

McGRATH SIGNS RESOLUTION

A group of citizens from McGrath and surrounding villages signed a resolution "that funding be provided to the Anvik/McGrath Mental Health Board for development and implementation of an alcoholism project for the area". After months of planning and correspondence, the resolution was passed at a two-day meeting held on July 19-20 in McGrath.

Tom Stoner, Field Deputy for the Office of Technical Assistance of the Alaska Native Commis-

sion on Alcoholism and Drug Abuse (ANCADA), attended the meeting together with Robert Cole, Coordinator of the State Office of Alcoholism and Drug Abuse. Stoner said he and Cole were invited by Leon Kiana of McGrath to attend the gathering of local citizens and to offer their assistance and advice.

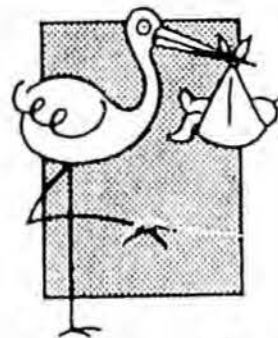
Kiana, who provided the moving force behind the meeting and the writing of the resolution, received go-ahead for his efforts from Mitch Dementieff, executive director of the Tanana Chiefs Conference, Inc., and from Frances Williamson, commissioner of the State Department of Health and Social Services. The Tanana Chiefs Conference had passed their own resolution some months ago noting the high incidence of alcohol-related events in their area, Stoner explained.

The concept paper, which was drafted at the meeting and attached to the resolution, made recommendations for treatment, prevention, training for key village personnel, public education, resource information, and education in schools. It was submitted to ANCADA, the State Office of Alcoholism and Drug Abuse, and the Public Health Service.

Also considered were alternative recreational education and community schools, and employment alternative such as subsistence, mining, education and health, communications, transportation, and the military, Stoner added.

One of the main objectives to come out of the meeting was a plan for educational workshops for village chiefs, "what small villages can do about alcohol-related problems", Stoner said.

State people at the meeting included Robert Cole, George Mundell, regional program manager, State Office of Alcoholism and Drug Abuse; Jack McCombs, Division of Mental Health; Jeanie Lysterly, Indian Health Service; Jerry Abramczyk, Senate Select Committee on Alcohol Abuse. Attending for the Alaska Native Commission on Alcohol and Drug Abuse (ANCADA) was Tom Stoner, Field Deputy, Office of Technical Assistance.



Protect your unborn baby

CHR's Receive Training

The Kodiak Council on Alcoholism has begun its third in a series of training programs for village-based Community Health Representatives (CHR's) employed by the Kodiak Area Native Association. Gladys Inga of Old Harbor and Ann Squartsoff from Port Lions began their training with KCA.

Gladys grew up in Old Harbor, where she and her husband have made their home and raised three children. Gladys has worked as a teacher's aide with the Head Start Program, and was selected by the Old Harbor Council for the CHR position.

Ann, who was raised in Afognak, has been married for six years. She has served the Port Lions community as a teacher's aide, alternate health aide, and alternate food stamp agent. Ann applied for the CHR position through the Port Lions City Clerk.

Ann and Gladys agree that "nothing else to do" is a major factor in the alcohol-related problems of the villages, and they hope to be able to encourage the development of some constructive alternatives when they return. They also see "knowing where the help is" as vital to their work.

Complying with KANA's new format, which reduces the time the trainees must spend away from their homes and increases their training in other health-related fields, the KCA program has been condensed from ten weeks to two. During that period, on-the-job training will prepare the CHR's to provide assistance, support and appropriate referrals to people and families in need of a variety of alcohol-related services. Trainees will be acquainted with the agency's residential treatment program, group therapy, arts and crafts therapy, intake interviewing techniques, available films and literature, and referral procedures. They will also visit the sleep-off facility, the court in session, the U.S. Coast Guard program, and the hospital detox facilities.

Theory previously taught to the CHR's in a semester of evening classes at Kodiak Community College ("The Functional Approach to Alcoholism") will be condensed by the instructor to an intensive one week seminar.

Of the six outlying villages on Kodiak Island, two (Ouzinkie and Akhiok) already have trained CHR's employed by the Kodiak Area Native Association. Representatives from Larsen Bay and Karluk will begin training with KCA near the end of August, along with a seventh CHR to be stationed in the city of Kodiak. By the end of September, all villages and Kodiak itself will be receiving the services of trained KANA Community Health Representatives.

BLOOD TEST MAY IDENTIFY LONG-TERM BOOZERS

A blood test that could serve as a biochemical marker to identify long-term heavy drinkers and alcoholics has been developed by researchers in New York City.

An elevated ratio of alpha-amino-n-butyric acid to leucine, two amino acids in blood plasma (A/L level), is indicative of the presence of alcoholism, report the researchers, Drs. Charles Lieber, Spencer Shaw, and Barry Stimmel of the Bronx Veterans Administration Hospital and the Mount Sinai School of Medicine.

The researchers believe that the A/L ratio is a more reliable marker of alcoholism than blood alcohol levels. The presence of alcohol in the blood is not required for positive test results, since the test reflects prolonged rather than short-term ethanol intake. Positive test results persist for a week or more beyond the long-term drinking period but decrease with prolonged abstinence.

For more information, contact Dr. Charles Lieber, chief of the Section and Laboratory of Liver Disease, Nutrition, and Alcoholism, Bronx Veterans Administration Hospital, 130 W. Kingbridge Rd., Bronx, New York 10468 (Reprinted from NIAAA Information and Service, # 35, April 27, 1977.)

Looking for Involvement?

Plans are being made for the Arctic Rim Conference on Alcoholism to be held May 1 - 5, 1978, in Fairbanks at the University of Alaska. The proposed theme of the conference will be "The Impact of Alcohol on Arctic Consciousness", according to Dr. Peter Schiøler.

Dr. Schiøler, chief advisor to the prime minister and parliament of Denmark on alcohol and drug issues, is representing the International Council on Alcohol and Addictions (ICAA), a co-sponsor of the conference. The Danish alcoholism authority visited Alaska last month on a preliminary planning tour that took him to Anchorage and Fairbanks.

The Alaska co-sponsor of the Arctic Rim Conference is the National Council on Alcoholism - Alaska Region, which will work together with the ICAA on conference details.

Registration fee is \$85.00 for the 5-day conference. More information on the conference program and housing arrangement will be forthcoming.

Registration or inquiries can be mailed to Suzanne W. Perry, NCA/AR, 4510 International Airport Rd., Suite 1, Anchorage, Ak. 99502, or Archer Tongue, Director, International Council on Alcohol and Addictions, Case postale 140, Lausanne, Switzerland.

Dr. Schiøler encourages Native and Indian peoples of Alaska, Canada, Denmark, Finland, Norway, Soviet Union, and Sweden to get involved and attend the five-day conference.



THE PLACE OF EEDA

On May 27, 1977 the Village Council passed resolution No. 77-9 designating May 27th of each year as "Awareness Day." On this day, the Youth of Tyonek will hold a Memorial Service in memory of five teenagers who died because of alcohol or drugs.

Attending this year's services were Roy Peratrovick, Director of the Bureau of Indian Affairs, Joyce Nelson, RTA, Cook Inlet Native Association Alcohol and Drug Abuse Program, Corporal Al Shadle, Alaska State Troopers, and Father Marcarius Tragonsky of the Russian Orthodox Church.

The teenage youth center was dedicated on May 27, 1977 and called "The Place of EEDA", which means Friendship. Bertha Trenton recalls the ceremony by saying, "It was a beautiful ceremony, it's something a person will never forget. I really can't explain how it made me feel, I guess the only way to put it is, it made me feel full of love."

May 27, 1977 is a perfect example of what can happen when young people have an idea, a purpose, and support from their parents and friends. By getting involved and making your feelings known, maybe someday there will be many places of EEDA.

**Qanuguvvauna
Itpa
Immaglugniq?**



**What does it mean
to be drunk?**

**What does
it mean
to be drunk?**



**Qallun
ayuqellra
taangiqsaraq?**

CORDOVA HIRES NEW ALCOHOLISM DIRECTOR

Randy Jones, new director of alcoholism counseling for Cordova Community Services said he is trying to revive the currently inactive Cordova Council on Alcoholism.

Jones, who with his wife, Gretchen, are new to Alaska, commented, "Our impressions so far are that it is truly beautiful. We enjoy the outdoors, hiking and fishing, and try to get out as much as possible."

Being alcoholism counselor in Cordova consists of therapy, education and information, but according to Jones, "So far, I find it very challenging and a lot of work, but an enjoying it very much." His office is located at the Cordova Community Hospital.

The new counselor comes from the Seattle area, and received his B.A. from Washington State University and M.A. from Fuller Theological Seminary in marriage and family counseling. Jones said he received training in alcohol-related counseling from the California Family Studies Center in Burbank, and in private practice with a Seattle Psychiatrist.

"I jumped at the chance to become an alcoholism counselor in Cordova," he added.



ANTI Hires Coordinator

Pictured above is Joyce Nelson, the new Coordinator for the newly established Alaska Native Training Institute.

Joyce is presently in Oregon attending a training session that is being put on by NWITI. Upon completion of her training, Joyce will be traveling to Sitka to hold her first training session for ANTI.

Joyce came to ANTI with eight years experience in the alcohol field. For the past six months, Joyce was the RTA for the Cook Inlet Native Region. While in that position, Joyce helped set-up seminars and training sessions for people in Anchorage, Wasilla, Kenai, Homer and points in between.

Joyce has attended summer seminars in alcohol and alcohol training in Utah, University of Alaska and Seattle University. Joyce has earned an A.A. degree in the area of chemical dependency and a two

year degree in Social Science. She just recently finished working on her B.A. degree.

In her new position, Joyce will be responsible for coordinating ANTI seminars and training sessions for rural people. She will be working closely with the twelve regional health corporations and village councils. In addition to the above duties, Joyce will be working with native alcoholism counselors, other allied alcoholism personnel, village counselors, the Judicial System, youth and youth workers and social workers.

If you wish to contact Joyce about information, ideas, or suggestions concerning ANTI, you can contact her by writing to the ANCADA office in care of the Alaska Native Training Institute.

We would like to offer our congratulations to Joyce and we wish her the best of luck in her new position with the Alaska Native Training Institute.

ANCADA AND RURAL CAP *join hands*

Rural Cap has received notice of grant award for the former "Alcoholism Cultural Heritage Program" project. Working with the regional RTA's, the Rural Cap alcoholism counselors should form a very effective team. Selection and recruitment of counselors will rest with the appropriate regional corporation and will remain employees of Rural Cap. More information will be available as final arrangements are finalized.

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