

Barbara Gordon, a CBS documentary producer, has written a book which tells a wracking story of addition to Valium. It is a story of steadily increasing doses of the tranquilizer, of convulsions and hallucinations when she suddenly stopped taking it, of stays in mental hospitals and of final release when she learned how to live without the drug.

She blames Valium for some nightmare years of her life.

Valium, for several years the most widely prescribed drug in the country, is technically a minor tranquilizer intended for treatment of mild-to-moderate anxiety and tension. It also is used as a muscle relaxant. Its generic name is diazepam. It is a member of the family of chemicals called benzodiazepines, which also includes Librium.

Barbara Gordon contends that Valium is a dangerous addictive drug. But a number of experts are more cautious in their evaluation. For example, Dr. Karl Rickels, a psychiatrist at the University of Pennsylvania who has done several studies on Valium, has been quoted as saying Gordon's experiences were "very atypical."

In one study, patients who had been taking Valium for long periods suddenly were taken off the drug. That is the same experience that Gordon

Happiness Through Health

Valium The Tranquilizer: Curse or Cure

By Otto McClarrin

blamed for convulsions, hallucinations, insomnia and other symptoms that lasted for months and led to her hospitalization.

In Rickels' study, withdrawal symptoms were seen most in patients who had been taking the tranquilizer for more than three years. In a group of 180 patients, there were no withdrawal problems for those who stopped taking Valium after four months. Of the patients who took it for a year, seven per cent had withdrawal symptoms.

Rickels says that 35 per cent of patients who took Valium for three to four years suffered withdrawal symptoms. But the symptoms generally peaked within five days after withdrawal and disappeared in two to four weeks.

Mitchell A. Balter of the National Institute of

Mental Health, who has been in charge of extensive surveys of tranquilizer use, says that Gordon's experience was "not typical" for another reason: Surveys indicate that long-term use of Valium and related tranquilizers is not common.

In any given year, about 11 per cent of Americans will take a minor tranquilizer, such as Valium or Librium, Balter's surveys show. Of that group, 45 per cent take a tranquilizer only a few times a year and 80 per cent stop taking it within four months. About 15 per cent of tranquilizer users take a drug for more than a year. Most of them are older people who tend to have serious medical conditions, such as heart disease, Balter says.

Use of Valium and other minor tranquilizers peaked in the mid-1970's and has been declining

ever since, he notes. There were 61.3 million prescriptions written for Valium in 1975 and only 33.6 million in 1980. The number of pills per prescription has not increased, Balter adds.

The reduction in tranquilizer use came after warnings that the drugs were being over-prescribed. Balter said Valium is less dangerous than the drugs that once were used to treat anxiety, such as Miltown and the barbiturates; they are more addictive and more likely to cause death after an overdose, he says. But Balter notes that Valium also can cause problems. No drug is free from problems, he adds. "But where's the problem? In the person or the medication?" he added. "There will always be addictive personalities who can't handle a medication."

Still, one physician who thinks that the dangers of Valium are being underestimated is Dr. Sidney Wolfe, director of the Consumer Health Research Group in Washington. "There is a huge number, in the thousands of people every year who wind up in hospital emergency rooms because they get into trouble with Valium," Wolfe said. "It doesn't kill people, but it's very addicting. At first it was thought to be addicting only in high doses, but now it's known to be addicting in regular doses."

Out of the frying pan and into the fire. Finally inflation is flickering out. It is suggested by most leading economists that the end of the era of high inflation and inflationary expectation is at hand. Predictions now by some economists take the annual inflation rate down as low as three per cent, back to the pre-LBF, President Kennedy days. Do not know if this depression is going that deep to drag the inflation rate below six per cent, but it's a decent bet. Budget deficits notwithstanding inflation is withering as the economic depression worms its way across the nation.

U.S. Department of Commerce composite index of leading indicators continues to decline. Doing a drop for ten straight months in a row, revealing how elusive any hope of recovery for the economy is in the immediate future.

President Reagan's \$100 billion budget deficit is expected to damage any economic turn around at-

Business In The Black

Depression Doing Its Duty

By Charles E. Belle

tempt by the economy. Even Republican representatives and senators sense the stupidity of standing pat by the President on the budget deficit. Doing something about the budget deficit now almost invariably means cutting the defense budget. Big deal. Democrats and others have been demanding a cut consistently with no response from President Reagan. Republicans may have better luck, come November when they are out of a job!

It is presumed by even Presidential advisors that

a lot of borrowing, like a \$100 billion, to pay the government's debt would mean "crowding out" or "drowning" the investment area and not leaving any money available for private industry, except at exceptionally higher interest rates. Thus no turn around. Ronald Reagan as President is merely doing with the defense spending what Democrats have especially since some senior Republican senators are up for re-election in November. No one is likely to re-elect a Reagan favored Republican candidate

done with social service programs in the past. Both must pay the piper.

President Reagan simply believes it's better to spend to fight the "communists" rather than to spend to alleviate poverty. Too much of a good thing can harm you, too much of a bad thing can harm you, too much of a bad thing can kill you. It's pretty hot in the fire now when the heat of the current depression starts to cool come next year we can start a rebuilding program for the country if President Reagan does not run us in too greater debt on behalf of the Defense Department.

In the meantime, a mental shift should be taking place among the people in this country. Considering the sloppy economy, everyone should recognize this trend of no growth, high interest rates, and the beginning of a deflationary cycle. Cut your spending plans and hold on to cash while looking for bargains. There is a fire sale going on.

Coping

Your Successful Weight Control Program

By Dr. Charles W. Faulkner

1. Medical Check Up. A medical doctor is the best authority with whom you should confer before you begin your weight loss program. He will tell you if you have any serious physical limitations. Let your doctor determine the proper amount of weight for you to lose after he has checked the condition of your heart, liver, kidneys, lungs and circulatory system.

2. Physician's Suggested Diets. Your doctor may prescribe a diet best suited for you. It may be simple "eat less" diet, an elimination or reduction of certain foods diet, a calorie or exchange count diet, or a specific, more demanding regimen. You physician's instructions are to be followed.

3. Psychologist's Suggestions. Your psychologist will provide positive, helpful suggestions for you. They will reinforce the physician's instructions and provide a beneficial habit change that will enhance your weight reduction in a successful, and almost effortless manner.

4. Goal Selection. Set a realistic weight loss goal. Your doctor will aid you. Ten pounds (more or less) per month may be all that is recommended. Develop a realistic attitude and a long-term commitment.

5. Eliminate bad habits. Consciously recondition yourself. Stop those habits which can cause you to gain weight such as snacking between meals, or eating heavily at parties.

6. Always use this relaxation exercise prior to eating. This exercise minimizes tension and stress, provides a calming effect and decreases excessive food desire. Perform this quick 30-second exercise before each meal: (a) Take a deep breath, fill the lungs completely with air, hold the breath while you count silently from one to five, then exhale very slowly and allow every muscle in your body to relax completely. (b) Repeat this exercise five consecutive times before beginning to eat. Remember, never eat while you are tense, nervous or under stress. This exercise will calm you and eliminate your compulsion.

7. Daily Weight Record. Keep a daily weight record. Be proud of your progress in reducing. You

may experience peaks and even temporarily gain weight a times. This is not to be interpreted as a setback — it is normal. Do not dwell on any weight gain, just think ahead to your weight reduction goal and continue to pursue it.

8. Imagine Yourself Thin. Picture yourself as a

thinner person. This will in turn reduce the responses that trigger eating. Four time each day, visualize yourself as a slender, trim person.

9. Support of Family and Friends. Seek encouraging suggestions from friends and family when you are progressing. No negative comments

should be made when you are maintaining the same weight or temporarily gaining weight. Keep your anxiety down. Family, friends and co-workers should be asked to make positive efforts to eliminate anxiety-causing and emotionally-negative situations. Do not be afraid to ask them for their support; you will be surprised at their interest in your welfare.

10. Determine your behavioral patterns. Report any patterns, situations or conditions which you think may have stimulated your appetite and excess food consumption. Analyze them yourself and discuss them with your physician and/or hypnotherapist.

Speak Up

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member of PATCO. Then they cut education assistance and school lunches for poor children and I still didn't speak up because my child was not affected. Then they decided to cut medicare for my parents, financial assistance and students loans to my son who was in college, and to give the rich and big business yet further huge tax breaks while my taxes continued to increase. Unfortunately, there was no one left to speak up for me.

As you can see, while you may not personally have been affected by the budget cuts implemented so far, given time the Administration will get around to cutting programs and services which are near and dear to you.



ADDELPHIA—State Senator Milton Street contacts his incident with the Philadelphia police in front of the car in which he was a passenger. Street was arrested after police said that he assaulted a policeman. 1971 Photo

The uncommonly beautiful common sense car.

Buick Skylark.



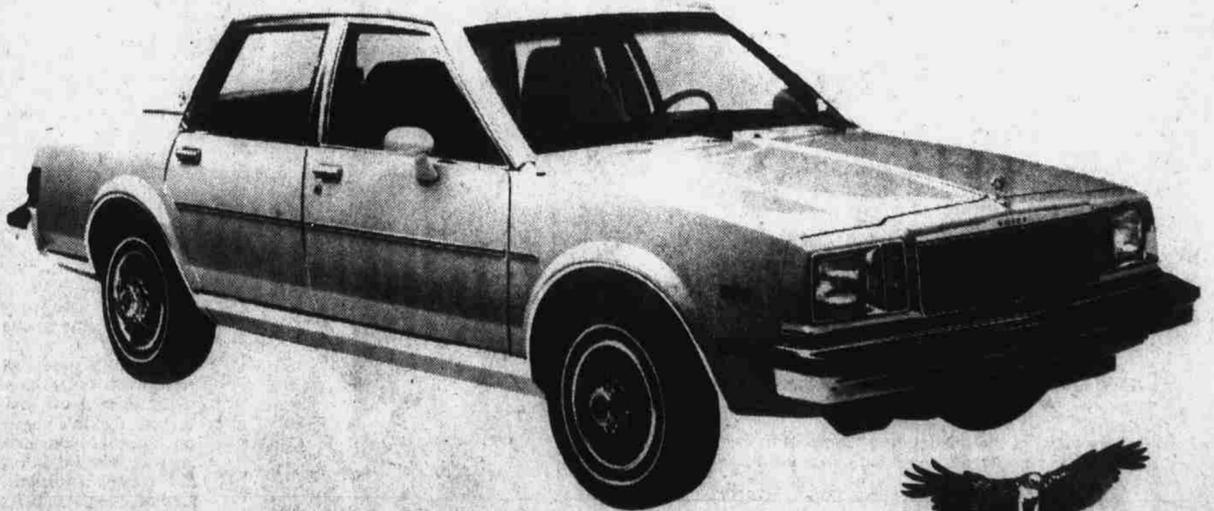
The fact that Skylark is so beautiful isn't so surprising. After all, it's a Buick and beauty runs in the family. Prestige, elegance, luxury and comfort are also family traits that Skylark has inherited.

But there is something else that sets Skylark apart and has helped make it such a popular success. It just might be the best disguised economy car in America. A competitively priced compact with front-wheel-drive for impressive traction on any road in snow or rain. A small car with ample room for five to ride in comfort. And a well-equipped car; for '82 a whole array of quality, appearance and convenience features are standard on Skylark. Power rack-and-pinion steering and power brakes for example are standard equipment.

The number of heads that turn when a Skylark eases on by says it's an uncommonly beautiful car. The EPA estimates offered by the responsive engine hidden under the hood says it's also a common sense economy car.

41 26
Hwy Est EPA Est mpg

Use estimated mpg for comparison. Your mileage may differ depending upon speed, distance, weather. Actual highway mileage lower. Some Buicks are equipped with engines produced by other G.M. divisions, subsidiaries or affiliated companies worldwide. See your dealer for details.



Wouldn't you really rather have a **BUIICK?**