

Examination is key to detecting breast cancer

By **KAREN DUNN**
Staff Writer

Because one of every 11 women in the United States will develop breast cancer in her lifetime, N.C. Gov. Jim Martin declared this week Breast Cancer Detection Awareness Week.

Breast cancer is the second most common cause of cancer deaths of American women. Although it is rare in women under 30, Marlene Clegg, assistant director of public affairs for the N.C. Division of the American Cancer Society (ACS), said all women should perform routine self-examinations and have yearly physicals. "If you catch it early, it's 90 percent treatable," she said.

The ACS suggests monthly self-examination for all women over 20 and baseline mammograms for women ages 35-39, even if they find no abnormalities.

"There were no lumps and no symptoms," said Kay Yow, the N.C. State University women's basketball coach. She underwent a modified radical mastectomy, the removal of an entire breast and some tissue, in August 1987 after cancer was found in a mammography. Because her cancer was detected early, chemotherapy and radiation treatments were not necessary.

A mammogram, a low radiation X-ray that creates an image of the breast, can detect any tissue irregularities that may be early signs of cancer. It is especially effective in finding abnormalities in women who show no symptoms, such as Yow.

"Early detection is the key," said Yow. She was in a high-risk group because her aunt had cancer, and there was a history of colon cancer

on her father's side of the family.

After Yow discovered she had cancer, her mother was also diagnosed as having lymphoma in her breast and had surgery in December.

The ACS emphasizes that the amount of radiation produced by a mammography is within an acceptably safe range.

Women over 35 who have a family history of cancer (especially in mothers and sisters) or have never given birth are in the high-risk group for breast cancer, Clegg said.

A high-fat diet and obesity have also been linked to breast cancer, although decreasing the fat intake has not been proven to decrease the risk, Clegg said. Breast cancer is also more common among North American and North European women than in women of Asian and African origin.

The ACS also suggests mammography every one to two years in asymptomatic women between 40 and 49 and yearly for all women over 50. Warning signs for cancer include changes in bowel and bladder habits,

sores that don't heal, unusual bleeding or discharge, thickening or lumps in breasts, indigestion, obvious changes in warts or moles and a nagging cough or hoarseness.

Beth Pearson of the Women's Clinic at Student Health Service said women who come in are taught how to examine their breasts, and SHS provides information on detection and self-examination. The ACS also provides pamphlets on self-examination and on all aspects of mammography.

Programs to treat drug addicts expand as demand for care grows

By **KAREN HATTON**
Staff Writer

As drug abuse awareness grows, the demand for treatment programs has increased, and there are now a variety of public and private programs available.

"In the 1986 fiscal year, the total drug admissions was 390,241," said Bill Butyniski, executive director of the National Association of State Alcohol and Drug Abuse Directors.

Admissions were highest for problems with heroin, marijuana and cocaine.

Cocaine addiction showed a sharp increase of 20 percent to 50 percent per year, he said.

Most addicts use a combination of drugs, said Karl Bestamen of Alcohol and Drug Problems of North America.

"The most common drug problems treated are a combination of heroin with marijuana or cocaine, and alcohol with marijuana or cocaine,"

Bestamen said.

Among local college students, alcohol, marijuana and cocaine are the most commonly treated drug problems, according to Cheri Ernest, an Orange County substance counselor, and Wendee Wechsberg, a Wake County adult treatment counselor.

There are public and private programs offering outpatient or residential treatment. Private programs are available through the Charter Northridge Hospital, CHAPS and ARC in Butner.

"College students are more likely to be sent to private outpatient treatment programs," said Ernest.

Although the Orange County Mental Health Center does accept students, most go into local private programs, she said.

Susan Amey, community relations specialist for Drug Action of Wake County, said, "The adult treatment program is in three stages. The first stage is orientation. They learn about the program.

"The second stage is counseling. We offer group, individual, family and sometimes even marriage counseling. The length of the period of counseling depends on the patient and the counselor.

"The third stage is relapse prevention. We help the patient develop healthy lifestyle habits and provide a place to go when there is the temptation to relapse."

Other programs offered by Drug Action include an information center and a prevention unit that hold seminars and lectures on the prevention of drug abuse for various groups, she said.

Most cities and towns have local support groups such as Narcanon, a variation of Alcoholics Anonymous, Amey said.

"Orange County has social and medical detoxification centers for men and freedom houses (halfway houses) for both men and women," Ernest said.

However, public programs are filled and there are often waiting lists.

"Public programs in almost every major city are filled to the full capacity for the treatment of patients. The people are being told to come back in seven weeks or three months," Bestamen said.

The increase in private programs resulted from a lack of extra money for public programs, he said.

"In the 1986 fiscal year, the federal government put approximately \$300 million into abuse prevention programs," Butyniski said.

The federal government puts \$846 million into state programs through block grants given to the states, he said, but the federal government puts a lot less into abuse programs.

Drug Action's budget is mostly made up of government funding, supplemented by United Way support and other contributions, Amey said.

The possibility of an increase in federal aid to drug abuse programs is uncertain.

"About a year and a half ago, drugs were a real popular issue because of Reagan's anti-drug campaign," said Jim Jordan, press secretary for Rep. David Price, D-N.C. "Last year, Reagan cut way back on program funds, and Congress put a lot back in."

The monies from the federal government were given to the states on the basis of a set allotment formula and the municipalities involved, he said.

"It's a competitive process with no real congressional influence on where the funding goes," Jordan said.

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