

# Use Of Alcohol By Teenagers Described

by Patricia Cain  
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Teenagers are using alcohol several years before they reach the age of legal purchase and consumption.

Studies show this use is widespread among teens. Use of alcohol by teens is unsupervised settings is heavier and more frequent than in supervised settings.

The Research Triangle Institute in Chapel Hill collected data on drinking practices among United States students in grades 10-12. Students were asked how frequently they used alcohol in eight situations, three with adult supervision and five unsupervised. The settings were (supervised) dinner at home, special occasions at home, teenage parties with adult supervision and (unsupervised) teenage hangouts, at school-related activities, in cars at night, and teenage parties without supervision. Findings of the study were as follows:

—Almost six times as many senior high school students often drink alcoholic beverages on special occasions at home as do those who often drink at dinner at home.

—More senior high school boys than girls often drink at unsupervised teenage parties.

—One in four senior high school students often drinks during or after a school activity when adults they know are not present or cannot see them.

—Nearly one-third of senior high school students often drink when they are in unsupervised settings where teenagers "hang around."

—The pattern of drinking in unsupervised settings among junior high school students is similar to

that of senior high school students, but on a smaller scale.

—About twice as many senior high school students who attended schools in small towns often drink when sitting or driving around in cars at night as do those who attend schools in larger communities.

—More students in suburban areas or medium cities often drink when at unsupervised parties than do students who go to school in big cities or small towns.

—Fewer senior high school students in big cities often drink in unsupervised settings than those in smaller communities.

—More senior high school students who reside in the Northeast and North Central regions of the Nation often drink in unsupervised settings than do those who reside in the South or West.

—Less than 10 percent of senior high school students often drink when alone and the numbers decline from the 10th or 12th grades.

—Since this study indicates a larger extent of teenage drinking in unsupervised situations, there is a need for efforts to prevent or reduce problems arising from drinking under these circumstances. Strategies are needed to help teenagers find alternative activities to social drinking, especially in smaller communities.

Two types of especially dangerous unsupervised teenage drinking -- solitary drinking, and driving while intoxicated -- should be dealt with directly. Methods for dealing with these types of drinking include laws regulating access to beverage alcohol, treatment services for teenagers with existing alcohol problems, and public

awareness campaigns or driving safety and health education programs that furnish information on the potential dangers of alcohol use.

Students who often drink in unsupervised settings with friends are more likely to drive while intoxicated or ride in cars with intoxicated drivers than are students who drink under adult supervision.

Teenage drivers and passengers returning from parties, hangouts, or school activities or who drink in cars are at a high risk for automobile accidents. Developing driving safety programs and a range of alternative social activities represents a suitable combination of strategies for dealing with this problem in suburban areas and small towns.

Community-wide cooperation and planning are needed to find solutions to problems associated with unsupervised teenage drinking. If you are interested in developing additional activities and/or strategies for your community to reduce the incidence of teen drinking, contact Dennis Brewster, your local Substance Abuse Counselor, at (919) 895-8156.

Connie Miller, Sandhills Center's Substance Abuse Program coordinator says the Sandhills staff is constantly working toward developing programs and services to meet the needs of the community and welcomes comments and suggestions. Please call 673-9111 and share your ideas with her.

# Deaths & Funerals



Orville E. Crowder

Orville Eugene Crowder, 58, died Sunday afternoon.

The funeral was conducted Tuesday afternoon in First Baptist Church by the Rev. Billy Beaver, the pastor; and the Rev. Ben Hall. Burial was in Highland Biblical Gardens.

Surviving are his wife, Mrs. Maude Crowder; his sons, Mike, Charles and Sammy Crowder of Raeford; his daughter, Mrs. Sandra Stogner of Rockingham; his brothers, Delma Crowder of Charlotte, Otis Crowder of Raeford, and Clyde, Earl, Wayne, Jim and Harold Crowder of Mountain City, Tenn.; his sisters, Mrs. Trilla Norris of Lenoir, Mrs. Dorothy Purdue of High Point, Mrs. Pauline Greer of Coeburn, Va., and Mrs. Mamie Adams of Mountain City; and two grandchildren.

Crumpler Funeral Home was in charge of the arrangements.

**Mrs. Myrtle Seals**

Mrs. Myrtle Seals, 85, died March 9.

The funeral was held Friday afternoon in Shiloh Presbyterian Church. Burial was in the church cemetery.

Surviving are her sons, L.B. Seals of Raeford, Dr. D. Hilton Seals of Asheville, and retired Col. William L. Seals of Austin, Tex.; her daughter, Mrs. Lois Collins of Aberdeen; 32 grandchildren; 48 great-grandchildren; and her brother, Fred H. Sessoms of Apex.

**Harry L. Reynolds**

Harry L. "Bill" Reynolds, 63, died Saturday.

The funeral was conducted Sunday afternoon at Crumpler Funeral Home. Burial was in Raeford Cemetery.

Surviving are his brothers, Cecil and Herbert Reynolds of Raeford; and his sister, Mrs. Frances Woolley of Mt. Airy.

**Mrs. Flora Blackwell**

Mrs. Flora Blackwell, 72, of Spartanburg, S.C., mother of Raymond Hawkins of Raeford, died March 8.

The funeral was conducted March 10 at F.F. Floyd Mortuary in Spartanburg by the Rev. Woodrow Stedman. Burial was in Sunset Memorial Park.

Other survivors include her sisters, Mrs. Cleo Dills and Mrs. Macy Davis of Spartanburg; four grandchildren; and two great-grandchildren.

**John Walters**

John Walters, 79, died Sunday in a Pinehurst nursing home.

The funeral will be conducted at 11 a.m. Thursday in Crumpler Funeral Home chapel. Burial will be in Raeford Cemetery.

Surviving are his son, Robert Walters of Dazell, S.C.; his daughters, Mrs. Mary Blue of Vass, Mrs. Betty Wharton of Delray Beach, Fla., Mrs. Maxine Sherrill of Winston-Salem, Mrs. Peggy Evans of Fayetteville, and Mrs. Jean Venable of Ahsokie; his brothers, T.E. Walters of Durham, Jack Walters of Virginia Beach, Va., and M.E. Walters of Raeford; his sisters, Mrs. Ethel Smith of Raeford, and Miss Irene Walters of Shiloh; 20 grandchildren; and 13 great-grandchildren.

The family was to be at the funeral home 7-9 p.m. Wednesday.

**Mrs. Ollie O'Briant**

Mrs. Ollie Keith O'Briant, 85, died Monday evening.

Graveside services were scheduled for 2 p.m. Wednesday in Shiloh Presbyterian Church cemetery with the Rev. Billy Beaver officiating.

Surviving are her daughter, Mrs. Wilbur Watkins of Raleigh; two grandchildren; and one great-grandchild.

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# Family Health

By CLAY WILLIAMS

A service of the

North Carolina Academy of Family Physicians

One would think the home would be safe from disabling injuries which seem to dog mankind today -- a haven for secure and peaceful association that gives life its savor. Well, it isn't.

Fact is, you might say the home is a hazardous place to live. Each year over 4,000,000 serious home accidents occur in the United States, resulting in thousands of deaths. The sad part is, home accidents can almost be predicted and most could be prevented -- certainly controlled or minimized. But what happens? We surround ourselves with all sorts of potential hazards and act in a hazardous manner. The question arises -- should these tragedies even be called accidents?

The aim here, though, is not to discuss the cause or frequency of accidents, but what to do about them once they occur -- first aid for the family, if you will.

Falls are perhaps the most common home accident. Strangely, most deaths from falls involve older people -- about 90 percent, in fact -- while fatalities among children account only for some five percent.

When a fall occurs, according to family physicians, do not move the patient -- there may be broken bones. If there is little or no outward evidence of injury and the patient is unconscious, move only the head to the side to prevent possible vomit from being sucked into the lungs. Keep the patient warm to prevent shock until medical help arrives. If the patient is a diabetic, it is possible he may have fallen as a result of low blood sugar.

Neither butter nor ointment should be applied to burns. For burns in which there is redness but no blisters, submerge the area in cold water or apply a cold, wet towel. If blisters form, do not break. If the arms, legs or head or burned keep them still and elevated. If the burn is extensive, cover with a clean dressing, keep the patient warm and get medical help -- quickly. Chemical burns should be washed thoroughly for at least 15 minutes. If a wound is charred, do not try to remove

charred skin or clothing.

The anatomy of the eye is extremely delicate and its outer parts easily damaged. Foreign bodies in the eye can cause permanent damage if their removal is not done with great care. Do not allow the patient to rub the injured eye. It is easy to see how a metal particle, for instance, could become more deeply imbedded simply by allowing the patient to rub. If the object can be seen, touch it lightly with the corner of a dry handkerchief. If the object does not readily come out or if it can not be seen, cover both eyes with clean compresses and have the patient examined by a physician.

The family physicians explained that first aid for an eye injury caused by chemicals consists first of turning the patient's head so that the injured side is down and flooding the inner corner of the eye with water for about 15 minutes. Then, cover both eyes with clean compresses. The accident should be reported to a physician immediately, along with the composition of the chemical involved.

In a succeeding article we will discuss first-aid measures for bleeding, fainting, choking, convulsions, animal bites and poisonings.

At least one member of every family should take it upon him or herself to do something about hazards in the home -- hazards that have the potential to cause injury. Doctors are wary of the notion that most accidents that happen around the home are freakish in nature.

If you look closely enough, many could have been prevented.

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