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NIDA, HRSA join forces in studies of AIDS risk behavior by IV drug users, *Patricia Delaney* — 15 communities get grants to fight drugs and alcohol — The nation's health bill for smoking: \$52 billion — WHO unveils emergency AIDS action plan for Romania — New report suggests ways and means of analyzing nursing labor market, *Blake Crawford* — WHO to intensify campaign against drug epidemic — Notice to librarians *re* bound volumes of PHR

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Southeast 'stroke belt' target of special education campaign

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capacity of families to respond to drug abuse;

- intensifying prevention and treatment of drug injecting behavior in order to slow the spread of HIV and AIDS through sharing of injection equipment;
- expanding contact of drug users with treatment facilities, by assessing their effectiveness and producing guidelines for improving clinical management of drug addicts at every stage of recovery;
- monitoring, assessing, and evaluating the health consequences of the policy options available to WHO's 166 member states;
- developing national systems for assessing health trends in relation to drug use and abuse;
- expanding education and training of health care personnel on the rational use of psychoactive drugs;
- expanding contacts with the media;
- intensifying collaboration with the United Nations system in controlling the supply of licit psychoactive substances.

### Future Action to Promote Research

New combinations of psychoactive substances are frequently emerging. The so-called designer drugs are a good example of this trend. So as to be able to develop ever more effective programs of prevention and treatment, WHO is committed to promoting research on drug abuse.

Gaps in current knowledge will be identified and research to fill those gaps will be stimulated. It will lead to new insights about the reasons for the demand for drugs and how best to focus future action.

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## Southeast 'Stroke Belt' Target of Special Education Campaign

High blood pressure is the key risk factor for stroke, the third leading cause of death in the United States. More recently, cigarette smoking and overweight also have been found to be risk factors.

Stroke mortality rates differ substantially by State. In 1980, 11 States had age-adjusted stroke mortality rates that were more than 10 percent higher than the U.S. average, which was 40.3 per 100,000. Ten of the 11 States (all except Indiana) were in the southeastern United States, forming a so-called "stroke belt" (see map).

Black men and women in the stroke belt States had higher stroke death rates than did white men and women in the same States (see table).

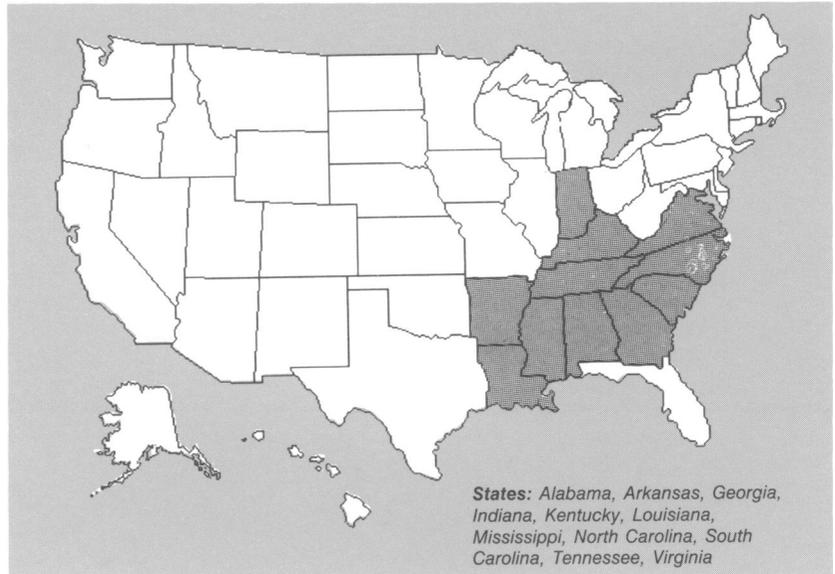
Additionally, older black women in the area are more likely to have higher blood pressure than their counterparts in other regions of the United States (82 percent versus 70 percent or less in the Northeast, Midwest, and West).

These hypertensives are also more likely to be overweight (72 percent of older black women are overweight, 65 percent or less are overweight in each of the other regions).

And finally, smoking prevalence among men is substantially higher in the Southeast than in other parts of the country.

But the increased stroke death rates in the stroke belt States cannot be attributed merely to the higher proportion of blacks in the population. The race-sex spe-

The Stroke Belt



Age-adjusted stroke death rates per 100,000 population, stroke belt states, 1980

State	White men	Nonwhite <sup>1</sup> men	White women	Nonwhite <sup>1</sup> women
Alabama . . . . .	50.2	90.4	39.6	70.3
Arkansas . . . . .	47.1	95.9	39.0	73.0
Georgia . . . . .	53.1	106.9	43.7	82.4
Indiana . . . . .	50.3	71.9	41.6	54.9
Kentucky . . . . .	49.6	82.5	40.9	62.9
Louisiana . . . . .	50.8	89.2	39.7	64.7
Mississippi . . . . .	49.9	91.5	39.7	64.6
North Carolina . . . . .	49.9	97.6	39.5	66.1
South Carolina . . . . .	53.0	115.2	40.8	80.1
Tennessee . . . . .	53.4	96.2	42.1	72.4
Virginia . . . . .	44.5	80.7	38.0	64.3
United States . . . . .	41.4	69.4	34.9	55.8

<sup>1</sup> In the stroke belt states, the nonwhite category consists predominantly of blacks.  
SOURCE: National Center for Health Statistics.

cific mortality rates in 10 of the 11 States were greater than the national average for that race-sex group.

This year, the National Heart, Lung, and Blood Institute (NHLBI) is focusing its National High Blood Pressure Educational Campaign on the stroke belt.

In each of the participating States, NHLBI, the State health department, and radio and tele-

vision stations will work together to increase awareness about stroke through special programs, public service announcements, increased coverage of the subject in news programs and talk shows, distribution of educational material, placement of public service advertising, and special events.

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