

Visible Woman Meets Visible Man

In some small way, equality of the sexes has been achieved on the Internet with the introduction of a three-dimensional, computer-generated "cadaver" officially known as the Visible Human Female.

The "Visible Woman"—compiled from the body of a 59-year-old Maryland woman who willed her body to science—was created with digitized data using state-of-the-art radiographic and photographic techniques. She joins a "Visible Man" created with similar techniques in late 1994. While the identity of the woman has not been released, the Visible Man was a 39-year-old convicted murderer who was executed by lethal injection in Texas. The pair are the first two entries in the Visible Human Project of the National Library of Medicine (NLM), which was first planned in 1988 and financed with \$1.4 billion in Federal funds. (Future projects are yet to be determined).

With a resolution three times sharper than that of the male, the Visible Woman will provide researchers and teachers with detailed information that will "revolutionize the future study of anatomy in this country," according to an NLM spokesperson. Currently, the U.S. Army is using data from the Visible Man to simulate damage caused by shrapnel, engineers are using the digital cadaver to simulate what happens in car crashes, and New York scientists have created an "interactive fly-through" of the colon.

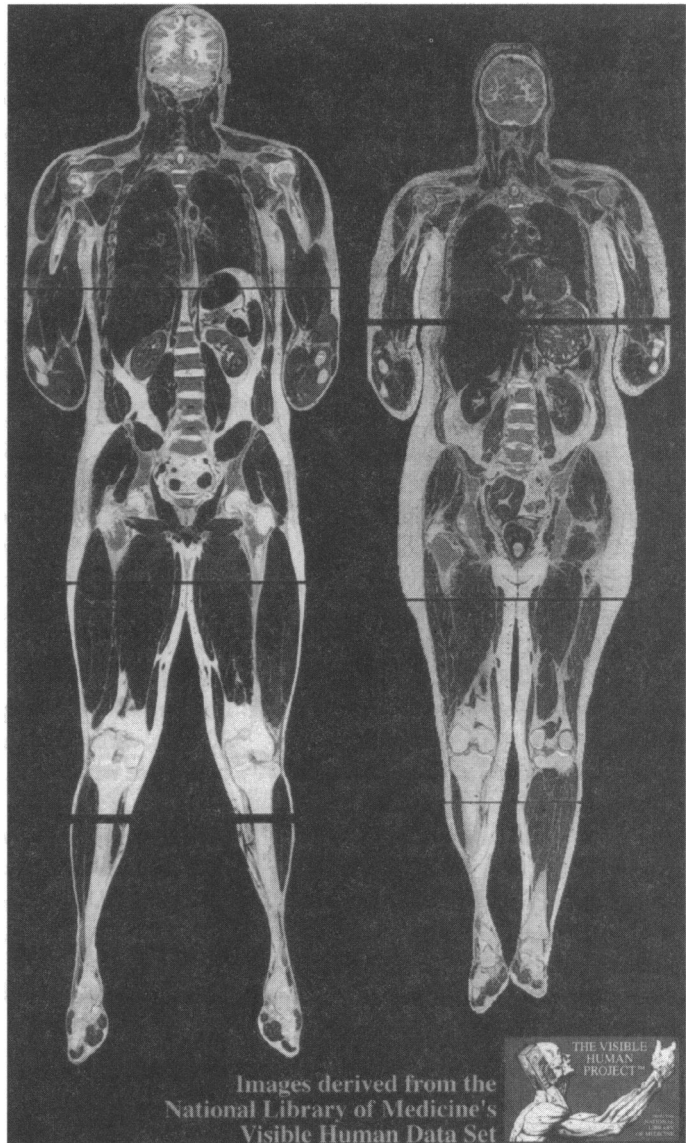
The anatomical information can be downloaded from the Internet, according to the NLM, but the amount of data is so extensive that NLM has estimated that it would take more than three weeks of uninterrupted computer processing to retrieve the nearly 45 gigabytes of information. In practical terms, users access only portions of the material. Those who

want the entire database can receive the information on magnetic tape from the NLM.

A license agreement must be obtained in order to use data from the Visible Human Project. The license is provided free of charge, but NLM asks to be kept informed of how the information is being used. The project is managed and funded by the NLM with imaging and data assembly carried out by researchers at the University of Colorado Health Sciences Center in Denver.

On October 7 and 8, 1996, the NLM will sponsor a conference on the NIH campus in Rockville, Maryland, at which more than 40 of the first corporations and organizations licensed to access the Visible Humans will demonstrate their projects and discuss possible future uses of the new technology.

Scaled-down images from the project can be found on the Internet at <gopher.nlm.nih.gov> or at <http://www.nlm.nih.gov>. For conference and licensing information, contact Dr. Michael J. Ackerman, Director of High Performance Com-



puting and Communications Office, NLM, 8600 Rockville Pike, Bldg. 38A, Room B1N30D, Bethesda MD 20894; tel. 301-402-4100; e-mail <ackerman@hpcc.gov>.

Illicit Drug Use Down; Varies by Job

Construction and food service workers report the highest rates of illicit drug use, while police officers, teachers, and child care workers report the lowest, according to a recent study by the Substance Abuse and Mental

Health Services Administration (SAMHSA).

In this first-time report, *Drug Use Among U.S. Workers: Prevalence and Trends by Occupation and Industry*, researchers note that the rates of illicit drug use overall declined by more than half between the mid-1980s and 1993, and that reports of illicit drug and heavy alcohol use vary widely by industry and occupation.

Based on a new, detailed analysis of data from the SAMHSA National Household Survey on Drug Abuse, the study found that among full-time employees, the rate of reported illicit drug use decreased from 16.7% in 1985 to 7% in 1992 and remained steady through 1993.

Construction workers reported the highest rates of illicit drug use at 17.3%, followed by food preparation workers at 16.3% and waiters and waitresses at 15.4%. Police officers reported the lowest rates at 1%; slightly higher use was reported by teachers (2.3%) and child care workers (2.6%).

Reports of heavy alcohol use were highest among construction workers (20.6%), laborers (19.5%), auto mechanics, food preparation workers (16.3%), and light truck drivers (15.1%). The lowest rates of heavy alcohol use were reported by data clerks (0.8%), personnel specialists (1.1%), and secretaries (1.4%).

Among men, the highest rates of illicit drug use were reported by workers in the construction, food preparation and service, entertainment, and cleaning fields. Among women, the highest rates of illicit drug use were reported by food preparation workers, lawyers and legal assistants, and social workers. In each of the latter three occupations, men and women reported similar levels of illicit drug use.

In general, unmarried workers reported illicit drug and heavy alcohol use at about twice the rate of married workers. For men working in food

preparation, transportation, construction and with non-electrical machinery, the discrepancy between married and unmarried workers was especially notable. For example, 10.6% of married construction workers reported current drug use compared with 18.5% of unmarried construction workers. Additionally, workers who change jobs frequently appear more likely to use drugs than workers who do not make frequent job changes, according to the report. Current and past-year illicit drug use rates among workers who reported having three or more jobs in the previous five years were about twice as high as the rate for those who had two or fewer jobs.

The Household Survey, conducted periodically by the Federal government since 1971 and directed by SAMHSA's Office of Applied Studies since 1992, uses the U.S. Department of Labor occupation and industry categories. The survey defines heavy alcohol use as drinking five or more drinks on five or more occasions during the previous 30 days, while "current drug use" refers to any use within the past month.

Copies of the report may be obtained from the National Clearinghouse for Alcohol and Drug Information, P.O. Box

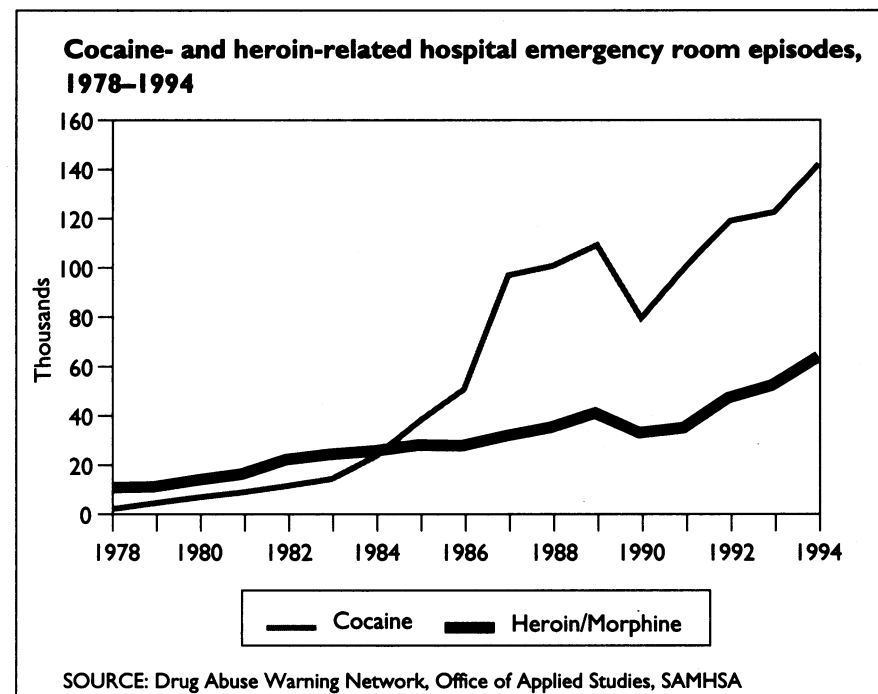
2345, Rockville MD 20847-2345; tel. 800-729-6686; TDD 800-487-4889.

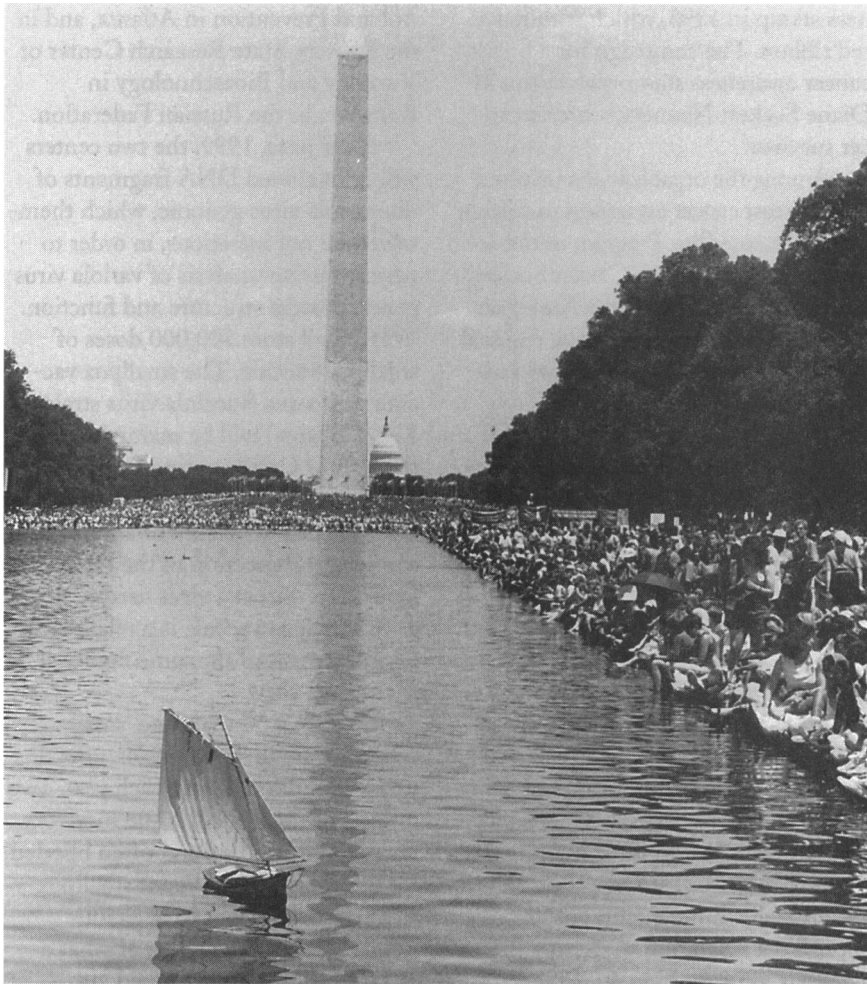
Drug-Related ER Visits Increase

The use of illicit drugs continues to place a burden on hospital emergency departments, with cocaine-related episodes apparently the primary cause for the increase in total drug-related emergency department visits since the mid-1980s, according to a recent survey by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Data from SAMHSA's annual Drug Abuse Warning Network (DAWN) survey show that cocaine-related hospital emergency episodes increased by 15% in 1994 after an apparent leveling off in 1993.

Overall, drug-related episodes in hospital emergency departments increased by 10% in 1994. This increase fits into a consistent pattern of annual increases of 6% to 10% since 1991. However, there was a 17% increase in such episodes in the 12-17 age group. Suicide attempts or gestures accounted for 38% of all drug-related episodes in 1994.





At the Stand for Children rally, a demonstration at the Lincoln Memorial sponsored by the Children's Defense Fund on June 13, 1996 and attended by an estimated 200,000 people, Marian Wright Edelman, the Fund's founder, said: "Our cup of fairness is exhausted by those who say...that we are too poor for each American to invest another penny a day to ensure every American mother prenatal care and another nickel a day to provide health care to our 10 million uninsured children."

Other findings include:

- Methamphetamine-related emergency department visits increased by 75% from 1993 to 1994. Although most activity occurred in the West, methamphetamine abuse appeared to be increasing in the South and Midwest as well. From 1991 to 1994, methamphetamine visits rose 256%, from 4900 to 17,400, following a decrease from 1988 to 1991.
- Between 1993 and 1994, marijuana/hashish emergency department episodes increased by 39%.
- There was no change in the number of heroin-related emer-

gency department visits from 1993 to 1994 after a steady increase from 1990 to 1993.

In 1994, approximately 500 hospitals provided information on drug-related emergency department visits as part of the DAWN reporting system. The DAWN report is the primary source of statistical information on the use of emergency departments in the United States for the treatment of drug-related health problems. Drug users often use emergency departments for primary care of chronic medical conditions including AIDS, active hepatitis, abscesses, anxiety, and depression.

The report and related tables are available on SAMHSA's FTP server at <ftp.samhsa.gov>, on the World Wide Web using a browser at <ftp://ftp.samhsa.gov>, or through the SAMHSA home page at www.samhsa.gov/oasftp.htm. The report is in the </pub/dawn> directory. Reports may also be obtained from the National Clearinghouse on Alcohol and Drug Information, P.O. Box 2345, Rockville MD 20847-2345; tel. 800-729-6686; TDD 800-487-4889.

AARP Profiles Community Programs for Independent Living

Many older residents would like to remain in their homes and communities but dwindling physical and financial capabilities, inadequate transportation, the loss of family and friends, and fear of crime can make independent living difficult.

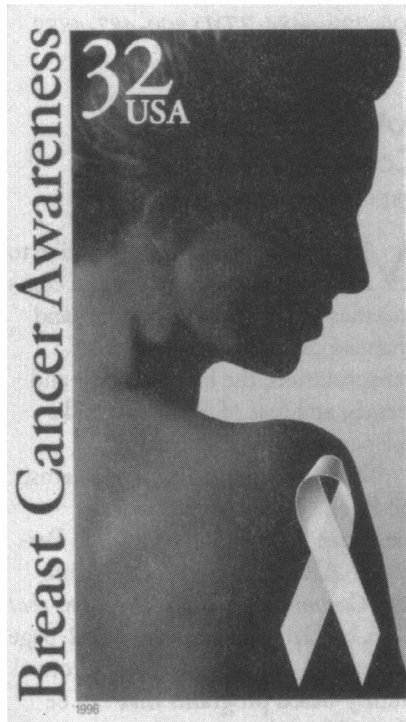
To help surmount such problems, the Public Policy Institute of the American Association of Retired Persons (AARP) has published *Making Your Community Livable: Programs that Work*, by Deborah Leach. The 32-page publication describes successful community-based programs that can be adapted by volunteers, advocates, and policy makers to meet the needs in their communities.

The publication profiles three types of programs: crime prevention, home repair and modification, and transportation. The programs were identified through a national survey conducted by the Institute and funded by AARP's Connections for Independent Living program. These programs emphasize coalition building, resident involvement, and volunteerism. Each program description includes the name and telephone number of key staff people who have agreed to share their knowledge with others seeking to develop similar programs.

Copies of the AARP report may be obtained from Joan Gonda, Consumer Team, PPI, AARP, 601 E St. NW, Washington DC 20049.

New Stamp Opens Breast Cancer Campaign

With the release of a new 32-cent "Breast Cancer Awareness" stamp in June, the U.S. Postal Service and numerous public and private



agencies embarked on a four-month campaign aimed at educating the public about the value of early detection and treatment of breast cancer.

On Saturday, June 15, the date of the stamp's release, Postmaster General Marvin Runyon and Vice President Albert Gore joined runners in 65 American cities in the five-kilometer 1996 "Race for the Cure."

During the following week, post offices across the nation sponsored ceremonies, forums, and mammographic screenings, and through October, informational brochures and screenings will be offered at numerous post offices and other community locations. The 32-cent stamp, which shows a stylized female form with a pink ribbon on her right shoulder, was designed by Tom Mann of Virginia, who also illustrated the AIDS aware-

ness stamp in 1993, which featured a red ribbon. The campaign for a breast cancer awareness stamp was begun by Diane Sackett Nannery, a breast cancer survivor.

Among the organizations involved in the breast cancer awareness campaign are the Encore Plus Program of the YWCA, the American Cancer Society, LIFETIME Television, the American Association of Retired Persons, regional and state government offices, and various breast cancer groups.

In the last six decades, the Postal Service has issued more than 50 stamps to raise public awareness about such health and social issues as alcoholism, drug abuse, and environmental protection and conservation.

WHO Sets Date to Destroy Smallpox Stocks

Coming a step closer to doing away with remaining vestiges of smallpox, the 49th World Health Assembly of the World Health Organization (WHO) this June unanimously approved a resolution to destroy the smallpox virus on June 30, 1999.

The resolution, approved by delegates from 190 nations, recommended that the remaining stocks of smallpox (variola) virus, including all whitepox viruses, viral genomic DNA, clinical specimens and other material containing infectious variola virus be destroyed.

The decision resolves a decade-long debate on the fate of the variola virus. Among questions raised had been whether the virus should be kept alive for possible use in the study or treatment of other, as yet unknown, diseases or whether, since its genome sequence has been identified, the virus should be destroyed to avoid accidents or misuse.

Since the global eradication of smallpox was declared at the 33rd World Health Assembly in 1980, stocks of variola virus have been gradually reduced and are now kept in the WHO Collaborating Center on Smallpox and other Poxvirus Infections at the Centers for Disease Con-

trol and Prevention in Atlanta, and in the Russian State Research Center of Virology and Biotechnology in Koltsovo, in the Russian Federation.

After June, 1999, the two centers will keep cloned DNA fragments of the variola virus genome, which themselves are not infectious, in order to permit further analysis of variola virus genes, protein structure and function. WHO will store 500,000 doses of smallpox vaccine. The smallpox vaccine seed virus (vaccinia virus strain Lister Elstree) will be maintained in the WHO Collaborating Center on Smallpox Vaccine at the National Institute of Public Health and Environmental Protection in the Netherlands. The vaccinia virus used to produce smallpox vaccine is a relatively harmless virus of the same family as the variola virus.

Less than 30 years ago, smallpox was endemic in 31 countries, affecting up to 15 million people each year. Two million of those died, while survivors remained disfigured and often blinded for life. The eradication of smallpox—the first disease ever to be eradicated—came as the result of what a WHO spokesperson termed "an unprecedented international effort" at a cost of approximately \$313 million over a period of ten years. The investment has been recovered many times over in savings on vaccine and medical care and the suspension of international surveillance activities, according to the WHO.

National Hotline Fields Domestic Violence Calls

In its first three months of existence, a new toll-free 24-hour national domestic violence hotline recorded more than 20,000 calls—the majority of them from victims.

The hotline, which is answered in English and Spanish, provides immediate crisis intervention, counseling, and referrals to emergency services and shelters nationwide. Between February 21 and May 14, 1996, the hotline answered 20,852 calls. Each call

averaged 6 minutes and 34 seconds, and the hotline averaged 249 calls per day.

The highest number of calls in one day (1394) followed the broadcast of *Unforgivable*, a movie about domestic violence shown on CBS television. Sixty per cent of the calls were from those who identified themselves as victims, 17% were from family or friends of victims, 10% were from self-identified batterers, 5% were from service providers or advocates, and 2% were from prank callers or people who had dialed wrong numbers. Eighty-seven percent of callers were female. The peak time for calls was between 4 and 5 p.m. Central Standard Time, and the states from which calls most frequently originated were California, Texas, and New York.

Operated by the Texas Council on Family Violence in Austin, the hotline was funded initially with a \$1-million grant from the Department of Health and Human Services, with additional partial funding to be continued through 1999. The Council on Family Violence will also seek a mix of private and public matching funds for the hotline, which has an operating budget of \$1.2 million per year.

The hotline can be reached at 800-799-SAFE or TDD 800-787-3224.

Pill Found Effective for Emergency "Morning After" Use

Certain oral contraceptives approved for daily use are safe and effective as emergency contraceptive pills, an advisory committee to the Food and Drug Administration (FDA) has concluded.

The Reproductive Health Drugs Advisory Committee reported in June that although emergency contraception is not as effective as proper use of a regular contraceptive method, high doses of birth control drugs containing ethinyl estradiol and norgestrel or levonorgestrel can substantially reduce a woman's odds of becoming pregnant if

she takes them after unprotected intercourse.

To be effective, the first dose (two or four pills, depending on the product) must be taken within 72 hours of unprotected intercourse; a second dose follows 12 hours later. Risks, contraindications and warnings are the same as for contraceptive drugs prescribed for daily use.

Oral contraceptives have been approved for emergency use in several European countries and in New Zealand, but no sponsor has yet submitted a new drug application for their use as an emergency contraceptive in this country. Hence, no oral contraceptives are labeled or promoted for emergency use, although individual physicians may prescribe them for this purpose as part of their medical practice.

In 1994, the Center for Reproductive Law and Policy petitioned the FDA to direct sponsors of certain oral contraceptives to include information about emergency use in the products' professional labeling and package inserts. FDA denied the petition, and instead held a public, advisory committee discussion of the scientific issues concerning the emergency use of these products.

In July, another FDA advisory panel recommended approval of the abortion-inducing drug RU-486, or mifepristone. A final decision on RU-486 was expected in September.

New Edition Updates Schools on AIDS Policies

Should students with AIDS be treated differently from students with other illnesses or disabilities? The answer to that question is "no," according to a newly revised edition of *Someone at School Has AIDS: A Complete Guide to Education Policies Concerning HIV Infection*, a publication of the National Association of State Boards of Education (NASBE). Originally published in 1989, the volume has been expanded and updated to cover the latest policies on school attendance, employment, privacy,

infection control, athletics, HIV prevention education, and staff development. The 100-page volume also discusses Federal infection control guidelines and such legislation as the Americans with Disabilities Act, the Family Education Rights and Privacy Act, and the Religious Freedom Restoration Act.

Someone at School Has AIDS may be ordered for \$15 plus \$4 shipping and handling from NASBE at 1012 Cameron St., Alexandria VA 22314; tel. 800-220-5183.

Governors Advise States on Managed Care

States should take a comprehensive and coordinated approach to managed care plans—by consolidating state agencies, increasing public access to information on plan performance, and improving consumer protection standards—according to a new report by the National Governors Association (NGA).

The report, *Public Oversight of Managed Care Entities: Issues for State Policymakers*, covers legal and policy issues involved in the relationships between managed care plans and enrollees, providers, and government purchasers and between patients and providers. Marketing abuses, appeals processes, the freedom to choose providers, antitrust laws, payment rates, medical malpractice, Medicaid and Medicare are addressed. The report also includes an extensive listing of relevant reports and court rulings.

The report urges states to share their experiences in assessing the effectiveness and the problems in managed care, and in determining what kinds of regulation, if any, are needed.

Copies of the report are available for \$33 plus \$6.95 for shipping and handling from NGA Publications, P.O. Box 421, Annapolis Junction MD 20710; tel. 301-498-3738.