medical findings about cocaine, the signs and symptoms of compulsive use, and what kind of treatment is available. Many young adults feel strong social pressures to use cocaine, and they express such strong defiance that it is difficult for those close to the users to intervene. We must encourage those people to intervene and to make a difference—the difference between the user's seeking help or continuing to use the drug until trouble or disaster strikes.

In the effort to prevent cocaine use, the Alcohol, Drug Abuse, and Mental Health Administration has been working with a new and emerging network of businesses and industrial organizations concerned with getting the cocaine prevention message to their employees. Many organizations have undertaken their own intervention programs. The employer is often the one in a position to reach the users before it is too late. We have learned that people involved with cocaine see their job as a major link—and sometimes the last link—to normal behavior. Therefore, the supervisor and coworker may be even more influential than the family in getting a person into treatment.

According to a recent article in Fortune magazine (*1*), on-the-job cocaine use has become a major problem throughout business, industry, and the professions. Experts told Fortune that cocaine is the drug that causes the most psychosocial disruption and corporate problems among the nation's 500 largest companies. Any business or industry must consider prevention and awareness programs as an integral part of the effort to control the problem of drugs in the workplace. Cocaine's overpowering reinforcing quality and a considerable body of misinformation about the drug make prevention a formidable task.

To assist efforts to make the public aware of cocaine's dangers, two new publications have been released by the National Institute on Drug Abuse. One is a booklet for young adults called "Cocaine Addiction: It Costs Too Much." It responds to most of the public's questions about the drug and presents research findings. Another booklet for people interested in prevention is entitled, "Prevention Networks: Cocaine." It includes a broad overview of the nature of the problem and suggestions for prevention strategies.

NIDA will soon launch a major media campaign that will carry many of these themes. The campaign will be directed toward young adults, aged 18 to 35. It will encourage and support young people and other potential users to resist pressures to use the drug. For this campaign to be a success on a national scale, all sectors of society must join with NIDA and bring attention to the dangers of cocaine.

To obtain NIDA's publications on cocaine, or any other drug of abuse, write the National Clearinghouse for Drug Abuse Information, P. O. Box 416, Kensington, MD 20795.

Donald Ian Macdonald, MD
Acting Assistant Secretary for Health

Reference

1. Flax, S.: Executive addict. Fortune 111: 24-31, June 24, 1985.

LETTERS TO THE EDITOR

Editorial Was Premature and Misleading

The editorial "The Heimlich Maneuver" in *Public Health Reports* (November-December) by C. Everett Koop, MD, ScD, Surgeon General, citing the conclusions of the July 11-13, 1985, conference to establish first-aid standards for the American Red Cross and the American Heart Association, was premature and misleading.

The conference did not conclude that the previously taught methods of back blows, chest thrusts, and abdominal thrusts are hazardous, even lethal. In fact, the term abdominal thrusts has been used synonymously in the choking literature for the Heimlich Maneuver since 1976.

The abdominal thrust, subdiaphragmatic thrust, Heimlich Maneuver, or whatever label it is finally called was recommended as the sole treatment for choking to fulfill a need for simplicity and uniformity in teaching, not as a substitute for potential hazards from the previously taught methods.

For the child under 1 year of age, the previous recommendations of back blows administered with the baby held upside down followed by chest thrusts if needed will continue to be recommended as an exception to the Heimlich Maneuver.

Because pronouncements by the Surgeon General carry great persuasion and are widely cited as authorita-

tive, it is imperative that the data conveyed be exact.

Joseph Greensher, MD
Chairman
Committee on Accident
and Poison Prevention
American Academy of Pediatrics

William H. Montgomery, MD
Chairman, the 1985 National
Conference on Standards and
Guidelines for Cardiopulmonary
Resuscitation and Emergency
Cardiac Care

Heimlich Maneuver or Chest Thrust or ?

As an American Heart Association (AHA) instructor in basic life support to dental auxiliary students and the public since 1981, I read Surgeon General Koop's editorial ["The Heimlich Maneuver"] in the November-December issue of *Public Health Reports* with a great deal of interest.

Dr. Heimlich's long-standing objection to use of back blows for treatment of the obstructed airway is well known. One result of this difference of opinion is avoidance by AHA of the term "Heimlich Maneuver" in its publications. Instead, AHA uses "abdominal thrust."

By citing from the July 11-13 conference on first-aid standards that "abdominal thrusts" are ". . .hazardous, even lethal," Dr. Koop creates confusion among AHA-trained instructors who consider the abdominal thrust synonymous with the Heimlich maneuver. Terminology becomes quite important here; we equate the terms; now a distinction is being made and clarification is necessary.

Another question arises with chest thrusts that are now "hazardous." The AHA Student Manual (*1*) states ". . .because it is impossible to perform safe or effective abdominal thrusts on these victims (pregnant or obese), chest thrusts should be performed." What is recommended treatment for airway obstruction in the pregnant or obese if neither the abdominal thrust (Heimlich Maneuver) nor the chest thrust is advised?

Shant Markarian, DDS
Director and Associate Professor
Dental Auxiliary Education
Indiana University at South Bend

Reference

1. Student manual for life support. American Heart Association, 1981, p. 52.

Dr. Koop Responds

The success of a maneuver to dislodge a foreign body from the airway depends on a reservoir of air being forcibly expelled through the airway. The Heimlich Maneuver defines a specific action. "Chest thrusts" and "abdominal thrusts" do not always convey the same specificity. Confusion can be avoided by teaching the mechanism involved.

As with any unusual situation (pregnancy, obesity), necessity is the author of invention, and an understanding of the mechanism rather than semantics should lead to alternate and hopefully successful actions.

In children there is no doubt that the American Academy of Pediatrics' position is correct. The accidental exclusion of the exception from the editorial was corrected in a press release.

C. Everett Koop, MD, ScD
Surgeon General

What Is the PHS Goal for Sodium Levels?

In an effort to reduce the risk factor for hypertension, the U.S. Government has suggested that the average daily sodium ingestion (as measured by excretion) should be reduced at least to the 3-6-gram range (130-260 mmol), as reported in the September-October 1983 *Public Health Reports* supplement (*1*).

I am informed that the real intention was to set the 1990 goal at 3-6 grams of *salt* (50-100 mmol) (personal communications, J. M. McGinnis, 1985; R. Levy, 1985). I feel it would be valuable both within and outside the United States if the correct figure could be published in *Public Health Reports*. It may be worth mentioning that the Australian Recommended Dietary Intake (RDI) for sodium is 40-100 mmol per day (*2*).

Dr. Trevor C. Beard
Chief Investigator
Canberra Blood Pressure Trial
P. O. Box 11
Woden, A.C.T. 2606 Australia

References

1. Public Health Service implementation plans for attaining the objectives for the nation. Public Health Rep (Suppl.) 98: 6-16, September-October 1983.
2. National Health and Medical Research Council: Report of the 93rd session: supplementary table of recommended dietary intakes. Australian Government Printing Service, Canberra, 1983.

Clarification of Sodium Figure Quoted in 1990 Objectives for the Nation

Dr. Beard is correct in noting that the "daily sodium ingestion" of 3-6 grams referred to in objective "b" of the High Blood Pressure Objectives and in objective "g" of the Nutrition Objectives is erroneously stated (Promoting Health/Preventing Disease: Objectives for the Nation, pages 7 and 75, respectively).

It should read "salt," not "sodium." Three to six grams of salt corresponds roughly to 1.2-2.4 grams sodium. Likewise, the baseline data cited should read 4-10 grams salt (or 1.6-4 grams sodium).