

assessed at baseline and after 4 weeks of drug treatment. Calorie and carbohydrate intakes differed significantly between drug- and placebo-treated subjects during the smoking withdrawal period ($p < 0.001$). By 48 hours after discontinuing smoking, placebo-treated subjects consumed approximately 300 calories more per day than during the baseline measurement period. This increase, largely from increased consumption of carbohydrate-rich meals and snack foods, was sustained throughout the 4-week follow-up period. d-Fenfluramine-treated subjects also significantly increased consumption of carbohydrate-rich snack foods 48 hours after smoking withdrawal. However, their calorie and nutrient intakes returned to baseline levels after 4 weeks of treatment. The weight of the subjects at 4 weeks reflected their differences in caloric intake: the placebo group *gained*, on average, 3.5 lb (s.d. = 3.2); the d-fenfluramine group *lost*, on average 1.8 lb (s.d. = 5.0) ($p < 0.001$). Findings suggest that 1) increased calorie and carbohydrate intakes after discontinuing smoking contribute meaningfully to weight gain, and 2) drugs that enhance serotonin-mediated neurotransmission may help to prevent overeating and weight gain usually associated with smoking withdrawal.

WEIGHT CONTROL AND MAINTAINING NONSMOKING: TWO INCOMPATIBLE HEALTH GOALS. Joanne Duffy, Chrystal Tunstall, Kathy Vila, Carol Duncan and Sharon Hall. San Francisco Veterans Administration Medical Center, San Francisco, CA.

Weight gain after smoking cessation is common. Fear of gaining weight may be a barrier to quitting smoking. We hypothesized that incorporating weight gain prevention strategies into smoking cessation treatment would both prevent weight gain and promote abstinence. To test this hypothesis we developed an innovative intervention based on weight monitoring, individualized diet and exercise plans and behavioral skills and tested it in a controlled trial. We randomized 158 smokers into three treatment groups: innovative intervention, a nonspecific control similar in contact and credibility, and a standard control. All subjects participated in a smoking cessation treatment using aversive smoking techniques and relapse prevention skills in seven sessions over two weeks. The innovative and nonspecific control groups met for five additional sessions over four weeks to receive the weight gain prevention intervention. Smoking status and body weight were recorded before treatment and at weeks 2, 6, 12, 26, and 52 after treatment. A subsample of subjects completed diet and activity records. Abstinence was determined by breath carbon monoxide levels and by urinary and blood cotinine levels. Preliminary analysis indicated that weight changes varied as expected by condition. At the end of the weight gain prevention intervention (week 6), covariate-corrected mean weight changes were: innovative condition, -0.05 lb; nonspecific treatment, $+1.23$ lb; and standard treatment, $+1.50$ lb. Preliminary results indicated surprising abstinence rate differences. The weight gain intervention conditions did not differ and showed poorer abstinence rates overall than the standard treatment condition. At week 52, abstinence rates were: active conditions 21%, and standard treatment conditions 35% (LR χ^2 (N = 158) = 7.29, $p < 0.006$). These results suggest that incorporating weight gain prevention strategies into smoking cessation programs may be counter-productive to the desired outcome of maintaining nonsmoking. Analyses of changes in nutrition and activity levels are being completed. Data from these analyses will be presented. We will discuss the implications for smoking cessation treatment and for understanding cessation-induced weight gain.

SYMPOSIUM

Substance Abuse and the Media: Individual and Community Perspectives

Chair: James L. Sorensen, University of California, San Francisco, CA

Discussant: Susan Lachter David, National Institute on Drug Abuse, Baltimore, MD

THE PRESENTATION OF AIDS AND INTRAVENOUS DRUG USE IN THE MEDIA. Don C. Des Jarlais. Beth Israel Medical Center, New York, NY.

The AIDS epidemic has been one of the most covered health/science stories in the last decade. Intravenous (IV) drug users are the second largest group of persons to have developed AIDS in the United States and are the predominant source of both heterosexual and perinatal transmission of AIDS in the United States. Because IV drug users have a relatively low level of group organization, reducing the spread of HIV among drug injectors will require prevention programming funded by outside sources, with public funding providing the greatest share. Because relatively few persons in the country personally know someone who injects illicit drugs, support for publicly funded AIDS prevention efforts will be largely determined by ways in which this complex problem is presented in the media. This presentation will review the first eight years of mass media stories on AIDS among IV drug users. It is based on a file of over 1000 relevant media stories, and informal discussions with reporters, editors, press relations officers, and other "experts" in the field. Several themes have repeatedly emerged in media coverage of AIDS among IV drug users: 1) A relative lack of presentation of IV drug users with AIDS. 2) An overrepresentation of AIDS in children of IV drug users. 3) Large fluctuations in the estimated threat of heterosexual transmission from IV drug users. 4) Difficulties in presenting the relationships of ethnic group membership to IV drug use and AIDS. 5) A polarizing focus on "free needles" as an AIDS prevention program. These themes can be seen as the expressions of the need for "newsworthy" stories and the need to fit new stories into previous coverage of both AIDS and illicit drug use. AIDS among IV drug users is one of the better examples of where the role of the media will be critical in controlling a potential public health catastrophe. Additional study, with formalized methodology and research funding, is greatly needed.

COMMUNICATION OF HEROIN OVERDOSE INFORMATION. James L. Sorensen and Julie London. University of California, San Francisco, CA; Donald Tusel. Veteran's Administration Medical Center, San Francisco, CA; Rachel Wolfe. University of California, San Francisco, CA; Allyson Washburn. Bayview-Hunter's Point Foundation; Jennifer R. Schell and Roland Dumontet. University of California, San Francisco, CA.

An unusually potent mixture of black tar heroin triggered at least 50 overdoses and 3 deaths in San Francisco one weekend in Fall 1989. To understand how patients learned of the danger, and to inform those who had not heard, we interviewed 120 heroin abusers in three outpatient drug programs during the next two weeks. The subjects were in outpatient heroin detoxification (n = 65) and methadone maintenance (n = 55), approached consecutively as they came to the clinics for treatment. Seventy-eight percent were men, 43% were ethnic minorities, 82% were unemployed, and their mean age was 39 years. They had been in treatment an average of four times. Of the 120 subjects, only 4% had not yet heard of the overdoses at the time of the interview. Of the 115 who had learned of the problem, 34% learned of it *first*