

This issue marks the beginning of the second volume of *American Indian and Alaska Native Mental Health Research* and continues our effort to highlight many of the pressing concerns of the time. The first article, "Medical and Psychological Effects of the Threat of Compulsory Relocation for an American Indian Tribe," by O'Sullivan and Handal, provides empirical evidence for the trauma of a community's anticipation of forced relocation due to a dam. Employing a well-known screening scale and local human service data, the authors demonstrate that Fort McDowell residents experienced high rates of psychological distress and medical care utilization as a consequence of this impending move. These rates proved to be significantly greater than those of a culturally similar Indian community which was not subject to like relocation pressures. The proposed construction of this dam ranked among the most stressful and upsetting events in the lives of these community members and threatened to deliver a critical blow to the tribe's collective consciousness. Of course, relocation, particularly of an involuntary nature, is a current theme in a number of Indian and Native communities. Consider the Navajo-Hopi land dispute, the relocation of several Pueblo villages to permit mineral exploitation, and the abandonment of a Plateau housing development due to the hazardous waste contamination of ground water supply.

The second article, "The Primary Cost of Drug Abuse: What Indian Youth Pay for Drugs," by Loretto, Beauvais, and Oetting, underscores the out-of-pocket expense of drug use/abuse by this special population. Drawing from their extensive longitudinal studies of drug use, the authors selected one reservation that they deemed representative of other rural Indian communities. One thousand and ninety-four local youth were surveyed in 1984 to ascertain just how much they spend on alcohol and other drugs over a year. Step by step, Loretto and colleagues indicate the nature of their assumptions and subsequently conservative calculations in arriving at these cost estimates. The results are staggering, totaling almost \$8.3 million annually. The most money is spent on marijuana (\$4,497,629), next on alcohol (\$2,865,139), then on other drugs (\$507,227), and the least on cocaine (\$428,400). As the authors point out, the "costs" of these drugs would be far greater if one incorporated the full range of consequences: property damage, loss of productivity, and impaired physical and mental health.

In one sense, the third article in this issue, "Mental Health and Alcohol Abuse Indicators in the Albuquerque Area of Indian Health Service: An Exploratory Chart Review," by May, follows naturally from this last observation by the previous contribution. Specifically, May's analyses of a randomly selected, albeit small sample of medical charts from several IHS service units suggest that 21% of all individuals using these facilities over a ten-year period come at least once for an

alcohol or mental health problem. These problems, in turn, account for 1.8 visits to the medical services and 3.9 visits to the mental health staff. This article, however, is instructive in several other ways as well. For example, the author has shown the utility of tracking an individual case over time within and across different service data systems. IHS' automated information systems historically have been visit-oriented rather than patient-centered, which precludes the types of analyses conducted by May. These systems also tend to be program specific and are seldom linked, thereby frustrating attempts to identify multiple service users. Consequently, we are offered a thoughtful approach to examining service records which may be useful not only for epidemiological purposes, but cost-benefit studies of treatment and prevention as well.

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