

D A N G E R:
Your Child & Alcohol

Nyack Middle School
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SELECTED HEALTH CONSEQUENCES OF TEEN ALCOHOL, TOBACCO, AND MARIJUANA USE

Teens who smoke are 11.4 times more likely to use illegal drugs and 16 times more likely to drink heavily than youth who do not smoke. (SAMHSA)

Teens who smoke are 19 times more likely to use cocaine than nonsmokers. (CASA)

The leading injury-related causes of death among youth under 20 are motor vehicle crashes, homicides, suicides, and drowning. (SAMHSA)

40% of drivers 16-20 who were killed in crashes were intoxicated. (SAMHSA)

50% of males who drown or died in driving accidents were drinking. (SAMHSA)

18% of drivers 16-20 years old drive under the influence of alcohol. (SAMHSA)

Teens who use alcohol and other drugs are more likely to become sexually active at an earlier age, have sex more often, and engage in unprotected sex. (SAMHSA)

The majority of both victims and perpetrators of sexual assault are under the influence of alcohol at the time of the incident. (SAMHSA)

Teens who drink are 50 times more likely to use cocaine than non-drinkers. (CASA)

Teens who use marijuana are 85 times more likely to use cocaine than non-marijuana users. (CASA)

The biggest predictor of binge drinking at college is heavy drinking in high school. (Wexler)

Teens whose parents allow them to drink in certain situations are: (Johnson Inst.)

- 3 times more likely to be casualties of drinking and driving
- 2 ½ times more likely to use illicit drugs.
- 3 times more likely to report consequences directly related to use (problems with friends, school, etc.)

Heavy alcohol use on weekends affects memory, learning, and the development of social skills. (NIAAA)

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SAS is a contract agency of the Westchester County Dept. of
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Brain damage risks

AMA report on alcohol's adverse effects on the brains of children, adolescents and college students

What is the summary report?

[*Harmful Consequences of Alcohol Use on the Brains of Children, Adolescents, and College Students*](#) (PDF 69KB) is a compilation and summary of two decades of comprehensive research on how alcohol affects the brains of youth. The report's aggregation of extensive scientific and medical information reveals just how harmful drinking is to the developing brain and serves as a wakeup call to parents, physicians, elected officials, law enforcement, purveyors of alcohol – including the alcohol industry – and young drinkers themselves.

Why is this report important?

The average age of a child's first drink is now 12, and nearly 20 percent of 12 to 20 year-olds are considered binge drinkers. While many believe that underage drinking is an inevitable "rite of passage" that adolescents can easily recover from because their bodies are more resilient, the opposite is true.

The adolescent brain

The brain goes through dynamic change during adolescence, and alcohol can seriously damage long- and short-term growth processes. Frontal lobe development and the refinement of pathways and connections continue until age 16, and a high rate of energy is used as the brain matures until age 20. Damage from alcohol at this time can be long-term and irreversible. In addition, short-term or moderate drinking impairs learning and memory far more in youth than adults. Adolescents need only drink half as much to suffer the same negative effects.

Drinkers vs. non-drinkers: research findings

- Adolescent drinkers scored worse than non-users on vocabulary, general information, memory, memory retrieval and at least three other tests
- Verbal and nonverbal information recall was most heavily affected, with a 10 percent performance decrease in alcohol users
- Significant neuropsychological deficits exist in early to middle adolescents (ages 15 and 16) with histories of extensive alcohol use
- Adolescent drinkers perform worse in school, are more likely to fall behind and have an increased risk of social problems, depression, suicidal thoughts and violence
- Alcohol affects the sleep cycle, resulting in impaired learning and memory as well as disrupted release of hormones necessary for growth and maturation
- Alcohol use increases risk of stroke among young drinkers

Adverse effects of alcohol on the brain: research findings

Youth who drink can have a significant reduction in learning and memory, and teen alcohol users are most susceptible to damaging two key brain areas that are undergoing dramatic changes in adolescence:

- **The hippocampus** handles many types of memory and learning and suffers from the worst alcohol-related brain damage in teens. Those who had been drinking more and for longer had significantly smaller hippocampi (10 percent).
- **The prefrontal area** (behind the forehead) undergoes the most change during adolescence. Researchers found that adolescent drinking could cause severe changes in this area and others, which play an important role in forming adult personality and behavior and is often called the CEO of the brain.

Lasting implications

Compared to students who drink moderately or not at all, frequent drinkers may never be able to catch up in adulthood, since alcohol inhibits systems crucial for storing new information as long-term memories and makes it difficult to immediately remember what was just learned.

Additionally, those who binge once a week or increase their drinking from age 18 to 24 may have problems attaining the goals of young adulthood—marriage, educational attainment, employment, and financial independence. And rather than "outgrowing"

alcohol use, young abusers are significantly more likely to have drinking problems as adults.

What can be done to stop this epidemic?

The AMA advocates numerous ways to combat this growing epidemic, including:

- Reducing access to alcohol for children and youth
- Reducing sales and provision of alcohol to children and youth
- Increasing enforcement of underage drinking laws
- Providing more education about the harmful effects of alcohol abuse
- Reducing the demand for alcohol and the normalization of alcohol use by children and youth

A major source of the normalization of alcohol use by children and youth is alcohol advertising. Television networks and cable stations have profited tremendously from the alcohol industry's aggressive marketing to underage drinkers. These ads are proven to heavily influence the normalization and glamorization of drinking in the minds of children, and television has continued to endanger the health of these young viewers in spite of such findings.

With these new findings of the adverse effects of alcohol on the brain of children and adolescents, the AMA calls on cable TV and the TV networks to pledge not to run alcohol ads targeted at underage youth. This means no alcohol ads before 10 p.m., none on shows with 15 percent or more underage viewers and no commercials with cartoons, mascots or other youth-focused images.

What can I do?

Please visit our Web site, www.alcoholpolicymd.com, to learn 10 things you can do to combat underage drinking as well as to send an e-mail or a fax to the TV networks and cable TV about your concerns about advertising alcohol to youth.

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<http://www.ama-assn.org/ama/pub/category/print/9416.html>

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MYTHS AND REALITY ABOUT TEENS AND ALCOHOL

Myth: Teens raised in Europe drink responsibly.

Reality: European youth drink and get drunk more than youth in the United States.

There is a perception in the United States that young people from Europe have less trouble with alcohol because their cultures teach them to drink responsibly from an early age. A recent report from the Prevention Research Center debunks that myth. Their study shows that European youth drink more often, drink more heavily, and get drunk more often than American teens. Dr. Joel Grubbe, director of PRC says “The claim that Europeans learn to drink moderately and safely in a family setting has been used by many in the United States to argue for lowering the drinking age, but our research shows that premise is a myth.” This comparison of European countries and the United States was funded by the Office of Juvenile Justice and Delinquency Prevention of the US Department of Justice. For the full report, go to their website at www.udetc.org.

Myth: Boys drink more than girls.

Reality: Young girls are drinking more than underage boys.

There is disturbing news about the increase in the amount of alcohol that female adolescents are consuming, according to the trends seen in the Monitoring The Future National Survey results on drug use. The report shows that eighth-grade girls were reporting drinking more alcohol than boys. A 2003 study by the Center for Disease Control and Prevention reported that 20.9% ninth grade girls versus 18.8% boys reported that they engaged in binge drinking in the last thirty days. It is interesting to note that researchers led by David Jernigan of Georgetown University feel that one explanation for this increase is attributable to young girls being exposed to alcohol advertisements in the magazines that they read. In addition, according to research done by the National Institute on Alcohol Abuse and Alcoholism, young girls who have older boyfriends are more likely to use alcohol.

Myth: It's better for adolescents to drink than use drugs.

Reality: All substances are dangerous for young people to use.

First of all, alcohol is a drug. Alcohol can have immediate consequences; alcohol use is associated with all the leading causes of death for young people. Teen drinking can also have life long consequences. Research has shown that if a teen starts drinking before the age of fifteen, they are four times more likely to become dependent on alcohol than those who wait until age 21.

Myth: Everyone drinks!

Reality: Many teens are making the healthy choice to be alcohol-free.

The *Monitoring The Future* 2006 study reports the use of alcohol by teens has declined in the past several years. *Monitoring the Future* is an ongoing study of the behaviors, attitudes, and values of American students. Each year, a total of approximately 50,000 8th, 10th and 12th grade students are surveyed. Although this is good news, there is still great concern about the level of use of alcohol by teens. The teens that use alcohol are at risk for other behaviors associated with drinking. They include car crashes and other accidents, violence, date-rape, sexuality, sexually transmitted infections, and pregnancy.

Myth: If children come home drunk the best thing to do is put them to bed and let them sleep it off.

Reality: Alcohol poisoning kills teens.

Alcohol is a dangerous drug, especially when consumed quickly in large amounts. The signs of alcohol poisoning are: confusion, vomiting, seizures, slow or irregular breathing, blue tinged or pale skin, lack of consciousness. If teens exhibits any of these symptoms, do not let them go to sleep. Seek medical assistance immediately. If a doctor cannot be contacted take them to the nearest emergency room.

Myth: If parents are at home, you can be sure that the teens will be properly supervised and there will be no alcohol and drugs present.

Truth: There are no guarantees even if parents are home.

If your child is going to a party or gathering, it is recommended that the parents of the party-giver be contacted to make sure they will be on the premises and supervising the teens. It is also important to determine whether they are going to be serving or allowing alcohol or other drugs at the gathering. Parents should ask specific questions because hosts may say that they are going to be home but they are not planning to supervise the gathering and may look the other way when teens bring alcohol. In fact, parents may be in another part of the house or go to bed before the party is over. Even conscientious parents may not be aware that teens may bring alcohol into the house that they have hidden in the bushes.

Myth: Allowing teens to drink at home is a “safe” choice.

Truth: Allowing teens to drink at your home is risky for many reasons.

It is illegal for you to serve alcohol to any underage person other than your own child. There are several recent instances where parents have been prosecuted for serving teens in their home. In addition, young people who drink at home are more likely to drink in other situations as well. As a parent, what you permit, you promote.

Myth: Students whose parents do not allow them to drink in high school, “go crazy” when they get to college.

Truth: Generally speaking, college students continue the drinking patterns they began in high school

Many people believe that teens who receive parental “pressure” to abstain during high school will be more likely to drink excessively when they go to college. In fact, studies indicate that college students continue the drinking patterns they began in high school. Young people who made healthy choices as high school students are more likely to continue to make these healthy choices. Young people who engaged in high risk behaviors, including alcohol use, in high school, are more likely to continue drinking in college.

Myth: It is easy to tell if a young person has a problem with alcohol.

Truth: It may be difficult for parents to spot when drinking has become a problem.

Parents may not always know when drinking has become a problem for their teen. Changes in sleeping and eating patterns, hanging out with a new group of friends, falling grades, and isolating behavior can be signs that there’s a problem. If you have any questions, call your Student Assistance Counselor, Project SUCCESS Counselor, or another helping professional at school. Or, call 591-HELP for free confidential information.

I N S E R T

P I R E A R T I C L E (P D F F I L E)
2 P A G E S , 2 S I D E D

Fast Facts

About Current Drugs of Abuse

Alcohol - Alcohol remains the #1 drug of choice for young people and alcohol related tragedies are the #1 cause of death for teenagers in the country. Underage drinking is NOT a harmless “rite of passage”:

- Young people use methods such as “shotgunning” or chugging to consume large amounts of alcohol quickly. This puts them at greater risk for potentially fatal alcohol poisoning.
- Short term or moderate drinking impairs learning and memory far more in youth than adults. “Adolescent drinkers perform worse in school, are more likely to fall behind, and have an increased risk of social problems, depression suicidal thoughts and violence.” (AMA 2002)
- The earlier a young person begins drinking, the greater the likelihood they will become addicted to alcohol. Delaying first use of alcohol is good prevention.

Marijuana - While not a new drug, marijuana presents some new issues for today’s youth. These include the following facts:

- Today’s marijuana is significantly more powerful than the pot of the seventies.
- Age of first use has declined from late adolescence to early adolescence.
- Method of use has changed - instead of smoking marijuana cigarettes (joints), young people are now likely to be smoking marijuana cigars (blunts).
- Recent research indicates that marijuana use causes learning and memory deficits, and that it can be as addictive as other drugs.

Ecstasy (XTC) - This is a designer drug that is also known as MDMA. It was originally used as an aid in couple’s therapy since it produces feelings of love or intimacy. Ecstasy (also called, “e”, “x”, or “adam”) has both stimulant and hallucinogenic properties and therefore has all the same risks associated with these classifications of drugs. Its additional effect of feelings of intimacy may lead adolescents to engage in sexual relationships they might otherwise avoid. Ecstasy is associated with the teen rave scene.

Cocaine - Whether in powder or smokeable rock (crack) form, cocaine is a powerful and highly addictive stimulant. Cocaine is sold in a white powder form that can be snorted or injected. Crack is a rock form of cocaine that is smokeable. Currently, cocaine is available in a very pure form. Synthetic forms of cocaine such as crystal methamphetamine (crystal, meth, crank) are also available.

DXM – Dextromethorphan is a semi synthetic opiod (similar to morphine) that is found in more than 120 over-the-counter medicines. These relatively inexpensive and easily available cough suppressants (such as Robotussin or Coricidin) when taken in heavy doses can produce hallucinations, loss of motor control, elevated blood pressure and irregular heartbeat. Overdoses can cause seizures, comas and death. Young people may refer to the experience as "Robotripping" or "Dexing".

Inhalants - These include easily available household products such as spray paint, white out, and lighter fluid. Users inhale the fumes from these products from the container itself, by putting the product on a rag, or by spraying the product into a plastic bag. The short term intoxicating effects can result in falls, heart rate abnormalities (sudden sniffing death), and hallucinations/ delusions. In addition, some deaths are caused by suffocation caused by the use of a plastic bag.

Special K - This drug is actually ketamine, a small animal tranquilizer. In addition to its anesthetizing effects, it produces feelings of dissociation and reduced anxiety. Special K can be purchased on the street in a greenish powder form (often referred to as “bumps”). It is associated with the youth club scene.

Heroin - Like cocaine, there is currently a supply of very pure heroin available. Because of this purity, today’s heroin can be snorted or smoked as well as injected. Heroin is a very powerful central nervous system depressant that can very quickly cause a fatal overdose. Synthetic forms of cocaine (such as fentanyl) are also currently available.

Hallucinogens - There are various forms of hallucinogens available. In general hallucinogens have the effect of heightening and changing sensory input. Inanimate objects may appear to move or breath for instance, or someone may feel that they can see music or feel a color. LSD is often sold in blotter format - thin pieces of paper that have been saturated in

Over...

liquid LSD and can be absorbed through mucous membranes such as the mouth or eye. Psilocybin Mushrooms (shrooms) are similar in appearance to regular mushrooms and can be eaten or made into a tea.

PCP - Sometimes referred to as Angel Dust, PCP is a large animal tranquilizer that causes a feeling of “no pain, no presence, no problem”. Under the influence of PCP, a person may be unable to experience pain and therefore appear “stronger” than they otherwise would. PCP is sometimes be put on marijuana and smoked (a “dusted blunt”).

Steroids – Anabolic steroids are drugs derived from the male hormone testosterone. The name “anabolic steroids” means muscle-building hormones. While they have approved medical uses, they are illegal to possess, distribute or use for non-medical reasons. They also have many short and long term side effects including trembling, severe acne, stunted growth, wide mood swings, uncontrolled anger and aggressiveness, feelings of invincibility and paranoia. Young people who use steroids usually use them to build muscles, not to get high.

Ephedra –also called Ma huang, Ephedra is a naturally occurring substance derived from plants. Its principal active ingredient is ephedrine, which when chemically synthesized is regulated as a stimulant drug. Ephedra is associated with higher risks of mild to moderate side effects such as heart attack, stroke, heart palpitations, psychiatric and upper gastrointestinal effects, and tremor and insomnia, especially when it is taken with other stimulants. Because of these risks, the FDA has prohibited the sale of dietary supplements containing ephedra.

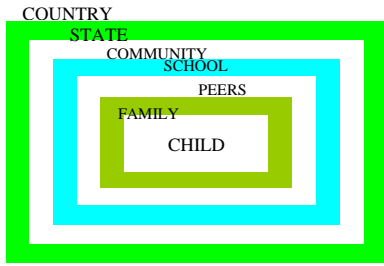
Prescription Painkillers (Vicodin, Oxycontin) - Concern about the abuse of prescription painkillers has risen dramatically in the U.S. Of particular concern is the abuse of pain medications containing opiates, marketed under such brand names as Vicodin, OxyContin, Percocet, Demerol, and Darvon. The incidence of emergency department visits related to prescription painkiller abuse more than doubled between 1994 and 2001. Death by overdose is a large risk with many of these drugs. The suppression of breathing can be immediately fatal. These pain killers may cause physical dependence and may lead to withdrawal side effects when you stop taking the medicine. Other side effects include, nausea, vomiting, constipation, and itching.

Prescription Stimulants (Ritalin, Adderol) – These drugs are prescribed to treat attention deficit disorder (ADD). Studies have shown that students with ADD who take these medications (as prescribed and monitored by a physician) are less likely to develop substance abuse problems than students with ADD who do not receive proper treatment. However, for other students without ADD, these stimulant drugs have similar dangerous side effects and consequences as other stimulant drugs.

Prescription Sedatives (Valium, Xanax) – These benzodiazepines are prescribed to provide relief from anxiety. They cause drowsiness and are therefore very dangerous in combination with driving. They also cause problems with learning and even amnesia. Tolerance develops quickly to these drugs; increasingly higher doses are needed to achieve the desired effect. There is a lengthy withdrawal period when use is discontinued. Overdose is a risk when these drugs are combined with other depressant drugs, including alcohol. Other side effects include lightheadedness, vertigo, poor muscle coordination, and nightmares.

Alcohol and Energy Drinks — Premixed alcoholic energy drinks are being sold at gas stations, supermarkets and convenience stores. “Sparks”, among the most popular alcoholic energy drinks, is marketed to a younger audience and in a strikingly similar can to that of a plain energy drink such as “Red Bull”, confusing store clerks and parents in their struggle to limit access to alcohol to underage drinkers. Three cans of “Sparks” contains a caffeine equivalence to 18 cans of Pepsi and an alcohol equivalence to 5 shots of hard liquor.

Salvia — A perennial herb from Mexico is being sold legally in the United States and on the Internet with no federal regulations. Salvia can be smoked or chewed and produces hallucinogenic effects in less than a minute. The hallucinations can last up to a half hour. Since it is inexpensive and easy to get, Salvia is growing in popularity among adolescents and younger adults.



6th, 7th, or 8th graders were nine times more likely to smoke and five times more likely to drink if they had two or more friends who smoke and drink

Girls more susceptible to peer pressure than boys

Associating with smokers and drinkers carried a stronger influence than being offered a cigarette or drink

Simons-Morton 2001

Suburban Affluent Risk Factors

- Excessive achievement pressures
 - External (parents and internal (competitive/perfection))
- Isolation (disconnection) from parents
 - Little family time with no formal activities
- Casual attitudes about alcohol and other drugs

Correlations

- Substance use and stress
- Female substance use
 - Anxiety and depression
- Male substance use
 - Popularity

Luthar 2003

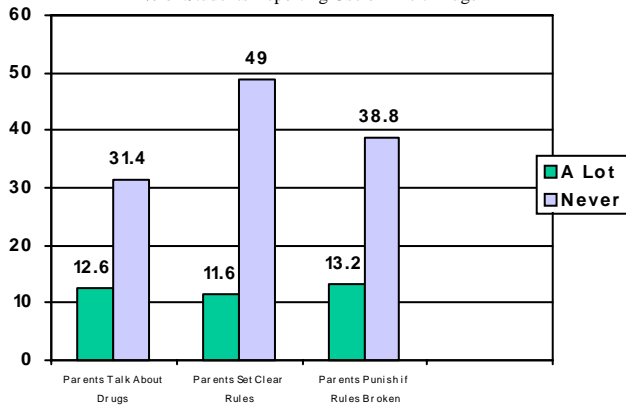
44% of all college students “binge drink”*Frequent “binge drinkers” are:

- 8 times more likely to miss a class and fall behind in school work
 - More likely than others to damage property, get into trouble with campus or local police and overdose
- *defined as men drinking 5+ drinks in a row 1+ times in a 2 week period; women drinking 4+ drinks in a row 1+ times in a 2 week period.

Monitoring the Future Study 2006, & Harvard School of Public Health, College Alcohol Study 2001

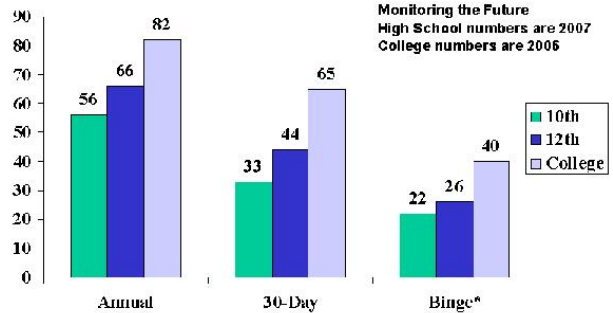
Parents Influence Drug Use

% of Students Reporting Use of Illicit Drugs



PRIDE Survey Data 2006-07 School Year

Increase from senior year to college even more dramatic



*5+ drinks last 2 Wks

70% reported that their parents’ concerns, expectations influenced use and quantity

Students who reported more parental influence used less.

(CASA 2007)

Students who begin drinking in college drink less*

Began drinking	# of drinks per occasion
College	4.5
High School	6.1
Jr. High School	7.8

Quantity and Frequency

(CASA 2007)

Parents Needed

Decreased health messages as teens are more likely to be exposed to tobacco, alcohol and other health-risk behaviors.

- More than 25% of schools teach health to 6th graders
- 2% teach health to 12th graders

CDC

Drinking Onset

Predicts Future Problems

Grant Dawson '98

Began Drinking	Became Alcohol
Before 15	40%
At 17	24.5%
At 21 or 22	10%

Number of Siblings

- Teens who say their older sibling would be “very angry” if they used marijuana are at substantially lower risk than teens who think their older sibling would not be very angry.
- Teens who think that an older sibling has tried illegal drugs are at 1½ times greater risk of substance abuse than the average teen

CASA, 2002

Refusal Skills

Goal: Refuse the drug – Keep the friend

- Compliment the person. *Thank you for the offer*
- State the problem or consequence. *The problem is that I can't right now.*
- Offer an alternative to the request that shows you value the other person. *Maybe we can just hang out instead*
- Leave in a way that doesn't offend. *I have to go, see you another time*

20 TIPS TO HELP PREVENT ALCOHOL, OTHER DRUG, AND RELATED PROBLEMS

1. Develop a loving, trusting relationship with your child
2. ESTABLISH GOOD COMMUNICATION
3. PRESENT A HEALTHY ROLE MODEL
4. Clarify your values regarding alcohol, drugs, and dating
5. Teach your child how to resist peer pressure
6. Establish an emergency exit code
7. Start at an early age conveying a consistent “no use” message
8. Know your child’s friends and their friend’s parents
9. Know where your children are going and who they will be with
10. Set appropriate limits and realistic goals
11. Know that parents are a key factor in influencing the decisions their teens make
12. Remember that teen alcohol and other drug use is a health and safety issue
13. Talk with you teen about alcohol, drugs, and dating
14. Know that your attitude and behavior around alcohol and other drugs affect your children
15. Be awake and greet your teen when they come in
16. Know that you might need the courage to be “the only one” who says no
17. Communicate clear consequences for use, and follow through on these
18. Know the signs and symptoms of alcohol use
19. Intervene at the first signs of use
20. IF YOU THINK YOUR TEEN MIGHT HAVE A PROBLEM, GET HELP. IF YOU ARE NOT SURE, CALL FOR ADVICE (DON’T BE ALONE).

HELPFUL RESOURCES

The University of Michigan Monitoring The Future Study	734-763-5043	www.monitoringthefuture.org
The National Center on Addiction and Substance Abuse at Columbia University	212-841-5220	www.casacolumbia.org
The National Clearinghouse for Alcohol and Drug information	1-800-729-6686 TDD: 1-800-487-4889 Español 877-767-8432	www.health.org
Partnership for a Drug-Free America	212-922-1560	www.drugfreeamerica.org
National Institute on Alcohol Abuse and Alcoholism	301-443-3860	www.niaaa.nih.gov
National Institute on Drug Abuse	1-888-644-6432	www.nida.nih.gov
Community Anti-Drug Coalitions of America	1-800-542-2322	www.CADCA.org
Leadership to Keep Children Alcohol Free Publications	301-654-6740	www.alcoholfreechildren.org
Join Together	617-437-1500	www.jointogether.org

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