



Parents Are Heroes

A Newsletter of the Making Sobriety Attractive (MSA) Program

Newsletter Date

September 2008

In this issue:

- Addiction is the ultimate risk of Under-age drinking
- Who needs to be "Too Smart to Start?"
- What about ADD or ADHD? Or Family History?
- Prevention and Professional Intervention – The STARR Program

Notice: MSA Theatre Troupe forming. Contact jackson98@netscape.com

Reminder: *Family Day– A Day to Eat Dinner with Your Children™* will be celebrated on September 22, 2008 at the John Ball Park. www.CASAFamilyDay.org

If 18 year olds can join the military and go to war, should they also be allowed to drink? Absolutely NOT. The 18-19-20 year old brain has not completed mature development, and alcohol dulls the very learning and decision skills most important to a soldier: e.g., deciding what is or is not a legitimate target, identifying "risk," etc.
--Alcohol use results in more deaths among youth in the military than does enemy action.

"Everything in science indicates that the [minimum 21] drinking age didn't cause binge

ADDICTION: A PREVENTABLE, TREATABLE, ADOLESCENT BRAIN DISEASE

According to the National Institutes of Health, addiction to alcohol and other drugs (AOD) is a brain disease that almost always **begins in the teen years**. It is a family disease passed along genetically. Children of one alcoholic parent, for instance, run a **1/3 chance of developing addiction**, compared with a **1/12 risk** for the general population. Risks continue high for those with addicted grandparents. Individuals who have blood relatives -- aunts, uncles, and cousins--with AOD problems need to recognize that they also have a high risk of addiction.

Another predictor of addiction is ADD or ADHD. Persons with these disorders are at least as likely as the children of addicted parents to develop the disease of addiction. If your child has one of these conditions, he/she must not use addictive substances. Drinking, smoking, using marijuana, or "habit-forming" prescription drugs like Vicodin, Codeine, Ambien, etc. will trigger the predisposition and can quickly become full-fledged addiction.

BE TOO SMART TO START: Those with a family history of AOD problems and/ who have ADD or ADHD are at "High Risk" for addiction. These individuals need to be warned and educated about their risk. As both children and adults, they must avoid using any addictive substance.

If you do not know whether or not your family history includes addiction, how can you know if you are at risk?

Some things to look for in blood relatives: 1) **Heavy use is the primary symptom** (e.g., chain smoking, binge drinking--having 4-5 or more servings of beer, wine, or liquor per occasion, daily use, etc.). 2) **Use of multiple drugs** (e.g., smoking and drinking and using marijuana or tranquilizers) is also a characteristic of addiction, as is **use of prescription pain relievers and sedatives** for more than a few days at a time. Individuals who cannot be satisfied with one or two servings on drinking occasions or who use multiple drugs may or may not be addicted, but they certainly have reason to seek professional help for substance use disorders: inability to drink or use moderately (**lack of control**), ability to drink more than two or three or use heavily without showing intoxication (**tolerance**), and **frequent and compulsive use** are indications of developing addiction.

Many of us believe that serious AOD disorders and addiction are rare, however, science indicates that problematic or pre-addictive use of alcohol and other drugs is widespread.

At some time during their lives, **more than 30 percent of U.S. adults** have suffered from an alcohol use disorder.
More than 60% of families report that their lives have been seriously disrupted because of someone else's alcohol problem.
Most often the victim is a member of the family.

drinking and will make it worse if it's lowered," MADD CEO Chuck Hurley.
<https://secure2.convio.net/madd/site/Advocacy?agency=homepage&page=UserAction&id=171>

There is no evidence that designated driver (DD) programs have reduced alcohol-related traffic deaths or DUI's. Increasing the drinking age from 18 to 21 is the primary factor in reduced deaths.

American Journal of Preventive Medicine, June 2005:
<https://www.faceproject.org/FreshStory/Stories/July07/FreshStory-Story-1.html>

40 percent of sexually active 13- to 14-year-olds said they were drunk or high when they first had sex, and about 10 percent of 15- and 16-year-olds said they had sex after drinking that they later regretted. *Independent Advisory Group on Sexual Health and HIV.*

What/Who is MSA? The MSA Project is Sponsored by the Kent County SA Prevention Leadership Coalition and Implemented by the ALERT Labs (Alcohol Laboratories for Education, Research, and Training) Group. * MSA is funded by the U.S. Department of Health and Human Services through SAMHSA's "Drug Free Communities Support Program." see www.alertlabs.org

To send us Questions, Suggestions, and Comments, click on info@alertlabs.org

It is important to remember that addicted individuals are not wrong-headed, or morally weak. They are victims of their genetics, as are we all. We cannot be taller than our genetics prescribe and people with a predisposition to addiction cannot drink or use addictive substances moderately. They need our help.

How can we prevent AOD disorders and addiction? The brief answer: Don't Use.

The best strategy is not to use alcohol prior to age 21 or even age 25 (when most teens' brains are finished developing adult abilities) and to avoid other addictive substances. For a child who has begun to use, the most important preventative is early intervention, first by parents, and second, by professionals. Research continues to show that that kids who learn a lot about the risks of AOD at home are up to 50% less likely to use. In fact, teens report that foremost among the reasons they don't use is **because they don't want to disappoint their parents.**

MSA research reveals that in 2008, 70% of parents surveyed in Kent County said that they had talked to their kids about the dangers of alcohol. Students in Kent County say that:

- 86% of their parents have talked to them about alcohol,
- 81% have talked to them about tobacco, and
- 76% have talked to them about marijuana.

These figures are far higher than the national figures showing that only about 30% of parents talk to their kids about the dangers of AOD use by teens. Clearly, parents are talking, kids are listening, but both express the **need for more, and more accurate, information** about alcohol's effects on teenagers and about the many other drugs teens need to understand and avoid. For more information, see [Data on Parents Talking to Kids About Drugs and Alcohol.](#)

***Did You Know ?* Safe drinking levels for healthy adults is 2 drinks per day for men and 1 drink per day for women, but never daily drinking.**

There is no safe drinking level for teenagers. If your teenager is drinking, should you worry? Yes. And you should seek immediate professional help. Young people who begin to drink before the age of 21 are much more likely to experience significant problems with school, family, and friends. They are also much more likely to be addicted to multiple drugs *before* they graduate from high school. The higher rate of addiction may be due to genetics in part (kids who inherit the disease or have ADD/ADHD *may* tend to start using earlier), but the likelihood of addiction is increased by the vulnerability of the immature and developing teen brain.

If your teen drinks, he/she is experiencing, or soon will experience, problems in every area of life. MSA research shows that more than 60% of high school students surveyed in Kent County do NOT use alcohol.* However, about **30% drink heavily and often**, and about **40% say that they have experienced problems that signify the need for professional assessment and intervention.** Learn about STARR, a free brief intervention program for students in MSA schools. Be especially vigilant if your child has a family history of AOD problems or has ADD/ADHD. [Call your Principal or Assistant Principal to learn how to refer your child for Screening, Testing, and Referral for Recovery, or visit your school web site or email info@alertlabs.org .]

The ALERT Labs Group: Project Director, Nancy L. Harper, Ph.D., Dean of Social Sciences and Professor Communication (ret.), Director, ALERT Labs Consulting; Project Coordinator, Shannon D. Welsh, M.Ed., Welsh Advertising; Project Evaluator, Donald (Tex) Bryant, M.S. & M.Ed., Director of Bryant Statistical Consulting, STARR Counselor for screening and intervention, Geoffrey L. Stevens, LMSW, DeWey Southeast Clinic, Pine Rest Christian Services; Project Theatre Coordinator, Carla Jackson, Certified in Secondary Education and Peer Mentoring/Listening.

