Volume 2009. Issue 1

the recovery center

Turning Points

April is Alcohol Awareness Month

the recovery center
1856 Cedar Hill Road
Lancaster, Ohio 43130
(740) 687-4500

Our Mission
To ensure the effective and efficient delivery of alcohol, drug addiction and mental health prevention, intervention and treatment services to promote the health and safety of the residents of Fairfield County.

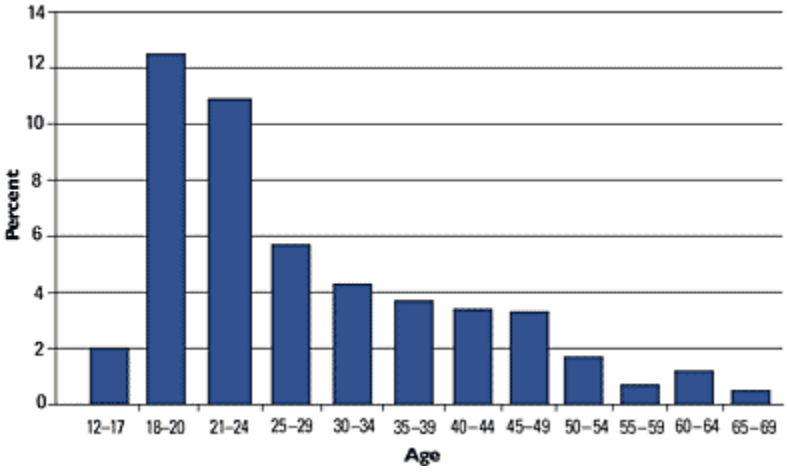
Our Vision
To create a learning organization for behavioral healthcare services which promotes understanding, supports growth and fosters healing for clients, staff and community.

The Recovery Center is an independent contract agency of the Fairfield County ADAMH Board and is also funded by United Way of Fairfield County and the Ohio Department of Alcohol and Drug Addiction Services.

Alcohol Research: A Lifespan Perspective NIAAA

Alcohol use and the risk for alcohol-related problems change over the lifespan. College students and young adults, who often drink large quantities of alcohol at one time, are more likely to experience problems such as alcohol poisoning, drunk-driving crashes, and assaults; whereas, older individuals who drink even moderately while taking certain medications run the risk of harmful drug interactions. Additionally, patterns of alcohol use may differ across the human lifespan—for example, adolescents who begin drinking prior to age 14 are more likely to develop a serious problem with alcohol later in life. Understanding how alcohol influences people across different life stages is important, especially when designing effective approaches for diagnosing, treating, and preventing alcohol abuse and dependence and their related problems. (continued)

Figure 1. Prevalence of Past-year DSM-IV Alcohol Dependence by Age in the United States



Source: NIAAA 2001–2002 National Epidemiological Survey on Alcohol and Related Conditions (NESARC) data (18–60+ years of age) and Substance Abuse and Mental Health Administration (SAMHSA) 2003 National Survey on Drug Use and Health (NSDUH) (12–17 years of age).

Alcohol Research: A Lifespan Perspective NIAAA

THE EMBRYO AND FETUS

What we know— Alcohol is a leading preventable cause of birth defects with mental deficiency. Prenatal alcohol exposure can cause a variety of problems known collectively as Fetal Alcohol Spectrum Disorder (FASD). Additionally, people exposed to alcohol prenatally are at higher risk of developing an alcohol and other drug use disorder later in life.

It has been reported that up to 1 in 100 children in the United States are born with FASD. Additionally, 0.5 to 3.0 children out of 1,000 are diagnosed with FAS. Research suggests that other factors, such as the mother's hormone status, nutrition, age, the number of children she has had previously, and the length of time she has been drinking, as well as genetic factors including those affecting the way the body breaks down alcohol, also may contribute to the development of FASD.

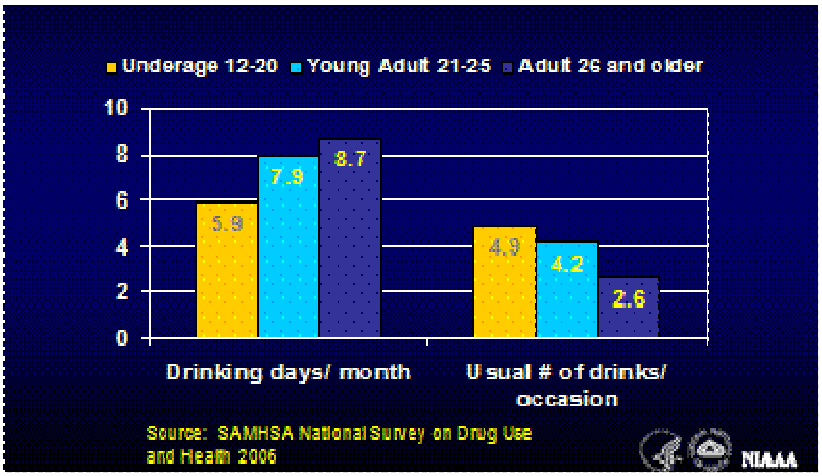
YOUTH AND ADOLESCENCE

What we know—Adolescence is the period between 12 and 17 years of age. This is a time of dramatic physical, psychological, and social change. The brain continues to develop and mature throughout adolescence and into the mid-20s, and studies suggest that consuming alcohol during this time may have lasting effects on brain development. For example, a region of the brain involved in learning and memory, the hippocampus, is smaller in adolescents who begin drinking at an early age. In addition, studies of adolescents who were receiving treatment for alcohol withdrawal showed that they were more likely to have memory problems than adolescents who did not drink.

Adolescents tend to drink differently than adults. They are more likely to engage in risky behaviors such as heavy episodic (or "binge") drinking. Researchers believe these risky behaviors are the result of certain social factors, such as a greater independence and pressure from peers, as well as biological factors. Adolescents tend to be less sensitive to negative effects of alcohol, such as increased sleepiness and lack of coordination. This may explain why they are able to drink so much alcohol at one time. On the other hand, adolescents are more likely to have trouble with complex tasks, such as driving a motor vehicle, making adolescent alcohol use especially dangerous.

According to the National Household Survey on Drug Abuse, 1.47 million adolescents ages 12–17 (5.9 percent of adolescents in this age-group) met the criteria for alcohol dependence or alcohol abuse in 2003. However, the survey also showed that only 15 percent of these respondents received any treatment for alcohol problems.

Preventing alcohol problems in adolescents poses unique challenges. Research suggests that they may not respond well to traditional treatment methods (e.g., alcoholism treatment programs and Alcoholics Anonymous) and that brief, alternative intervention methods that are targeted specifically toward young people are more effective.



Adolescents drink less often but more per occasion than adults.

Substance Abuse and Mental Health Services Administration. (2007). Results from the 2006 National Survey on Drug Use and Health: National Findings. http://oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.pdf

YOUNG ADULTS

What we know—Young adulthood is the period between the ages of 18 and 29 years. During this period many young people pursue postsecondary education, enlist in the military, or enter the workforce. This is a time of transition and of increased risk for problems with alcohol. The youngest segment of this population—ages 18–24—are most at risk for alcohol problems, compared with other age-groups. This group is most likely to drink heavily, regardless of their gender, ethnicity, and school or work status—that is, whether they attend college or are employed full time. The problem of young adult drinking continues to escalate: alcohol-related deaths rose 5 percent for 18- to 24-year-olds between 1998 and 2001.

For college students, brief interventions that target high-risk populations (e.g., freshmen, Greek organization members, athletes, students mandated to receive treatment) and Driving Under the Influence (DUI) prevention campaigns have shown promise. For young adults in the military, few programs have been formally evaluated; however, current strategies to prevent alcohol-related problems include regulating the availability and pricing of alcohol, attempting to deglamorize alcohol use, and promoting personal responsibility and good health.

Nonstudent, nonmilitary personnel may be more likely to continue dangerous drinking patterns into adulthood. This population does not have access to institutionally based programs that typically serve college students and military personnel. Additionally, this population may not have access to mental health services, making them vulnerable to psychiatric conditions, such as depression and anxiety, often associated with dangerous drinking patterns.

MIDLIFE: FOCUS ON DETRIMENTAL EFFECTS OF DRINKING AND TREATMENT

What we know—Between 30 and 59 years, the consequences of heavy drinking often become evident. Alcoholic liver disease, alcohol pancreatitis, several types of cancer, disorders of the heart and circulatory system, alcohol-related brain disorders, and other adverse effects upon the endocrine and immune system are most likely to emerge during this time. For people in midlife, research often has focused on how alcohol damages body tissues, as well as methods for better tailoring treatments and interventions to this segment of the population.

Individuals in midlife are more likely to seek treatment for alcohol dependence. Research shows that a variety of factors—both biological and social— influence an individual's response to therapy.

SENIOR ADULTS AND ALCOHOL: A NATIONAL HEALTH ISSUE

What we know—Senior adults tend to drink less than other age-groups. However, Senior drinking is on the rise; as people live longer, the number of people who drink will increase. Research also shows that people born in recent years tend to drink more than older generations, suggesting that as the population ages, these individuals will continue to drink more.

Older adults are at particular risk for alcohol-related problems. As individuals age they metabolize alcohol more slowly; as a result, alcohol remains in the body longer. Older adults are more likely to have health conditions that can be exacerbated by alcohol, including stroke, hypertension, neurodegeneration, memory loss, mood disorders, and cognitive or emotional problems. Additionally, older adults are more likely than younger people to take medications, putting them at risk for interactions that can be dangerous or even life-threatening. Alcohol also may decrease effectiveness of some medications.

Research shows that treatment can be effective in older individuals. They tend to respond better to treatment that takes place in groups of people in their same age range. Cognitive behavioral therapy has been shown to be effective in older patients. Group family therapy also has been shown to be successful, perhaps because family therapy engages support systems that might have been lacking or even exacerbating the patient's alcohol use. Although it has not been well studied, some research shows that medications for alcoholism may not work as well in older adults.

According to the current literature, the most beneficial treatment for alcohol use disorders in older adults may be education; many seniors lack information on the dangers of alcohol use. The age at which they begin drinking also is important. Older adults who began problem drinking earlier in life tend to have worse treatment outcomes than those who began drinking later in life.

From: *Alcohol Research: A Lifespan Perspective*. Alcohol Alert No. 74, January 2008. Copies of the *Alcohol Alert* are available free of charge from the National Institute on Alcohol Abuse and Alcoholism (NIAAA) Publications Distribution Center P.O. Box 10686, Rockville, MD 20849–0686.

Marijuana as Medicine

A Forum for Education, Dialogue, and Advocacy

Tuesday, April 21 — *Cincinnati*
Tuesday, April 28 — *Bowling Green*
Thursday, April 30 — *Lancaster*

All forums 9:00am—12:00pm; registration begins at 8:30am

The Alcohol and Drug Abuse Prevention Association of Ohio invites you to attend one of three educational forums focusing on the marijuana-as-medicine debate and public policy implications.

Gain the knowledge you need to effectively discuss this issue in your community.

Program components:

ADAPAO *Position Statement on Marijuana as Medicine*
Overview of marijuana research ▪ Marijuana law in Ohio
ADAPAO "All of Ohio" campaign

Forum attendance is free, but participants must register at mail@adapao.org or 614-470-3922, x.2 with 1) **name**; 2) **phone number**; 3) **e-mail address**; and 4) **forum you plan to attend.**

Forum Locations

April 21
Coalition for a Drug-Free Greater Cincinnati
7330 Victory Pkwy, Suite 703; Cincinnati, 45206

April 28
Wood County Educational Service Center
1876 N. Research Drive; Bowling Green, 43402

April 30
The Recovery Center
1856 Cedar Hill Road; Lancaster, 43130

Credit: 2.75 RCHs have been applied for

Funded in part through a Community Partner grant from Drug-Free Action Alliance

ADAPAO • P.O. Box 2394 • Columbus, OH 43216 • 614-470-3922 • www.adapao.org