



Newsletter

April 2017

Shelby County Drug Free Coalition holds Orange Ribbon Breakfast to Celebrate Alcohol Awareness Campaign

On April 21st, the Shelby County Drug Free Coalition held the annual Orange Ribbon Breakfast part of the Orange Ribbon Alcohol Awareness campaign. With over 100 in attendance, it was a great event.

The speaker was Julie Lewis, an Abingdon, Illinois native. She spoke of how she began drinking as a teenager and became an alcoholic before age 20. She also told of the car accident that changed her life. While driving drunk, Julie ran a stop sign hitting a 16-year-old driver and killing her instantly. Julie spoke of how the pain and guilt of taking the life was worse than the time she spent in jail. Julie's story was very moving for all in attendance.

Thank you to sponsors: Indiana Grand Racing and Casino, Major Health Partners, RushShelby Energy, and Duke Energy.



Coalition Board Members and Executive Director Lori Springer with speaker Julie Lewis.



IN THE NEWS

April is Alcohol Awareness Month

*People who begin drinking before age 15 are SIX times more likely to become alcoholics than those who begin after age 21. *CDC*



We're working to keep kids
alcohol free – are you?

Shelby County Drug Free Coalition

DID YOU KNOW...

Underage youth who drink are more likely to carry out or be the victim of a physical or sexual assault after drinking than others their age who do not drink. (NIAAA)



April is
ALCOHOL AWARENESS MONTH

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drug and alcohol free...
are you?*

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STOP Teen Access to Alcohol

Teen drinking is not inevitable. More than 58% of high school seniors do not drink alcohol, reducing their current risk of injury. One way to prevent teens from drinking is to cut off easy access to alcohol. Unfortunately, right now most teens report that it is easy to get alcohol. Almost 72% of teens who drink get alcohol without having to pay for it. They get it from friends or family members, at parties, or by taking it without permission. Underage drinkers who pay for alcohol usually give money to someone else to purchase it for them.

Here's what you can do to reduce easy access to alcohol:

At Home

- Make sure teens can't access alcohol without your knowledge. Unmonitored alcohol, including alcohol stored in a cabinet, basement or garage, can be a temptation. When in doubt, lock it up.
- Exercise your influence. Data shows that teens continue to care what their parents think, even while they are in high school and college. Let your teen know that you don't want them to drink and that most teens in fact don't drink.

In Your Community

It may have happened already. A neighbor announces she is hosting a teen party, but you shouldn't worry — she's taking the car keys from every kid who comes in. Or a colleague says he's serving alcohol to his high school son's friends so they can "learn to drink responsibly."

- Speak up, because silence can be misinterpreted. If you hear about a situation, say that you don't want other people serving alcohol to your teen or condoning teen drinking. Let your friends, neighbors, and family members know that the minimum drinking age is a policy that protects teens, and that you don't want your teen to drink.
- Take action before a situation arises. Start talking to the parents of your teen's friends early — for example, when your child is in 6th grade. Tell them about the risks of teen drinking and let them know that you don't want anyone to allow your teen to drink alcohol.
- Talk to adults who host teen parties. Let them know that the overwhelming majority of parents support the legal drinking age and agree that it is not okay to serve alcohol to someone else's teen — and not okay to turn a blind eye to teen alcohol consumption.
- Talk to your school board, school principals, teachers, and coaches. Let them know that it is unsafe, illegal, and irresponsible to condone teen drinking. Ask them to discourage this behavior.
- Talk to management at restaurants, town halls, and other venues where teen parties are held. Let them know that parents in your community do not want teens to have access to alcohol.
- Let local law enforcement know that you encourage active policing of noisy teen parties that may signal alcohol use.
- Tell local alcohol retailers that you want them to check ID's before selling alcohol. Limiting alcohol sales to legal purchasers is an important goal and well worth the time it takes.

(Source: Federal Trade Commission)

How Does Alcohol Affect the Teen Brain?

When teens drink, alcohol affects their brains in the short-term – but repeated drinking can also impact it down the road, especially as their brains grow and develop.

Short-Term Consequences of Intoxication (being "drunk"):

- An intoxicated youth has a harder time making good decisions.
- A youth is less aware that his/her behavior may be inappropriate or risky.
- A youth may be more likely to engage in risky behavior, including drinking and driving, sexual activity (like unprotected sex) and aggressive or violent behavior.
- A youth is less likely to recognize potential danger.
- The likelihood a "blackout" occurs.
- Alcohol Poisoning induced by binge drinking may occur.

Long-Term Consequences of Alcohol Use on the Developing Teen Brain:

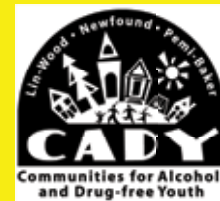
Research shows that drinking during the teen years can interfere with normal brain development and change the brain in ways that:

- Have negative effects on information processing and learning.
- Increase the risk of developing an alcohol use disorder later in life.

(NIDA)

GET THE FACTS!

For information on how to talk to your kids about drugs and alcohol – visit our website at



WWW.CADYINC.ORG

Limiting alcohol sales to legal purchasers is an important goal and well worth the time it takes.

IN THE NEWS

Prescription-drug monitoring cuts doctor-shopping for painkillers

By Ronnie Cohen

(Reuters Health) - State programs that require physicians to check drug registries before writing prescriptions appeared to slash the odds of doctor-shopping for opioid pain relievers, a new study found.

"Our study shows that prescription-drug monitoring programs are a promising component of a multifaceted strategy to address the opioid epidemic," Ryan Mutter, one of the study authors, said in a phone interview. He is a health economist at the Substance Abuse and Mental Health Service Administration in Rockville, Maryland.

Mutter and other researchers analyzed annual nationwide surveys of drug use and health from 2004 until 2014, when 36 states implemented prescription-drug monitoring programs, or PDMPs.

PDMPs are state-run electronic databases designed to track prescribing of controlled substances and to identify people at high risk of using opioids for nonmedical purposes. Every state except Missouri now has a drug-monitoring program. Some states have mandatory programs requiring physicians to participate, and other states have voluntary programs.

The study, reported in the journal *Addictive Behaviors*, found that in states where physicians were required to check an electronic database before writing an opioid prescription, the odds that two or more doctors would be giving pain relievers for nonmedical purposes to a single patient were reduced by 80 percent. States that implemented voluntary monitoring programs showed a 56 percent reduction in the odds of doctor-shopping.

States with mandatory prescription-drug monitoring programs reduced the use of painkillers for nonmedical purposes by an average of 20 days a year, the study found. States with voluntary prescription-drug monitoring program reduced the use of painkillers for nonmedical purposes by an average of 10 days a year.

"Overall, this, as well as other studies, suggests there's promise for prescription-drug monitoring programs," Dr. Stephen W. Patrick said in a phone interview. "But they aren't a panacea."

"We really need a comprehensive approach. It isn't one thing that will help get us out of the opioid epidemic," said Patrick, a pediatrician at Vanderbilt University School of Medicine in Nashville, Tennessee. He treats newborns struggling with the symptoms of withdrawal from opioids prescribed to their mothers and was not involved in the new study.

Every day, 91 Americans die from an opioid overdose, according to the U.S. Centers for Disease Control and Prevention. Since 1999, deaths from prescription opioids have quadrupled, as have sales of opioids, including the painkillers oxycodone (Oxycontin) and hydrocodone (Vicodin).

The number of PDMPs has expanded rapidly across states since 2000, but prior studies have shown mixed results about their effectiveness, the study authors write.

One previous study found that drug-monitoring programs help prevent 10 opioid-overdose deaths a day in the U.S., yet improvements could save another two people a day. States with the most robust programs – ones that tracked a greater number of potentially addictive medications and updated their databases at least weekly – saw the biggest drops in overdose deaths, the previous study showed.

Public health advocates worry that an unintended consequence of drug-monitoring programs could be that opioid users would seek drugs illegally and turn to heroin, the authors write. But the current study found that PDMPs did not lead to an increase in people starting to use heroin.

Lead author Mir M. Ali said in a phone interview he found it "reassuring" that drug-monitoring programs were not responsible for opioid users substituting heroin. Ali is a health economist at the Substance Abuse and Mental Health Services Administration.

"In any situation where you're limiting supply, people might begin to substitute," Patrick said. "What we really need to do is focus on how we get control of the prescription opioid epidemic."

SOURCE: bit.ly/2keeNFn *Addictive Behaviors*, online January 6, 2017.