

Alcohol Poisoning *and the* Deadly Consequences of **Binge Drinking**

By Jennifer Faringer, MS.Ed., CPPg, Director of DePaul's NCADD-RA

An average of six people die of alcohol poisoning each day according to the United States Center for Disease Control (CDC)'s January 2015 Vital Signs report on Alcohol Poisoning Death. Alcohol poisoning is often a result of binge drinking or consuming large amounts of alcohol in a very short period of time. Binge drinking is defined as consuming five or more drinks on one occasion for men and four or more drinks for women.

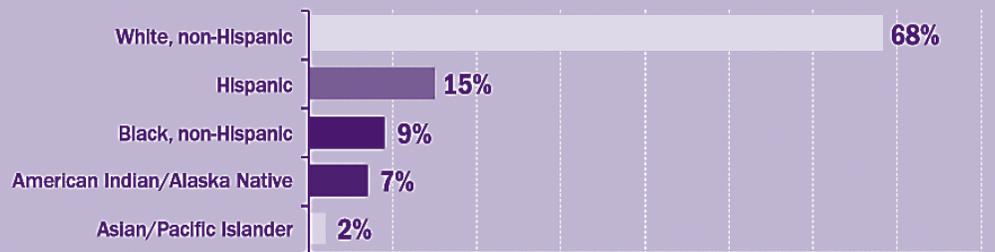
The CDC report further found that adults who binge typically consume an average of eight drinks per binge, resulting in blood alcohol content (BAC) that exceeds the current legal limit for driving in all states of 0.08 g/dl. According to the report, alcohol dependence or alcoholism was identified as a factor in 30 percent of the alcohol poisoning deaths.

The signs of alcohol poisoning include slow breathing (fewer than eight breaths per minute), irregular breathing (10 seconds or more between breaths), seizures, and hypothermia (low body temperature) with bluish skin color and pallor.

CDC recommendations to prevent alcohol poisoning include:

- Avoid binge drinking.
- Avoid drinks with unknown alcohol content or mixing alcohol

Most people who die of alcohol poisoning are non-Hispanic whites



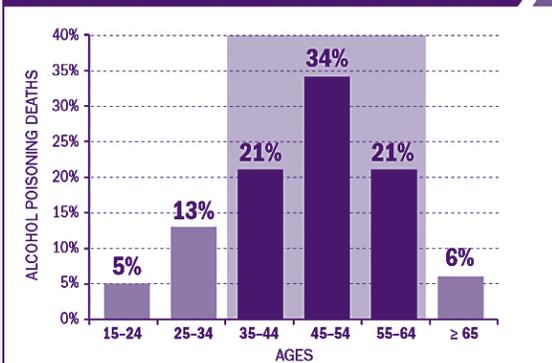
Values have been rounded to nearest whole number and therefore may not equal 100.

with energy drinks as caffeine masks the effects of alcohol and may cause people to drink more than they intended.

- Immediately seek help for anyone experiencing any of the above life-threatening signs of alcohol poisoning.

Alcohol poisoning affects people of all ages, genders and ethnicities. Seventy-six percent of poisoning deaths are adults ages 35 to 64 with men comprising about 76 percent. Sixty-eight percent of those who die from alcohol poisoning are non-Hispanic whites, 15 percent are Hispanic, nine percent are Black, seven percent are American Indian/Alaskan Native, and two percent are Asian/Pacific Islander. The American Indian/Alaskan Natives have a smaller share of the U.S. population but have the most alcohol poisoning deaths per million of any other race. Nationally, Alaska has the most alcohol poisoning deaths per million and Alabama has the least.

Alcohol poisoning deaths are most common among middle aged adults



Additional local recommendations:

- If you think you may have a drinking problem call NCADD-RA at (585) 719-3480 or (585) 719-3483. Visit our website and download NCADD-RA's Monroe County OASAS Certified Treatment Provider referral template for a full listing of treatment options at: <https://ncadd-ra.org/news-resources/resources-advocacy-research>.
- Be aware of liabilities and local policies. Visit the website for a link to local Parents Who Host community partners at: <https://ncadd-ra.org/awareness-campaigns/parents-who-host-lose-the-most>.

NEW Problem Gambling YOU^(th) DECIDE 2015 Outreach

By Jennifer Faringer, MS.Ed., CPPg, Director of DePaul's NCADD-RA



NCADD-RA received a mini-grant in February 2015 from the New York Council on Problem Gambling allowing for our fourth collaborative outreach project. The primary target audience for 2015 is youth ages 12 to 17. The goals of the multi-pronged YOU(th) Decide Project includes several of the following:

- Increase awareness of the issue of underage gambling and the importance of decreasing youth access to gambling among parents of school-aged youth and community leaders.
- Increase awareness of key media literacy facts.
- Increase youth awareness of the common misperceptions of gambling.
- Increase parental action toward the issue of underage gambling.

This collaborative outreach project will run from February through October of 2015. During this time, NCADD-RA will offer youth media literacy training upon request. We are also seeking youth/adult teams who want to advocate for gambling-free events and/or gambling policies in their school and/or community. For further information, please contact Jennifer Faringer at (585) 719-3480 or email jfaringer@depaul.org.

NCADD-RA Services:

- Total Approach Family Program
- Hispanic Prevention/Education Program
- Community Education and Advocacy
- Addictions Counselor Credential Training
- Resources and Referrals
- Finger Lakes Prevention Resource Center

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Front row: Bridget DeRollo, Aracelis Ramos, Elaine Alvarado and Jerry Bennett.

Back row: Barb Christensen, Milagros Rodriguez-Vazquez, Jennifer Faringer, Beth McNeill and Earl Greene.

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Mental Illness and Chemical Dependency: The Link Between Substance Use/Abuse and Mental Health

By Beth McNeill, M.S., Community Education Coordinator

Comorbidity or dual diagnosis, the occurrence of two or more coexisting medical conditions or disease processes in addition to an initial diagnosis, is an issue found among patients dealing with substance abuse disorders and mental illness. According to the National Alliance on Mental Illness (NAMI), approximately 9.2 million adults in the United States have co-occurring mental health and addiction disorders. WebMD reports that adults who are diagnosed with a mental illness are twice as likely to have a substance abuse issue with an addictive substance such as hallucinogens, heroin, cocaine and other drugs. Similarly, the rates for alcohol use and abuse and nicotine addiction are also higher in this population. Statistically, adults with mental illness or substance use disorders account for 40 percent of all cigarette use according to the Substance Abuse and Mental Health Service Administration (SAMHSA)'s National Survey on Drug Use and Health (NSDUH).

The connection between chemical dependency and mental illness is both complex and dynamic. Some drugs of abuse may cause users to experience one or more symptoms of a mental illness. For example, the risk of psychosis in some marijuana abusers has been offered as evidence (National Institutes of Health, March 2011). Conversely, the signs and symptoms of mental illness can often lead to drug use and abuse. Patients may use drugs as a form of self-medication.

Additionally, both mental illnesses and chemical dependency are caused by overlapping factors such as underlying brain deficits, exposure to stress or trauma and/or genetic vulnerabilities (NIH, March 2011). There may also be shared risk factors, such as predisposing genetic factors, which make a person vulnerable to

both addiction and other mental health disorders; environmental triggers which affect both disorders such as trauma (from physical and sexual abuse) and stress; involvement in the same or similar brain regions affected by drug abuse and certain mental disorders, or lastly, substance abuse during adolescent years which can trigger developmental disorders as this is an age when the brain experiences significant developmental changes.

Treating comorbid conditions can be challenging for providers. Many symptoms that patients exhibit can be more persistent, severe and resistant to treatment compared with patients who have either disorder alone (National Institute on Drug Abuse, 2010). Despite the challenges of treating co-occurring disorders, successful treatment models do exist. Behavioral therapy, for example, is the foundation for successful results for many patients with drug use disorders or other mental illnesses. Therapeutic communities focus on re-socialization of the individual. Cognitive-Behavioral Therapy (CBT) is designed to modify harmful beliefs and maladaptive behaviors. Medications do exist to relieve the signs and symptoms of several mental health disorders, with some medications benefiting multiple problems (NIDA, 2010).

For families and friends supporting an individual with comorbid conditions, a non-judgmental and empathic approach is critical. Being there for a friend or loved one can often times provide that ray of hope that recovery is possible with the proper treatment and support. Although drug abuse and mental illness exist together in many individuals, with proper diagnosis and treatment, these individuals can find a path to recovery.

Poisoning Calls Related to E-Cigarettes Have Skyrocketed

According to the American Association of Poison Control Centers' data released in early 2015, poisoning incidents involving e-cigarettes and liquid nicotine have jumped by 156 percent in the past year, increasing more than 14-fold since 2014. More than half of the calls to Poison Control Centers involved a child under the age of six!

Source: American Association of Poison Control Centers.



FROZEN:

THE IMPACT OF ADDICTIONS ON FAMILIES

By Bridget DeRollo, B.S., CPP, Total Approach Family Program Coordinator

Though a seemingly unlikely comparison, the plot of Disney's animated film *Frozen* runs somewhat parallel to what happens to families affected by addiction. *Frozen* is the story of young princess Elsa who possesses special powers which must be hidden for fear of public alarm, ridicule and potentially manipulative motives. In an effort to keep this secret from her younger sister Anna, Elsa is forced to withdraw within the same household.



Chemical dependency is a chronic, progressive, potentially fatal yet treatable disease affecting approximately ten percent of the U.S. population. One in four (27.8 million) U.S. children under the age of 18 are affected or exposed to addiction in their family. Addiction is a disease that causes stress and strain on the entire family. A progressive illness, it increasingly threatens the family's stability, unity, trust, mental and physical health and financial resources.

In the movie *Frozen*, the dynamics of Elsa's special powers and the need to keep them hidden from her sister not only affect their relationship but also the trajectory of their lives until the silence is broken. When the truth is revealed both are able to understand, heal, grow, and as the theme song says, let it go.

With addiction, many times families take a 'no talk' approach to the disease, keeping it a secret within the family and/or outside the family for reasons such as fear, ridicule and shame. Individuals may begin to detach and isolate. Relationships change and the dynamics within the household shift. Denial causes the problem to be overlooked or minimized and lack of affirmation leads to

self-doubt causing a person to believe, 'it must be me,' 'I don't see things correctly,' or 'I can't trust my own judgment'. The secret doesn't validate their experiences and prevents them from adequately dealing and coping. Silence also isolates an individual from potential sources of support.

Study after study show that children of addiction develop anxiety, depression, issues with over-achievement, people pleasing and psychosomatic illnesses at higher rates than others. They believe they've caused it, can control it, and therefore can cure or 'fix' the problem/s. In addition, there are 'invisible losses' such as the loss of love, stability, a caretaker, and a carefree childhood. Every child has their own unique experience but the key is early intervention and the ability to understand, acquire new skills and let it go.

The NCADD-RA provides services to children and adults impacted by addiction in their families. The Total Approach Family Program offers psycho-educational groups for children ages 5-12, teens and adults that meet one day per week for a total of six weeks. These groups help individuals understand they are not alone and heightens awareness to addiction and the impact on the family system. It provides tools needed to make healthy changes and the skills to support their journey to personal recovery incorporating the evidence-based program *LifeSkills Training*.

For more information, contact the NCADD-RA's Total Approach Family Program Coordinator, Bridget DeRollo at (585) 719-3483.

Mixing Alcohol with Energy Drinks Increases the Urge to Drink

A new study published in Reuters Health (July 2014) found that mixing energy drinks with alcohol increases the urge to drink. Those who consume this mixture often drink more than they planned according to researchers. The study included individuals between ages 18 and 30 who were randomly assigned

to drink mixtures containing alcohol and energy drinks or alcohol and soda water. Participants drinking the mix of alcohol and energy drink not only had a greater urge to drink more but they said they liked their drink more.

Energy drink manufacturers in the United States are no



longer allowed to sell high-caffeine drinks containing alcohol, BUT young people are mixing the two. The researchers concluded that drinking energy drinks with alcohol is more dangerous than drinking alcohol alone. College students tended to drink more heavily, become more intoxicated and were found to be at greater risk of

crashes and injuries as they ended up drinking more than intended on those days they drank energy drinks mixed with alcohol,

To view the full article go to: http://www.reuters.com/article/2014/07/17/us-alcohol-energy-drinking_idUSKBN0FM2SL20140717.

Handling Our Emotions: A Lesson in Anger Management

By Earl Greene, M.A., CAMS-1/Fellow, FL PRC Community Development Specialist

Anger management has become a widespread concern in almost every industry in America. Why so much attention? After more than 15 years of providing anger management counseling, lectures, and facilitating classes and workshops, I believe we experience so many emotions that challenge our resolve that we sometimes feel we have depleted all of our natural human resources. Our coping skills are at best, minimal, hence the reliance on anger.

The lower the coping skill, the easier it is to become angry or to give in. We minimize the effect of anger on our ability to cope by confusing the “effects” with the “degrees” or different levels of anger, so we assign various labels to these effects including frustration, annoyance, irritation, disappointment and more. When this confusion takes place, it becomes easier to internalize the effects of anger so that it is now displayed in inappropriate and dysfunctional ways, whether at home, in the workplace, our places of worship or in our communities. This can result in behaviors causing emotional damage to ourselves and at the same time, disrupting the peace of others.

Anger is a natural human emotion. It is a response to a real or perceived wrongdoing and/or injustice and therefore, a secondary emotion. Considering these facts about anger, we must ask ourselves the question: Is there anything wrong with anger? The answer is a definite no. Why? While anger causes some discomfort physically and emotionally, it doesn't always result in negative consequences. It is not the anger but how we deal with it that can be the problem. The management of anger or any of our emotions really depends on our ability to make choices in the “how” and the “what” of the process. How will I handle this situation? How will I cope with it? What are my options? What steps should I take? Having the skills and the ability to exercise those skills are critical to our success in this process.

Blackouts are generally associated with alcoholism and binge drinking. However, when anger occurs and escalates to

out-of-control behavior (rage), blackouts may be experienced. Blackouts occur when the normal activity of the brain is disrupted during an extremely angry episode. The two hormones that are active during this process are adrenaline and cortisol. Normally these hormones, acting by themselves, are not harmful to our body when acting within the scope of their purpose. However, when these hormones are mixed, they become toxic and explosive, affecting the frontal lobe of the brain; disrupting or blocking our ability to exercise our cognitive reasoning.

If this process can occur with anger, imagine the effect that anger could have if alcohol and other drugs are added to the equation. Drugs and alcohol not only decrease our ability to deal or cope with anger, but intensify the experience. While choosing to abstain from alcohol and other illegal substances is the best option, we are aware that for some, this may be unlikely.

Here are a few suggestions on positive ways to deal with anger:

- 1) **Think.** Alcohol, marijuana and other drugs cannot and will not give clarity of mind and are the worst way to appropriately exercise healthy coping strategies.
- 2) **Breathe.** Taking deep breaths is good for relaxing - but constant, steady breathing with a quiet count to 10 (or whatever number you choose) is very helpful, allowing you to focus.
- 3) **Express yourself.** In a concise, calm, clear and deliberate way, express what you feel.
- 4) **Acknowledge your needs.** Feelings are indicators there may be unmet needs. When expressing those feelings, it is important to acknowledge this. This process helps defuse anger and angry exchanges.

Earl Greene is a Nationally Certified Anger Management Specialist and is a Community Development Specialist with NCADD-RA's Finger Lakes Prevention Resource Center.

Daily Use of High Potency Marijuana Increases Risk of Psychosis

In February, *Lancet Psychiatry*, one of the most prominent medical journals in the world, published a large study showing that people who smoked marijuana with a higher THC potency of 16 percent were five times more likely than non-users to develop a psychotic disorder. Weekend only users were three times as likely to develop a psychotic disorder. Of the adults presenting with first episode psychosis to psychiatric services, high-potency marijuana alone was responsible for 24 percent.

A key finding of this study demonstrated that frequency and potency were both essential factors in the mental health effects on users. Both frequency of use and potency were too often overlooked and not sufficiently considered by medical personnel. While the marijuana industry has discounted the link between the emerging highly potent strains of marijuana and mental health issues that result, an important message is more marijuana use equals increased mental health issues.



Monitoring the Future Survey Shows Promise in Some Areas

By Milagros Rodriguez-Vazquez, A.A.S. - Hispanic Prevention Education Coordinator

The December 2014 Monitoring the Future (MTF) study, a national survey of students in middle and high schools, shows that both alcohol and cigarette use are at an all-time low. The findings come from the University of Michigan's MTF study which tracks trends in substance use among 8th, 10th and 12th graders. The study surveys between 40,000 to 50,000 students yearly in about 400 secondary schools throughout the United States.

Alcohol use by the nation's teens continued its long-term decline in 2014.

"Since the recent peak rate of 61 percent in 1997, there has been a fairly steady downward march in alcohol use among adolescents," said Lloyd Johnston, the study's principal investigator. "The proportion of teens reporting any alcohol use in the prior year has fallen by about a third."

Additionally, the proportion of teens who reported binge drinking (consuming five or more drinks in a row at least once in the two weeks prior to taking the survey) fell significantly again this year to 12 percent for all three grades combined. This is down from a recent high in 1997 of 22 percent. Twelfth-graders, however, still report 19 percent binge drinking.

Cigarette smoking also reached an all-time low among teens in 2014 in all three grade levels.

"The importance of this major decline in smoking for the health and longevity of this generation of young people cannot be overstated," Johnston said.

In 1997, the smoking rate was 28 percent. In 2014, the rate declined to eight percent. However, the study also showed that



more teens are using e-cigarettes than tobacco cigarettes or any other tobacco product. More than twice as many 8th and 10th graders report using e-cigarettes.

Evidence-based programs such as Botvin's *LifeSkillsTraining (LST)* program offers an approach to prevention that focuses primarily on the major social and psychological factors promoting the initiation and early stages of substance use and abuse. The program reduces the use of tobacco, alcohol and other drugs by up to 75 percent, cuts poly-drug use by up to 66 percent, and is effective with White, African American and Hispanic youth.

NCADD-RA's Hispanic Prevention Education Program (HPEP) continues to provide the *LST* program upon request to various schools and community groups in the Rochester Area. This year HPEP has worked with Rochester City Schools #9 and #43 in their after-school programs, and in the after-school program held at Wheatley Library. The *LST* program continues to be well-received by the students and teaching staff alike.

For more information about the *LifeSkillsTraining* program and/or to schedule a presentation for your school or community group in Spanish or English, contact Milagros Rodriguez at (585) 719-3486 or mrodriguez@depaul.org.

To read the full MTF survey results go to: <http://monitoringthefuture.org/data/data.html>

NCADD-RA Accepting Applications for ACCT Class of 2015-2016

The National Council on Alcoholism and Drug Dependence-Rochester Area is now accepting applications for the next Addiction Counselor Credential Training (ACCT) program. The next class will begin September 8, 2015. The ACCT program was developed and has been offered by NCADD-RA for over twenty years. The application deadline is June 30, 2015.

All classes are held at DePaul's NCADD-RA at 1931 Buffalo Road in Rochester on Tuesday and Thursday evenings from 5:45 to 8:45 p.m. The academic coursework offered in this sixteen-month training program covers the 350 educational hours required by the New York State Office of Alcoholism and Substance Abuse Services for students seeking the CASAC (Credentialed Alcoholism and Substance Abuse Counselor).

For more information or to request an application package contact Beth McNeill at bmcneill@depaul.org or call (585) 719-3489. Applications and 2015-16 ACCT calendar can also be downloaded from our website at www.ncadd-ra.org.



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Save the Date

**DePaul's National Council on
 Alcoholism and Drug Dependence –
 Rochester Area**

Annual Luncheon

Friday, May 15, 2015

11:30 a.m. – 2:00 p.m.

Mario's

2740 Monroe Ave., Rochester, NY 14618

Keynote Speaker:
Andrew Kolodny, M.D.

*Chief Medical Officer of Phoenix
 House, a nonprofit addiction treatment
 organization, and Director of Physicians
 for Responsible Opioid Prescribing
 (PROP)*



Key Note Topic:

Responding to the Opioid Epidemic

For more information or to register contact Elaine Alvarado
 at **(585) 719-3481** or ecalvarado@depaul.org,
 or register online at [https://ncadd-ra.org/events-trainings/events/
 -ncadd-ra-annual-luncheon](https://ncadd-ra.org/events-trainings/events/-ncadd-ra-annual-luncheon).

Community Presentations Available Upon Request...

NCADD-RA provides community presentations on a wide variety of substance abuse-related topics upon request. We customize presentations to fit the need, interest and available timeframe of your school/university faculty, PTA/PTSA or other school groups including classroom presentations, outreach and clinical staff, youth and adult faith groups, or workplace organizations.

Topics include, but are not limited to:

- Signs, Symptoms and Current Trends of Substance Abuse
- "Medical" Marijuana, Synthetic Drugs of Abuse
- Underage and Binge Drinking
- Fetal Alcohol Spectrum Disorders
- Impact of Addiction on the Family
- Prescription/Over the Counter Drugs of Misuse/Abuse
- Problem Gambling: Impact on Youth and Families



For further information or to schedule a customized presentation with one of our staff, please contact Beth McNeill, NCADD-RA's Community Education Coordinator, at bmcneill@depaul.org or **(585) 719-3489**.