The American Issue

May 1, 2012

Physical Activity May Prevent Substance Abuse

http://www.drugabuse.gov/news-events/nida-notes/2011/03/physical-activity-may-prevent-substance-abuse

March 2011

NIDA Director, Nora D. Volkow, M.D.

From the minute they arrive at the park, children move constantly. They run, jump, chase, and climb. Wrapped up in their fun, they aren't thinking about the health-promoting effects of exercise. But NIDA scientists are. Staff scientists are considering the possibility that exercise—including active play, outdoor adventure, team sports, martial arts, and dance—not only boosts energy and keeps weight in check but also helps prevent substance abuse. NIDA has already invested over \$4.3 million to spur research on this emerging area of addiction science.

Although people tend to think of exercise as good for the body, it also benefits the brain. As it invigorates the heart and lungs, it stimulates the brain's reward pathway and heightens mood-boosting neurochemicals. Animal research indicates that exercise promotes the formation of blood vessels in the brain, forges connections between cells, enhances repair of neural tissue, and generates new neurons in memory-formation areas. Through its actions on hormones that affect the nervous system, exercise also improves an animal's tolerance of stress—an observation that is particularly intriguing given the links between stress and drug abuse.

Such observations may explain why competitive runners experience mood elevations, physical activity sometimes relieves mild depression, and older people who exercise improve in both mood and cognitive function.

Patterns of drug abuse among teens suggest that physical activity can strengthen resistance to addiction. Results from the NIDA-funded Monitoring the Future survey, for example, indicate that high school students who exercise regularly are less likely than sedentary teens to smoke cigarettes or abuse marijuana ("Lower Rates of Cigarette and Marijuana Smoking Among Exercising Teens"). The relationship between drugs and exercise, however, may be indirect. Perhaps students who choose to exercise tend to make healthy decisions in general. Initiation of substance abuse may also be countered by the support of teammates, coaches, and family; by other social aspects of participation in organized activities; and by the time management skills that active teens develop.

Apart from improving the health of the developing brain, there are many reasons to think that physical activity can be a useful means for preventing substance abuse among young people. The best way to grab the attention of children and teens is often to offer them a range of appealing challenges. Physical activities—particularly in natural environments—offer youth healthy opportunities to learn skills, take risks, and achieve goals.

I run 6 miles a day because I enjoy it. But, as a neuroscientist, I'm intrigued that physical activity is good for the brain. At NIDA, we look forward to supporting groundbreaking research on the neurobiological, psychological, and social processes by which exercise may promote overall well-being and protect against drug abuse and addiction.

Some Emergency Departments Won't Test for Alcohol Center for Behavioral Health Statistics and Quality

Because of Insurance Issues www.drugfree.org

By Join Together Staff | May 1, 2012 |

Some emergency departments do not test patients' blood or urine for alcohol because of issues with insurance payments, Kaiser Health News reports. In more than half of states, insurers are allowed to deny payment for medical services related to alcohol or drug use.

Up to 50 percent of people who are treated in hospital emergency departments and trauma centers are under the influence of alcohol, the article notes.

A recent study found people who engage in hazardous and harmful drinking are more likely to reduce their consumption of alcohol for at least one year if they receive just seven minutes of counseling from an emergency room physician. Physician counseling can also reduce drinking and driving.

Screening for alcohol or drug use is not required in emergency departments, according to Kaiser. Level 1 and 2 trauma centers, which can handle patients who have sustained injuries in major accidents, are required to do so. Level 1 trauma centers also must provide counseling.

Many states have laws that allow health insurers to refuse to pay for care, if the patient's injuries occurred while he or she was under the influence of alcohol; some laws also include drug use. In 2001, the National Association of Insurance Commissioners recommended against these laws. At least 15 states have since repealed or amended their laws in order to ban this practice.

Self-insured companies that pay their employees' health care costs directly are allowed to refuse to cover claims related to alcohol.

Prayers of a Four Year Old:

At the table: "Gone is great! Gone is good! Let us spank him for our food. Amen."

"And forgive us our trash baskets as we forgive those who put trash in our basket."

"The chief aim of man is to glorify God and annoy Him forever."

Data Spotlight

National Survey on Drug Use and Health

February 16, 2012

More than 7 Million Children Live with a Parent with Alcohol Problems

An annual average of 7.5 million children younger than the age of 18 (10.5 percent of all children; Figure) live with a parent who had an alcohol use disorder in the past year.¹ These children are at a greater risk for depression, anxiety disorders, problems with cognitive and verbal skills, and parental abuse or neglect.² Furthermore, they are 4 times more likely than other children to develop alcohol problems themselves.³

Children may be exposed to family alcohol problems regardless of their household composition. According to the 2005 to 2010 National Surveys on Drug Use and Health (NSDUHs), of the 7.5 million children living with a parent with an alcohol use disorder, most of these children (6.1 million) lived with two parents and either one or both of these parents had an alcohol problem. However, 1.4 million children lived in households with single parents who had alcohol use disorders. In these households, 1.1 million children lived with a mother, and 0.3 million lived with a father.

There are many resources to help children when a parent has an alcohol problem. The National Association for Children of Alcoholics (http://www.nacoa.org/) provides information and resources for professionals who work with these families. For additional resources, visit http://www.samhsa.gov/treatment/.

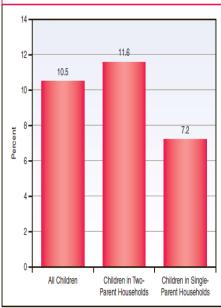
¹ Alcohol use disorder includes dependence or abuse of alcohol and is based on definitions found in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). See American Psychiatric Association, (1994), Diagnostic and statistical manual of mental disorders (4th edition), Washington, DC: Author,

² Substance Abuse and Mental Health Services Administration. (2004). Children of alcoholics: A guide to community action. Retrieved from http://store.samhsa.gov/shin/content/MS939/MS939.pdf

³ Anda, R. F., Whitfield, C. L., Felitti, V. J., Chapman, D., Edwards, V. J., Dube, S. R., & Williamson, D. F. (2002). Adverse childhood experiences, alcoholic parents, and later risk of alcoholism and depression. Psychiatric Services. 53(8), 1001-1009.

http://www.samhsa.gov/data/.

Percent of Children Living with Parent with a Past Year Alcohol Use Disorder, by Household Composition: 2005 to 2010



Source: The National Survey on Drug Use and Health (NSDUH) is an annual survey sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey collects data by administering questionnaires to a representative sample of the population through face-to-face interviews at their places of residence.

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MAY 1, 2012

'Drunkorexia:' A Recipe for Disaster Science Daily

http://www.sciencedaily.com/releases/2011/10/111017171506.htm

ScienceDaily (Oct. 17, 2011) — It is well known that eating disorders are common among teens and college students. Heavy alcohol consumption is another well-known unhealthy habit of this age group. A new study from the University of Missouri shows that when college students combine these two unhealthy habits, their long-term health may be affected. "Drunkorexia" is a new term coined by the media to describe the combination of disordered eating and heavy alcohol consumption.

Victoria Osborne, assistant professor of social work and public health, examined the relationship between alcohol misuse and disordered eating, including calorie restriction and purging. Researchers found that 16 percent of those surveyed reported restricting calories to "save them" for drinking. Of the respondents, about three times as many women reported engaging in the behavior than men. Motivations for "drunkorexia" include preventing weight gain, getting intoxicated faster and saving money that would be spent on food to buy alcohol.

According to Osborne, "drunkorexia" can have dangerous cognitive, behavioral and physical consequences. It also puts people at risk for developing more serious eating disorders or addiction problems.

"Apart from each other, depriving the brain of adequate nutrition and consuming large amounts of alcohol can be dangerous," Osborne said. "Together, they can cause short- and long-term cognitive problems including difficulty concentrating, studying and making decisions."

People who participate in disordered eating combined with binge drinking are also more at risk for violence, risky sexual behavior, alcohol poisoning, substance abuse and chronic diseases later in life. Osborne says women are at higher risk for health problems related to binge drinking because they metabolize alcohol differently than men. This means women can get sick faster and suffer damage to vital organs sooner than men might.

"It is important that young people understand the risks of this behavior," Osborne said. "We teach college students about the dangers of binge drinking, but most of them do not consider the long-term health consequences of disordered eating and heavy drinking, either alone or combined."

Many college campuses have alcohol education programs for students. The MU Wellness Resource Center works to educate students and prevent the misuse and abuse of alcohol. The Center's services include peer education programs that advocate the responsible use of alcohol; workshops and classes that educate students about the dangers of alcohol abuse; and CHEERS, a program that provides free non-alcoholic drinks to designated drivers.

"We are aware that this is a problem on campus, and we're working to address it through research and educational programs," said Kim Dude, director of the Wellness Resource Center. "The atrisk drinking rate among our students has declined in recent years, so we know our prevention efforts are headed in the right direction."

Osborne has a dual appointment in the School of Social Work in the MU College of Human Environmental Sciences and the Master of Public Health Program. The study was co-authored by Kenneth Sher, Curator's Distinguished Professor of psychological sciences and Rachel Winograd, a doctoral student in psychological sciences. The study was presented at the American Psychopathological Association in March and the Research Society on Alcoholism in June. American Council on Alcohol Problems 2376 Lakeside Drive, Birmingham, AL 35244

TO:

<u>PURPOSE</u>: American Council on Alcohol Problems is the channel of cooperation through which state temperance organizations, national religious bodies and similar concerned groups and individuals in America can unite to deal with the problems caused by alcohol and other drugs.

ACAP provides the forum and the mechanism through which concerned persons can find common ground on alcohol and other drug problems and address these issues with a united voice. It is the successor organization to the American Temperance League and the Anti-Saloon League established in 1895. Membership of ACAP presently is made up of 30 local temperance organizations, 22 national Christian denominations, and other fraternal organizations that support ACAP's philosophy of abstinence.

(ACAP is classified by the IRS as a 501 (c)(3) taxdeductible charity.)

Checks should be made payable to: American Council on Alcohol Problems

ACAP Officers President: Jim Butler, CA President-elect: Mark Creech, NC Secretary: Anita Bedell, IL

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Join us for the 2012 Annual Meeting of the American Council on Alcohol Problems September 18-19, 2012 / Harrisburg, Pennsylvania

Pennsylvanians Concerned About Alcohol Problems (PCAP), under the leadership of Rev. Don Wert, is hosting the Annual Meeting of the American Council on Alcohol Problems in the beautiful city of Harrisburg. Meeting details are in the planning stages. Please mark your calendars to join us for fellowship and educational speakers as well as many activities in the city of Harrisburg. Please see the following website to plan your vacation itinerary. http://www.visithhc.com/harrisburgpa.shtml. If you would like more information, please call Cheryl Corley at 205-989-8177.





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