

# The American Issue

April—June, 2008

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## National Institute on Alcohol Abuse and Alcoholism NIAAA Alcohol Alert #74 January 2008

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.

In 2006, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) published the Five-Year Strategic Plan, *The NIAAA Strategic Plan for Research*. The Five-Year Plan introduces a new organizing principle for alcohol research studies: A Lifespan Perspective. This new perspective gives researchers a framework within which to examine how alcohol affects people at different stages of development and how different stages of development affect drinking behaviors.

The Five-Year Plan examines the current state of alcohol research—what we know about alcohol-related issues—within a Lifespan Perspective, and suggests opportunities for new research and outreach based on these findings. Since 2006, the Five-Year Plan has been revised once, and NIAAA will continue to provide updates to reflect new and emerging research opportunities. This *Alcohol Alert* presents some of the findings and opportunities outlined in the latest version of the Five-Year Plan.

### **SENIOR ADULTS AND ALCOHOL: A NATIONAL HEALTH ISSUE**

*What we know*—Senior adults tend to drink less than other age-groups. However, research suggests that alcohol problems in older adults soon may become a national health issue. Senior adult 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 current 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.

**Research opportunities**—Although older adults are the most rapidly growing segment of the population today, very little alcohol-related research has been conducted among this age-group. Researchers continue to explore how the physiological and social changes that come with aging interact with alcohol use. New research is examining the effectiveness of current medications in seniors with alcohol use disorders, as well as developing medications that might work better in older individuals. Researchers are examining how alcohol use may impact the development of diseases such as Alzheimer's, type 2 diabetes, and other age-related health problems. Ongoing research will reveal how changing demographics may affect the use, impact, and consequences of older adult drinking.

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National Institute on Alcohol Abuse and Alcoholism Publications Distribution Center  
P.O. Box 10686, Rockville, MD 20849-0686.

### **Parent Awareness of Youth Substance Use** **National Survey on Drug Use and Health / NSDUH Report 4/4/08**

<http://oas.samhsa.gov>.

Rates of parent awareness of youth cigarette, alcohol, and marijuana use in the past year were generally higher among mothers in mother-child pairs than among fathers in father-child pairs. For example, 41.1 percent of mothers in mother-child pairs with children aged 12 to 17 who used marijuana in the past year were aware of their child's marijuana use compared with 32.5 percent of fathers in comparable father-child pairs.

Parent awareness of adolescents' use of cigarettes and alcohol in the past year increased with the youth's increasing age among both mother-child and father-child pairs (Table 2). For example, 33.4 percent of mothers in mother-child pairs with children aged 12 to 14 who used alcohol in the past year were aware of their child's alcohol use. In comparison, 60.5 percent of mothers with children aged 15 to 17 who used alcohol in the past year were aware of their child's alcohol use. The percentage of parents who were aware of their child's marijuana use was relatively consistent regardless of the age of the youth.

**Table 2. Percentages of Parents in Parent-Child Pairs Who Were Aware of Their Child's Substance Use Where the Child Had Used Substance in the Past Year, by Age of Children: 2002-2006**

<b><u>Substance</u></b>	<b><u>Mother-Child Pairs</u></b>		<b><u>Father-Child Pairs</u></b>	
	<b><u>Age 12-14</u></b>	<b><u>Age 15-17</u></b>	<b><u>Age 12-14</u></b>	<b><u>Age 15-17</u></b>
Cigarettes	42.3	57.3	35.2	51.1
Alcohol	33.4	60.5	29.2	53.4
Marijuana	40.8	41.2	34.5	32.1

**“Into your hands.....” Luke 23:46**

*Sr. Pauletta Overbeck*

*Sacred Heart Convent, Springfield, Illinois*

**In silence let us realize with praise and gratitude  
that we ARE in the presence of God.**

We are the recipients of the  
WISDOM, KNOWLEDGE, EXPERIENCE, EXPERIMENTATION  
PSYCHOLOGY, THEOLOGY, SPIRITUALITY, OF THE PAST  
YOUR OWN EXPERTISE.

**WHAT ARE YOU CALLED TO PASS ON?**

**HEAR GOD SAY, “INTO YOUR HANDS.**

**I HAVE NO HANDS BUT YOURS.”**

**We want to hide – resist – incapable – unworthy**

**But....YOU HAVE SPECIAL GIFTS no one else has.**

Once tiny baby hands: taught to patty-cake, wave good-bye, fold in prayer

Then: hold your own bottle dress yourself

GREW: Taught to **CARE AND SHARE.**

**Adolescent: want to experience, experiment, challenge, celebrate:**

**Bottle in one hand - play cards - pull in money – JOY –**

Drink to success - **“One more for the road” Drive - Crash! Desperate**

**YOURS - ACT and/or REACT**

Hand to hold back - pat on back to encourage – or even just a “high five”

**Elderly hands – hurting hands - lonely hands - They take the pill**

Go for company - **Hold hand – smile- embrace** The greatest gift we have is “Presence”

**YOU? YOU READ THE PAPER/ HEAR THE NEWS**

**Write to the Editor, call legislators, drive to a rally, vote, pray:**

**Sometimes all we can do is:**

**HOLD THE TENSION and say: “Into Your hands!”**

**Feel God smile: “Let every sunrise be a Pentecostal thrust which says,**

**GO, DO, BE, I AM WITH YOU. I have no hands but yours.”**

**American Council on Alcohol Problems**  
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**PURPOSE:** 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) tax-deductible charity.)

Checks should be made payable to:

**American Council on Alcohol Problems**

Mail to:

2376 Lakeside Drive, Birmingham, AL 35244

TO:

ACAP Officers

**President:** Robert Van Komen, UT

**President-elect:** William E. Day, AL

**Secretary:** Anita Bedell, IL

**Exec. Dir.:** D.L. Dan Ireland, AL

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**Fetal Alcohol Spectrum Disorder Awareness Day / September 9, 2008**  
**Department of Health and Human Services Publication No. (SMA) 06-4236**  
**<http://download.ncadi.samhsa.gov/Prevline/pdfs/SMA06-4236.pdf>**

**WHO IS AT RISK?**

Any woman of childbearing age is at risk of having a child with a Fetal Alcohol Spectrum Disorder (FASD) if she drinks alcohol during pregnancy. Alcohol can harm a fetus at any time, even before a woman knows she is pregnant. Many women drink early in pregnancy but stop drinking when they learn they are pregnant. Others cannot stop drinking without help. Women who have given birth to children with a FASD and continue to drink are at very high risk of having additional children with a FASD.

**WHAT PROBLEMS DO PEOPLE WITH AN FASD FACE?**

People with a FASD are vulnerable to a range of difficulties, such as failure in school, substance abuse, mental illness, and involvement in the criminal justice system. A University of Washington study shows the percentage of people age 6 to 51 with a FASD who had difficulties in the following areas:

- 94% had mental health problems.
- 23% had received inpatient care for mental illness.
- 83% of adults experienced dependent living.
- 79% of adults had employment problems.
- 60% of those age 12 and older had trouble with the law.
- 35% of adults and adolescents had been in prison for a crime.
- 45% engaged in inappropriate sexual behavior.
- 43% had disrupted school experiences (e.g., dropped out).
- 24% of adolescents, 46% of adults, and 35% overall had alcohol and drug problems. 10

10. Streissguth, A.P.; Bookstein, F.L.; Barr, H.M.; et al. 2004. Risk factors for adverse life outcomes in fetal alcohol syndrome and fetal alcohol effects. *Journal of Developmental and Behavioral Pediatrics* 25(4):228-238

**CAN FASD BE PREVENTED?**

The most important statistic to remember about FASD is that it is 100% preventable. The only cause of a FASD is prenatal exposure to alcohol. If a woman does not drink during pregnancy, her baby will not have a FASD. Individuals who already have a FASD should receive an accurate diagnosis and appropriate treatment, prevention, and support services. FASD prevention and treatment strategies present an opportunity to address FASD, raising hope for families everywhere.