
the ASAP News*

-- Tools you can use from the Adolescent Substance Abuse Program --

For more information or admission to the ASAP Intensive Outpatient Program call (602) 434-0249

Issue number 18 -- January 2008

Special focus of this Issue: **Underage Drinking**

The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking.

In March 2007 the U.S. Surgeon General issued an official and important *Call to Action To Prevent and Reduce Underage Drinking*.

Research conducted by the National Institute on Alcohol Abuse and Alcoholism's (NIAAA) Underage Drinking Initiative formed much of the scientific background for the Surgeon General's report. The recommendations made in the Surgeon General's *Call to Action* are not surprising, and in fact somewhat obvious:

Change the culture by challenging norms and expectations surrounding underage drinking

Prevent adolescents from starting to drink

Delay initiation of drinking

Early intervention, especially with high-risk youth

Reduce drinking and its consequences among youth that have already started drinking

Identify youth who could benefit from treatment services

In this issue of the ASAP Newsletter we will focus on the data that formed the basis for the Surgeon General's *Call to Action* in order to inform the

public of the extent of the underage drinking problem. The following is excerpted from the U.S. Dept. of Health's *Alcohol Alert*:

NATURE AND EXTENT OF UNDERAGE ALCOHOL USE

Underage drinking is a significant but often overlooked problem in the United States. Young people ages 12 through 20 are more likely to use alcohol than tobacco or illicit drugs, including marijuana. While adolescents drink less frequently than adults, when they do drink they drink considerably more per occasion-- in fact 5 drinks on average.

This binge drinking that youth engage in is a particularly harmful pattern of drinking that puts the drinker at high risk for a range of problems.

Despite the high prevalence of the underage drinking and the resulting problems, many adults do not realize the extent of the problem. Worse, many do not even view underage drinking as harmful, but view it instead as a "rite of passage"—and even facilitate it. Changing this culture that accepts drinking as a normal part of growing up is critical to the fight against underage drinking.

But for now alcohol is still clearly intertwined with growing up in the social culture of the United States in 2008. Both drinking and binge drinking ramp up dramatically during the teen years and into early adulthood. By age 15, approximately 50% of both boys and girls have had a drink of alcohol; this figure is 90% by age 21. More worrisome are the binge drinking statistics. National surveys indicate an increase in binge drinking in girls through age 18 and boys through age 20. Among college students, 80% drink alcohol, about 40% binge drink, and about 20% binge drink three or more times within a 2-week period.

The predictable consequences of this drinking among youth that are well documented include risky sexual behavior, physical and sexual assaults, potential effects on the still-developing brain, problems in school, problems at work, involvement with the legal system, various of injury, car crashes and DUI, homicide and suicide, and death by alcohol poisoning.

Finally, early initiation of drinking is strongly correlated with alcohol dependence both in adolescence and later in life.

THEN WHY IS ALCOHOL SO APPEALING TO YOUNG PEOPLE?

The research shows that a variety of social, cultural, and biological factors influence youth drinking, and that youth drinking is linked not just to individual risk factors but also to adolescent development. Adolescence, of course, is a key period in human development and a time of dramatic changes. Puberty, social transitions, and school transitions all characterize adolescence and all these can bring stresses and expectations that contribute to underage drinking. Research also shows that adolescents' expectations about their alcohol use significantly influences their drinking. We know that during adolescence the tendency to take risks, and take more significant and more dangerous risks, also increases dramatically as young people seek greater independence, new experiences, and their own unique identity.

What we are learning now from the research is that risk taking in adolescence is in part biologically driven. Normal changes in brain structure, connectivity, and physiology that occur at various times and in various regions of the developing adolescent brain help explain the changing balance between emotions and self-regulation. For example, the limbic system, a part of the brain associated with risk-taking and novelty- and sensation-seeking, matures earlier than the frontal cortex, which is associated with judgment, self-regulation, and impulse control.

Research with animals suggests that adolescents may experience alcohol's effects differently than adults, and this may in turn effect their drinking behavior, especially the tendency to binge drink. Animals studies suggest that adolescents tend to be more sensitive than adults to the stimulating effects of alcohol and less sensitive to some of its more unpleasant effects, including sedation, hangover, and loss of motor coordination. All these differences likely contribute to binge drinking among adolescents.

Parenting Tips

At ASAP we agree with the Surgeon General, who writes "Underage alcohol us not inevitable, and schools, parents, and other adults are not powerless to stop it."

Parents can try not drinking themselves. Go for one month without any alcohol of any sort. Consider what it means if you are unable to accomplish this feat.

Parents can have an alcohol-free home. Guess where the most common place young people get alcohol? In their very own home, from their parent's supply. Again, consider what it means if you as a parent are unable or unwilling to remove alcohol from your home.

Parents cannot realistically expect their teens to respect their decisions to drink alcohol while they forbid them to do the same. The "legal age limit" rationale does not play with teens. When parents insist it is OK for them to drink safely simply because they are over 21, teens simply do not respond. Teens typically wish to be judged by the same standards as their parents. We know that learning by example applies to teens and young adults just as surely as it applies to small children.

Current Trends in Arizona

At ASAP we can certainly confirm the data presented in the Surgeon General's *Call to Action* on underage drinking. We have forgotten how many times we have heard parents report: "I know they are going to drink, so we just ask them to do it at home" or "We allowed beer at the party because they are going to drink anyways, and this way we can keep an eye on things," or yet another "At least its only beer and that's better then using hard drugs." At ASAP we have NOT typically seen positive outcomes, in the long term, from those families that in any fashion facilitated underage drinking. Typically, young people who have their alcohol use facilitated or approved in any way by their parents do NOT just drink at home, they do NOT have only beer at their parties, they do NOT drink in moderation, and drinking DOES in fact serve as a gateway to the use of many other drugs.

What is ASAP?

ASAP stands for Adolescent Substance Abuse Program. Since its origin in

1991 ASAP has proudly served as Arizona's finest outpatient treatment program for youth suffering from substance abuse-- and their families. ASAP was founded by three Arizona psychologists who specialize in the treatment of adolescent substance abuse: Dr. Phil Lett, Dr. Mark Rohde, and Dr. Curtis Walling. These three psychologists continue to own and operate the ASAP Program as a state-of-the-art Intensive Outpatient Program (IOP) treating youth substance abuse, with three sites serving the entire Phoenix metropolitan area. The ASAP Treatment Model has always been a "best practices" treatment model, and enjoys many years of proven success. The ASAP Program is contracted with all insurance companies, and any youth with health insurance should have no problem gaining admission to the ASAP Program site nearest to the family should the clinical need exist.

For more information on the ASAP Program visit our website anytime at HYPERLINK "<http://asapaz.com/>" <http://asapaz.com/> or call (602) 434-0249. Don't wait—the scary part of parenting is that you “don't know what you don't know.” Call ASAP whenever substance use is discovered.

How can I get a youth into the ASAP Program?

The easiest way to get a youth admitted into the ASAP Program, or to simply get more information about the ASAP Program, is to call the ASAP Intake Coordinator at:

(602) 434-0249

There is no waiting list for admission into the ASAP Program at any site. Again, all insurance plans are accepted. The phone number is the same for all three locations. The exact addresses for the ASAP Program are:

[ASAP East Valley-- 2530 South Alma School Road Mesa, AZ 85202](#)

[ASAP Scottsdale-- 3839 East Shea Boulevard Phoenix, AZ 85028](#)

[ASAP West Valley-- 8607 N. 59th Avenue #C-6 Glendale, AZ 85302](#)

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