

April is Alcohol Awareness Month

Overshadowed by the current focus on heroin and opiate related deaths, more than 88,000 people die each year from an alcohol related cause, the third leading cause of death in the United States (worldwide 3.3 million). Some authorities and parents are known to turn a blind eye or minimize the impact of alcohol especially with the current outrage around heroin use. The justification “at least they are only drinking” can be costly, even deadly.

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) 52% of 13-20 year olds report getting alcohol from their own parents or a friends parents. More than 10% of children in the US live with a parent that has an alcohol problem. 75% of parents surveyed, report they have spoken to their son or daughter about the dangers of drinking yet only 25% of teens report that a parent has spoken to them about this subject, obviously this dis-connect remains as a contributing factor. We must be certain to talk with our young folks about the dangers of alcohol use.

In addition 16.6 million adults aged 18 or older had an Alcohol Use Disorder (AUD) in 2013, nearly two thirds of these were men.

Screening Brief Intervention Referral to Treatment (SBIRT) is a promising nationwide initiative that has helped with prevention and early intervention. The use of SBIRT has been shown to reduce drinking/drug use in a large portion of the studied population. Programs that are funded through the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) have shown that, of everyone screened, 20 percent are positive for risky or problematic substance use. Of that 20 percent, 70 percent can be treated by a single brief intervention; 15 percent need six or fewer follow-up interventions; and 15 percent have dependence and need additional specialty care.

Preliminary SBIRT data shows a total of 74 percent of high-risk individuals reported lowering their drug or alcohol consumption after one or more brief treatment sessions and 48 percent reported stopping use. Making behavioral health screening part of primary care makes sense and, by taking this public health approach to alcohol consumption we can lower health care costs by reaching individuals before they need specialized treatment. Long Island hospitals are implementing SBIRT in their emergency rooms and SBIRT is being integrated in health clinics and primary care settings as well.

Here are some other useful tools to explore drinking as a potential problem:

The text book Alcoholics Anonymous offers up a subjective method for determining if an alcohol problem exists; asking the reader to ponder two simple statements.

“If when you honestly want to, you find you cannot quit entirely or if when drinking you have little control over the amount you take in, you are probably alcoholic” Quite a simplistic statement yet one based on many years of inter-personal experiences dealing with individuals who have questions about their drinking.

The John Hopkins University CAGE test, comprised of 4 simple questions that will help determine if the drinking is problematic

1. Have you ever felt you needed to **C**ut down on your drinking?

Yes No

2. Have people **A**nnoyed you by criticizing your drinking?

Yes No

3. Have you ever felt **G**uilty about drinking?

Yes No

4. Have you ever felt you needed a drink first thing in the morning (**E**ye-opener) to steady your nerves or to get rid of a hangover?

Yes No

Any yes answer could indicate the presence of an alcohol use disorder and further evaluation is recommended.

At times clinicians recommend that folks consider the ninety day challenge asking them to make a commitment to not drink any alcohol at all for ninety days. While not definitive the inability to do so could indicate the presence of a problem as well

For help or an evaluation for alcohol/other drug problem call

LECSA EAP (631)-851-1295