

Alert

Metropolitan Drug Commission

Strengthens Families. Protects Lives.

Why lowering the drinking age is a bad idea *The Metropolitan Drug Commission's response to the Amethyst Initiative*

Despite evidence showing that the 21 minimum drinking age law saves lives, more than 100 college and university presidents have signed on to an initiative that aims to lower the drinking age.

Since the 21 drinking age law became uniform among states, the National Highway Traffic Safety Administration estimates that more than 25,000 lives have been saved. In addition, more than 50 peer-reviewed studies have found that increasing the drinking age significantly lowers alcohol-related fatalities.

The Metropolitan Drug Commission strongly believes the 21 law is working. The facts below speak for themselves.

The Amethyst Initiative says:

Twenty-one is not working. A culture of dangerous, clandestine "binge-drinking"—often conducted off-campus—has developed.

Research proves:

Community norms and perceptions of approval/disapproval are good predictors of binge drinking rates in a community. In communities where drinking is not discouraged, drinking rates are higher. If presidents of universities are outwardly proposing lowering the drinking age to 18, what message are they sending to their students?

The Amethyst Initiative says:

Alcohol education that mandates abstinence as the only legal option has not resulted in significant constructive behavioral change among our students.

Research proves:

Perhaps this statement is true at the collegiate level; however, in a middle school abstinence-only alcohol prevention curriculum administered by the Metropolitan Drug Commission, perception of harm of alcohol use increased 48%. Research proves that as perception of harm is high, rates of use are lower than if perception of harm is low.

The Amethyst Initiative says:

Adults under 21 are deemed capable of voting, signing contracts, serving on juries and enlisting in the military, but are told they are not mature enough to have a beer.

Research proves:

Research proves the human brain continues to develop into the early twenties. According to the American Medical Association, their report on the effects of alcohol on the brains of adolescents notes a "study comparing magnetic resonance imaging of the brains of 14- to 21-year-olds who abused alcohol with those of nondrinkers. That study found that drinkers had about 10 percent smaller hippocampi—the area of the brain that handles memory and learning. Researchers call such a reduction significant and possibly irreversible.

"Our brains go through important transformations during adolescence," says Sandra Brown, Ph.D., chief of psychology services at the Veterans Affairs Medical Center in San Diego and whose brain research is



included in the report. "This study shows that alcohol use during the adolescent years is associated with damage to memory and learning capabilities as well as to the decision-making and reasoning areas in the brain." According to Brown, alcohol takes a greater toll on brain development of those under twenty-one than on any other age group.

The Amethyst Initiative says:

By choosing to use fake IDs, students make ethical compromises that erode respect for the law.

Research proves:

This is true, regardless of the minimum legal drinking age (MLDA). If the MLDA is lowered to 18, younger adolescents will begin to make fake IDs stating they are 18 (instead of 21). With the MLDA at 21, on average, children take their first drink of alcohol at age 12 (in Knox County, it is 12.6 (YRBS, 2005)) (American Medical Association, 2008). If the MLDA is lowered to 18, it is highly likely this early age of onset will become even earlier.

Youth who drink alcohol are more likely to experience

- School problems, such as higher absence and poor or failing grades.
- Social problems, such as fighting and lack of participation in youth activities.
- Legal problems, such as arrest for driving or physically hurting someone while drunk.
- Physical problems, such as hangovers or illnesses.
- Unwanted, unplanned, and unprotected sexual activity.
- Disruption of normal growth and sexual development.
- Physical and sexual assault.
- Higher risk for suicide and homicide.
- Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning.
- Memory problems.
- Abuse of other drugs.
- Changes in brain development that may have life-long effects.
- Death from alcohol poisoning.

SBI Codes Adopted by 10 States

New diagnostic codes for addiction screening and brief intervention (SBI) have been adopted by 10 U.S. states, making it easier for doctors to get reimbursed for screening Medicaid patients, according to the Office of National Drug Control Policy (ONDCP).

The states that have adopted the American Medical Association Common Procedural Terminology codes (CPT) or Centers for Medicaid Services (CMS) HCPCS so far are Iowa, Maryland, Minnesota, Montana, Oklahoma, Oregon, **Tennessee**, Virginia, and Washington. The state of Wisconsin is conducting SBI as part of a package of healthcare services for pregnant women.

"SBI continues to gain traction in the medical and public health communities, as assessments combined with on-the-spot interventions and referrals have shown to be effective in reducing substance abuse, while also saving healthcare dollars," according to ONDCP.

"By 'medicalizing' the detection and intervention of substance abuse, the ten states recognize the need to de-stigmatize substance abuse, and mainstream preventive services into general medical care," said Bertha K. Madras, ONDCP's deputy director of demand reduction. "This innovative approach will help diminish the public health burden of substance abuse in their respective state, and catalyze preventive medical procedures in a cost-effective and sustainable manner."

Private and public health providers like Aetna and the Federal Employees Health Benefits (FEHB) program are also paying for SBI services.

Metropolitan Drug Commission offers evaluation services

As both public and private organizations are increasingly being held to a higher degree of accountability, evaluation services are in high demand. For years, the Metropolitan Drug Commission has collected and analyzed data to evaluate the effectiveness of programs to remain dynamic and to maintain a high level of accountability. These services are now available to outside clients as well. We will tailor our services to fit specific needs of an organization in both a timely and cost-effective manner.



The Metropolitan Drug Commission is pleased to offer the following evaluation services:

- Assessment*
- Survey/Instrument Design*
- Data Collection*
- Data Analysis*
- Written and Oral Reports*
- Program Evaluation*
- Data Entry*
- Development of Outcome Measures*

Stephanie Armbrister Strutner, Epidemiologist and Evaluator for the Metropolitan Drug Commission, has experience with local, state, and federal grant reporting. While she earned her Master of Public Health Degree from the University of Tennessee, she conducted research; performed multiple analyses; and completed a field practice in epidemiology, including extensive data collection and graphical presentation. Mrs. Armbrister Strutner serves as evaluator for multiple federal grants and is contracted by non-profit organizations both in Knox and surrounding counties.

For more information or for an evaluation consultation, please contact Stephanie Armbrister Strutner, MPH at (865) 588-5558. Sample documents are available upon request.

Teen "Self Medication" for depression leads to more serious mental illness

Millions of American teens report experiencing weeks of hopelessness and loss of interest in normal daily activities and many of these depressed teens are using marijuana and other drugs, making their situation worse, according to a new White House report. The report, from the White House Office of National Drug Control Policy (ONDCP), reveals that marijuana use can worsen depression and lead to more serious mental disorders, such as schizophrenia, anxiety, and even suicide.

Research shows that some teens are using drugs to alleviate feelings of depression ("self-medicating"), when in fact, using marijuana can compound the problem. The report shows a staggering two million teens felt depressed at some point during the past year, and depressed teens are more than twice as likely as non-depressed teens to have used marijuana during that same period. Depressed teens are also almost twice as likely to have used illicit drugs as non-depressed teens. They are also more than twice as likely as their peers to abuse or become dependent on marijuana. Marijuana use is associated with depression, suicidal thoughts, and suicide attempts.

Although marijuana use among teens has dropped by 25 percent since 2001, more teens use marijuana than all other illicit drugs combined. The new report, "Teen Marijuana Use Worsens Depression: An Analysis of Recent Data Shows 'Self-Medicating' Could Actually Make Things Worse," shows the following:

- Using marijuana can cause depression and other mental illnesses;
- The percentage of depressed teens is equal to the percentage of depressed adults, but depressed teens are more likely than depressed adults to use marijuana and other illicit drugs;
- Teen girls who use marijuana daily are more likely to develop depression than girls who do not use marijuana;
- Depressed teens are also more likely than non-depressed teens to engage in other risky behaviors such as daily cigarette use and heavy alcohol use.

In fact, the potency of smoked marijuana has risen consistently over the past decades and higher potency translates into serious health consequences for teens. Some studies show that higher potency marijuana may be contributing to an increase in the number of American teens seeking treatment for marijuana dependence. The risks associated with recent and long-term marijuana use include schizophrenia, other forms of psychosis, and even suicide.

The full report, "Teen Marijuana Use Worsens Depression: An Analysis of Recent Data Shows 'Self-Medicating' Could Actually Make Things Worse" can be accessed at <http://www.theantidrug.com/pdfs/teen-marijuana-depression-report.pdf>.

- Teens who smoke marijuana at least once a month are three times more likely to have suicidal thoughts than non-users;



Family Day: A Day to Eat Dinner with Your Children

Family Day: A Day to Eat Dinner with Your Children is a national movement to remind parents that what their kids really want at the dinner table is THEM! The Metropolitan Drug Commission encourages your family to participate in this year's *Family Day* which will take place Monday, Sept. 24.

Family Day encourages parents to frequently eat dinner with their kids and be involved in their children's lives. The conversations that go hand-in-hand with dinner help parents learn more about their kids' lives and helps them to better understand the challenges their kids face.

The National Center on Addiction and Substance Abuse (CASA) at Columbia University launched *Family Day* in 2001 after CASA's research consistently found that the more often children eat dinner with their families, the less likely they are to smoke, drink or use drugs.

In fact, children who learn about drugs at home are 50% less likely to use drugs, but 35% of Knox County students say they have never had any talks with their parents about alcohol or drugs (Knox Teen Assessment Project, 2004). The main reason children give for not using drugs is that they do not want to disappoint their parents.

CASA's 2006 report *The Importance of Family Dinners III* found that compared to kids who have fewer than three family dinners per week, children and teens who have 5-7 family dinners per week are:

- At 70 percent lower risk for substance abuse;
- Half as likely to try cigarettes or marijuana;
- One third less likely to try alcohol;
- Half as likely to get drunk monthly

It is never too early to start the family dinner tradition. Begin making family dinners a regular feature of your daily routine today! For more information, call (865) 588-5550 or visit www.metrodrug.org for conversation tips, family activities and local resources.



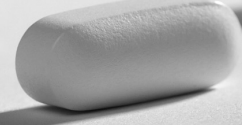
Membership Drive Update

Many thanks to the following business supporters of our membership campaign:

- DeRoyal Industries*
- Henry Bertelkamp, III*
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To make a tax deductible donation to support our youth initiatives, call (865) 588-0963.

85 Percent of Online Pharmacies Don't Require Prescription



A new report finds that the number of online pharmacies may be declining, but the vast majority still don't require customers to provide a prescription before ordering controlled drugs.

The "You've Got Drugs V: Prescription Drug Pushers on the Internet" report from the National Center on Addiction and Substance Abuse (CASA) said that of the 365 websites that researchers found selling prescription drugs online, just two were certified by the National Association of Boards of Pharmacy, and 85 percent sold drugs without a prescription.

CASA found that 42 percent of the sites explicitly stated that no prescription was needed to get drugs. Even among the sites that require a prescription, half allow customers to fax their scrip in, which CASA called an invitation to fraud.

Some sites also have started selling online "medical consultations," allowing customers to obtain a prescription for controlled drugs that they can get filled at local pharmacies. The previous You've Got Drugs study found 581 online pharmacies in 2007.

"This decline in the number of Web sites advertising or selling controlled prescription drugs may reflect efforts of federal and state agencies and financial institutions to crack down on Internet drug trafficking," said CASA chairman and president Joseph A. Califano, Jr. "Nevertheless, in spite of those efforts, anyone of any age can obtain dangerous and addictive prescription drugs with the click of a mouse."

Califano praised a bill passed by the Senate in April to crack down on illicit online pharmacies and urged the House and President Bush to approve the measure, as well as steps taken by credit-card companies and PayPal to prevent payments to online "pill mills." The CASA report also called for Internet search engines to block ads for drugs from unlicensed and uncertified online pharmacies and said the U.S. should ink treaties with foreign governments to shut down online pharmacies.

However, Califano added that, "This problem is not going away. It is morphing into different outlets for controlled prescription drug trafficking like Internet script mills and membership sites that sell lists of online pharmacies, and different payment methods like eChecks, COD and money orders."



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Metropolitan Drug Commission
P.O. Box 53375
Knoxville, TN 37950-3375
Phone: 865.588.5550
Fax: 865.588.0891

VISIT OUR WEBSITE for information about starting or maintaining a Drug-free Workplace Program; parent resources; treatment options; general drug descriptions, including warning signs and effects; and local and national research about drug use.

www.metrodrug.org

This project is funded under an agreement with TCCY



Announcements

Share your opinion!
Join the Metropolitan Drug Commission's Survey Group

The Metropolitan Drug Commission's Survey Group is an opportunity to voice your opinion on local and national topics regarding alcohol or other drug-related issues.

By registering to be a member of our Survey Group your opinions could be used (in complete confidentiality) to drive policies in our area. None of the answers you provide will be linked to you and no one at any institution will have access to any of your information.

We have created an online link for you to register with us at www.metrodrug.org. Your contact information will be used solely for research purposes.

If you are interested in being a member of our polling community, visit www.metrodrug.org and click on the "Sign Up Today" link. Feel free to contact the Metropolitan Drug Commission with any questions you may have at (865) 588-5550.



MDC in Action

From July 1 to August 30, 2008, the MDC serviced the community by providing:

48 Treatment Referrals
1379 Prevention Materials & Resources

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To submit an announcement or article to the Metropolitan Drug Commission's **ALERT**, please call (865) 588-5550.



Metropolitan Drug Commission
P.O. Box 53375
Knoxville, TN 37950-3375
Phone: 865-588-5550
Fax: 865-588-0891
www.metrodrug.org