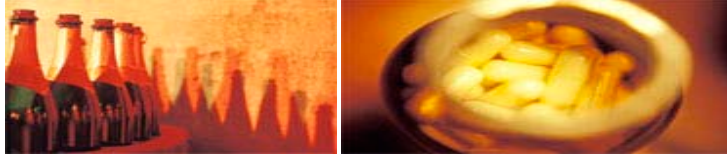


# INTERVENTION SERVICES



## Have you been here?

*"I took my wife to the ER for detox and treatment and they kept her only a few hours and then let her go. We did not know what to do next?"*

*"I was arrested for a DWI and did not know what attorney to call for help?"*

*"I have been referred for addiction treatment and don't have health insurance. What do I do now? Can I still find treatment?"*

*"My son was arrested for serious drug charges and faces years in state prison. Are there alternatives to incarceration?"*

*"Thirty days just doesn't cut it with my daughter. She needs long term placement because if she doesn't get it she will die. Is there any place like that?"*

*"I am worried about being in a program too generic. Are there specialty programs That treat police/Fire/EMS, healthcare professionals, and Executives?"*

*"Does drug Court really work?"*

Today there are millions of families and friends who agonize over how to help a loved one struggling with alcoholism, drug problems, or mental health issues. The biggest obstacle to getting someone help is the issue of denial. Denial in addiction is particularly problematic because the downside of drinking (or drugging) plus denial and driving can be fatal for the substance abuser and others. Other health risks associated with denial in addiction include heart disease, lung and liver disease, overdosing and brain damage. Denial is an unconscious defense mechanism that is necessary for survival. But, with denial in regards to addiction, the denial is taken to an extreme and becomes unhealthy in that it becomes an obstacle to recovery. The alcoholic or addict will blame everything and everyone except their own substance abuse for their problems. Another reason is that the addict may be using

drugs or alcohol to cover up or numb unpleasant feelings and by stripping away the denial (and drugs and alcohol), the unpleasant feelings will come to the surface.

One way to address a loved one's addiction is to take action through a formal intervention. Staging a well-planned intervention can be an effective way to help a loved one recognize the impact of his or her behaviors and accept treatment. An intervention is a carefully planned process in which family and friends, and sometimes colleagues, clergy or others, join together to confront someone about the consequences of alcoholism, addiction or another mental health problem, and ask him or her to accept treatment. An intervention can help people who struggle with addictive behaviors but who are in denial about their situation or who have been unwilling to accept treatment. People with addictions often don't see the negative effects their behavior has on them and others. It's important not to wait until they "want help." Instead, think of an intervention as giving your loved one a clear opportunity to make changes before things get really bad like developing medical issues like liver disease, get arrested for a DWI/DUI or drug possession, lose their careers and family and in so many cases end up dead.

## What is Alcohol Abuse?

"Many people think that alcohol abuse and alcoholism are the same. This information is not based on alcoholism facts, alcohol abuse facts, or about alcohol facts. Indeed, though both alcohol abuse and alcoholism are similar in that both point to the unfortunate connection that exists between abuse and alcohol, alcohol abuse, unlike alcoholism, does not include the loss of control due to drinking, physical dependence, or an extremely strong craving for alcohol.

**Definition of Alcohol Abuse.** Alcohol abuse is defined as a pattern of drinking that results in one or more of the following circumstances in a twelve-month time frame:

- Drinking in situations that can result in physical injury such as operating machinery.
- Continued drinking in spite of ongoing relationship problems that are the result of drinking.
- Failure to attend to important responsibilities at home, work, or school.
- Experiencing recurring alcohol-related legal problems. Examples include getting arrested for damaging someone's property, receiving a DUI, or for physically hurting someone while drunk.

An intelligent way of looking at the components that make up the definition of alcohol abuse is this: when a person exhibits problems in any or all of these areas, consider this information as alcohol abuse signs. That is, the manifestation of any or all of these issues is often a red flag that the person is engaging in abusive drinking."

([http://www.about-alcohol-abuse.com/Teen\\_Alcohol\\_Abuse\\_Statistics.html](http://www.about-alcohol-abuse.com/Teen_Alcohol_Abuse_Statistics.html))

## A Definition of Alcoholism

“To understand the differences between alcohol abuse and alcoholism, we will provide a definition of alcoholism. According to alcoholism facts, alcoholism, also known as alcohol addiction or alcohol dependence, is a form of drug addiction and is a disease that includes the following symptoms:

- Loss of control: The inability to limit one's drinking over time or on any given occasion.
- Craving: A strong and continuing compulsion or need to drink.
- Tolerance: The need to drink increasing amounts of alcohol in order to "feel the buzz" or to "get high."
- Physical dependence: alcohol withdrawal symptoms when a person stops drinking after a period of excessive drinking. Such symptoms include: "the shakes," nausea, anxiety, and sweating.

When looking at alcohol abuse and alcoholism one key factor is worth mentioning. The longer a person engages in alcohol abuse, the higher the probability that he or she will eventually become alcohol dependent. Stated differently, those who engage in long term alcohol abuse are increasing their risk of becoming an alcoholic down the road.” ([http://www.about-alcohol-abuse.com/Teen\\_Alcohol\\_Abuse\\_Statistics.html](http://www.about-alcohol-abuse.com/Teen_Alcohol_Abuse_Statistics.html))

## Treating Co-Occurring Disorders

“People with addictions often suffer from other mental health disorders. Some with untreated mental health problems start using alcohol or drugs as a way to self-medicate. Conversely, there are cases where an individual begins to develop the symptoms and signs of a mental illness only after using drugs; suggesting that drug abuse caused or exacerbated the mental disorder. Illnesses that frequently co- occur with addiction include:

- attention deficit hyperactive disorder
- bipolar disorder
- conduct disorder
- depression
- post-traumatic stress disorder
- schizophrenia

In 2002, the Substance Abuse and Mental Health Services Administration reported that 7-10 million people in the United States have co-occurring mental and alcohol or drug use disorders. People are less likely to recover from addiction when their co-occurring illness is left untreated.

Frequently, caregivers try to treat one illness without becoming aware of or addressing the other. So health practitioners helping a person with depression, for instance, may neglect to screen and treat the patient for alcoholism. Conversely, a caregiver working with a person with a cocaine addiction may fail to recognize and address an underlying bipolar disorder.

"Careful assessment and treatment of co-occurring disorders is critical to maximizing the chances of success in treatment," says Kathleen Brady, a nationally known addiction researcher at the Medical University of South

Carolina. "If both disorders are not treated the chances of recovery are poor." According to the federal Substance Abuse and Mental Health Services Agency, "if one of the co-occurring disorders goes untreated, both usually get worse and additional complications often arise." ([http://www.hbo.com/addiction/understanding\\_addiction/142\\_co-occurring\\_disorders.html](http://www.hbo.com/addiction/understanding_addiction/142_co-occurring_disorders.html))

## Addiction is a Family Disease



"Anyone who has ever watched a family member or loved one struggle with substance abuse or addiction, whether alcohol, or illicit or prescriptive drugs, knows how painful and disruptive it can be to family life. Substance abuse contributes to family conflict, erodes relationships, and generates high levels of expressed emotion, thus disturbing much-needed social support." **Kirstyn K. Zalice, MSN, C.R.N.P.**

### Dealing with Addiction in the Family

"Is someone you love harming themselves with an addiction? Learn how you can be of help to yourself and the addicted person. Dealing with addicted family members is always a big challenge. There are some important issues to explore when someone you love is harming themselves.

#### ARE YOU CONTRIBUTING TO THE PROBLEM?

People use various addictions to avoid their painful feelings, especially their feelings of anxiety, stress, aloneness, emptiness and loneliness. Is there some way that you are contributing to their pain? While you are not responsible for how someone deals with pain, you are responsible for anything you are doing that may be contributing to it. Some of the ways you might be contributing are:

- Being judgmental toward the addicted person in an effort to control them regarding their addictions or regarding other behavior.
- Caretaking the addicted person by covering up for them or doing things for them that they need to be doing for themselves.
- Being discounting or dismissive toward them, when they try to share their feelings with you, about something you might be doing that is difficult for them.
- Telling yourself that you are responsible for them, rather than taking loving care of yourself.

#### ACCEPTING YOUR LACK OF CONTROL

Regardless of how you might be contributing to the problem, their choice to act out addictively is still 100% their choice, and you cannot control this. When you do not accept your powerlessness over another's choices and behavior, then you might stay in situations that are detrimental to you, trying to get the other person to change.

## STAYING TUNED IN TO YOUR OWN FEELINGS AND NEEDS

Are you focused on the addicted person rather than on your feelings and needs? Are you putting yourself aside in your attempts to help them? Are you abandoning yourself in your efforts to get them to stop abandoning themselves and harming themselves?

If you focus on your own feelings and your responsibility for yourself, what would you be doing differently? Are you feeling sad, used, angry, or anxious much of the time? If this is the case, then you need to start taking care of yourself rather than abandoning yourself.

## TAKING LOVING ACTION

If you completely accept your lack of control over the other person and stop caretaking them or judging them, and if you tune into yourself and discover that you are distressed as a result of this relationship, then you have some hard decisions to make.

It is very important to understand that whatever is truly in your highest good is also in the highest good of all. When you take loving care of yourself, you open the door for others to take loving care of themselves.

What are some of the loving actions to take regarding the addicted person?

- Join the appropriate 12-Step group to help you move out of enabling the addicted person and out of enmeshment with him or her.
- Get professional help to heal your need to control through your caretaking or through being judgmental.
- Contact a professional who does interventions and bring together all the people who are sad about the situation and are willing to stop contact with the addicted person until he or she goes into a treatment center or gets some other form of good help.
- Decide for yourself that you will no longer be involved with the family member as long as he or she is acting out the addiction. This means leaving the relationship, which may be a very hard thing to do. You may need professional help to take this action.
- Accept the person as he or she is, completely accepting that the addiction will continue, and learn to take care of you within the situation.

When you completely accept your lack of control and deal with your own controlling behavior, then you can open to learning about the loving action to take in your own behalf and in behalf of the addicted family member." (Used with permission from Margaret Paul, Ph.D.)

## The Dynamics of an alcoholic Family

### Little caretaker

The little caretaker role is often a carbon copy of the partner of the alcoholic. They take care of the alcoholic; getting drinks, cleaning up after the alcoholic and soothing over stressful situations and events. They are validated

by approval for taking responsibility for the alcoholic and their Behavior. This little person often goes on to become a partner of an alcoholic or other dysfunctional person if they do not get treatment.

### **Family hero**

The family hero role brings pride to the family by being successful at school or work. At home, the hero assumes the responsibilities that the enabling parent abdicates. By being overly involved in work or school, they can avoid dealing with the real problem at home and patterns of workaholicism can develop. Although portraying the image of self-confidence and success, the hero may feel inadequate and experience the same stress-related symptoms as the enabler.

### **Scapegoat**

The scapegoat role diverts attention away from the chemically dependent person's behavior by acting out their anger. Because other family members sublimate their anger, the scapegoat has no role model for healthy expression of this normal feeling. They become at high risk for self-destructive behaviors and may be hospitalized with a variety of traumatic injuries. Although all the children are genetically vulnerable to alcoholism, this child is often considered the highest risk because of their association with risk-taking activities and peers. Although tough and defiant, the scapegoat is also in pain.

### **Lost child**

The lost child role withdraws from family and social activities to escape the problem. Family members feel that they do not need to worry about them because they are quiet and appear content. They leave the family without departing physically by being involved with television, video games, or reading. These children do not bring attention to them, but also do not learn to interact with peers. Many clinicians have noted that bulimia is common in chemically dependent families and feel this child is prone to satisfy their pain through eating.

### **Family clown**

The family clown role brings comic relief to the family. Often the youngest child, they try to get attention by being cute or funny. With family reinforcement, their behavior continues to be immature and they may have difficulty learning in school.

## **The Merry-Go-Round of DENIAL**



“Alcoholism is a tragic three act play in which there is at least two characters, the drinker and his family; friends; co-workers and even healthcare workers may have a part in keeping the Merry-Go-Round turning.

## ACT ONE

The play opens with the alcoholic stating that no one can tell him/her what to do. This makes it very difficult for the family to talk about drinking and its results. Even when the drinking is obviously causing serious problems, he/she simply will not discuss it. Talking is like a one-way street.

The key word in alcoholism is Denial, for again and again people do what they say they will not or deny what they have done.

As the alcoholic drinks more and more, the helpers deny the problem and increase the alcoholic's dependency.

In act one, the alcoholic kills all his/her pain and woes by getting drunk.

## ACT TWO

In act two, the alcoholic does nothing but wait for and expect others to do for them. Distinct characters begin to evolve from his/her helpers. A person can play more than one character and usually does.

### The Enabler

The Enabler is a helpful type, trying to rescue his friend from their predicament. The Enabler wants to save the alcoholic from the immediate crisis and relieve them of the unbearable tension created by the situation. In reality, this person is meeting a need of their own, rather than that of the alcoholic, although the Enabler does not realize this themselves.

The Enabler denies the alcoholic the process of learning by correcting and taking responsibility for his/her own mistakes.

The Enabler may eventually insist they will never again rescue the alcoholic. They always have and the alcoholic believes they always will.

### The Victim

This may be the boss, the employer, the foreman or supervisor. The Victim is the person who is responsible for getting the work done, if the alcoholic is absent due to drinking or is half on and half off the job due to a hangover.

The alcoholic becomes completely dependent on this repeated protection and cover-up by the Victim; otherwise he/his could not continue drinking in this fashion. If the Victim stops helping, the alcoholic will be compelled to give up drinking or give up the job.

It is the Victim who enables the alcoholic to continue his irresponsible drinking without losing his/her job.

### The Provoker

This is usually the wife or mother and is a key person in the play.

She is a veteran at this role and has played it much longer than others. She is the Provoker. She is hurt and upset by repeated drinking episodes; but she holds the family together despite all the trouble caused by drinking. In turn, she feeds back in the relationship her bitterness, resentment, fear and hurt, and so becomes the source of provocation.

She controls, she tries to force the changes she wants; she sacrifices, adjusts, never gives up, never gives in, but never forgets.

The attitude of the alcoholic is that his/her failure should be acceptable, but she must never fail the alcoholic! He/she acts with complete independence and insists he/she will do as they please. This character might also be called the Adjuster. She is constantly adjusting to the crises and trouble caused by drinking.

Act two is now played out in full. Everything is done for the alcoholic and not by them. The results, effects and problems caused by drinking, have been removed by others. The painful results of the drinking were suffered by persons other than the drinker. This permits him/her to continue drinking as a way to solve his/her problems.

### ACT THREE

Act three begins much like act one. The need to deny dependence is now greater for the alcoholic and must be expressed almost at once, and even more emphatically. The alcoholic denies he/she has a drinking problem, denies he/she is an alcoholic, denies that alcohol is causing him/her trouble. The alcoholic refuses to acknowledge that anyone helped them – more denial. He/she denies that they may lose their job and insists that he/she is the best or most skilled person at his/her job. Above all, the alcoholic denies he/she has caused his/her family any trouble. In fact, the alcoholic blames the family, especially the spouse/parent, for all the fuss, nagging and problems.

Some alcoholics achieve the same denial by a stony silence, refusing to discuss anything related to their drinking. The memory is too painful.

The real problem is that the alcoholic is well aware of the truth which he/she so strongly denies. He/she is aware of the drunkenness and the failure. His/her guilt and remorse have become unbearable and the alcoholic cannot tolerate criticism or advice from others.

Above all, the memory of his/her utter helplessness and failure is more than embarrassing; it is far too painful for a person who thinks and acts as if he/she were a little god in their own world.

### The wheel goes round and round.

The curtain never closes after act three, but instead the acts run over and over again. As years go by the actors get older, but there is little change in the words or the action of the play.

It is not true that an alcoholic cannot be helped until he wants help. It is true that there is almost no chance that the alcoholic will stop drinking as long as other people remove all the painful consequences for him/her. The other actors find it difficult to change. It is much easier and far less painful for them to say that the alcoholic cannot be helped, than to go through the agony of learning to play a new role.

### Self-creating crisis

If drinking continues long enough, the alcoholic creates a crisis, gets into trouble, and ends up in a mess. This can happen in many ways, but the pattern is always the same: he/she is a dependent who behaves as if he/she were independent, and drinking makes it easy to convince himself/herself this is true. Yet the results of his drinking make him ever more dependent upon others.

When his/her self-created crisis strikes, he waits for something to happen, ignores it, walks away from it, or cries for someone to get him/her out of it. Alcohol, which at first gave him/her a sense of success and independence, has now stripped him/her of their mask and reveals a helpless, dependent child.

The crisis is a way of reassuring the alcoholic that they have control over the other players in the play.

### The Little God

No one has a right to play God and demand that the alcoholic stop drinking. The reverse is also true. The alcoholic can only continue to act like a little god, telling everyone what to do, while doing as he/she pleases, if a supporting cast continues to play their roles. Every player has every right and responsibility to refuse to act as if the alcoholic in their lives were God whose every wish and commandment be obeyed.

### Ending the play

There is no easy way to stop the merry-go-round, for it can be more painful to stop it than to keep it going. It is impossible to spell out definite rules which apply to all members of the play. Each case is different, but the framework of the play remains the same."

(Alcoholism: A Merry-Go-Round Named Denial by Joseph L. Kellerman)

## Denial Ain't a River in Egypt.

**Denial is the PRIMARY psychological symptom of addiction.** It is an *automatic and unconscious* component of addictions. Addicts are often the last to recognize their disease, pursuing their addictions into the gates of insanity, the collapse of health and ultimately death. Sadly, many addicts continue to act out on their addictions while their world collapses around them - blaming everything *but the addiction* for their problems.

**Denial is one of the reasons** that recovery from addictions is seldom effective if the chemically dependent person is forced into treatment. You cannot work on a problem unless you accept that it exists.

**Step One of Alcoholics Anonymous** deals with working through our denial, allowing us to accept our powerlessness over addictions and the chaos and unmanagability they bring into our lives. (This is just one of the curious and beautiful things about recovery - in acknowledging powerlessness the addict is empowered to lead a healthy life.)

**Active alcoholism and addiction are characterized by a struggle to control use.** Addicts resent the suggestion they are powerless until things get so bad they are forced to face their addiction. Sadly, some alcoholic / addicts never break through their denial, and continue use to the point of insanity and death.

**There are many subtypes of denial**, including projection, ("I don't have a problem - you have a problem.") rationalization, ("I drink because of my crummy job / life / wife /parents etc.") intellectualization, (being too much "in your head" about your problems) minimizing, (sure I drink a few beers each day, but it's not a problem") suppression, (forcing down memories of our using behavior and consequences of use) withdrawing, (leaving relationships, jobs, etc. rather than face our problems.) geographic escapes (my life is unmanagable - but it'll get better if I move to another place.) (<http://www.recovery-man.com/index.html>)

# The Behaviors of Addiction

by Phil Rich, Ed.D., MSW, DCSW

Addiction treatment involves more than identifying addiction symptoms and handling withdrawal symptoms. Knowing and understanding the behaviors that are common to ALL addictions is one of the most important keys to preventing relapse, otherwise known as relapse prevention.

## The Side Behaviors

- **Denial.** Addicts often deny that there is an addiction. Denial is a way to ignore or dismiss the idea of addiction and avoid seeing a problem. Sometimes, addicts will acknowledge being addicted, but nevertheless dismiss the significance of the addiction. Cigarette smoking is a good example of an addiction that people readily acknowledge, but frequently do nothing about. They deny the reality of the addiction. Overcoming denial is always the first step in treatment of addictions.
- **Selfishness.** Addictions make people selfish and blind them. Nothing is more important than the addiction itself. Everything is geared towards getting the dependence met, and the deeper into addiction the greater the selfishness.
- **Covert Behavior.** Addictive behaviors eventually become a source of concern for others. Consequently, in order to meet the needs of the addiction, addicts often hide their behaviors from others. Addicts are often sneaky, running the gamut from hidden drug use and illicit sex, to drinkers who hide their alcohol, smokers who sneak cigarettes, and people who hide their eating.
- **Irresponsible and Undependable.** In the throes of addiction, addicts must pay far more attention to the needs of their addiction than the needs of anyone or anything else. Accordingly, addicts often become unable to meet social expectations and responsibilities, whether in school, work, relationships, or social roles.
- **Illegal and Criminal Behaviors.** Of course, many addictions are against the law in the first place. In addition, in the case of certain addictions the addict has to commit criminal acts in order to get the substance or engage in the activity. Much street, computer, and white collar crime is directed toward meeting the needs of addiction.
- **Dangerous and Risky Behaviors.** Because of the antisocial, and sometimes illegal, nature of many addictions, addicts often have to engage in dangerous behaviors to satisfy their needs. This may mean using a dirty needle, getting street drugs, going to an unsafe part of town, interacting with dangerous people, or engaging in some other activity that is inherently dangerous in order to support the addiction. And this also means using substances like nicotine which are carcinogenic and have a major impact on respiration and the cardiovascular system, and eating in a way that paves the way for, and directly causes, multiple physical problems. These too are dangerous and risky behaviors.

## Paying the Price

Although these sort of behaviors or consequences often accompany addiction, they are neither always present or inevitable. Some addicts, in fact, are quite open about their addiction and are not in denial at all. Neither are they in denial about the possible consequences of their addiction. They have chosen to pay the price, although they may not realize what their use will really cost them or others. Perhaps more to the point, they don't care about the price. Perhaps this is a different form of denial.

## Living with Addiction

In some cases, addicts learn to live with their addiction and find ways to met the needs of the addiction without having to give it up and enter treatment. Others form and live in a society composed of other addicts, and thus choose an entire life style that supports their addiction. It is also quite possible to be addicted and have access to the desired object without having to sneak around or engage in illegal or dangerous activities. It depends on the addiction itself and the circumstances of the addict.

But addicts who successfully live with their dependency represent only a small percentage of addicts. For most addicts, the addiction eventually requires some form of underground behavior in which keeping the addiction secret is paramount, second in importance only to the addiction itself. Denial of the addiction is an important tool in the arsenal that keeps addiction alive.

### **Hiding Addiction**

Some addictions can be hidden -- you'll find secret drinkers, heroin addicts with needle marks between their toes, and sex addicts who live in a secret world of lovers and prostitutes. In the case of addictions like these, many addicts try to have it both ways. They want to keep their addiction, but have everyone think they've quit. They think just because something is a well kept secret they won't have to pay a price. This is just another form of denial.

### **Beyond Denial**

The first step in recovery is getting beyond denial -- recognizing that addiction makes life unmanageable for addicts, and keeps them powerless. It is not possible to overcome a problem unless one first acknowledges there is a problem!

## **Dealing with Co-Dependency**

Codependency personality disorder is a condition in which a person focuses on by living through or for another person, attempting to control the actions of others, attempting to "fix" others, feeling an obsessive need to take care of others, and feeling intense anxiety about the well-being of another person, while feeling victimized and secretly blaming the other person for life's unhappiness's.

### **Some character traits of co-dependent people**

1. An intense need to feel needed by others in order to establish a relationship with them.
2. A feeling that the value of the codependent's life was linked to and determined by the value of the abuser's life.
3. Becoming resentful when not allowed to help others.
4. Feeling that the codependent knows better how to take care of others than they know how to care for themselves.
5. Fearing the anger or rejection of the abuser and changing behavior to avoid triggering that anger or rejection.
6. Putting aside hobbies and interests in favor of the hobbies and interests of others.
7. Using gift giving as a way to maintain the relationship with the abuser.
8. Limiting social interactions to become more closely involved with the life of the abuser.

9. Feeling agitated and unhappy about the abuser's pain or struggle.

10. Attempting to protect the abuser.

There are many options and alternatives available to address co-dependency. Referrals are available for professional resources within your community from credentialed therapists, AA, ALANON, Because I Love You (BILY) and other self-help support groups. Call for information today.

## Teens and Drugs



Prescription drug abuse has become a serious problem, especially among teens and young adults. Do whatever you can to prevent your kids from misusing prescription drugs because its an incredibly difficult addiction to kick, much harder than heroin or cocaine. The misuse of prescription drugs kills more people than most other illegal drugs COMBINED? People don't need to leave the house to get high anymore. The drugs they crave are often right in the medicine cabinet.

“After reviewing some of the facts and statistics that follow, it will become apparent that teenage drug use and alcoholism and adolescent alcohol/drug abuse are critical problems that need to be addressed by our politicians, teachers, parents, and community leaders.

The Centers for Disease Control has released a survey that finds one out of every five high school students has abused a prescription drug at least once. They're mostly misusing drugs to treat ADHD, Attention Deficit Hyperactivity Disorder, like Adderall and Ritalin, or painkillers such as Oxycontin, Percocet, and Vicodin. Taking too much or combining it with other pills can quickly lead to liver damage or death. Kids often get their drugs from either students or unsuspecting parents. Parents need to make sure they clean out their medicine cabinets at home and make sure any unused medications to be taken out of the home. It is also suggested under suspicions to track pills inside bottles to see if they're slowly disappearing.” ([http://www.about-alcohol-abuse.com/Teen\\_Alcohol\\_Abuse\\_Statistics.html](http://www.about-alcohol-abuse.com/Teen_Alcohol_Abuse_Statistics.html))

### *Teen Alcohol Abuse Statistics*

- Alcohol-related problems and alcohol side effects are disproportionately found among both juvenile and adult criminal offenders.

- Traffic crashes are the greatest single cause of death for persons aged 6-33. About 45% of these fatalities are in alcohol-related crashes.
- In 2005, almost 36% of 8th-graders and 58% of 10th-graders reported using flavored alcoholic beverages at least once.
- Alcohol-related accidents are the leading cause of deaths among young people.
- Rates of drinking differ among racial and ethnic minority groups. Among students in grades 9 to 12, binge drinking was reported by 34 percent non-Hispanic white students, 11 percent of African American students, and 30 percent of Hispanic students.
- One national study found that students are less likely to use alcohol if they are socially accepted by people at school and feel that teachers treat students fairly.
- Underage drinking costs the United States more than \$58 billion every year - enough to buy every public school student a state-of-the-art computer.
- Adolescents drink less and have fewer alcohol-related problems when their parents discipline them consistently and set clear expectations.
- According to one study, almost 11% of 8th-graders, 22% of 10th-graders, and 27% of 12th-graders report binge drinking (five drinks in a row in the last two weeks).
- In one survey, 50% of high school seniors reported that they drank alcohol in the past 30 days, with 32% of them reporting that they were drunk at least once.
- 65% of youth surveyed said that they got the alcohol they drink from family and friends. Apparently these friends and family members do not realize that they are contributing to adolescent alcohol abuse and teenage alcoholism.
- Each year in the United States, roughly 5,000 young people under the age of 21 die as a result of underage drinking. This includes about 1,900 deaths from motor vehicle accidents.
- Research has shown that U.S. teens who drink alcohol are 50 times more likely to use cocaine than teens who never consume alcohol.
- Research indicates that adolescents who use alcohol may remember 10 percent less of what they have learned than those who don't drink.
- More than 1,700 college students in the U.S. are killed each year-about 4.65 a day-as a result of alcohol-related injuries.
- According to one study, forty-one percent of ninth-grade students reported drinking in the past month, while only 24 percent reported smoking in the past month. In another study it was discovered that one-fifth of eighth graders and 42 percent of tenth graders have been drunk at least once.
- In 2002, U.S. alcoholism statistics reported that 2.6 million binge drinkers were between the ages of 12 and 17. Since binge drinking can result in alcohol poisoning, this is one aspect of adolescent alcohol abuse that can be fatal.

- Sixty-seven percent of eighth graders and 83 percent of tenth graders believe that alcohol is readily available to them for consumption.
- In 2005, 2.1 million American college students between the ages of 18 and 24 reported driving under the influence of alcohol.
- In the U.S., problem drinkers are mostly found in young adults between the ages of 18 and 29.
- According to one survey, almost 20% of 8th-graders, and 41% of 10th-graders have been drunk at least once.
- An overwhelming number of Americans (96%) are concerned about underage drinking; and a majority support measures that would help reduce teen drinking, such as stricter controls on alcohol sales, advertising, and promotion.
- According to one study, approximately 17% of 8th-graders, 34% of 10th-graders, and 45% of 12th-graders report having consumed alcohol during the past month.
- The average 18-year-old has seen 100,000 television commercials encouraging him or her to drink. This fact displays some of the societal influences in adolescent alcohol abuse and teenage alcohol addiction.
- In a survey of seventh-through twelfth-grade teachers, 76 percent felt that underage student drinking was a serious or somewhat serious problem.
- Current research suggests that children are less likely to drink when their parents spend time and interact in a positive way with them and when they and their parents report feeling close to each other.
- Parents' drinking behaviors and attitudes of acceptance about drinking have been associated with adolescents' initiating and continuing drinking.
- 3.1 million Americans -- approximately 1.4% of the population 12 and older -- received addiction treatment for alcoholism and alcohol-related problems in 1997; treatment peaked among people 26-34.
- Among eighth graders, higher truancy rates were associated with greater rates of alcohol use in the past month.
- Forty percent of ninth-grade students reported having consumed alcohol before they were age 13. In contrast, only 26.2 percent of ninth graders reported having smoked cigarettes, and 11.6 percent reported having used marijuana before they were age 13.
- One study of Midwestern States found that 46 percent of ninth graders who reported drinking alcohol in the previous month said they obtained the alcohol from a person aged 21 or older. Obviously, these older friends or acquaintances are not aware that they were enabling the negative drinking behavior of these adolescents and contributing to their alcohol abuse.
- A study of fifth and sixth-grade students found that those who demonstrated an awareness of beer ads also held more favorable beliefs about drinking and intended to drink more frequently when they grew up.
- Teens under 15 who have ever consumed alcohol are twice as likely to have sex as those who have not. Nearly 4 in 10 (39%) sexually active teens who use alcohol have had sexual intercourse with four or more individuals. ([http://www.about-alcohol-abuse.com/Teen\\_Alcohol\\_Abuse\\_Statistics.html](http://www.about-alcohol-abuse.com/Teen_Alcohol_Abuse_Statistics.html))

# High Risk Populations



*"Peer Support systems within departments can lead the way to reducing stress and psychological trauma among law enforcement officers. Officers in distress more easily confide in peer support officers than in outside sources, often to the extent of saving their careers and sometimes their lives."* John M. Violanti, PhD.

## Emergency responders ....

It is no secret that first responders are generally acknowledged as the most stressful profession. The consequences of prolonged exposure to such a high stress career can include increased risks for cardiovascular disease, depression, family dysfunction, substance abuse and suicide.

It is not socially acceptable for first responders to show emotion...it is a sign of weakness...a loss of control...and they are trained and programmed to not lose control under any circumstances. It is inbred into them in their training academies, probationary training, and all aspects of emergency response that if they can't handle the stress, they need to get out. They sacrifice themselves hourly whether physically or emotionally. They sacrifice their heart and souls out there on those mean streets.

A common past time for first responders is engaging in what is called "choir practice." Taking a drink or two to relax after work is reasonable for most. However, for first responders and their high stress can often lead to a substance abuse dependency early in their careers. As the old cliché goes; "there is no just having one."

One major roadblock to first responders asking for help is the issue of trust. Asking for help is perceived as jeopardizing their careers rather than getting well. Therefore, most tend to shy away from professional help that continues to jeopardize not only their careers, but their family and their health and well-being. If we offer them a safe environment where they feel it's confidential and that they're not going to be judged and that we're there just to support them, we have a better chance to reach them before it's too late.

Peer support and confidentiality is the key for first responders feeling safe enough for asking for help.

Specialized treatment programs are available for first responders that address specific issues such as Trauma, PTSD, substance abuse, domestic violence, family dysfunction and the high suicide rate. In addition, specialized programs also can protect them from being integrated with other patients they may have arrested or encountered with while working the streets.

Peer Support first responders are available on a voluntary basis to offer support and additional referrals for anyone seeking support and guidance which stays strictly confidential. Specialized residential treatment programs are available that offer immediate admission based on insurance benefits or self-pay options. Also, residential programs offer an apartment style setting rather than a hospital setting which is much more conducive to the first responder feeling comfortable with counselors who they, themselves are and or were first responders and knows first-hand the trials and tribulations of working in emergency response. There is no one better to understand what you're going through than someone who has been there.

# THERE IS HOPE

Most people today don't know what to do with a family member or friend suffering from an addiction or mental health issues. They are left feeling helpless and hopeless while trying to navigate through the insidiousness of the disease.

Catch a Falling Star Intervention Services offers varied levels of services to include:

- **Family Interventions**



- **Attorney/Client case management and monitoring**



- **Drug Court Coordination**



- **Educational Lectures and Workshop**



For more information regarding available confidential services, or for a free consultation, contact Cindy Goss at:

Office: (716) 656-8641 Cell: (716) 435-4895 Fax: (716) 656-7245

EMAIL: [RenewedHope4u@aol.com](mailto:RenewedHope4u@aol.com)

EMAIL: [LAWEAP@aol.com](mailto:LAWEAP@aol.com)

Website; [www.catchafallingstar.net](http://www.catchafallingstar.net)

## The Brick

A young and successful executive was traveling down a neighborhood street, going a bit too fast in his new Jaguar.. He was watching for kids darting out from between parked cars and slowed down when he thought he saw something.

As his car passed, no children appeared. Instead, a brick smashed into the Jag's side door! He slammed on the brakes and backed the Jag back to the spot where the brick had been thrown.

The angry driver then jumped out of the car, grabbed the nearest kid and pushed him up against a parked car shouting,

'What was that all about and who are you? Just what the heck are you doing? That's a new car and that brick you threw is going to cost a lot of money. Why did you do it?' The young boy was apologetic. 'Please, mister...please, I'm sorry but I didn't know what else to do,' He pleaded. 'I threw the brick because no one else would stop....' With tears dripping down his face and off his chin, the youth pointed to a spot just around a parked car.. 'It's my brother, 'he said 'He rolled off the curb and fell out of his wheelchair and I can't lift him up.'

Now sobbing, the boy asked the stunned executive, 'Would you please help me get him back into his wheelchair? He's hurt and he's too heavy for me.'

Moved beyond words, the driver tried to swallow the rapidly swelling lump in his throat... He hurriedly lifted the handicapped boy back into the wheelchair, then took out a linen handkerchief and dabbed at the fresh scrapes and cuts. A quick look told him everything was going to be okay. 'Thank you and may God bless you,' the grateful child told the stranger. Too shook up for words, the man simply watched the boy! Push his wheelchair-bound brother down the sidewalk toward their home..

It was a long, slow walk back to the Jaguar. The damage was very noticeable, but the driver never bothered to repair the dented side door. He kept the dent there to remind him of this message: 'Don't go through life so fast that someone has to throw a brick at you to get your attention!' God whispers in our souls and speaks to our hearts Sometimes when we don't have time to listen, He has to throw a brick at us. It's our choice to listen or not.

**There is Hope, Never give up.....**

## RESOURCES

Alcoholics Anonymous: <http://www.aa.org>

Alanon - Alateen : <http://www.al-anon.alateen.org>

Because I Love You (BILY) : <http://bily.org>

Substance Abuse and Mental Health Administration: <http://store.samhsa.gov>

## TESTIMONIALS