



Prevention WORKS!

NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE OF MIDDLESEX COUNTY, INC.

PROVIDING SUBSTANCE ABUSE PREVENTION, EDUCATION, AND SUPPORT FOR RECOVERY

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FEATURE ARTICLE

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Alcopops in New Jersey.

Alcopops in New Jersey. The need to reduce their consumption by our youth.

Though underage drinking is very slowly declining nationwide, approximately 395,000 underage youth in New Jersey drink each year. In 2005, underage drinkers consumed 17.3% of all alcohol sold in New Jersey, totaling \$852 million in sales. These sales provided profits of \$413 million to the alcohol industry.

New Jersey's youth continue to use alcohol at rates that should alarm all concerned citizens in the state. Alcohol continues to be the most frequently used drug by New Jersey middle school and high school students. Almost 39% of New Jersey's middle school students have already used alcohol, and 17.3% drank one or more drinks in the past 30 days.

The "beverages of choice" are increasingly becoming the sweet alcohol-infused drinks known as "alcopops." You remember when soft drinks were called soda-pops. This new beverage class is very similar – except for the alcohol content – about the same as a standard beer. They are sweetened alcoholic beverages that are bubbly and fruit-flavored, resembling soda, lemonade, punch or tea. Mike's Hard Lemonade is a prime example. These drinks have no traditional beer or malt beverage characteristics. The sweetness and flavoring hide the taste of alcohol and thus serve as a transition between soda pop and alcohol for young drinkers.

Alcopops comprise more than 100 brands and brand extensions including Smirnoff Ice, Skye Blue, Stolichnaya Citrona, Bacardi Silver, and more. Though the alcohol industry claims their target audience is adult women, research shows this is actually their least favorite alcoholic beverage. Instead, they are most popular with those who do not like the taste of alcohol, namely inexperienced and underage drinkers. Each year, approximately 154,050 youth in New Jersey drink alcopops. Other findings on annual teenage use of alcopops include:

- 49.3% of teenagers and 65% of 12th graders have drunk alcopops.

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Dear Friends,

New Jersey is on the verge of being the next state to grant medical authority to its legislators by enacting legislation to allow our citizens to smoke pot and call it medicine.

Besides the obvious contradictions that even the most addicted smoker knows that smoking is medically harmful and marijuana abuse and addiction account for more treatment admissions than cocaine in New Jersey (only alcohol and opiate rates are higher), both the American Medical Association and Food and Drug Administration (among many others) deny that smoked marijuana is medicine. Its purity cannot be controlled, nor can its dosage be regulated. However, when pro- and anti-marijuana dogmas clash, an important fact is lost: natural marijuana is not a medicine in and of itself, nor is it an evil drug; it is a plant. The marijuana plant naturally contains dozens of identified psychoactive chemicals, some of which cause feelings of euphoria, others lead to addiction, and still others may have the potential to be medically beneficial.

I am not a supporter of seeing smoked marijuana accepted as medicine, because I am concerned that once passed in enough states, there will be no reason for serious research to be done to create real medicines that may be possible from the marijuana plant.

If some relief can be found by smoking, how much better could it be if only the specific chemical components were used to make multiple medications (one for nausea, one for appetite, another for pain, etc.)? I am angry that the Federal government has worked so hard to stifle research into the various components of marijuana and the potential benefits that could be derived from it. The states that are supporting “medical marijuana” are acting out similar frustrations, I am sure. Unfortunately, instead of a Federal policy that allows doctors and chemists to freely experiment and research the marijuana plant, as they have done for decades with the opium poppy to create better and better medications, states are reduced to approving folk medicine. It is no different than if Percocet had never been developed, and after pulling a patient’s wisdom teeth the dentist recommended drinking “poppy tea”. It might provide some relief, but it is not real medicine. Better than nothing, no doubt – a real solution, no way.

The case of marijuana is actually quite similar to that of the willow tree. The willow tree bark itself, followed by an extract made from the bark, was used for its medicinal properties from

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- Underage alcopop consumption contributed to 13 deaths in New Jersey.
- Underage alcopop consumption contributed to 9,853 incidents of harm in New Jersey.
- And most striking, approximately 70-80% of alcohol consumed by 14-17 year-olds is in the form of alcopops.

The bait and Switch

Although these products derive much of their alcohol from distilled spirits and are often branded with spirit names, the alcohol industry calls them “flavored malt beverages” because it wants to take advantage of more favorable tax rates and guidelines for beer, but doesn’t want them to taste like, look like, or be called beer. In New Jersey, beer tax rates are significantly lower than the rate for liquor: 12 cents per gallon for beer compared to \$4.40 per gallon for distilled spirits.

Underage consumption of alcopops can be greatly decreased by subjecting them to the guidelines established for liquor rather than beer in terms of advertising, taxation, and marketing. Taxing it at the higher rate of \$4.40 will serve as a significant price disincentive for youth, who can often buy an alcopop for less than a bottle of water. In

addition, if the alcohol industry is successful in New Jersey in increasing the number of liquor licenses for grocery stores and convenience stores, classifying alcopops in their own category or as liquor will ensure that it is not available to youth in such stores.

Properly classifying alcopops and taxing them at the same rate as liquor will have a huge impact on (1) who is drinking them, (2) who is responding to their advertisements, and (3) who is affected by the tax rate. When alcohol costs more, youth drink less. When youth drink less, they are less likely to get into fights, have unprotected sex, or die in an automobile crash. Properly classifying alcopops can reduce underage consumption of all alcohol by 23%.

What can be done to correctly classify alcopops?

In the U.S., states have independent legal authority to classify alcohol products. Thus, each of the 50 states has its own laws that define the different categories of alcohol.

Due to the impact on underage drinking, several states have corrected the classification of alcopops by regulation or statute. These states have either classified alcopops as distilled spirits or statutorily created a new category of alcoholic beverages between beer and distilled spirits

that raises the tax rate and restrict the availability of alcopops to youth.

Properly classifying alcopops will not only save young lives, but will yield \$12.6 million in increased revenue.

Information for this article was formulated based on a primer developed by the New Jersey Prevention Network.

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Learning Disabilities Linked to Teen Drinking and Drug Abuse

Conscientious parents and teachers are justifiably concerned about their children's academic performance. When that performance is poor or declines as they enter their teen years, a likely culprit is the use of alcohol and other drugs. However, some evidence suggests that for some teenagers, the cause and effect relationship may be reversed from what we normally see. In fact, some teens appear to turn to alcohol and drugs to cope with failing grades that may be associated with a learning disability.

Studies have noted that teenagers with undiagnosed learning disabilities drink or abuse drugs because they are depressed, lonely, and have low self-esteem. Low self-esteem is characterized by an inability to make friends and academic failure: problems that result from undiagnosed learning disabilities.

According to the National Institute of Health, about 15% of Americans have some type of learning disability. Researchers

at Columbia University estimate that about 11.8 million American children have learning disabilities, but only about three million have been diagnosed.

Learning disabilities are neurological disorders that often run in families. They are not related to



intelligence; instead, they can change the way a person takes in and processes information. Learning disabilities can make it difficult for those affected to understand language and mathematics, while also affecting their ability to organize their thoughts or work. Making friends and reading social cues may also become difficult with an undiagnosed learning disability.

Teenagers who understand that they have a learning

disability and who are able to succeed in other academic or social areas are less likely to become involved with alcohol or other drugs. The teens at risk are the ones who do not understand how their learning disabilities affect their lives, and as a result they choose harmful coping mechanisms that may temporarily make them feel better but ultimately make their situations even worse.

Dr. Merith Cosden, an expert on the subject at the University of California in Santa Barbara, concluded that a greater

proportion of those with learning disabilities are drug and alcohol abusers compared to the general population. She believes that drugs and alcohol can become a way for those with learning disabilities to self-medicate for depression and loneliness.

Unfortunately in some cases, the abuse of drugs and alcohol creates a pathway for peer acceptance. Teen symptoms of drug

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and alcohol abuse are the same as those for learning disabilities. These symptoms include withdrawal, poor concentration, failing grades, and an apathetic attitude toward school.

If your child is abusing alcohol or drugs, you may want to get him or her tested for learning disabilities. Dealing with the learning disability may obviate the need for substance abuse treatment. If not, it will certainly make that treatment significantly more effective. Consult with your school's student assistance counselor (SAC) for assistance.

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- <http://www.drugrehabtreatment.com/learning-disabilities.html>



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ancient times until the eighteenth century. No one would ever say that the willow tree is medicine; however, one of the compounds in willow bark is salicylic acid, which is structurally similar to aspirin. Even so, it was not until chemists used this knowledge to create aspirin in 1899 that we had a true medicine, meaning we had an identified chemical (acetylsalicylic acid) that was able to be created with standard potency and studied in clinical trials. A doctor was now able to say, "Take two aspirin and call me in the morning" and know exactly what he was prescribing. This was much more clinically sound than your great aunt saying, "Make some tea with some of this willow bark. It will make you feel better."

It is my hope that state governments that are concerned about the health of their most seriously ill citizens will demand that the federal government not simply tolerate limited research into the potential medical properties in marijuana but demand that additional research be funded immediately. I would hate to think that the best we can do is tell people, "Here, smoke some of this. We know it is dangerous and most people will go to jail for using it, but this is the best we can do for you."

If we really wanted to help people who are in desperate need, we would demand the development of lozenges, inhalers, patches, or even those fast dissolving oral strips that can be dosage controlled – we would demand true medicine. Who knows how many potential medicines could be derived from the marijuana plant? While legislators fight it out on ideological lines, and pro-marijuana groups lobby for the right to smoke pot, the opportunity to truly help people is going up in smoke.



Steven G. Liga, CEO/Executive Director

College Binge Drinking. Still An Issue

The percentage of college students aged 18 to 24 years who engaged in binge drinking (defined as having 5 or more drinks on a single occasion in the previous 30 days) increased from 41.7% in 1998 to 44.7% in 2005, according to researchers with the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

At the same time, the number of deaths from unintentional alcohol-related injury increased to 1825 in 2005, or 19.0 deaths per 100,000 students. Finally, the same report indicated that the percentage of those who reported driving under the influence of alcohol in the past year increased from 26.5% to 28.9%.

Unfortunately, very few colleges and communities are taking the necessary steps to implement comprehensive alcohol abuse prevention and intervention programs, and by not doing so, they are putting the students who drink at risk for long-term medical problems, injury, and legal troubles.

Compounding the problem is the fact that most college students engaging in drinking do not think they have a drinking problem, and yet nationwide as many as one in five are drinking at a level that would be diagnosed as alcohol dependent.

The persistently high binge drinking percentages on college campuses cannot be fully blamed on the colleges as societal factors also play a significant role.

The NIAAA report indicates that many students come to college believing that heavy drinking is the norm, when it is not. For example, Rutgers University's "RU Sure?" campaign highlights the fact that two out of three students drink no more than three

alcoholic beverages per occasion, and one in five do not drink at all. Unfortunately, the remaining 13% drink very dangerously and are perceived as the majority, often leaving the more responsible students to feel as if they are the ones who are outside of the norm.

Many students think of their college years as a respite from the "real world," when it should be a time when they work hard to prepare for their future. This mindset is exacerbated by ready access to free or inexpensive alcohol, plus a lack of consistent enforcement of school rules and state law.

A closer look at the NIAAA data reveals some possibly encouraging developments:

- While binge drinking rose from 1998 to 2005, most of the increase during that time did not involve students younger than 21 years of age.
- Although the percentage of students reporting driving under the influence of alcohol was higher in 2005 compared with 1998, that percentage represented a decline from 31.4% in 2002.

Some credit the latest decline to federal legislation passed in 2000 that threatened to withhold highway funds from states that did not define driver intoxication as a blood alcohol concentration of 0.08% or higher. When the legislation passed, only 17 states had such a definition, but by 2005, all did.

What this means is that as a society, we can make a difference. Colleges and universities continue to initiate programs that may help reduce problem drinking on campus.

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We plan to focus on those in future issues of this newsletter. But the dangerously high consumption of alcohol by some students remains a fact of life, especially because the current culture accepts it in most segments of adult society.

What seems to be missing are efforts to change the environment. Changing the campus environment to downplay the significance of alcohol would be effective, but very difficult to achieve, especially because it requires the effort of the college and the surrounding community.

College administrations and leaders of the college community must get involved in the local community and the local community must provide its input into the college culture. After all, it is in the community where alcohol is marketed, sold and most often, consumed.

NCADD plans to continue addressing this issue through its outreach and advocacy efforts at both Rutgers University and Middlesex County College. The recent passage of the 9-1-1 Lifeline Legislation is just one example of these efforts. We will continue to update you on this important topic as new information becomes available.



Jason Surks Memorial Prevention Resource Center

NCADD is currently in the process of updating its Resource Center with new literature and DVDs. Check upcoming issues of NCADD TODAY! for more information. If you do not currently receive a copy of NCADD TODAY! via email, write to us at mail@ncadd-middlesex.org and ask to be added to our database.

We have thousands of videos, DVDs, brochures and other pieces of literature to choose from at our Resource Center. We'd like to highlight a couple of items that might be useful to you on the topics of drug and alcohol abuse and the underage population.

Videos

- ✦ **Alcohol: What You Don't know**— Video prepared by two young adults that provides an honest truth on how they started drinking, how quickly it got out of control, and the valuable tips they learned.

Pamphlets

- ✦ **College & Alcohol**— A Facts & Conversations brochure produced by the Health Alliance on Alcohol. This brochure discusses the facts of alcohol abuse on campus and how to start a conversation with your teenager or college-bound student.

NCADD of Middlesex County, Inc. is a private, non-profit community-based health organization serving Middlesex County. Our mission is to promote the health and well-being of individuals and communities of Middlesex County through the reduction or elimination of alcohol, tobacco, and other drug use problems.

NCADD of Middlesex County, Inc.
152 Tices Lane
East Brunswick, NJ 08816
Phone: 732-254-3344
Email: mail@ncadd-middlesex.org
Web: www.ncadd-middlesex.org

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