



# Chemical Health in Minnesota

Not just one day or one week  
It's every day of every week, all year long

2011 Edition

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**M**aking good decisions about chemical health is a year 'round endeavor. The Minnesota Prevention Resource Center updates this guide/idea sampler/resource each fall, but we encourage you to be mindful of chemical health and substance abuse prevention throughout the year.

With that in mind, there is no better time than now for individuals, families, schools, communities and groups of all kinds to increase awareness of alcohol, tobacco, and other drug abuse problems and to work together to find solutions.

Reducing alcohol, tobacco, and other drug use, especially by underage persons, is one way to have a more safe and healthy environment. To accomplish this, we must have consistent messages and actions throughout our schools, places of worship, workplaces, families, and communities.

Unfortunately, community and social environments often promote alcohol and tobacco use, challenging even our most successful efforts to curb their use by underage persons. Therefore, it is critical to understand that unless the social structure, private and public policies, role models, and other environments change, changes in perception and beliefs about substance use will remain short-term.

## CHEMICAL HEALTH GOALS

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- Unite community members who have a common interest in preventing alcohol, tobacco, and other drug abuse.
- Promote awareness of the benefits of prevention and the high costs of substance use.
- Encourage year-round prevention efforts in our schools, neighborhoods, workplaces, and faith communities

This resource is designed to help you take action. It includes the most current data on substance use and trends as well as laws. Also included are sample letters to newspaper editors and parents, suggestions for what to say if someone's alcohol use concerns you, and much more.

## BEST PRACTICES

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We know that many things are needed in order to make prevention work. This is just one of many resources available. As you embark on promoting chemical health and raising awareness of the benefits of substance abuse prevention, please read the following and adopt its message as your own.

The context in which substance use occurs is complex. It involves an interconnected set of social influences such as public policy, family, friends, school, community, and social norms as well as personal factors including personality traits, biological/genetic characteristics, and reasoning ability. Because of the complexity of these influences, planning efforts to prevent substance use and related problems must consider many social and personal factors in order to increase the likelihood that a particular prevention program, practice, or strategy will be effective.

We know from prevention research that effective prevention must:

- use multiple efforts
- involve many sectors of the community

- target people of various ages
- address both individuals and the broader school and community environments AND
- sustain efforts over time

For more information, please contact us.

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## WHAT IS EFFECTIVE PREVENTION?

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We know from scholarly research that when people have certain protective factors in their lives, they are less likely to use drugs or alcohol or to engage in other harmful behaviors. In order to be effective therefore, prevention efforts seek to increase the number of those protective factors and reduce the number of risk factors in people's lives. Some examples of protective factors are: healthy beliefs and clear standards; strong bonds/attachment/commitment to families, schools, communities and peers; opportunities; recognition; and a nurturing environment in the home, school and community. Some people refer to these traits as community assets and they seek to build and strengthen them. Meanwhile, some of the risk factors that prevention efforts seek to minimize are: availability of drugs and firearms; family history of problem behavior; family conflict; favorable parental attitudes towards, or involvement in the problem behavior; academic failure beginning in late elementary school; lack of commitment to school; early and persistent antisocial behavior; friends who engage in the problem behavior, and so forth.

In the past, some anti-drug programs focused on providing extensive information about drugs. Although many of those programs were very popular, evaluation of their long-term effectiveness demonstrated that they produced a measurable increase in students' knowledge about drugs, but had negligible effects on the students' substance abuse related attitudes and behavior.

Having individuals in recovery from drug and alcohol abuse speak to youth was another popular, well-intentioned strategy, however misguided. Although young people will often appear to be moved by a recovering user's story, there is no evidence that these presentations have any long-term impact on use. In some

cases, the presentations seem to result in "glamorizing" the alcohol and drug-using behavior. In other cases, such as those that employ scare tactics, audiences may reject the messages as "over the top."

At one time, some prevention programs expressed the idea that children could be "taught" self-esteem and that increasing their self-esteem would prevent them from using drugs. A panel of experts convened by the Center for Substance Abuse Prevention reviewed all the available evidence and concluded that improving adolescent self-esteem does not necessarily protect them against substance abuse and that poor self-esteem alone is not predictive of future substance abuse.

Thus, today's prevention programs no longer focus only on reaching individuals and imparting knowledge about alcohol and drugs. Rather, they emphasize programs and policies that affect everyone, not just individuals, and that shape knowledge, beliefs and behavior by changing the social, cultural and political environments. Providing information/education, of course, remains a part of our efforts. To be effective, prevention efforts must be comprehensive and ongoing. A comprehensive approach uses a variety of strategies such as: social marketing, technology and engineering, economic, legal/policymaking, and education. Used in concert, these strategies can affect lasting, positive change among people at risk and encourage everyone to take better care of themselves and others. As Minnesota Institute of Public Health Executive Director Jerry Jaker is fond of saying, "In the end, what we are about is the best use of resources to protect and promote the health and well-being of the public."

## NEWS AND TRENDS

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### Minnesota Student Survey (MSS)

The most recent Minnesota Student Survey was administered in the spring of 2010 to 6th-, 9th- and 12th-grade public school students. The survey was also offered to students in area learning centers and to youth in juvenile correctional facilities. The survey is conducted once every three years and asks questions related to both risk and protective factors.

The statistics below come from the 2010 MSS. To view the full survey results visit [www.health.state.mn.us/divs/chs/mss/](http://www.health.state.mn.us/divs/chs/mss/)

#### Illicit Drug Use:

- In the previous 12 months leading up to the survey, 98% of 6th grade males, 84% of 9th grade males, and 65% of 12th grade males report not using marijuana or hashish.
- In the previous 12 months leading up to the survey, 99% of 6th grade females, 86% of 9th grade females, and 73% of 12th grade females report not using marijuana or hashish.
- Among 12th grade males students, 8% report using OxyContin, Percocet, Percodan, Vicodin or other pain relievers that were not prescribed to them by a doctor, or that they took only to get high in the past 12 months. This percentage drops to 5% for 12th grade females.
- Among 6th grade male students, 4% report using inhalants during the previous 12 months to get high. This percentage drops to 3% for females.

#### Alcohol Use:

- In the previous 12 months leading up to the survey, 90% of 6th grade males, 69% of 9th grade males, and 43% of 12th grade males report not drinking alcoholic beverages.

- In the previous 12 months leading up to the survey, 93% of 6th grade females, 67 of 9th grade females, and 43% of 12th grade females report not drinking alcoholic beverages.
- For students who reported using alcohol within the previous 30 days, approximately two-thirds of 12th grade students report getting it from a friend.
- Approximately 25% of 12th grade students and 10% of 9th grade students report riding in a car on rare occasions with friends after they have been using alcohol or drugs.

#### Tobacco Use:

- During the previous 30 days leading up to the survey, 6% of 12th grade male students report using chewing tobacco, snuff, or dip all 30 days.
- During the previous 30 days leading up to the survey, 76% of 12th grade male students and 81% of 12th grade female students report not smoking cigarettes. This percentage increases to 90% for 9th grade students and 98% for 6th grade students.

#### Perceptions of Harm:

- Students who believe smoking one or more packs of cigarettes per day poses a great risk holds steady between 65% and 76% for male and female students across all three grade levels.
- Students who believe five or more drinks of an alcoholic beverage once or twice a week poses a great risk ranges in the 50-60% range for 6th and 9th grade male and female students and 12th grade female students, however for 12th grade male students that percentage drops to 39%.

- Students who believe smoking marijuana once or twice a week poses a great risk ranges greatly from 33% for 12th grade males to 70% for 6th grade females.

### Drug Abuse Trends – Twin Cities, June 2011

*Drug abuse trends Minneapolis/St. Paul*, a publication written by Carol Falkowski, Minnesota Department of Human Services Drug Abuse Strategy Officer, reported that 18.3 percent of total treatment admissions were for **marijuana**. Of that 18.3 percent, 31 percent were younger than 18 and 17.1 percent were age 18-25. The average age for patients admitted to treatment for marijuana as 14.1 years.

The abuse and addiction to **Heroin** and **other opiates** showed some signs of slowing. Between 2009 and 2010 the metro area saw a 5.8% decline in treatment admissions for heroin and other opiates.

**Alcohol** remained the most widely-abuse substance in Minnesota and the Twin Cities. Nearly one-half (51.3%) of total admissions to addiction treatment programs reported alcohol as the primary substance. Although only 1.4% were younger than 18, the average age of first use of all alcohol patients receiving treatment was 15.34 years.

### Drug Abuse Trends—Nationally

*All data is taken from the 2010 National Survey on Drug Use and Health (NSDUH). Available at <http://oas.samhsa.gov/NSDUH/2k10NSDUH/2k10Results.htm>*

#### Illicit Drug Use:

- Among youths aged 12 to 17, the current illicit drug use rate was similar in 2009 (10.0 percent) and 2010 (10.1 percent), but higher than the rate in 2008 (9.3 percent).
- The rate of current marijuana use among youths aged 12 to 17 decreased from 8.2 percent in 2002 to 6.7 percent in 2006, remained unchanged at 6.7 percent in 2007 and 2008, then increased to 7.3 percent in 2009 and 7.4 percent in 2010.
- Among youths aged 12 to 17, the rate of current nonmedical use of prescription-type drugs declined from 4.0 percent in 2002 to 3.0 percent in 2010.

#### Alcohol Use:

- The rate of current alcohol use among youths aged 12 to 17 was 13.6 percent in 2010, which was lower than the 2009 rate (14.7 percent). Youth binge and heavy drinking rates in 2010 (7.8 and 1.7 percent) were also lower than rates in 2009 (8.8 and 2.1 percent).
- Past month and binge drinking rates among underage persons declined between 2002 and 2010. Past month use declined from 28.8 to 26.3 percent, while binge drinking declined from 19.3 to 17.0 percent.
- Among persons aged 12 to 20, past month alcohol use rates in 2010 were 15.4 percent among Asians, 20.4 percent among blacks, 22.9 percent among American Indians or Alaska Natives, 24.2 percent among those reporting two or more races, 24.4 percent among Hispanics, and 29.3 percent among whites.
- A majority of underage current drinkers in 2010 reported that their last use of alcohol in the past month occurred either in someone else's home (55.3 percent) or their own home (29.9 percent). Underage females were more likely than males to have been in a restaurant, bar, or club on their last drinking occasion (10.1 vs. 7.2 percent).

#### Tobacco Use:

- The rate of past month tobacco use among youths aged 12 to 17 declined from 11.6 percent in 2009 to 10.7 percent in 2010. The rate of past month cigarette use among 12 to 17 year olds declined from 13.0 percent in

2002 to 8.3 percent in 2010. The rate of past month smokeless tobacco use among 12 to 17 year olds increased from 2.0 percent in 2002 to 2.3 percent in 2010.

#### **Youth Prevention-Related Measures:**

- Perceived risk is measured by NSDUH as the percentage reporting that there is great risk in the substance use behavior. The percentage of youths aged 12 to 17 perceiving great risk in smoking marijuana once or twice a week decreased from 54.7 percent in 2007 to 47.5 percent in 2010. Between 2002 and 2008, the percentages who reported great risk in smoking one or more packs of cigarettes per day increased from 63.1 to 69.7 percent, but the percentage dropped to 65.8 percent in 2009 and remained steady at 65.5 percent in 2010.
- Almost half (48.6 percent) of youths aged 12 to 17 reported in 2010 that it would be “fairly easy” or “very easy” for them to obtain marijuana if they wanted some. Approximately one in five reported it would be easy to get cocaine (19.0 percent). About one in seven (12.9 percent) indicated that LSD would be “fairly” or “very” easily available, and 11.6 percent reported easy availability for heroin. Between 2002 and 2010, there were declines in the perceived availability for all four drugs.
- A majority of youths aged 12 to 17 (89.6 percent) in 2010 reported that their parents would strongly disapprove of their trying marijuana or hashish once or twice. Current marijuana use was much less prevalent among youths who perceived strong parental disapproval for trying marijuana or hashish once or twice than for those who did not (4.4 vs. 32.8 percent).
- In 2010, three quarters (75.9 percent) of youths aged 12 to 17 reported having seen or heard drug or alcohol prevention messages from sources outside of school, lower than in 2002 (83.2 percent). The percentage of school-enrolled youths reporting that they had seen or heard prevention messages at school also declined during this period, from 78.8 to 75.4 percent.

## LEGAL ISSUES

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If your blood alcohol concentration (BAC) level is .08 or higher (.04 in a commercial vehicle) and you are in control of a moving or parked vehicle, you can be arrested for driving while intoxicated (DWI). If a law enforcement officer can prove that alcohol caused you to commit driving errors, you can be convicted of DWI with BAC of less than .08.

**Not a Drop** – In Minnesota, it is illegal for a person under age 21 to consume alcohol. If an underage person drinks and drives, they face penalties under Minnesota’s “Not a Drop” Law as well as the state’s DWI laws.

*Under “Not a Drop,” if an officer observes an underage person operating, or in physical control of, a motor vehicle and determines they have been drinking, they can lose their license for 30 to 180 days. The length of suspension will depend on the driver’s prior record.*

**Kevin’s Law** – makes it a felony to provide alcohol to a person under 21 years of age if that person causes or suffers death or great bodily harm.

**Vanessa’s Law** – applies to drivers under age 18. An unlicensed teen who receives a crash-related moving violation or an alcohol/controlled substance-related violation (a violation of one or more statutes, including DWI, Implied Consent, Open Bottle, or Underage Drinking and Driving) cannot be given a license, including an instruction permit or provisional license, until age 18. When this person turns 18, s/he must pass the driver’s license knowledge test, obtain an instruction permit and hold it for at least six months, and then pass the road test.

**Provisional Licensing** – A driver under the age of 19 whose driving privilege is revoked due to a crash-related moving violation or an alcohol/controlled substance-related violation

cannot regain a license until age 18. At that time, the person must complete the following steps to obtain a full driver’s license:

- Fulfill all reinstatement requirements, including the payment of fees, which can be up to \$680.00 depending on circumstances
- Complete the classroom portion of a formal driver education course
- Pass the driver’s license knowledge test
- Obtain an instruction permit and hold it for three months
- Complete a driver’s behind-the-wheel class

### Graduated Licensing in Minnesota

#### Stage 1 - Instruction Permit

- Must be at least 15 years old
- Must complete 30 hours of classroom education and be enrolled in behind-the-wheel instruction
- Must pass the knowledge test and have parent or legal guardian approval
- While unlicensed, must not have had a crash-related moving violation or an alcohol/controlled substance-related violation
- Permit holder may drive under the supervision of a parent, guardian or other licensed driver 21 or older occupying the seat beside them
- All passengers under 18 must wear their seat belts/child safety restraints
- May not operate a vehicle while using a cellular or wireless telephone, whether handheld or hands-free, while vehicle is in operation

#### Stage 2 - Provisional License

- Must be at least 16 years old and have completed six hours of behind-the-wheel instruction

- Must have held a permit for six months, with no convictions for moving violations or alcohol/controlled substance-related violations
- Must have at least 30 hours of supervised driving, including 10 hours of night driving, verified by parent/guardian
- Must pass the road test
- All passengers under 18 must wear their seat belt/child safety restraint
- May not operate a vehicle while using a cellular or wireless telephone, whether handheld or hands-free, while vehicle is in operation

### Stage 3 - Full License

- Must be at least 18 or
- Must have held a provisional license for one year with no convictions for crash-related moving violations, no alcohol/controlled substance-related violations and no more than one non-crash-related moving violation
- Parent/guardian must attest to at least 10 additional hours of supervised driving

### New laws related to driving took effect August 1, 2008

Traffic crashes are the leading killer of Minnesota teens. The following information is from the Minnesota Department of Public Safety. It covers the new Minnesota laws and other information about licensure.

#### Teen Passenger Limitations

For the first six-months of licensure, only one passenger under the age of 20 is permitted, unless accompanied by a parent or guardian. For the second six-months of licensure, no more than three passengers under the age of 20 are permitted, unless accompanied by a parent or guardian. Exemption: Passengers under age 20 who are members of the immediate family are permitted. NOTE: These provisions also apply to teens licensed before August 1, 2008. For example, a teen licensed on July 1 has five months

and a subsequent six months of limitation requirements, rather than starting the limitation time periods anew on August 1.

#### Seat Belt Use

Drivers and passengers under age 18 must wear a seat belt or be properly secured in a child restraint.

#### Cell Phone and Texting Restrictions

It is illegal for drivers under age 18 to use a cellular/wireless phone, whether hand-held or hands-free except to call 911 in an emergency. It is also illegal for drivers of all ages to compose, read, or send text messages or access the Internet on a wireless device while on the road.

#### Drinking and Driving

It is illegal for a person under age 21 to drive after consuming any amount of alcohol. Consequences for underage drinking and driving are loss of license for at least 30 days and court fines. Teen drivers with a provisional license whose driving privileges are revoked from a crash or alcohol/controlled substance-related violation cannot regain a license until age 18.

#### To Qualify for a Full-Privileges License

License holder must have a safe driving record or be age 18.

#### Parents' Role in Developing Safe Teen Drivers

- Reinforce these teen driving laws and follow through with your own consequences if violations occur.
- Monitor and train teen drivers—even after licensure. Teens need supervised exposure in a variety of driving conditions and environments.
- Be a positive role model: buckle up, drive at safe speeds, pay attention, and don't drive aggressively.

## SAMPLE RESOLUTION

We offer the following sample resolution to encourage you, your school, organization, or other group to bring it, or something like it, to your city council, county commissioners, and other elected officials and ask them to adopt a resolution proclaiming the observance of Chemical Health (day, week, month). Thanks!

WHEREAS, more than half a million Americans will die this year from alcohol, tobacco, and other drug-related causes; and

WHEREAS, every person in the State of Minnesota is affected by alcohol, tobacco, and other drug abuse; and

WHEREAS, the human and economic costs associated with alcohol use is an estimated \$5.06 billion, which amounts to more than \$975 per person in Minnesota; and

WHEREAS, each year, smoking costs Minnesota \$2.87 billion in health care costs, which amounts to \$554 per person in the state; and

WHEREAS, prevention and treatment efforts have made major gains in reversing the trend toward more and more alcohol, tobacco, and other drug use in our communities; and

WHEREAS, alcohol, tobacco, and other drug use are major factors in fires, drowning, rape, and other crimes, school failure, child abuse, injury, disease, violence, and lost productivity; and

WHEREAS fetal alcohol spectrum disorders are one of the leading causes of mental retardation in the United States, yet these disorders are 100 percent preventable; and

WHEREAS, businesses, governments, law enforcement agencies, schools, religious institutions, service organizations, neighborhoods, youth, senior citizens, and other individuals are encouraged to demonstrate their commitment to help reduce and prevent alcohol, tobacco and other drug abuse by wearing and/or displaying the color red during Minnesota Chemical Health Week,

NOW, THEREFORE, BE IT RESOLVED that November 13–19, 2011, be declared MINNESOTA CHEMICAL HEALTH WEEK throughout the City (or County) of \_\_\_\_\_.

BE IT FURTHER RESOLVED, that the Mayor and Council Members (or Commissioners) of the City (or County) of \_\_\_\_\_ support the activities of Minnesota Chemical Health Week and the work of the Minnesota Prevention Resource Center, and encourage the citizens of \_\_\_\_\_ to participate in Minnesota Chemical Health Week activities and other alcohol and drug abuse prevention efforts year 'round.

# SAMPLE LETTERS

The two sample letters below can be sent to editors of local newspapers or to civic, religious, educational or other organizations that you might want to encourage joining your prevention efforts.

## To the Editor - Sample 1

The faces of drug users are more familiar than many of us realize. She's your child. He's mine. They're the middle-aged couple next door. She's your babysitter. He's your newspaper carrier or pizza delivery boy. They include users of tobacco products and those whose use of alcohol is inappropriate as well as those who use illegal drugs.

Even those who do not use tobacco, alcohol, and illegal drugs are affected. It affects families and individuals at every income level, in every ethnic group, and from rural areas, small towns, and big cities.

- A college student drinks heavily at a party and dies of alcohol poisoning. Her blood alcohol concentration was .40.
- A newborn is neglected, hungry, and lacking medical care, because his mother is a regular marijuana user and her need to get high supercedes the responsibility of caring for him.
- A husband and father of three dies of lung cancer at age 45.
- A young mother on her way home from work is hit head-on by a drunk driver. He walks away, but she dies of injuries inflicted by the drunk driver.

Minnesota Chemical Health Week, observed during the third week of November each year, is dedicated to raising awareness of the widespread abuse of alcohol and other drugs and the problems associated with tobacco use. But more than just knowing about these problems, let's adopt attitudes that keep all of us chemically healthy.

## To the Editor - Sample 2

Each year, our state observes Minnesota Chemical Health Week during the third week of November. During this week and throughout the entire year, it is important for everyone to understand the risks involved in the use of alcohol, illegal drugs, and tobacco.

While most adults use alcohol responsibly or refrain from drinking it, approximately 79,000 deaths are related to excessive alcohol use each year in the United States. In 2007, in Minnesota, alcohol-related crashes killed 171 people at an estimated economic impact of nearly \$261 million. According to the Minnesota Department of Health, the annual economic cost of alcohol use in the state is \$5.06 billion, or \$975.00 per person.

Let's work together to change attitudes that condone underage drinking, abusive drinking, illegal drug use and tobacco addiction. As adults, our choices and actions set examples. Let's make them good ones. As parents, we can uphold standards for our children and work together to guide them to make wise choices. As members of organizations and community groups, we can provide information.

Join us in promoting chemical health. To get involved and obtain more information, contact \_\_\_\_\_ (name of person and organization) at (phone number). Let's work together so we can have healthier communities and healthier lives.

## Sample Letter to Parents

Dear Parents:

As you know, your children are constantly watching and learning from you. Surveys of youth consistently show that you are the most influential factor in your children's lives. Sure MTV, the Internet, movies, sports stars, and their peers influence them to varying degrees, but none come close to the amount of influence you have through your words and actions. Raising children is a tough job.

Knowing this, we invite you to join us in observing Minnesota Chemical Health Week, November 13–19, 2011. Our students will participate in classroom activities that encourage healthy, chemical-free lifestyles. During this week and throughout the year, our goal is for everyone to make healthy choices.

Because you make a difference, we encourage you to think about how to model positive behavior at home. Here are a few suggestions.

Read all you can about the use of alcohol, tobacco and other drugs. Visit your local library or contact the Minnesota Prevention Resource Center (763-427-5310, 800-782-1878 or [www.emprc.org](http://www.emprc.org)). Spend some time on the Internet learning about alcohol and drug use. Attend meetings sponsored by schools, youth groups, community, or faith-based organizations that provide useful information about the use of addictive and harmful chemicals. Learn all you can to help your child make healthy decisions. Knowledge is power.

**Talk.** Do not assume that your children know your position on alcohol, tobacco, and other drug use. Remind them, over and over, that it is not acceptable to use these substances. Let them know your rules and what will happen if they break them. Also let them know that contrary to popular belief, research continually finds that most youth do not drink alcohol, smoke, or try other drugs. Listening is as important as talking. Parents who listen, rather than just lecture, will gain their children's trust.

**Walk the Talk.** Remember that you are your child's first and foremost role model. If you use alcohol, do it in moderation within legal and healthy guidelines. If you smoke or chew tobacco, attempt to quit for your own health and the health of others in your home. Follow all directions and health precautions in the use of prescription drugs, and never use illegal drugs.

**Keep in touch.** Learn about your children's activities. Meet their friends. Get to know the friends' parents. United parents have a powerful influence.

**Offer alternatives.** No one needs alcohol, tobacco, or drugs to have fun and feel good. Teach your children about drug-free alternative activities—sports, museum visits, volunteer activities, etc.—and participate with them.

**Invest your time.** The time you spend with your children shows them your values. Spending time with them demonstrates to your children that you care about them and their lifestyle choices. During Minnesota Chemical Health Week and throughout the year let's send consistent and frequent messages that reinforce and celebrate healthy choices, healthy lifestyles, and healthy futures for all children.

# HOW ARE ALCOHOL AND OTHER DRUGS AFFECTING YOUR LIFE?

Purchase or public possession of alcohol is illegal for anyone under the age of 21 everywhere in the United States. Aside from the fact that you may be breaking the law by using alcohol and/or illicit drugs, if you answer “yes” to any three of these questions, you may be at-risk for developing alcoholism and/or dependence on another drug. If you answer “yes” to five of these questions, you should go to a friend, family member, counselor, or other caring person help.

Do you use alcohol or other drugs to build self-confidence?

YES  NO

Do you feel a sense of power when you use alcohol or other drugs?

YES  NO

Do you ever drink or get high immediately after you have a problem at home or at school?

YES  NO

Have you lost friends since you started using alcohol or other drugs?

YES  NO

Does it bother you if someone says that you use too much alcohol or other drugs?

YES  NO

Do your friends use less alcohol or other drugs than you do?

YES  NO

Have you started hanging out with a heavy drinking or drug using crowd?

YES  NO

Do you ever wake up and wonder what happened the night before?

YES  NO

Are alcohol or other drugs affecting your reputation?

YES  NO

Have you ever been busted or hospitalized due to alcohol or use of illicit drugs?

YES  NO

Do you feel guilty or bummed out after using alcohol or other drugs?

YES  NO

Do you “turn off” any studies or lectures about alcohol or illicit drug use?

YES  NO

Do you feel more at ease on a date when drinking or using other drugs?

YES  NO

Do you think you have a problem with alcohol or other drugs?

YES  NO

Have you gotten into trouble at home for using alcohol or other drugs?

YES  NO

Has there ever been someone in your family with a drinking or other drug problem?

YES  NO

Do you borrow money or “do without” other things to buy alcohol and other drugs?

YES  NO

Could you have a problem with alcohol or other drugs?

YES  NO

# WHAT TO SAY IF SOMEONE'S ALCOHOL OR OTHER DRUG USE CONCERNS YOU

Many people are uneasy around family, friends, or co-workers who use alcohol in dangerous or unhealthy ways.

If this happens to you, you may ask yourself: "What is my role? What should I do when a family member or friend is drinking too much, or at inappropriate times, or is acting in some ways that are upsetting? What should I say?"

A simple and straightforward approach to letting the person know you are concerned is often the most helpful. This probably sounds easier to do than it really is. Not everyone will be thankful that someone cares enough to share his or her concern. None of us can control what a person says or does in reaction to what we say. But we can control what we say, how we say it, and where and when we talk to a person we are concerned about.

While there is no foolproof way to share concern with another person, the following process has worked well for many people. Read through these ideas and try them out the next time you want to tell a family member or friend that you are concerned about something he or she is doing.

## Tell the person that you care about him/her.

- You are a good friend and I'm upset because I see you doing things that are dangerous.
- I love you and don't want you to hurt yourself.

## Tell the person exactly what he/she has done that concerns you.

- Last night you had eight beers in less than three hours and then you tried to drive home.
- You haven't been to our last two project meetings.

- Our professor told us that class participation is important, and you missed four classes in the last two weeks.

## Tell the person how you feel about the way you see him/her acting.

- I get angry when \_\_\_\_\_.
- I get really scared when \_\_\_\_\_.

Listen—let the person talk and share his/her feelings or explanations. Don't say anything!

Tell the person what you want—be specific. Suggest (don't demand) what you want to happen. Often a referral for professional help is the most caring thing you can do

Tell the person what you will do—you can offer to provide moral support, arrange a meeting or ride, listen more, make an appointment with a counselor and offer to go with the person if that is what they want. Make it known that you are willing to help now and anytime in the future if they are not ready now.

**Remember:** It's important to address behaviors of concern early rather than later. You don't need proof of use or addiction to act. This process works with substance use and can be used when confronting any other behavior of concern. You may have to use the process more than once. You may find that the person will say nothing, because your comments were unexpected and he or she may not be ready to talk with you. Or, the person may become angry and tell you it's none of your business. It is possible that the person may thank you and say he/she will make changes. Others may tell you about a problem that goes well beyond your ability to be helpful. In all cases, it is important to listen to what the person says.

# NO USE PLEDGE

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## No Use Pledge

As a member of \_\_\_\_\_, (e.g., this family, The Main Township High School student body, the Elk River Community, name of organization, etc.) I agree to:

- Support others in their right to remain chemically healthy
- Inform others of the benefits of being chemically healthy
- Participate in and promote chemically healthy, fun activities

FURTHERMORE, for my health, for the good of my family and friends, and for the good of the community, I agree not to use alcohol, tobacco or any illicit drug. I understand that I cannot be a productive member of \_\_\_\_\_ (same organization as entered above), if I use alcohol, tobacco or other drugs.

I agree to speak with a trusted adult if I do use alcohol, tobacco or other drugs.

\_\_\_\_\_  
Signature

## PARTY PLANNING—CELEBRATING WITH TEENS AND WITHOUT ALCOHOL

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It's important to remember that most Minnesota youth do not use alcohol, tobacco or other drugs, but youth who do increase their chance of making risky life choices. Parents and other adults who allow youth to use alcohol increase their own risk as well.

Teenagers may pressure parents and others to throw parties for them that include alcohol by saying that no one will attend unless alcohol is served. Do not buy in to that argument. Adults who do, take many risks.

Under Minnesota's Social Host Law, hosts are subject to both criminal and civil liability when they provide liquor to someone who is not yet 21 years old. The only exception is for the server's own son or daughter in the family home. Violation of this law may result in a criminal gross misdemeanor charge. If gross bodily injury or death results from the violation of this provision, the violator could be charged with a felony.

If a teenager who has been drinking at a party where you have provided liquor, kills or injures him/herself or someone else, you will likely be sued for the full cost of any injuries sustained. Additionally, many homeowners' insurance policies specifically exempt coverage for this situation.

Parents do not evade liability when they purchase liquor for teens' consumption at a hotel room party or by purchasing drinks for them at a restaurant or bar. Although someone else may serve the teen(s), the law holds the ultimate purchaser/provider responsible.

Minnesota's "Not a Drop" law established zero tolerance for drinking and driving under age 21. Any detectable alcohol in blood concentration of persons under the age of 21 results in the suspension of driver's license.

Parents' actions and attitudes about alcohol use have a dramatic impact on their children.

### Party Tips:

- Provide nonalcoholic beverages in adequate variety and supply.
- Focus the celebration on something other than "getting together for a few drinks."
- Provide a relaxed atmosphere and adequate nourishment, avoiding salty, thirst-promoting snacks.
- Make sure that your teen(s) and younger children know never to ride with someone who has been drinking alcohol or using other drugs.
- Enlist the support of other parents, school personnel, and city officials when enforcing curfews and safe sensible guidelines for teen gatherings. Unchaperoned teen parties can be dangerous. Without an adult in charge, drinking rules may be disregarded and drinkers could become drivers.

## DO'S AND DON'TS: SUGGESTED ACTIVITIES

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- Arrange for a presentation of *Walking the Talk* for your group (friends, co-workers, in your faith community, workplace, etc.) by contacting MPRC (763.427.5310, 800.782.1878 or [mprc@miph.org](mailto:mprc@miph.org)). This presentation will give you/your friends the tools you need to open those difficult conversations with others about their behaviors that concern you.
- Include information about chemical health in print and electronic announcements, calendars, newsletters, etc.
- Write to magazines and other publications and ask them to stop running ads for alcohol and tobacco products.
- Hold a public forum and invite students, parents, faculty, elected officials, and others to discuss chemical health issues.
- Encourage your city council or county commissioners to pass a resolution proclaiming a certain time period to heighten awareness about chemical health in Minnesota.
- Examine print, televised, and web-based alcohol and tobacco promotions—who is the target audience? What is the message? What is the truth? Discuss the influence of ads and their effect on behavior.
- Write letters to newspapers and elected representatives and encourage them to support effective prevention programs—an ounce of prevention is worth a pound of cure.
- Explore alcohol and other drugs' connection to violence in society.
- Discuss what can be done to prevent underage youth from drinking alcohol.
- Become familiar with the locations in your community where youth gather and keep these places safe.
- Hold chemical-free social, recreational, and athletic events in your community.
- Be a positive role model. Provide an example consistent with your messages.
- Start, join, expand, or enhance a chemical health coalition.
- Ask American Indian elders to explain the traditional use of tobacco.
- Encourage apartment managers to establish/enforce chemical use (including tobacco) policies.
- Explore the possibility of developing a substance abuse prevention team ministry in your house of worship.
- Encourage clergy to allow AA, Alanon, Alateen, or other support groups to meet in your house of worship.
- Provide opportunities for clergy and others to develop knowledge and skills necessary to integrate prevention and health promotion into ongoing congregation activities.
- Adopt an ordinance (or work with your city/town council or county commissioners) to ban alcohol and tobacco at organized recreational or sporting events in local parks, and to add or expand compliance checks.
- Encourage businesses and schools to adopt prevention programs.
- Encourage employers to hold “brown bag” lunch seminars to raise awareness about alcohol, tobacco and other drug issues.
- Encourage media to publicize “Not a Drop” and other laws and to report if alcohol or other drugs were involved in incidents involving underage youth. When the answer is yes, demand that the media find out where/how the youth obtained the alcohol.
- Get to know your neighbors!

## DO'S AND DON'TS: WHY NOT INVITE A RECOVERING ADDICT TO SPEAK TO NON-USERS?

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We at MPRC are hard-pressed to endorse a one-time activity that has a recovering addict speak to an audience of youth, the vast majority of whom are not ATOD users. According to best practices and lessons learned in ATOD prevention over the past 30 years or so, we know that prevention programs should avoid the following components:

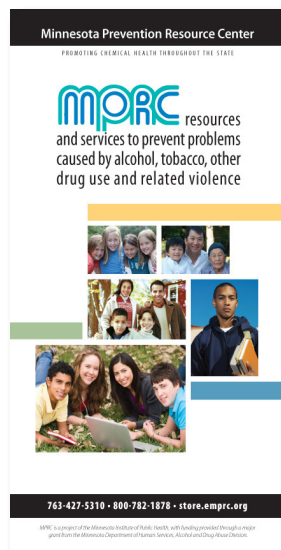
- Scare tactics and moralistic appeals.
- Curricula that rely solely on information about drugs and their dangers. When used alone, knowledge-oriented interventions designed to supply information about the negative consequences of substance use do not produce measurable and long-lasting changes in substance use-related behaviors or attitudes and are considered among the least effective educational strategies (Tobler, 1986).
- Curricula that only work to promote self-esteem and emotional well being, rather than providing training that promotes self confidence in resistance skills (otherwise known as self-efficacy).
- "Single shot" assemblies and presentations.
- Testimonials by former addicts. Such events tend to reinforce a negative, and inaccurate norm that "everyone uses drugs" at some point in their lives. Some audience members may be left to conclude, "well, they survived, it can't be so bad."

- For the selected youth population, grouping them together in early adolescence may inadvertently reinforce problem behavior (Williams, 2003; Dishion, 1999).

Thus, tempting as it may be to invite a recovering addict to speak, there is no evaluation data that shows that "addict testimonials" are effective. The next time someone comes up with a fast, simple way to "do prevention for the year" and that is to invite a guest speaker to make a one-time appearance, we hope you will refer to the points listed above to dissuade them from using your precious, limited resources in this expedient, but ineffective manner. Instead, remind them of the need to focus on evidence-based prevention and to employ a best practice approach that will utilize multiple efforts with consistent messages that are sustained over time. Yes, it may be more expensive. And yes, it may require more work. But when it comes to what's effective, it's the correct choice.

# RESOURCES

The following free and low-cost items can be useful supplements to your prevention activities. To place an order for any (or all) of them, please contact Tou Thai Lee via email at [tlee@miph.org](mailto:tlee@miph.org) or by calling him: 763.427.5310 x165 or 800.782.1878 x165.



**MPRC Resource Catalog**  
Our free resource catalog offers more than the sampling of items presented below. You can request a hard copy or you can view it online at [www.emprc.org](http://www.emprc.org)

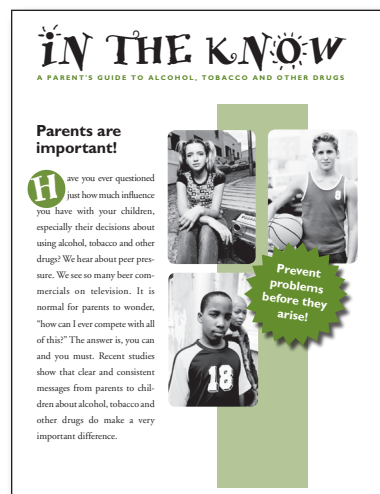


**Choosing Not to Use Alcohol: Benefits for Adolescents**  
This pamphlet from a series of four is for any adult who has grappled for a response to the teen statement, "But, I don't see what the big deal is, you drink beer whenever you want to." The benefits of nonuse for adolescents outlined here will help parents, coaches, teachers, clergy and others respond with information that goes beyond the fact that drinking alcohol is against the law. CP941 \$.50

**Setting Guidelines for Choices About Alcohol**  
There are only two reasonable decisions regarding the use of alcohol: not to use it at all or to use it legally and appropriately. But what is appropriate and safe use of alcohol? This pamphlet provides sensible guidelines for choices about alcohol for adults who can use alcohol legally. CP942 \$.50

**What Else is There to Do?**  
Plenty! There are a variety of fun, safe ideas for legal activities free of alcohol, tobacco and other drug use presented in this pamphlet. CP943 \$.50

**What to Say, What to Do: When Someone's Alcohol or Other Drug Use Concerns You**  
Helping a friend or family member who's in trouble isn't always easy. This pamphlet helps you get started by offering a simple, straightforward approach that focuses on a supportive statement of care and concern. CP944 \$.50



**In the Know: A Parent's Guide to Alcohol, Tobacco and Other Drugs**  
Parents who are "in the know" about alcohol, tobacco and other drugs have taken one important step toward helping their children make healthy decisions. This booklet suggests how parents can

help prevent problems, and provides basic information on the effects and health risks of commonly used drugs. General guidelines for determining if there is a problem and ideas on how to respond are offered. (8pp) CP893 \$.50, quantity discounts available.

## RESOURCES *(continued)*



### **A Matter of Facts, August 2010**

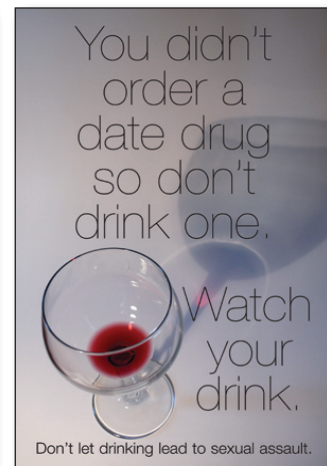
This 12-page publication provides information on the health risks associated with the use/abuse of alcohol and other drugs. It includes a table listing possible signs of use/abuse and health risks associated with each substance listed—alcohol, tobacco, caffeine, cocaine, marijuana, steroids and inhalants. In addition, this annual publication outlines updated information on state and federal penalties related to controlled substances, along with selected Minnesota laws regulating purchase, possession and consumption of such substances.

*\$.80, quantity discounts available.*

### **Alcohol Use and Sexual Assault Posters (12x18)**

Shown are two of the six posters in this series aimed at 21-to-25-year old women. They are focus group tested and designed to give their audience a better understanding of steps to take to lessen the risk of sexual assault, especially connected to alcohol consumption.

*\$.2.95 each*



### **Prescription Drug Abuse Posters (12x18)**

Shown are two of the six posters in this series that targets 18-to-25 year olds and was designed to increase awareness about the improper use of prescription drugs and the undesired consequences that may occur if abused.

*\$.2.95 each*

