

NAVY ALCOHOL AND DRUG ABUSE PREVENTION (NADAP)

NOV/DEC 2014



GIVE THE GIFT OF A DESIGNATED DRIVER

The holidays bring times of joy and celebration—but they’re also some of the most dangerous times on the road due to the increased number of alcohol-impaired drivers.

Help your family and friends make it home for the holidays by serving as a designated driver. Designated drivers are simply persons who agree to abstain from alcohol and be responsible for driving others home.

A designated driver helps friends and family

- avoid embarrassment
- keep their drivers licenses
- avoid fines
- stay out of jail
- prevent senseless injury and death



Pledge to serve as a designated driver (DD) this holiday season at <https://survey.max.gov/index.php/262327/lang-en>

Looking for the perfect holiday gift for that special someone? **Click here** for a printable PDF of the Give the Gift of a Designated Driver card.

Want that special someone to pay it forward? Encourage your friends and family to serve as DDs! To keep your holiday season safe and free from driving impaired, use a designated driver. Here’s a few tips to assist you:

Designated Driver Do's	Designated Driver Don'ts
✓ Designated driver gets the keys BEFORE the drinking begins.	✓ The designated driver is NOT the 'least drunk of the bunch'.
✓ Designated driver refuses to drink ANY alcohol.	✓ Do NOT make the same person be the designated driver every time.
✓ Treat your designated driver to dinner or non-alcoholic drinks.	✓ NOT A SIP!
✓ Take turns being designated driver.	
✓ Offer to be the designated driver.	

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DECEMBER IS NATIONAL DRUNK AND DRUGGED DRIVING PREVENTION MONTH

Every day, almost 30 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver. This amounts to one death every 51 minutes. The annual cost of alcohol-related crashes totals more than \$59 billion. Thankfully, there are effective measures that can help prevent injuries and deaths from alcohol-impaired driving.

HOW BIG IS THE PROBLEM?

- In 2012, 10,322 people were killed in alcohol-impaired driving crashes, accounting for nearly one-third (31%) of all traffic-related deaths in the United States.¹
- Of the 1,168 traffic deaths among children ages 0 to 14 years in 2012, 239 (20%) involved an alcohol-impaired driver.¹
- Of the 239 child passengers ages 14 and younger who died in alcohol-impaired driving crashes in 2012, over half (124) were riding in the vehicle with the alcohol-impaired driver.¹
- In 2010, over 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics.³ That's one percent of the 112 million self-reported episodes of alcohol-impaired driving among U.S. adults each year.⁴
- Drugs other than alcohol (e.g., marijuana and cocaine) are involved in about 18% of motor vehicle driver deaths. These other drugs are often used in combination with alcohol.⁵

WHO IS MOST AT RISK?

Young people:

- At all levels of blood alcohol concentration (BAC), the risk of being involved in a crash is greater for young people than for older people.⁶
- Among drivers with BAC levels of 0.08 % or higher involved in fatal crashes in 2012, one out of every 3 were between 21 and 24 years of age (32%). The next two largest groups were ages 25 to 34 (27%) and 35 to 44 (24%).¹

Motorcyclists:

- Among motorcyclists killed in fatal crashes in 2012, 29% had BACs of 0.08% or greater.¹
- Nearly half of the alcohol-impaired motorcyclists killed each year are age 40 or older, and motorcyclists ages 40-44 have the highest percentage of deaths with BACs of 0.08% or greater (44%).⁷

WHAT SAFETY STEPS CAN INDIVIDUALS TAKE?

Whenever your social plans involve alcohol, make plans so that you don't have to drive after drinking. For example:

- **Prior to any drinking, designate a non-drinking driver when with a group.**
- Don't let your friends drive impaired. Take their keys away.
- **If you have been drinking, get a ride home or call a taxi.**
- If you're hosting a party where alcohol will be served, remind your guests to plan ahead and designate their sober driver; offer alcohol-free beverages; and make sure all guests leave with a sober driver.

**View reference [here](#).*



MARIJUANA IS ADDICTIVE: REPORT REVEALS TWO DECADES OF RESEARCH

Source: <http://www.cadca.org/resources/detail/marijuana-addictive-report-reveals-two-decades-research>

Public perception of marijuana use has greatly changed over the past few years, with many perceiving the drug as harmless. But a new 20-year study says quite the opposite.

Professor Wayne Hall of the University of Queensland, Australia released “What Twenty Years of Research on Cannabis Use Has Taught Us,” in the journal, *Addiction* this week, highlighting the effect that marijuana use has on mental and physical health of adolescents and young adults. The report compares the effects of marijuana use on health between 1993 and 2013. The effects were broken into two categories – adverse effects of acute cannabis use and of chronic cannabis use.

Effects of acute use include driving while high on marijuana, which doubles the risk of a car crash. If users are also intoxicated from alcohol while driving, that risk substantially increases. Use of marijuana during pregnancy slightly reduces the baby’s birth weight.

Hall found that regular users can develop a dependence syndrome and about 1 in 10 do. This means that marijuana is indeed addictive and users can experience withdrawal symptoms. But those who start using during adolescence are more likely to get hooked: about one in six.

Adolescents who regularly use marijuana are likely to:

- **Double their risk of having psychotic symptoms and disorders, especially if there is a family history of these disorders and if they start using marijuana in their mid-teens.**
- **Not graduate or finish school, but it is unknown whether or not the link is causal.**
- **Use other illicit drugs, but it is unknown whether or not the link is causal.**
- **Double the risk of being diagnosed with schizophrenia or reporting psychotic symptoms in adulthood.**

Those who begin using marijuana as an adolescent continuing through adulthood seem to be intellectually impaired, but the mechanism and reversibility of the impairment is not clear.

Adults who regularly smoke marijuana have a higher risk of developing chronic bronchitis. The study also found an increased risk of heart attack among middle-aged adults who smoke marijuana.



Posters and Fact sheets are available for order through the Navy Logistics Library. Supply personnel must order them via <https://nll2.ahf.nmci.navy.mil/> Multiple print products, social media messaging, leadership talking points, and videos are available for download at www.nadap.navy.mil.

Title	Publication Number
Seabee Poster	NAVPERS 535017
Medical Poster	NAVPERS 535018
Submarine Poster	NAVPERS 535016
Surface Poster	NAVPERS 535015
Aviation Poster	NAVPERS 535014
Sailor's Fact Sheet	NAVPERS 535019
Drink Responsibly Every Time Banner	NAVPERS 535023
Plan Ahead for a Safe Ride Banner	NAVPERS 535022
Keep What You've Earned	NAVPERS 535024
It Wasn't Easy Getting Here Banner	NAVPERS 535021
You've Earned It banner	NAVPERS 535020
Table Tents	NAVPERS 535030
Table Coasters	NAVPERS 535029

KEEP WHAT YOU'VE EARNED LEADERSHIP MESSAGING FOR THE HOLIDAYS

The KWYE leadership messages reflect the mission of the Keep What You've Earned campaign to encourage Sailors to adopt healthy drinking behaviors. The messaging provides alcohol-related topics for immediate supervisors (e.g., LCPOs), DAPAs, ADCOs and PAOs to share with Sailors at liberty briefings to help them drink responsibly. The below messages are intended to keep the campaign new and fresh each week, by providing monthly topics for discussion, along with an example, tip, or fact leadership can share with their Sailors.

The KWYE campaign provides 52 weeks for messaging for yearlong awareness and education. To view all the messaging visits [here](#) and simply flip to the correct month and week to get started, and feel free to alter the messages to fit your community.

**Note: If possible, personalize the topic of the week with real life experiences or stories of those who you have seen affected by the misuse of alcohol. Research shows that Sailors want to be able to relate to their senior leadership and hear their perspective on a personal level.*

Research shows that repetitive, policy-heavy messaging is less likely to impact Sailors' decisions regarding alcohol use. The KWYE Leadership Messaging messages are intended to keep the campaign new and fresh each week.

TOPIC 1: DISCUSS NATIONAL DRUNK AND DRUGGED DRIVING (3D) MONTH

Serving as a Designated Driver (DD) shouldn't be taken lightly. The DD can't just be whoever is the least drunk. If you are the DD, be responsible and pay close attention to factors that could influence your ability to drive. One glass of beer or wine is typically not going to put you over the legal driving limit, but if you skip dinner or have a strong cocktail, like a Long Island Iced Tea, or large glass of wine, this could very well put you over the limit.

TOPIC 2: DISCUSS UNDERAGE DRINKING RISKS

The younger you start drinking alcohol, the more likely you are to be a "risky" drinker. If you started drinking before the legal age of 21, you might want to take note of your current drinking habits—they may be more harmful than you realize. Plus, all those years of drinking add up in the long run—you don't want to turn 30 and look like you're 50. You'll hate your 20-something-year-old self for doing so.

TOPIC 3: DISCUSS NATIONAL DRUNK AND DRUGGED DRIVING (3D) MONTH

Over the past few years, the rate of DUI incidents between Christmas Eve and New Year's Day has decreased by almost half. Keep up the good work—and remember, it's important that the Designated Driver (DD) gets possession of the car keys before going out. This helps ensure that the DD is the only one equipped to drive and eliminates the DD from any hassles or awkward conversations later in the night.

TOPIC 4: DISCUSS NEW YEAR'S EVE

During the New Year's holiday, over half of traffic fatalities involve drinking and driving, compared to less than a third during the rest of the year. Just don't do it. There are a lot of cab companies and safe ride programs that offer free, safe rides home on New Year's Eve. Be sure to look up their phone numbers and save them in your contacts list before you go out for the night.

ADMITS UPDATE

As you recall, in September 2013, the Alcohol and Drug Management Information Tracking System (ADMITS) was taken offline due to security issues within BupersOnline. On 18 August 2014, ADMITS was deployed to the Fleet with limited capability that allowed commands to enter new Drug and Alcohol Reports (DARs) and those held on station while the system was offline; conduct record checks and once DARs have been submitted; and Substance Abuse Rehabilitation Program (SARP) Counselors can enter screening and treatment records where applicable.

Submission of Drug and Alcohol Reports (DARs) is critical to ensuring members are screened and when recommended, treated at a substance Abuse Rehabilitation Program (SARP). DARs also provide Navy leadership with data used to make informed decisions about Navy substance abuse policy.

Since ADMITS access was restored, 1,870 new DARs have been submitted. **We encourage you to continue to submit DARs for FY14 incidents/referrals that occurred while the system was inaccessible.** To ensure all DARs have been submitted, commands should review and compare their DAPA files to the official ADMITS electronic record. Conducting an ADMITS "Record Check" will identify whether or not a DAR was submitted for an individual. Lastly, all members sent to a SARP for screening require a DAR submission. Commands should engage with SARPs, if needed, to identify any command personnel who were screened for FY14 incidents/referrals.

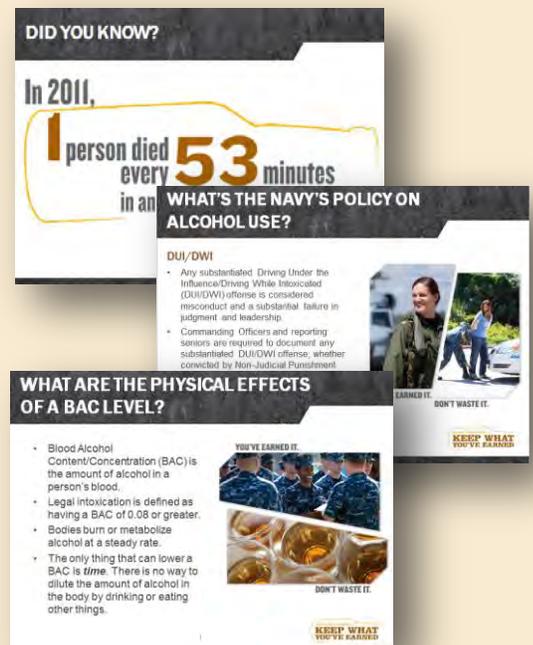
If you have any questions, please feel free to contact the ADMITS Help Line at 901-874-4214 or mill_n17_admits@navy.mil.



LOOKING FOR TRAINING MATERIAL?

The Keep What You've Earned training series provides ADCOs, DAPAs, and other Navy leadership with the tools they need to convey information about drinking responsibly to Sailors during trainings, Safety Stand downs, and other briefings. There are four sessions, or sets of PowerPoint slides, which should be presented one session per month to prevent oversaturation of the topic and message fatigue with the audience. Session topics include:

- KWYE Introduction & Video
- BAC Levels & Factors
- Responsible vs. Destructive Drinking
- Navy Policy & Advocacy



STUDY SHOWS THAT TWEENS GET A FAILING GRADE IN OTC MEDICINE SAFETY

A new national survey revealed that only about half of tweens believe over-the-counter (OTC) medicines can be dangerous when misused. The survey was conducted by the American Association of Poison Control Centers (AAPCC) and Scholastic as part of their efforts to educate tweens on the safe use of OTC medicines through their national OTC Literacy education program. **Research shows that tweens begin to self-administer medicine around 11 years old, or in the fifth to sixth grade. In 2012, America's poison centers managed more than 296,000 exposure cases involving children ages six to 19 and over half of these cases involved medication errors and misuse.**

Results show that parents often overestimate their tween's knowledge about OTC responsible use, such as the risks associated with not taking OTC medicine as directed.

Specifically, tweens answered just 37 percent of questions correctly when asked how to use OTC medicines responsibly. Only about half, or 54 percent, of tweens surveyed know OTC medicine can be dangerous when misused. On the flip side, parents tend to overestimate their tweens' knowledge, believing their tweens know who to ask if they have a question about medicine (75 percent), whether or not it's okay to share OTC medicine with friends (73 percent) and the risks of not using OTC medicines as directed (68 percent).

When asked about the differences between prescription and OTC medicines, tweens answered just 56 percent of questions correctly. **Sixty-seven percent of tweens surveyed incorrectly believe they can use someone else's prescription medicines if he or she has the same symptoms.** Parent assumptions of tween knowledge was similar to tween test results, with 58 percent believing their tween would

understand the difference between prescription and OTC medicines.

Tweens correctly answered only 49 percent of questions relating to safe storage of medicines. Fifty-two percent of parents surveyed admit they don't believe their tween knows how to safely store medicines.

The surveys also revealed the level of importance that medicine safety education holds among parents. While OTC literacy is

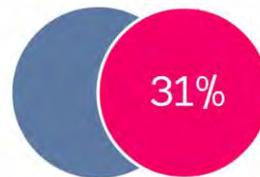
viewed by parents to be as important as wellness topics, such as exercising or maintaining a healthy diet, they don't believe it's as important as other health topics, such as the dangers of smoking, drugs or alcohol.

Parents play a critical role in helping their tweens learn about the responsible use of OTC medicines. The vast majority of parents surveyed were unsure if OTC-related issues are taught in their tweens' school. Since National Health Education Standards, which include OTC

literacy lessons, are not required to be taught in U.S. schools, it is important for parents and guardians to educate and teach the safe use and storage of OTC medicines with their tweens.

Successfully launched in schools nationwide in 2013, the OTC Literacy program includes resources and engaging educational activities specifically designed for parents and teachers of tweens to increase knowledge of OTC safety and responsible use. The program places special emphasis on the message that tweens should only take OTC medications with the permission and supervision of parents or guardians. Educators and parents can download all of the materials online at www.scholastic.com/OTCliteracy/parents. Read the full article [here](#).

Parents - Did You Know?



Only 31% of tweens surveyed* know it is not safe to take more medicine than what is directed on the label



5MinutesForMom.com
bringing moms together

* OTC Literacy 2014 Survey - scholastic.com/otcliteracy

PRESCRIPTION MEDICATIONS TO BLAME FOR MORE THAN TWO-THIRDS OF ER VISITS FOR NARCOTIC OVERDOSES

MONDAY, Oct. 27, 2014 (HealthDay News) -- A new report estimates more than two-thirds of emergency department visits for overdoses of narcotic drugs involve prescription medications.

The researchers launched their research to better understand why people overdose on narcotics, a class of medications that includes illegal drugs like heroin along with prescription painkillers like Percocet and Oxycontin. Such overdoses can end in death.



Study author Michael Yokell, medical student at Stanford University School of Medicine, and his colleagues reached their conclusion by analyzing tens of thousands of reports of narcotic overdoses from a sample of nationwide emergency room visits from 2010.

Almost 68 percent of the overdoses involved prescription drugs. That number may be higher since the drugs were unspecified in 13 percent of cases, and multiple narcotics were involved in 3 percent of cases in the study. Heroin alone was responsible for 16 percent of the overdoses.

Narcotic overdoses were most likely to happen in urban areas (84 percent) and the South (40 percent of the total). Most were in women; 1.4 percent of the total patients in the study died.

"Opioid [narcotic] overdose exacts a significant financial and health care utilization burden on the U.S. health care system. Most patients in our sample overdosed on prescription opioids, suggesting that further efforts to stem the prescription opioid overdose epidemic are urgently needed," the researchers wrote.

The study is published online Oct. 27 in the journal JAMA Internal Medicine.

Source: <http://www.cadca.org/resources/detail/prescription-medications-blame-more-two-thirds-er-visits-narcotic-overdoses>

PRESCRIPTION FOR DISCHARGE

Zero Tolerance. Infinite Risk.

Posters and Fact sheets are available for order through the Navy Logistics Library. Supply personnel must order them via <https://nll2.ahf.nmci.navy.mil/> Multiple print products, social media messaging, leadership talking points, and videos are available for download at www.nadap.navy.mil.

Title	Publication Number
Prescription For Discharge FactSheet	NAVPERS 535502
Prescription For Discharge Poster 11x24	NAVPERS 535503
Prescription For Discharge Poster 18x24	NAVPERS 535504
Prescription For Discharge Postcard	NAVPERS 535505
Prescription For Discharge Table Tents	NAVPERS 535506
Infographic Poster	NAVPERS 535507
Prescription For Discharge Banner 5x8	NAVPERS 535508
Prescription For Discharge Banner 3x5	NAVPERS 535509
National Take Back Day Banner	NAVPERS 535510

WHAT EVERY HOST NEEDS TO KNOW

The holidays are here and you want your party to go off without a hitch. That includes getting everyone home safely afterwards. If you throw a party where alcohol will be served, you have some very real responsibilities. Depending on the laws of your state if you host a party and serve alcohol you could potentially be legally liable if an intoxicated party guest drives away and gets in an accident. Your role as a responsible party host can keep your friends and loved ones safe.



Don't rely on coffee to sober up your guests. Only time can make someone sober.

Beer and wine are just as intoxicating as hard liquor. A 12-ounce can of beer, a five-ounce glass of wine, a 12-ounce wine cooler and an ounce and a half of liquor contain the same amount of alcohol.

Don't rely on someone's physical appearance to determine if he or she has had too much to drink.

Mixers won't help dilute alcohol. Carbonated mixers like club soda or tonic water cause alcohol to be absorbed into a person's system more quickly. Fruit juice and other sweet mixers mask the taste of alcohol and may cause people to drink more.

DURING YOUR PARTY

Never serve alcohol to someone under the legal drinking age, and never ask children to serve alcohol at parties.

Don't let guests mix their own drinks. Choosing a reliable "bartender" will help you keep track of the size and number of drinks that guests consume.

If a guest appears to be drinking a bit much, offer to freshen his or her drink with a virgin version. Do not push drinks! Drinking at a party is not mandatory for having a good time. Have fun – but not too much fun.

To be a good host, you should stay within your limits in order to make sure your guests stay within theirs. Close the bar 90 minutes before the party ends and serve a great dessert treat with coffee.

Remember, only time sobers someone who has been drinking. If, despite your efforts, some of your guests have had too much to drink, drive them home, arrange for a ride with another guest who hasn't been drinking, call a taxi, or invite them to stay over.

See more at: <http://www.madd.org/drunk-driving/safe-party/#sthash.tWxfNvYU.dpuf>