



Alcohol interferes with the brain's communication pathways and can affect the way the brain functions. In the brain, alcohol exerts its effects by interacting with numerous neurotransmitters and their receptors, with different neurotransmitters producing different behavioral effects of alcohol. Alcohol misuse makes it harder for the brain areas controlling balance, memory, speech, and judgment to do their jobs, resulting in a higher likelihood of injuries and other negative outcomes.

Below are brief descriptions and links to National Institute on Alcohol Abuse and Alcoholism factsheets about the various effects that alcohol misuse has on the brain.

[Alcohol and the adolescent brain](#)

The developing brain is particularly vulnerable to the effects of alcohol. [Misuse of alcohol during adolescence](#) and early adulthood can alter the trajectory of brain development, resulting in long-lasting changes in brain structure and function.

[Alcohol-induced blackouts](#)

One significant consequence of alcohol misuse is alcohol-induced blackouts. Blackouts are gaps in a person's memory for events that occurred while they were intoxicated. These gaps happen when a person drinks enough alcohol to temporarily block the transfer of memories from short-term to long-term storage—known as memory consolidation—in a brain area called the hippocampus.

[Alcohol overdose](#)

Continuing to drink despite clear signs of significant impairment can result in an alcohol overdose. An alcohol overdose occurs when there is so much alcohol in the bloodstream that areas of the brain controlling basic life-support functions begin to shut down and can even lead to permanent brain damage or death.

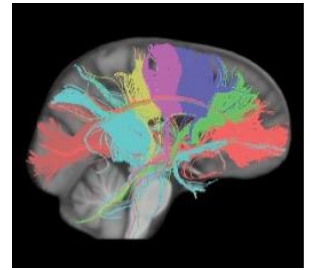
[The cycle of alcohol addiction](#)

As individuals continue to drink alcohol over time, progressive changes may occur in the structure and function of their brains. These changes can compromise brain function and drive the transition from controlled, occasional use to chronic misuse, which can be difficult to control and lead to alcohol use disorder (AUD). Individuals with moderate to severe AUD may enter a cycle of alcohol addiction.

[Wernicke-Korsakoff syndrome](#)

Wernicke-Korsakoff (WK) syndrome is a serious brain condition that is usually, but not exclusively, associated with chronic alcohol misuse and severe AUD. WK syndrome involves two different brain disorders that result from brain damage associated with AUD combined with vitamin B1 (thiamine) deficiency.

For more information on alcohol's effects on the brain and other parts of the body, please visit:
<https://www.niaaa.nih.gov/alcohols-effects-health/alcohols-effects-body>



Diffusion tensor imaging (DTI) of fiber tracks in the brain of a 58-year-old man with alcohol use disorder. DTI maps white-matter pathways in a living brain. Image courtesy of Drs. Adolf Pfefferbaum and Edith V. Sullivan.

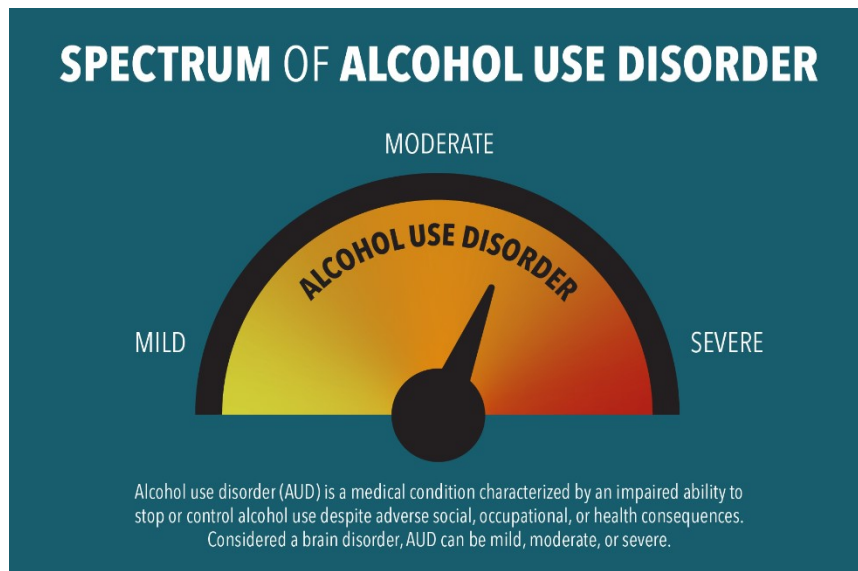




Understanding Alcohol Use Disorder

Alcohol use disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It encompasses the conditions that some people refer to as alcohol abuse, alcohol dependence, alcohol addiction, and the colloquial term, alcoholism. Considered a brain disorder, AUD can be mild, moderate, or severe. Lasting changes in the brain caused by alcohol misuse perpetuate AUD and make individuals vulnerable to relapse. The good news is that no matter how severe the

problem may seem, evidence-based treatment with behavioral therapies, mutual-support groups, and/or medications can help people with AUD achieve and maintain recovery. According to a national survey, 14.1 million adults ages 18 and older¹ (5.6 percent of this age group²) had AUD in 2019. Among youth, an estimated 414,000 adolescents ages 12–17¹ (1.7 percent of this age group²) had AUD during this timeframe.



What Increases the Risk for AUD?

A person's risk for developing AUD depends, in part, on how much, how often, and how quickly they consume alcohol. Alcohol misuse, which includes **binge drinking*** and **heavy alcohol use****, over time increases the risk of AUD. Other factors also increase the risk of AUD, such as:

- **Drinking at an early age.** A recent national survey found that among people ages 26 and older, those who began drinking before age 15 were more than 5 times as likely to report having AUD in the past year as those who waited until age 21 or later to begin drinking. The risk for females in this group is higher than that of males.
- **Genetics and family history of alcohol problems.** Genetics play a role, with heritability approximately 60 percent; however, like other chronic health conditions, AUD risk is influenced by the interplay between a person's genes and their environment. Parents' drinking patterns may also influence the likelihood that a child will one day develop AUD.
- **Mental health conditions and a history of trauma.** A wide range of psychiatric conditions—including depression, post-traumatic stress disorder, and attention deficit hyperactivity disorder—are comorbid with AUD and are associated with an increased risk of AUD. People with a history of **childhood trauma** are also vulnerable to AUD.

* The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 percent—or 0.08 grams of alcohol per deciliter—or higher. For a typical adult, this pattern corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours.

** NIAAA defines heavy alcohol use as consuming more than 4 drinks on any day for men or more than 3 drinks for women.

What Are the Symptoms of AUD?

Healthcare professionals use criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), to assess whether a person has AUD and to determine the severity if the disorder is present. Severity is based on the number of criteria a person meets based on their symptoms—mild (2–3 criteria), moderate (4–5 criteria), or severe (6 or more criteria).

A healthcare provider might ask the following questions to assess a person's symptoms.

In the past year, have you:

- Had times when you ended up drinking more, or longer, than you intended?
- More than once wanted to cut down or stop drinking, or tried to, but couldn't?
- Spent a lot of time drinking? Or being sick or getting over other aftereffects?
- Wanted a drink so badly you couldn't think of anything else?
- Found that drinking—or being sick from drinking—often interfered with taking care of your home or family? Or caused job troubles? Or school problems?
- Continued to drink even though it was causing trouble with your family or friends?
- Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?
- More than once gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area, or having unprotected sex)?
- Continued to drink even though it was making you feel depressed or anxious or adding to another health problem? Or after having had a memory blackout?
- Had to drink much more than you once did to get the effect you want? Or found that your usual number of drinks had much less effect than before?
- Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?

Any of these symptoms may be cause for concern. The more symptoms, the more urgent the need for change.

What Are the Types of Treatment for AUD?

Several evidence-based treatment approaches are available for AUD. One size does not fit all and a treatment approach that may work for one person may not work for another. Treatment can be outpatient and/or inpatient and be provided by specialty programs, therapists, and doctors.

Medications

Three medications are currently approved by the U.S. Food and Drug Administration to help people stop or reduce their drinking and prevent relapse: naltrexone (oral and long-acting injectable), acamprosate, and disulfiram. All these medications are non-addictive, and they may be used alone or combined with behavioral treatments or mutual-support groups.

Behavioral Treatments

Behavioral treatments, also known as alcohol counseling or “talk therapy,” provided by licensed therapists are aimed at changing drinking behavior. Examples of behavioral treatments are brief interventions and reinforcement approaches, treatments that build motivation and teach skills for coping and preventing relapse, and mindfulness-based therapies.

Mutual-Support Groups

Mutual-support groups provide peer support for stopping or reducing drinking. Group meetings are available in most communities, at low or no cost, at convenient times and locations—including an increasing presence online. This means they can be especially helpful to individuals at risk for relapse to drinking. Combined with medications and behavioral treatment provided by health professionals, mutual-support groups can offer a valuable added layer of support.

Please note: People with severe AUD may need medical help to avoid alcohol withdrawal if they decide to stop drinking. Alcohol withdrawal is a potentially life-threatening process that can occur when someone who has been drinking heavily for a prolonged period of time suddenly stops drinking. Doctors can prescribe medications to address these symptoms and make the process safer and less distressing.

Can People With AUD Recover?

Many people with AUD do recover, but setbacks are common among people in treatment. Seeking professional help early can prevent relapse to drinking. Behavioral therapies can help people develop skills to avoid and overcome triggers, such as stress, that might lead to drinking. Medications also can help deter drinking during times when individuals may be at greater risk of relapse (e.g., divorce, death of a family member).

Need Help?

If you are concerned about your alcohol use and would like to explore whether you might have AUD, please visit the [Rethinking Drinking website](#).

To learn more about alcohol treatment options and search for quality care near you, please visit the [NIAAA Alcohol Treatment Navigator](#).

For more information about alcohol and your health, please visit: <https://niaaa.nih.gov>

- 1 Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. 2019 National Survey on Drug Use and Health. Table 5.4A—Alcohol Use Disorder in Past Year Among Persons Aged 12 or Older, by Age Group and Demographic Characteristics: Numbers in Thousands, 2018 and 2019. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect5pe2019.htm?s=5.4&#tab5-4a>. Accessed November 6, 2020.
- 2 SAMHSA, Center for Behavioral Health Statistics and Quality. 2019 National Survey on Drug Use and Health. Table 5.4B—Alcohol Use Disorder in Past Year Among Persons Aged 12 or Older, by Age Group and Demographic Characteristics: Percentages, 2018 and 2019. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect5pe2019.htm?s=5.4&#tab5-4b>. Accessed November 6, 2020.



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April 2021

El trastorno por consumo de alcohol (AUD, por sus siglas en inglés) es una afección médica caracterizada por la capacidad disminuida de detener o controlar el consumo del alcohol a pesar de las consecuencias adversas sociales, ocupacionales o de salud. Abarca las afecciones que algunas personas conocen como abuso del alcohol, dependencia del alcohol, adicción al alcohol y el término coloquial, alcoholismo. Considerado un trastorno cerebral, el AUD puede ser leve, moderado o intenso. Los cambios duraderos en el cerebro causados por el consumo indebido de alcohol perpetúan el AUD y hacen que las personas sean vulnerables a las recaídas. La buena noticia es que no importa qué tan grave se vea el problema, el tratamiento basado en la evidencia con terapias conductuales, grupos de apoyo mutuo y/o medicamentos puede ayudar a las personas con AUD a alcanzar y mantener la recuperación. De acuerdo con una encuesta nacional, 14.1 millones de adultos de 18 años y mayores¹ (el 5.6% de este grupo etario²) presentaron un AUD en 2019. Entre los jóvenes, se estima que 414,000 adolescentes de entre 12 y 17 años¹ (el 1.7% de este grupo etario²) presentó un AUD durante este periodo.



¿Qué aumenta el riesgo de AUD?

El riesgo de una persona de desarrollar un AUD depende, en parte, de la cantidad, la frecuencia y la rapidez con que consume alcohol. El consumo indebido de alcohol, que incluye **el consumo excesivo y peligroso de alcohol*** y **el abuso de alcohol,**** con el tiempo aumentan el riesgo de presentar un AUD. Otros factores también aumentan el riesgo de un AUD, por ejemplo:

- **beber alcohol a edad temprana.** Una encuesta reciente llevada a cabo a nivel nacional entre personas de 26 años y mayores determinó que aquellas personas que comenzaron a consumir alcohol antes de los 15 años tuvieron 5 veces más de probabilidad de informar haber presentado un AUD en el año anterior que aquellos que esperaron hasta los 21 años o más para comenzar a consumir alcohol. Los riesgos para las mujeres de este grupo son más altos que para los hombres.
- **genética y antecedentes familiares de problemas con el alcohol.** La genética tiene un papel importante, siendo aproximadamente 60% por herencia; sin embargo, como con otras afecciones crónicas, el riesgo de AUD se ve afectado por la interacción entre los genes de la persona y su entorno. Los patrones de consumo de alcohol de los padres también pueden afectar la probabilidad de que un niño desarrolle algún día un AUD.

* El Instituto Nacional sobre el Abuso de Alcohol y Alcoholismo (NIAAA, por sus siglas en inglés) define el consumo excesivo y peligroso de alcohol como un patrón de consumo de alcohol que lleva la concentración de alcohol en la sangre a 0.08% (o 0.08 g de alcohol por decilitro) o más. Para un adulto típico, este patrón de consumo corresponde a 5 o más bebidas alcohólicas (hombres) o 4 o más bebidas alcohólicas (mujeres) en aproximadamente 2 horas.

** NIAAA define el abuso de alcohol como consumir más de 4 bebidas alcohólicas por día en el caso de los hombres o más de 3 bebidas alcohólicas en el caso de las mujeres.

- **afecciones de salud mental y antecedentes de traumas.** Una amplia variedad de afecciones psiquiátricas (como depresión, estrés postraumático y trastorno por hiperactividad con déficit de atención o ADHD, por sus siglas en inglés) son comorbilidades del AUD y se asocian con un mayor riesgo de presentar este trastorno. Las personas que tienen antecedentes de **traumas infantiles** también son vulnerables al AUD.

¿Cuáles son los síntomas del AUD?

Los profesionales de la atención médica usan los criterios de la quinta edición del *Manual diagnóstico y estadístico de los trastornos mentales* (DSM-5,) para evaluar si una persona presenta un AUD y para determinar la gravedad, si el trastorno estuviera presente. La gravedad se basa en la cantidad de criterios que cumple una persona sobre la base de sus síntomas: leve (de 2 a 3 criterios), moderado (de 4 a 5 criterios) o intenso (6 o más criterios).

Un proveedor de atención médica puede hacer las siguientes preguntas para evaluar los síntomas de una persona.

Durante el año anterior, usted:

- ¿ha tenido momentos en los que bebió más cantidad o por más tiempo de lo que deseaba?
- ¿ha querido disminuir su consumo más de una vez o dejar de beber, o lo intentó, pero no pudo?
- ¿ha pasado mucho tiempo bebiendo? ¿o sintiéndose enfermo? ¿o recuperándose de otros efectos de haber bebido?
- ¿ha deseado tanto beber que no podía pensar en otra cosa?
- ¿ha descubierto que beber, o sentirse enfermo por beber, a menudo le ha impedido ocuparse de su hogar o su familia? ¿O le ha provocado problemas en el trabajo? ¿O en la escuela?
- ¿ha continuado bebiendo aunque le causaba problemas con su familia o sus amigos?
- ¿ha abandonado o reducido actividades que le eran importantes o interesantes, o que le daban placer, con el fin de beber?
- más de una vez, ¿se ha visto involucrado en situaciones durante o después de beber que aumentaron sus probabilidades de hacerse daño (como conducir, nadar, usar maquinaria, caminar en una zona peligrosa o tener relaciones sexuales sin protección)?
- ¿ha continuado bebiendo a pesar de que hacerlo lo hizo sentir deprimido o ansioso, o ha empeorado otro problema de salud? ¿O después de haber tenido una laguna mental?
- ¿ha tenido que beber mucho más que otras veces para obtener el efecto deseado? ¿O ha detectado que su cantidad habitual de bebidas alcohólicas tuvo un efecto mucho menor que antes?
- ¿ha encontrado que cuando los efectos del alcohol fueron disipándose, usted presentó algún síntoma de abstinencia, como dificultad para dormir, temblores, agitación, náuseas, sudoración, pulso acelerado o crisis epiléptica? ¿O ha percibido cosas que no estaban presentes?

Cualquiera de estos síntomas podría ser un motivo de inquietud. Mientras más síntomas estén presentes, más urgente será la necesidad de cambio.

¿Cuáles son los tipos de tratamiento para el AUD?

Hay varios enfoques de tratamiento basados en la evidencia disponibles para el AUD. No todos los tratamientos son adecuados para todas las personas, y lo que puede funcionar para una, puede no

funcionar para otra persona. El tratamiento puede ser ambulatorio y/o con hospitalización y puede ser brindado a través de programas especializados, terapeutas y médicos.

Medicamentos

Actualmente, hay tres medicamentos aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos (FDA, por sus siglas en inglés) para ayudar a las personas a detener o reducir su consumo de alcohol y a evitar las recaídas: naltrexona (por vía oral o inyectable de acción prolongada), acamprosato y disulfiram. Ninguno de estos medicamentos es adictivo y pueden usarse por sí solos o en combinación con tratamientos conductuales o grupos de apoyo mutuo.

Tratamientos conductuales

Los tratamientos conductuales, también conocidos como orientación o “terapia conversacional”, brindados por terapeutas certificados buscan cambiar los comportamientos respecto a la bebida. Ejemplos de tratamientos conductuales son intervenciones breves y enfoques de refuerzo, tratamientos que desarrollan la motivación y enseñan habilidades para lidiar con las recaídas o prevenirlas, y terapias basadas en la conciencia plena (mindfulness).

Grupos de apoyo mutuo

Los grupos de apoyo mutuo ofrecen apoyo de pares para detener o reducir el consumo de alcohol. En la mayoría de las comunidades, hay reuniones grupales disponibles a un costo muy bajo o gratis, en horarios y ubicaciones convenientes, incluso con una creciente disponibilidad en línea. Esto significa que pueden ser especialmente útiles para las personas en riesgo de tener recaídas en el consumo de alcohol. En combinación con medicamentos y tratamiento conductual brindado por profesionales de la salud, los grupos de apoyo mutuo pueden ofrecer un valioso apoyo adicional.

Tenga en cuenta lo siguiente: Las personas con un AUD intenso pueden requerir ayuda médica para evitar el síndrome de abstinencia si deciden dejar de beber. El síndrome de abstinencia por consumo de alcohol es un proceso potencialmente mortal que puede suceder cuando una persona que ha estado bebiendo copiosamente, durante un periodo prolongado, deja de beber abruptamente. Los médicos pueden recetar medicamentos para tratar estos síntomas y hacer que el proceso sea más seguro y menos angustiante.

¿Se pueden recuperar las personas que presentan un AUD?

Muchas personas con AUD se recuperan, pero los contratiempos son frecuentes entre aquellos que están en tratamiento. Buscar ayuda profesional temprano puede ayudar a evitar una recaída en el consumo de alcohol. Las terapias conductuales pueden ayudar a las personas a desarrollar habilidades para evitar y superar los factores desencadenantes, como el estrés, que puede llevar a beber. Los medicamentos también pueden contribuir a inhibir el consumo de alcohol en momentos en que las personas podrían estar en mayor riesgo de una recaída (p. ej., ante un divorcio o la muerte de un familiar).

¿Necesita ayuda?

Si le preocupa su consumo de alcohol y desea analizar si presenta un AUD, visite el [sitio web Rethinking Drinking](#) (disponible en inglés).

Para obtener más información sobre las opciones de tratamiento para el consumo de alcohol y para buscar atención de calidad cerca de usted, visite el [Navegador de tratamientos de alcohol de NIAAA](#) (disponible en inglés).

Para obtener más información sobre el alcohol y su salud, visite: <https://niaaa.nih.gov>

1 Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. 2019 National Survey on Drug Use and Health. Table 5.4A—Alcohol Use Disorder in Past Year Among Persons Aged 12 or Older, by Age Group and Demographic Characteristics: Numbers in Thousands, 2018 and 2019. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect5pe2019.htm?s=5.4&#tab5-4a>. Visitado el 6 de noviembre de 2020.

2 SAMHSA, Center for Behavioral Health Statistics and Quality. 2019 National Survey on Drug Use and Health. Table 5.4B—Alcohol Use Disorder in Past Year Among Persons Aged 12 or Older, by Age Group and Demographic Characteristics: Percentages, 2018 and 2019. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect5pe2019.htm?s=5.4&#tab5-4b>. Visitado el 6 de noviembre de 2020.



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Mayo de 2021

“Talk. They Hear You.”® Family Agreement Form

As your **parent/mom/dad/caregiver**:

- I promise to talk with you and answer your questions about the risks and dangers of drinking alcohol and using other drugs.
- I will create an alcohol- and drug-free environment that is safe for you and your friends.
- I promise to pick you up at any time or place if you find yourself in an uncomfortable situation where underage drinking or other drug use is involved.

As your **child**:

- I understand that drinking alcohol and using other drugs is harmful to my health and can make me say or do things I might regret.
- I will do my best to avoid situations where my friends and others are drinking alcohol or using other drugs.
- I promise to call or text you to help get me out of situations where alcohol and other drugs are being used.

By signing this form, I agree to help keep you alcohol- and drug-free.

By signing this form, I agree to not drink alcohol or use other drugs.

Parent/mom/dad/caregiver signature

Child signature

X

X



5. What if I am pregnant and have been drinking?

If you drank alcohol before you knew you were pregnant or before you knew that alcohol could harm your baby, stop drinking now. Every day matters. The sooner you stop drinking, the better for your baby.

6. How can I stop drinking?

If it is hard for you to stop drinking, talk with your healthcare provider about getting help. There are a variety of treatments that can help you. Options for pregnant women include behavioral treatments and mutual-support groups. Your healthcare provider may be able to help you determine the best option for you.

Treatment is an ongoing process. Even if you have been through treatment before, don't give up.

FOR HELP AND INFORMATION

You can get help from your doctor or other healthcare professionals, your religious adviser, a mutual-support group, or other support people.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

301-443-3860, <https://www.niaaa.nih.gov>

NIAAA Alcohol Treatment Navigator

<https://alcoholtreatment.niaaa.nih.gov>

FASD United

202-785-4585, <https://fasdunited.org/>

The Circle of Hope: A Mentoring Network for Birth Mothers

<https://fasdunited.org/circle-of-hope/>

Recovering Mothers Anonymous

<https://recoveringmothers.org>

Centers for Disease Control and Prevention

1-800-CDC-INFO (1-800-232-4636)

<https://www.cdc.gov/ncbddd/fasd>

Substance Abuse and Mental Health Services Administration's National Helpline

1-800-662-HELP (1-800-662-4357)

<https://www.samhsa.gov/find-help/national-helpline>

MotherToBaby

<https://mothertobaby.org>

American College of Obstetricians and Gynecologists

<https://www.acog.org/womens-health>

American Academy of Pediatrics

<https://www.healthychildren.org/English/health-issues/conditions/chronic/Pages/Fetal-Alcohol-Spectrum-Disorders-FAQs-of-Parents-and-Families.aspx>

Indian Health Service

<https://www.ihs.gov/womenshealth/maternalchildhealth/fasd/>

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National Institute
on Alcohol Abuse
and Alcoholism




ALCOHOL AND YOUR PREGNANCY

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Institute on Alcohol Abuse and Alcoholism



PRENATAL ALCOHOL EXPOSURE...



...is associated with an increased risk of miscarriage, stillbirth, prematurity, and sudden infant death syndrome (SIDS), as well as fetal alcohol spectrum disorders (FASD).

FASD is a term for a range of lifelong conditions that can occur in individuals who were exposed to alcohol before birth and often lead to disability.

Children with FASD are more likely to:

- Have low birthweight.
- Have problems eating and sleeping.
- Have problems with vision and hearing.
- Have trouble following directions and accomplishing everyday tasks.
- Have difficulty paying attention and learning in school.
- Have cognitive and academic problems and need special educational services.
- Have trouble controlling their behavior and getting along with others.
- Have behavioral and medical issues that can become apparent at different life stages.
- Be prone to develop alcohol and other substance use disorders later in life.
- Often need extra medical and behavioral care, assistance, and social support throughout life.

HERE ARE SOME QUESTIONS YOU MAY HAVE ABOUT ALCOHOL AND DRINKING WHILE YOU ARE PREGNANT

1. Is it all right to drink alcohol if I am pregnant?

No. A developing baby is exposed to the same concentration of alcohol as the mother during pregnancy. There is no known safe amount of alcohol consumption for women who are pregnant, including early in pregnancy when a woman may not know that she is pregnant.

2. Are some kinds of alcohol less harmful than others?

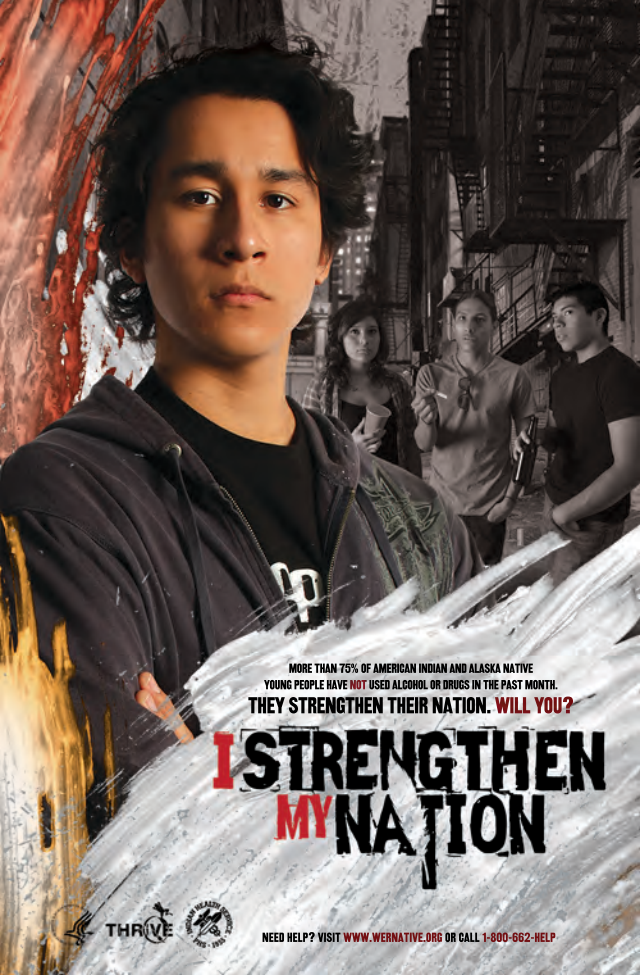
No. Exposure to alcohol from all types of beverages—including beer, wine, hard seltzer, hard cider, alcopops, distilled spirits (liquor), and mixed drinks—is unsafe for developing babies at every stage of pregnancy. A glass of wine, a can of beer, and a shot of liquor all have about the same amount of alcohol. Cocktails (mixed drinks) may have twice as much alcohol as these other beverages.

3. What if I drank during my last pregnancy and my child was fine?

Every pregnancy is different. Alcohol exposure before birth may harm one child more than another. You could have one child born healthy and another child born with problems. Some intellectual and behavioral problems related to FASD may not be apparent initially and can appear at any time during childhood.

4. Does FASD have lifelong effects?

Yes. Although some of the lifelong effects of FASD can be recognized early, other issues become apparent later in life. While early diagnosis and treatment can improve the child's health and behavior, there is no cure for FASD currently.



MORE THAN 75% OF AMERICAN INDIAN AND ALASKA NATIVE
YOUNG PEOPLE HAVE **NOT** USED ALCOHOL OR DRUGS IN THE PAST MONTH.
THEY STRENGTHEN THEIR NATION. WILL YOU?

I STRENGTHEN MY NATION



THRIVE



NEED HELP? VISIT WWW.WERNATIVE.ORG OR CALL 1-800-662-HELP

YOUR CHILD NOTICES

HOW YOU LIVE YOUR LIFE.

The choices you make
will affect the choices
your child makes.

To keep teens
drug and alcohol-free,
show them how to live that way.

Many Native youth think their parents or guardians are okay with them drinking alcohol or smoking pot.

The good news is that when parents talk early about drug and alcohol use with their teens, it helps them say "No, thanks" and mean it.

RESOURCES FOR PARENTS

Parents: The Anti-Drug
www.theantidrug.com

Parent Helpline
1-855-DRUGFREE (378-4373)
www.DrugFree.org

Substance Abuse &
Mental Health Services
Administration (SAMHSA):
findtreatment.samhsa.gov

1-800-662-HELP (4357)

CAMPAIGN PARTNERS

Northwest Portland Area
Indian Health Board
2121 SW Broadway, Suite 300
Portland, OR 97201
Phone: 503.228.4185
Email: npaihb@npaihb.org
www.npaihb.org

Indian Health Service
Division of Behavioral Health
801 Thompson Avenue
Suite 300
Rockville, MD 20852
Phone: 301.443.2038
www.ihs.gov

I STRENGTHEN MY NATION



I STRENGTHEN MY NATION



**STRENGTHEN YOUR CHILD.
STRENGTHEN YOUR NATION.
KEEP YOUR CHILD DRUG AND ALCOHOL-FREE.**

YOU HAVE AWESOME POWER.

As the adult in a young person's life, you can inspire, guide and lead – by example – with your own life.

.....

SET A GOOD EXAMPLE.

The best possible example, of course, would be for you to not use alcohol or drugs. If you do drink, however, there are still ways to reduce the likelihood that your child will drink.

- Use alcohol moderately. If you keep alcohol at home, regularly monitor the supply, and make sure your child knows that it's off-limits.
- Don't teach your child that alcohol can help people cope with life's problems. There are safe, healthy ways to deal with stress or personal problems.
- Don't tell stories about your own drinking or drug use that might make your child think it's fun, funny, or glamorous.

WITH YOUR CHILD ■ ■ ■

TALK ABOUT DRINKING AND DRUGS.

If possible, start the conversation early, before they're in school. Alcohol and drug use often starts in grade school.

Surveys show that many American Indian and Alaska Native youth think their parents or guardians are okay with them drinking alcohol or smoking pot. The good news is that when parents talk early about drug and alcohol use with their teens, it helps them say "No, thanks" and mean it.

LISTEN.

Let your child ask questions and voice opinions. Then discuss, calmly and respectfully.

SHOW THAT YOU CARE.

Be available and non-judgmental. Guide from love, not anger.

KNOW WHERE THEY ARE AND WHAT THEY'RE DOING.

Have them check in with you frequently. Explain that you trust them but just want to make sure they're safe.

SET CLEAR, FIRM GROUND RULES:

- No alcohol, smoking, or other drugs
- No going to parties where alcohol, pot, or other drugs will be available
- Never let someone drive who has been drinking or using drugs. Tell your child that you'll pick them up wherever they are, whatever time it is.

WITH OTHER ADULTS ■ ■ ■

GET INVOLVED.

Many children drink or use drugs because they're bored. Keep them busy with after-school clubs or sports. Work with other parents to create fun, meaningful activities.

GET COOPERATION FROM OTHERS.

If other adults in your child's life use drugs or alcohol, ask them:

- Not to drink or use around your child
- Not to give drugs or alcohol to your child
- Not to throw unsupervised parties



EFFECTIVE WAYS TO SAY "NO" TO DRUGS AND ALCOHOL

- Stand up straight
- Make eye contact
- Say how you feel
- Don't make excuses
- Stay calm
- Stand up for yourself!

RESOURCES:

We R Native

www.weRnative.org

Above the Influence

www.abovetheinfluence.com

The Science Behind Drug Abuse

www.teens.drugabuse.gov

**TAKE A STAND.
STRENGTHEN
YOUR NATION.
LIVE DRUG FREE.**

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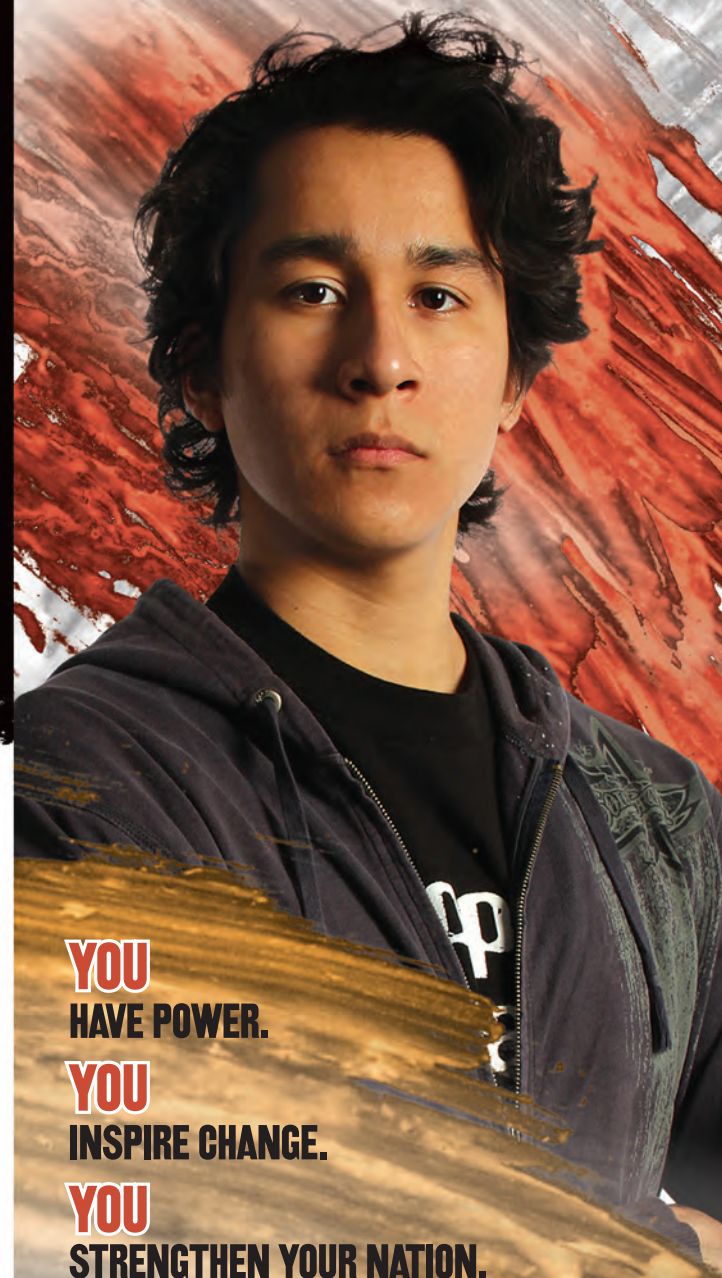
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Email: npaihb@npaihb.org
www.npaihb.org

Indian Health Service
Division of Behavioral Health
801 Thompson Avenue
Suite 300
Rockville, MD 20852
Phone: 301.443.2038
www.ihs.gov

**I STRENGTHEN
MY NATION**



**I STRENGTHEN
MY NATION**



**YOU
HAVE POWER.**

**YOU
INSPIRE CHANGE.**

**YOU
STRENGTHEN YOUR NATION.**



YOUR LIFE MATTERS.

YOU HAVE THE POWER
to accomplish amazing things.

YOU HAVE THE POWER
to inspire change.

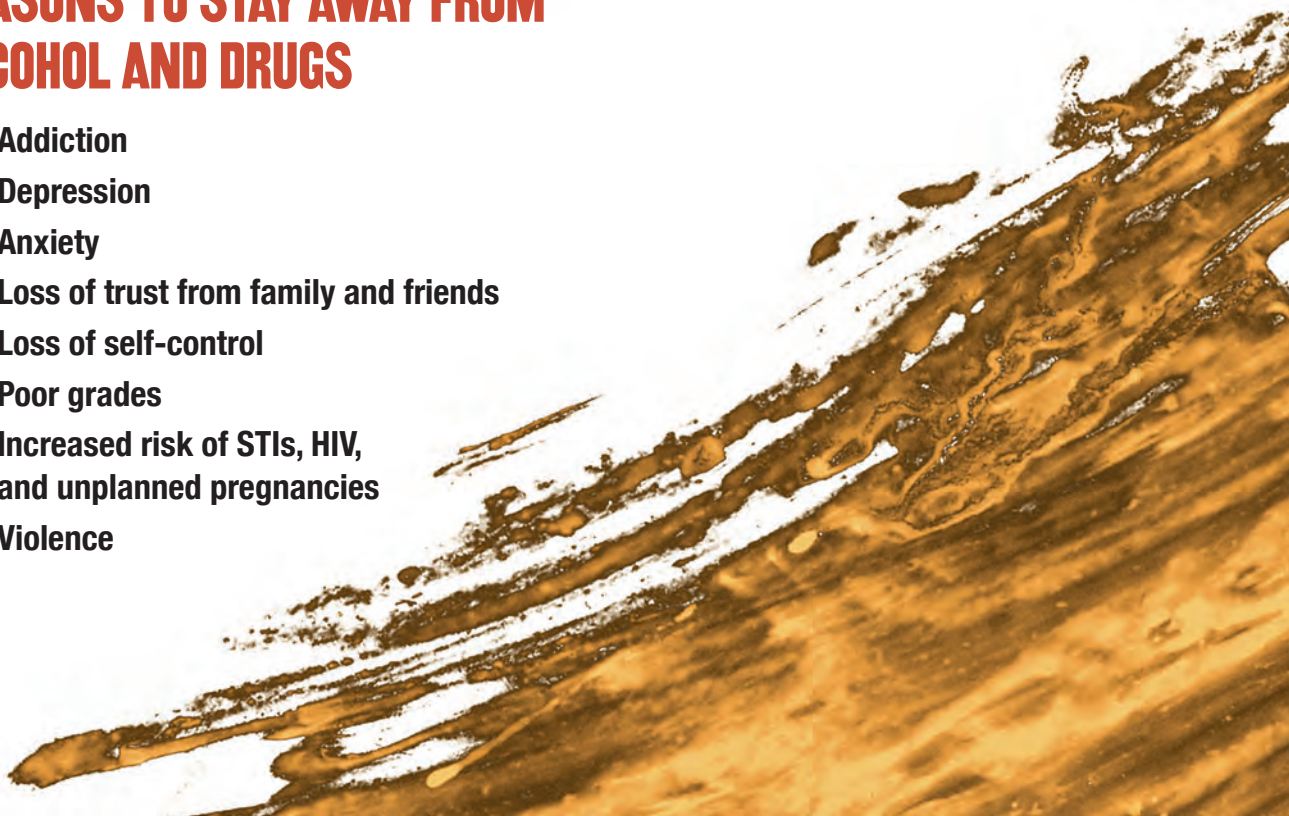
SO WALK AWAY **FROM ALCOHOL, POT,** **AND OTHER DRUGS.**

75% of American Indian and
Alaska Native teens have **NOT** used alcohol
or drugs in the last month. What does
this mean to you? It means you're
not alone when you walk away.

WAYS YOU CAN STAY **DRUG AND ALCOHOL-FREE**

- Work hard in school
- Maintain strong relationships with friends and family
- Volunteer in your community
- Attend pow-wows or other community events
- Participate in drum circles
- Join a team, a club, or play sports

REASONS TO STAY AWAY FROM **ALCOHOL AND DRUGS**

- Addiction
 - Depression
 - Anxiety
 - Loss of trust from family and friends
 - Loss of self-control
 - Poor grades
 - Increased risk of STIs, HIV, and unplanned pregnancies
 - Violence
- 



Why You Should Talk With Your Child About Alcohol and Other Drugs

Parents Have a Significant Influence in Their Children's Decisions to Experiment With Alcohol and Other Drugs

One of the most influential factors during a child's adolescence is maintaining a strong, open relationship with a parent.¹ When parents create supportive and nurturing environments, children make better decisions. Though it may not always seem like it, children really hear their parents' concerns, which is why it's important that parents discuss the risks of using alcohol and other drugs.

It's Better to Talk Before Children Are Exposed to Alcohol and Other Drugs

If you talk to your kids directly and honestly, they are more likely to respect your rules and advice about alcohol

and drug use. When parents talk with their children early and often about alcohol and other drugs, they can protect their children from many of the high-risk behaviors associated with using these drugs.



Some Children May Try Alcohol or Other Drugs at a Very Young Age

It is never too early to talk to your children about alcohol and other drugs. Children as young as nine years old already start viewing alcohol in a more positive way, and approximately 3,300 kids as young as 12 try marijuana each day.² Additionally, about

five in 10 kids as young as 12 obtain prescription pain relievers for nonmedical purposes.³ The earlier you start talking, the better.

The Older Kids Get, the More Likely They'll Try Alcohol or Drugs

About 10 percent of 12-year-olds say they have tried alcohol, but by age 15, that number jumps to 50 percent. Additionally, by the time they are seniors, almost 70 percent of high school students will have tried alcohol, half will have taken an illegal drug, and more than 20 percent will have used a prescription drug for a nonmedical purpose.⁴ The sooner you talk to your children about alcohol and other drugs, the greater chance you have of influencing their decisions about drinking and substance use.⁵

Not Talking About Alcohol and Other Drugs Still Sends Kids a Message

Kids don't always have all the facts when it comes to alcohol and other drugs. If parents don't talk about the risks of underage drinking and substance use, their kids might not see any harm in trying

alcohol and other substances. Having a conversation allows parents to set clear rules about what they expect from their kids when it comes to alcohol and other drugs.

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Over 80 percent of young people ages 10-18 say their parents are the leading influence on their decision whether to drink or not.

5 CONVERSATION GOALS

1. Show you disapprove of underage drinking and other drug misuse.
2. Show you care about your teen's health, wellness, and success.
3. Show you're a good source of information about alcohol and other drugs.
4. Show you're paying attention and you will discourage risky behaviors.
5. Build your teen's skills and strategies for avoiding drinking and drug use.

Fold B



Fold C

It's never too late to start talking with your teen about the risks of underage drinking and other substance use.



For more information on talking with your teen about alcohol and other drugs, visit www.underagedrinking.samhsa.gov and www.samhsa.gov.

#TalkTheyHearYou

PEP20-03-01-003

CONVERSATION GOALS:

Talking with Teens
About Alcohol and
Other Drugs



Talking with Teens About Alcohol and Other Drugs: 5 Conversation Goals

It's never too late to start talking with your teen about the risks of underage drinking and other substance use. As teens get older, they make more decisions on their own, and also face more temptation and peer pressure. Though it may not seem like it, teens really do hear your concerns. It's important you show that you care and continue having conversations with them about the dangers of alcohol and other drugs, and why they shouldn't use them.

1 Show you disapprove of underage drinking and other drug misuse.

Over 80 percent of young people ages 10–18 say their parents are the leading influence on their decision whether to drink or not. Don't assume they know how you feel about drinking and substance use. Send a clear and strong message that you disapprove of underage drinking and use or misuse of other drugs.



2 Show you care about your teen's health, wellness, and success.

Young people are more likely to listen when they know you're on their side. Reinforce why you don't want your child to drink or use other drugs—because you want them to be happy and safe. The conversation will go a lot better if you're open and show your concern for their well-being.



Fold A

3 Show you're a good source of information about alcohol and other drugs.

You want your teen to make informed decisions about alcohol and other drugs with reliable information about its dangers. You don't want him or her to learn about alcohol and other drugs from unreliable sources. Establish yourself as a trustworthy source of information.



4 Show you're paying attention and you will discourage risky behaviors.

Young people are more likely to drink or use other drugs if they think no one will notice. Show that you're aware of what your teen is up to, but do this in a subtle way and try not to pry. Ask about friends and plans because you care, not because you're judging—you are more likely to have an open conversation.



5 Build your teen's skills and strategies for avoiding drinking and drug use.

Even if you don't think your child wants to drink or try other drugs, peer pressure is a powerful thing. Having a plan to avoid alcohol and drug use can help children make better choices. Talk with your children about what they would do if faced with a difficult decision about alcohol and drugs. Practice saying "no thanks" with them in a safe environment and keep it low-key. Don't worry, you don't have to get everything across in one talk. Plan to check in frequently with quick chats and keep the lines of communication open.





TALKING TO KIDS ABOUT ALCOHOL

5 CONVERSATION GOALS

Research shows that parents are the #1 reason young people decide not to drink. So, start talking to your children about alcohol before they start drinking—as early as 9 years old. Even if it doesn't seem like it, they really do hear you.

1 Show you disapprove of underage drinking.

Over 80% of young people ages 10-18 say their parents are the leading influence on their decision to drink or not drink. So they really are listening, and it's important that you send a clear and strong message.

2 Show you care about your child's happiness and well-being.

Young people are more likely to listen when they know you're on their side. Try to reinforce why you don't want your child to drink—not just because you say so, but because you want your child to be happy and safe. The conversation will go a lot better if you're working with, and not against, your child.

3 Show you're a good source of information about alcohol.

You want your child to be making informed decisions about drinking, with reliable information about its dangers. You don't want your child to be learning about alcohol from friends, the internet, or the media—you want to establish yourself as a trustworthy source of information.

4 Show you're paying attention and you'll notice if your child drinks.

You want to show you're keeping an eye on your child, because young people are more likely to drink if they think no one will notice. There are many subtle ways to do this without prying.

5 Build your child's skills and strategies for avoiding underage drinking.

Even if your child doesn't want to drink, peer pressure is a powerful thing. It could be tempting to drink just to avoid looking uncool. To prepare your child to resist peer pressure, you'll need to build skills and practice them.

**Keep it low-key.
Don't worry, you don't have to get
everything across in one talk.
Many small talks are better.**

Research shows that alcohol use and misuse among women are increasing.^{1–2} While alcohol misuse by anyone presents serious public health concerns, women who drink have a higher risk of certain alcohol-related problems compared to men.³ It is important for women to be aware of these health risks and of the *2020–2025 Dietary Guidelines for Americans*, so that they can make informed decisions about alcohol use. Adult women of legal drinking age can choose not to drink or to limit their intake to 1 drink or less in a day, when alcohol is consumed.⁴ This amount is not intended as an average but rather as a daily limit. Alcohol-related risks may be minimized, though not eliminated, by limiting intake. Some individuals should avoid alcohol completely, such as those who are pregnant or might be pregnant.⁴



Why Do Women Face Higher Risks?

Studies show that women start to have alcohol-related problems sooner and at lower drinking amounts than men and for multiple reasons.³ On average, women weigh less than men. Also, alcohol resides predominantly in body water, and pound for pound, women have less water in their bodies than men. This means that after a woman and a man of the same weight drink the same amount of alcohol, the woman's blood alcohol concentration (BAC, the amount of alcohol in the blood) will tend to be higher, putting her at greater risk for harm. For example, research suggests that women are more likely than men to experience hangovers⁵ and alcohol-induced blackouts⁶ at comparable doses of alcohol. Other biological differences may contribute as well.

What Are the Health Risks?

Medical Emergencies and Deaths

Women, compared to men, have had larger increases in alcohol-related emergency department visits, hospitalizations, and deaths in the past 20 years.⁷

Alcohol Use Disorder

Alcohol use disorder (AUD) is characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It is a spectrum disorder and can be mild, moderate, or severe, and it encompasses the conditions that some people refer to as alcohol abuse, alcohol dependence, or the colloquial term *alcoholism*.^{*} AUD can cause lasting changes in the brain that make patients vulnerable to relapse. Women are less likely than men to receive treatment for AUD.⁸

* To be diagnosed with AUD, a person must meet certain diagnostic criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition. (See <https://www.niaaa.nih.gov/sites/default/files/publications/DSMfact.pdf>)

Liver Damage

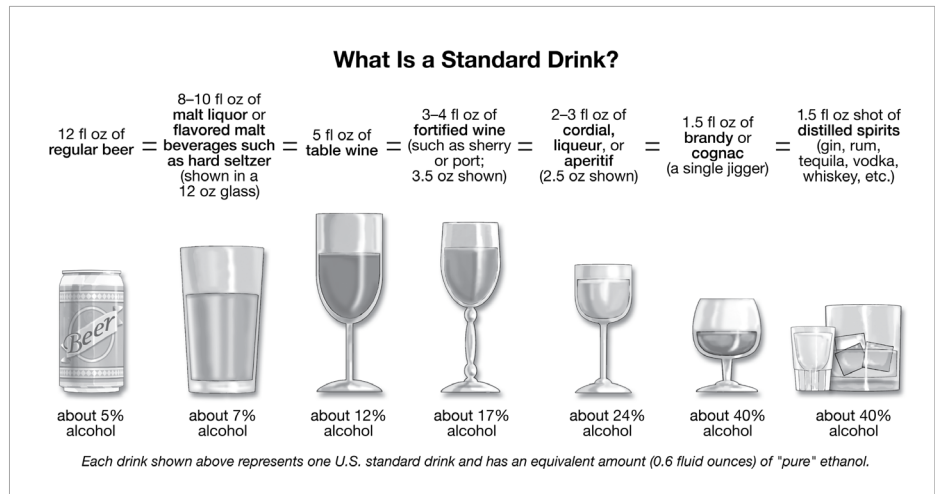
Women who regularly misuse alcohol are more likely than men who drink the same amount to develop alcohol-associated hepatitis, a potentially fatal alcohol-related liver condition.⁹ This pattern of drinking can also lead to cirrhosis (permanent liver scarring).

Heart Disease

Long-term alcohol misuse is a leading cause of heart disease. Women are more susceptible to alcohol-related heart disease than men, even though they may consume less alcohol over their lifetime than men.³

Brain Damage

Research suggests that alcohol misuse produces brain damage more quickly in women than in men.¹⁰ In addition, a growing body of evidence shows that alcohol can disrupt normal brain development during the adolescent years, and there may be differences in the impact of alcohol on the brains of teenagers who drink.¹¹ For example, in one study, teen girls who reported binge drinking, but not teen boys who reported binge drinking, showed less brain activity and worse performance on a memory test than peers who drank lightly or abstained.¹² Similarly, teenage girls who drank heavily showed a greater reduction in the size of important brain areas involved in memory and decision-making than teenage boys who engaged in heavy drinking.¹³ Women also may be more susceptible than men to alcohol-related blackouts, which are gaps in a person's memory for events that occurred while they were intoxicated. These gaps happen when a person drinks enough alcohol to temporarily block the transfer of memories from short-term to long-term storage—known as memory consolidation—in a brain area called the hippocampus.⁶

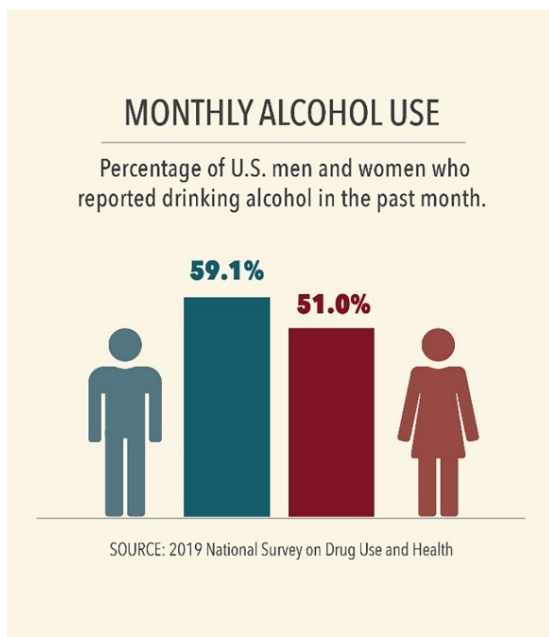


Breast Cancer

There is an association between drinking alcohol and developing breast cancer. Studies demonstrate that women who consume about 1 drink per day have a 5 to 9 percent higher chance of developing breast cancer than women who do not drink at all.^{14–16} That risk increases for every additional drink they have per day.¹⁶

Alcohol and Pregnancy

There is no known safe amount of alcohol consumption for women who are pregnant or might become pregnant. Prenatal alcohol exposure can cause children to experience physical, cognitive, and behavioral problems, any of which can be components of [fetal alcohol spectrum disorders \(FASD\)](#). Drinking during pregnancy can also increase the risk for preterm labor.



Some Women Should Avoid Alcohol Entirely

According to the *2020–2025 Dietary Guidelines for Americans*, it is safest to avoid alcohol altogether if you:

- » Are taking medications that interact with alcohol
- » Are managing a medical condition that can be made worse by drinking
- » Are under the age of 21, the minimum legal drinking age in the United States
- » Are recovering from AUD or unable to control the amount you drink
- » Are pregnant or might be pregnant

In addition, certain individuals should avoid alcohol completely, particularly those who experience facial flushing and dizziness when drinking alcohol. Also in this category are older adults, anyone planning to drive a vehicle or operate machinery, and individuals who participate in activities that require skill, coordination, and alertness.

To see whether your pattern of alcohol use puts you at risk for AUD, please visit Rethinking Drinking at: <https://www.rethinkingdrinking.niaaa.nih.gov>

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