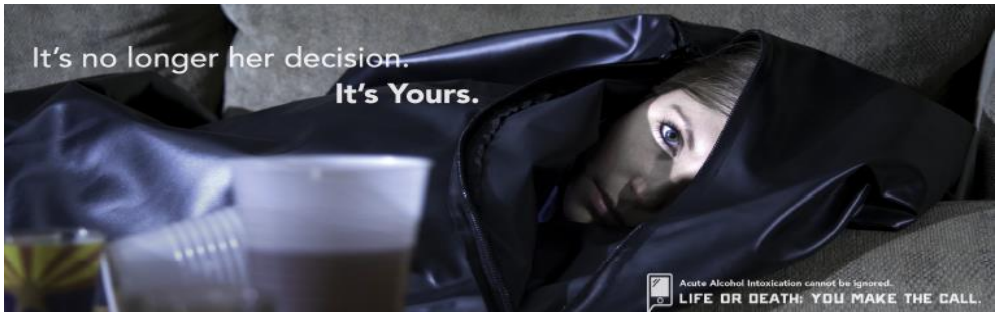
A Matter of Life or Death
Acute Alcohol Intoxication or Poisoning



Acute alcohol poisoning is the ingestion of large amounts of alcohol, often caused by binge drinking. According to the National Institute on Alcohol Abuse & Alcoholism, binge drinking is defined as a pattern of drinking that increases a person's blood alcohol to .08. In women, this usually occurs after 4 drinks within 2 hours, and in men after 5 drinks in 2 hours. When alcohol is consumed in large amounts, it slows bodily functions such as heart rate, blood pressure and breathing which leads to unconsciousness.

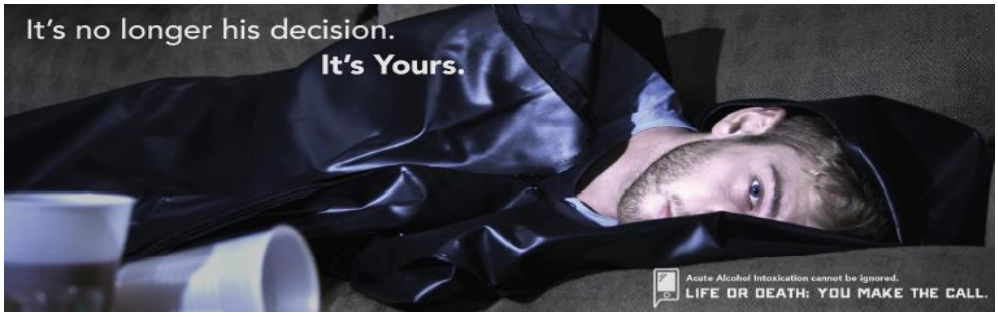
Symptoms of someone who may be experiencing acute alcohol intoxication include:

- Unable to stand or walk or can only do so with great difficulty
- Poorly aware of his/her surroundings
- Difficulty speaking or identifying him/herself to others
- Obnoxious or unruly
- Repeated episodes of vomiting

- Slowed or irregular breathing (8 or less breaths per minute or lapses of more than 10 seconds)
- Fever or chills
- Cold, clammy or pale/bluish skin
- Passed out, unconscious or semi- unconsciousness
- Vomiting while sleeping or passed out and not waking up after vomiting

What should you do?

If you encounter a person with one or more of these symptoms, call 911, **this is a medical emergency**. While waiting for medical assistance, turn the intoxicated person on his/her side and maintain that position by placing a pillow behind them. Stay with the person until emergency personnel are present. It is best to err on the side of caution and get help than to not call for help and have the intoxicated person stop breathing. Many times, especially with underage drinkers, the consequences of making the call to emergency services are factored in, but the guilt and long term consequence of not getting help may be far more serious.



(Sources: www.niaaa.nih.gov; www.drugabuse.gov/alcohol; www.mayoclinic.com/alcoholpoisoning)

Are Handheld Devices Harming Our Children?

The American Academy of Pediatrics and the Canadian Society of Pediatrics state infants aged 0-2 years should not have any exposure to technology, 3-5 years should be restricted to one hour per day, and 6-18 years restricted to 2 hours per day. Children and youth use 4-5 times the recommended amount of technology, with serious and often life threatening consequences. Handheld devices (cell phones, tablets, electronic games) have dramatically increased the accessibility and usage of technology, especially by very young children. Chris Rowan, a pediatric occupational therapist, has called on parents, teachers and governments to ban the use of all handheld devices for children under the age of 12 years, outlining the following 10 research-based reasons.

1. Rapid brain growth

Between 0 and 2 years, infants brains triple in size, and continue in a state of rapid development to 21 years of age. Early brain development is determined by environmental stimuli, or lack thereof. Stimulation to a developing brain caused by overexposure to technologies (cell phones, internet, iPads, TV), has been shown to be associated with executive functioning and attention deficit, cognitive delays, impaired learning, increased impulsivity and decreased ability to self-regulate, e.g. tantrums.

2. Delayed Development

Technology use restricts movement, which can result in delayed development. One in three children now enter school developmentally delayed, negatively impacting literacy and academic achievement. Movement enhances attention and learning ability. Use of technology under the age of 12 years is detrimental to child development and learning.

3. Epidemic Obesity

TV and video game use correlates with increased obesity. Children who are allowed a device in their bedrooms have 30% increased incidence of obesity. One in four Canadian, and one in three U.S. children, are obese. 30% of children with obesity will develop diabetes, and obese individuals are at higher risk for early stroke and heart attack, gravely shortening life expectancy. Largely due to obesity, 21st century children may be the first generation many of whom will not outlive their parents.

4. Sleep Deprivation

60% of parents do not supervise their child's technology usage, and 75% of children are allowed technology in their bedrooms. 75% of children aged 9 and 10 years are sleep deprived to the extent that their grades are detrimentally impacted.

5. Mental Illness

Technology overuse is implicated as a causal factor in rising rates of child depression, anxiety, attachment disorder, attention deficit, autism, bipolar disorder, psychosis and problematic child behavior. One in six Canadian children have a diagnosed mental illness, many of whom are on dangerous psychotropic medication.

6. Aggression

Violent media content can cause child aggression. Young children are increasingly exposed to rising incidence of physical and sexual violence in today's media. "Grand Theft Auto V" portrays explicit sex, murder, rape, torture and mutilation, as do many movies and TV shows. The U.S. has categorized media violence as a Public Health Risk due to causal impact on child aggression. Media reports increased use of restraints and seclusion rooms with children who exhibit uncontrolled aggression.

7. Digital dementia

High speed media content can contribute to attention deficit, as well as decreased concentration and memory, due to the brain pruning neuronal tracks to the frontal cortex. Children who can't pay attention can't learn.

8. Addictions

As parents attach more and more to technology, they are detaching from their children. In the absence of parental attachment, detached children can attach to devices, which can result in addiction. One in 11 children aged 8-18 years are addicted to technology.

9. Radiation emission

In May of 2011, the World Health Organization classified cell phones (and other wireless devices) as a category 2B risk (possible carcinogen) due to radiation emission. James McNamee with Health Canada, in October of 2011, issued a cautionary warning stating "Children are more sensitive to a variety of agents than adults as their brains and immune systems are still developing, so you can't say the risk would be equal for a small adult as for a child." In December, 2013, Dr. Anthony Miller from the University of Toronto's School of Public Health, recommended that based on new research, radio frequency exposure should be reclassified as a 2A (probable carcinogen), not a 2B (possible carcinogen). The American Academy of Pediatrics requested a review of EMF radiation emissions from technology devices, citing three reasons regarding their impact on children.

10. Unsustainable

The ways in which children are raised and educated with technology are no longer sustainable. Children are our future, but there is no future for children who overuse technology. A team-based approach is necessary and urgent in order to reduce the use of technology by children.

Technology Use Guidelines for Children and Youth

Developmental Age	How Much?	Non-violent TV	Handheld devices	Non-violent video games	Violent video games	Online violent video games and or pornography
0-2 years	none	never	never	never	never	never
3-5 years	1 hour/day	✓	never	never	never	never
6-12 years	2 hours/day	✓	never	never	never	never
13-18 years	2 hours/day	✓	✓	limit to 30 minutes/day		never

(Source: www.huffingtonpost.com/chrisrowan)

GOT SCIP?!?!

The School Community Intervention & Prevention (SCIP) program is a recognized student assistance program (SAP). SCIP is a K-12 school-based, evidence-informed framework for prevention, early intervention, referral and support for students with identified needs that may prevent them from fully benefitting from their educational experience. SCIP focuses on building supports for students dealing with behavioral health concerns, such as bullying, depression, suicide, self-injury, substance use/abuse etc.

When a referral is made to the school's SCIP team, the team begins the documentation process which generally includes distributing checklists to the student's teachers, as well as other possible school personnel that have contact with the student, such as, a nurse, coach etc. The checklist asks them to objectively make note of observable behaviors they have noticed in that student in their classroom. One of the most important aspects of the SCIP process is **confidentiality**! Any SCIP forms containing a student's name is considered confidential and private. SCIP documentation is **never** shared or discussed outside of the SCIP Team. All documentation is kept in a separate locked file cabinet, independent of the student's regular school file. Brief updates may be provided to the student's teachers on an as-needed basis.

It is also important to note that when a referral is made to the SCIP team, it DOES NOT mean that the student has a substance abuse or other behavioral health concern, but rather that someone (teacher, parent, peer, etc.) has a genuine concern about them.

Once the checklist and other relevant documentation (grades/attendance, voiced parent concerns etc.) is gathered, the SCIP team reviews the forms to see if others may be observing the same concerning behaviors.

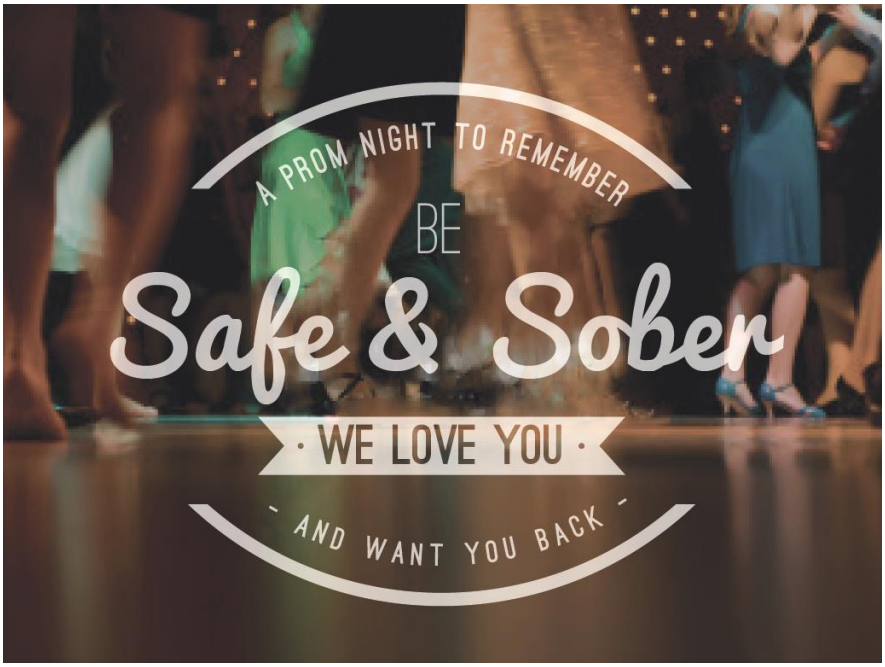
What Happens Next?

Once the team has reviewed the forms the team decides one of the following things:

- No SCIP action is taken: Information gathered does not indicate an overall concern to warrant further action.
- Monitor the student: Information gathered suggests there might be something going on with the student but there isn't sufficient information to put a plan in place or to share with parents/guardians; therefore, the team will monitor to see if the behaviors of concern dissipate, remain the same or become more visible.
- Intervention with student and/or parents: The information gathered reveals multiple individuals have observed behavior that supports the need for further response from the team.

If the information gathered by the SCIP Team indicates contact with the parent/guardian is warranted, the SCIP team will try to set a time to meet in person or by phone to share and discuss their concerns, and to help the family understand what behaviors were observed and how they are interfering with the student's success in school.

The SCIP team may also at this time offer some options that may help the student address the concerns, whether it be referral to a professional for the free SCIP screening, or an in-school support program that will assist them in becoming more successful in school.



As you help your teen prepare for prom, graduation, summer, or whatever the next step is, don't forget to have a HEART TO HEART conversation with them. There are no perfect answers when it comes to helping your teen make good choices about drinking, but there are great resources available! Check out the Heart to Heart Experience for ideas at http://www.talkaboutalcohol.org/heart-to-heart.