



Wellness Newsletter

Augusta Technical College

What Is Alcoholism?

Alcoholism, also known as “alcohol dependence,” is a disease that includes four symptoms:

- **Craving:** A strong need, or compulsion, to drink.
- **Loss of control:** The inability to limit one’s drinking on any given occasion.
- **Physical dependence:** Withdrawal symptoms, such as nausea, sweating, shakiness, and anxiety, occur when alcohol use is stopped after a period of heavy drinking.
- **Tolerance:** The need to drink greater amounts of alcohol in order to “get high.”

People who are not alcoholic sometimes do not understand why an alcoholic can’t just “use a little willpower” to stop drinking. However, alcoholism has little to do with willpower. Alcoholics are in the grip of a powerful “craving,” or uncontrollable need, for alcohol that overrides their ability to stop drinking. This need can be as strong as the need for food or water.

Although some people are able to recover from alcoholism without help, the

majority of alcoholics need assistance. With treatment and support, many individuals are able to stop drinking and rebuild their lives.

Many people wonder why some individuals can use alcohol without problems but others cannot. One important reason has to do with genetics. Scientists have found that having an alcoholic family member makes it more likely that if you choose to drink you too may develop alcoholism. Genes, however, are not the whole story. In fact, scientists now believe that certain factors in a person’s environment influence whether a person with a genetic risk for alcoholism ever develops the disease. A person’s risk for developing alcoholism can increase based on the person’s environment, including where and how he or she lives; family, friends, and culture; peer pressure; and even how easy it is to get alcohol.

Alcohol consumption has consequences for the health and well - being of those who drink and, by extension, the lives of those around them.

<http://ncadi.samhsa.gov/>

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National Health Observances

- *Alcohol Awareness Month*
- *Counseling Awareness Month*
- *Foot Health Awareness Month*
- *National Child Abuse Prevention Month*
- *Occupational Therapy Month*
- *National Donate Life Month*
- *National Youth Sports Safety Month*
- *Sports Eye Safety Month*

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Join us at a Wellness Fair near you!

9:00am - 1:00pm

Augusta Campus - Thursday, April 19th
Waynesboro Campus - Tuesday, April 24th
Thomson Campus - Thursday, April 26th

Sponsored by the ATC Wellness Committee

How To Respond To Your Child “The Right Way”

Responding is more than just giving your child attention. The words are actually saying two different things: **1)** make sure you're *responding* to your child, not reacting; and **2)** make sure your response is *appropriate*, not overblown or out-of-proportion, too casual or minimal, or too late.

Are you reacting or responding to your child?

Many parents *react* to their children. That is, they answer with the first word, feeling, or action that comes to mind. It's a normal thing to do, especially with all the other things people do every day.

When you react, you aren't making a decision about what outcome you want from an event or action. Even more than that, if you react, you can't *choose* the best way to reach the outcome you want.

Responding to your child means that you take a moment to think about what is really going on before you speak, feel, or act. Responding is much harder than reacting because it takes more time and effort. The time that you take between looking at the event and acting, speaking, or feeling is vital to your relationship with your child. That time, whether it be a few seconds, five minutes, or a day or two, allows you to see things more clearly, in terms of what is happening right now and what you want to happen in the long-run.

What is an appropriate response?

An appropriate response is one that fits the situation. Both your child's age and the specific facts of the occasion are important in deciding what a fitting response is. For example, a fitting response for a baby who is crying differs from a fitting response for a four-year-old or a 10-year-old who is crying. A fitting response for an instance in which a child is running depends on whether that child is running into a busy street or running to the swing set on the playground. Your child's physical or emotional needs may also shape your decision about a fitting response.

Responding to your child in an appropriate manner allows you to:

Think about all the options before you decide.

This will help you choose the best way to get from the current situation to the outcome that you want. By taking time to see a problem from many sides, for instance, you are more likely to choose the most fitting response. For situations that happen often, your well-thought-out response can become almost automatic, like picking up a crying baby.

Answer some basic questions:

Do your words get across what you are trying to say? Do your actions match your words? Are your emotions getting in the way of your decision-making? Do you know the reasons for your child's actions or behavior?

Consider previous, similar events and recall how you handled them.

You can remind your child of these other times and their outcomes, to show that you are really thinking about your decision. You can use your past experiences to judge the current situation, decide the outcome you want, and figure out how to reach that outcome.

Be a more consistent parent.

Your child will know that you are not making decisions based on whim, especially if you explain how you made your choice. Your child will be more likely to come to you with questions or problems if he or she has some idea of what to expect from you. Warm, concerned, and sensitive responses will also increase the likelihood of your child coming to you with questions or problems. Remember that consistent parenting does not mean inflexible parenting.

Offer an example of how to make thoughtful decisions.

As your child gets older, he or she will know your decision-making process and will appreciate the time you take. Your child might even pattern him or herself after you.

Build a solid but flexible bond of trust between you and your child.

A solid bond holds up to tough situations; a flexible bond survives the changes in your child and in your relationship with your child that are certain to occur.

Parents have a profound influence on children from the beginning of their children's lives.

Parents do matter!

For more information on the prevention of child abuse:

<http://www.nichd.nih.gov/>

NATIONAL YOUTH SPORTS SAFETY MONTH FOCUSES ON "KEEPING INFORMED" ABOUT THE MOST CURRENT SAFETY RESOURCES

Millions of children are injured each year due to their participation in sports and fitness activities with a cost to the government and their families of many billions of dollars. Many of these injuries could be prevented with the utilization of safety resources.

While safety is a paramount concern of many parents, coaches, sports administrators and health professionals, they are often not aware of guidelines, standards and position papers published by national medical and sports organizations. Michelle Klein, founder and executive director of the NYSSF said that there is a wealth of good information published each year, but it is very difficult to get it into the hands of those who need it the most.

Materials for the campaign are available on the Foundation's website at <http://www.nyssf.org>. They include: Position Papers, Safety Quiz, Emergency Plan, Youth Sports Program Guidelines, Ways to Promote Youth Sports Safety, and a Sport Parent Code of Conduct.

The National Youth Sports Safety Foundation, Inc. is a nonprofit, educational organization dedicated to reducing the number and severity of injuries youth sustain in sports and fitness activities. It serves as an educational resource and clearinghouse for information on safe sports participation for parents, coaches, athletes, health professionals, and program administrators.



<http://www.nyssf.org>

Did You Know

- Sports injuries to youth 0-14 for 29 sports in 1997 cost the US public \$49,192,781,832. Source: US Consumer Product Safety Commission.
- It has been recommended that sports specialization should be avoided before the age of ten years. Source: FIMS/WHO Consensus Statement, "Organized Sports for Children"
- The American Academy of Ophthalmology has launched a campaign for mandatory protective eyewear for children participating in school-related or community-sponsored athletic events. Eye injuries are the leading cause of blindness in children, and sports are the major cause of eye injuries in school-age children.
- There is no such thing as a "healthy tan" Tanning is the skin's response to injury caused by overexposure to ultraviolet light from the sun or artificial light source.
- Athletes in all sports are susceptible to eating disorders, and as many as one-third of all female athletes suffer from them.
- As many as one-third of in-line skating emergency-room treated injuries could be prevented or lessened in severity by the use of protective equipment.
- Less than 10% of the two and a half million volunteer coaches, and less than one-third of the interscholastic coaches in the United States have had any type of coaching education.
- The American Medical Association recently passed a resolution regarding youth baseball and softball safety which urges youth baseball and softball organizations to adopt policies for the use of protective equipment and encourages sponsors of organized youth sports activities to adopt written emergency and first responder plans. H-470.967 (Amended Res. 408,I-95) For more information contact the AMA, 515 North State Street, Chicago, IL 60610, 312-464-5000.
- Forty thousand knees are injured due to sports participation each year in the United States. In addition, 50% of these injuries have some lasting residual effect which impacts the quality of life.

April is Foot Health Awareness Month

FEET take an awful pounding. They support our bodies and balance us – and the average person walks the equivalent of five times round the Earth in a lifetime.

Yet most people give very little thought to their feet until problems occur. They may be meticulous about regular check-ups for their eyes and teeth, but not their feet.

Taking care of your feet is always important, particularly as they spend much of their time encased in hot shoes and walking on hard surfaces. Basic hygiene and nail cutting may be all that is needed to keep your feet in good health, but when apparently healthy feet start experiencing problems it is best to seek professional help.

Problems can be inherited, develop from illness or be caused from the pressures of ill-fitting shoes or boots. Doctors of Podiatric Medicine (DPMs) are trained in all aspects of care for the feet and lower limbs, and play a critical role in keeping people on their feet, healthy, active and productive.

It is extremely important for those with diabetes, arthritis and circulatory problems to see a podiatrist at least once a year.

**“When my feet hurt I can’t think,”
Abraham Lincoln**

<http://www.podiatrists.org/>



Extra Pounds Add Stress to Feet & Ankles

People with foot and ankle problems tend to weigh more than people who don't, suggesting that the extra weight may be bad for the feet, according to survey findings released in the July 21 Reuters Health. Among more than 6,000 people who responded to the survey, those who said they had foot and ankle pain, had undergone foot surgery, or consulted a doctor about foot pain, tended to weigh more than people who did not report similar problems.

In addition, more than 4 out of 10 people with foot and ankle problems said they believed they had gained weight before the problems started. "If you gain weight, your feet and your ankles are going to pay the price," study author Dr. Stuart Miller, member of the American Orthopaedic Foot and Ankle Society Public Education Committee, told Reuters Health. Miller noted that the most common foot and ankle problems among overweight people included arthritis in the ankle, and problems in weight-bearing joints and tendons, such as the ankle and joint between the ankle and heel.

People carrying around extra pounds also reported more posterior tibial tendonitis, or pain in the tendon that runs along the inside of the ankle and the foot. The study did not examine if losing weight helps relieve these problems, but Miller advised that if patients lose weight, they put less strain on their feet and ankles and their pain gets better.

The researchers presented their findings last week at the American Orthopaedic Foot and Ankle Society Annual Summer Meeting in Boston. As part of the study, Miller and his colleagues reviewed responses from 6,157 people, who completed an online survey about foot and ankle pain, and body weight. People who responded to the survey were an average of 35 years old, and had an average body mass index of 28, which classified them as overweight. In an interview, Miller said that women were also more likely to see a doctor because of foot pain, change shoes based on their doctor's advice, and have foot or ankle surgery. Men were more likely to wear orthotic inserts and report that their pain was caused by a specific injury.

<http://www.podiatrists.org/>

Alcohol Statistics

- Almost half of Americans aged 12 or older reported being current drinkers of alcohol in the 2001 survey (48.3 percent). This translates to an estimated 109 million people. Both the rate of alcohol use and the number of drinkers increased from 2000, when 104 million, or 46.6 percent, of people aged 12 or older reported drinking in the past 30 days. Approximately one fifth (20.5 percent) of persons aged 12 or older participated in binge drinking at least once in the 30 days prior to the survey. Heavy drinking was reported by 5.7 percent of the population aged 12 or older, or 12.9 million people.
- The prevalence of current alcohol use in 2001 increased with increasing age for youths, from 2.6 percent at age 12 to a peak of 67.5 percent for persons 21 years old. Unlike prevalence patterns observed for cigarettes and illicit drugs, current alcohol use remained steady among older age groups. For people aged 21 to 25 and those aged 26 to 34, the rates of current alcohol use in 2001 were 64.3 and 59.9 percent, respectively. The prevalence of alcohol use was slightly lower for persons in their 40s. Past month drinking was reported by 45.6 percent of respondents aged 60 to 64, and 33.0 percent of persons 65 or older .
- The highest prevalence of both binge and heavy drinking in 2001 was for young adults aged 18 to 25, with the peak rate occurring at age 21. The rate of binge drinking was 38.7 percent for young adults and 48.2 percent at age 21. Heavy alcohol use was reported by 13.6 percent of persons aged 18 to 25, and by 17.8 percent of persons aged 21. Binge and heavy alcohol use rates decreased faster with increasing age than did rates of past month alcohol use. While 55.2 percent of the population aged 45 to 49 in 2001 were current drinkers, 19.1 percent of persons within this age range binge drank and 5.4 percent drank heavily. Binge and heavy drinking were relatively rare among people aged 65 or older, with reported rates of 5.8 and 1.4 percent, respectively.
- Among youths aged 12 to 17, an estimated 17.3 percent used alcohol in the month prior to the survey interview. This rate was higher than the rate of youth alcohol use reported in 2000 (16.4 percent). Of all youths, 10.6 percent were binge drinkers, and 2.5 percent were heavy drinkers. These are roughly the same percentages as those reported in 2000 (10.4 and 2.6 percent, respectively).

Forty-four percent of the adult U.S. population (aged 18 and over) are current drinkers who have consumed at least 12 drinks in the preceding year (Dawson et al. 1995). Although most people who drink do so safely, the minority who consume alcohol heavily produce an impact that ripples outward to encompass their families, friends, and communities. The following statistics give a glimpse of the magnitude of problem drinking:

- Approximately 14 million Americans—7.4 percent of the population —meet the diagnostic criteria for alcohol abuse or alcoholism (Gran et al. 1994).
- More than one-half of American adults have a close family member who has or has had alcoholism (Dawson and Grant 1998).
- Approximately one in four children younger than 18 years old in the United States is exposed to alcohol abuse or alcohol dependence in the family (Grant 2000).

For more statistics on Alcohol & Drug Abuse:

<http://ncadi.samhsa.gov/>

Warm Curried Egg Salad

This salad combines hard cooked eggs, celery, parsley, green onion, bell pepper, and almonds, with a dressing of mayonnaise, yogurt, and curry paste.

INGREDIENTS:

- 1 dozen hard cooked eggs (Perhaps leftover from an Easter egg hunt?)
- 2 cups diced celery
- 1 cup chopped or slivered almonds
- 1 cup chopped flat leaf parsley
- 1 cup chopped green onions
- 1 red bell pepper, diced
- 1 cup mayonnaise
- 1 cup low fat plain yogurt
- 2 Tbs. curry paste (or as desired)
- Toast points (dark bread or sliced baguette)

METHOD:

Chop eggs and mix with all other ingredients, except the toast points or bread. Place in microwave safe dish and cover. Cook on high for 2 minutes to heat; serve warm with bread.

<http://www.betterrecipes.com>