

Alcoholology

For Android

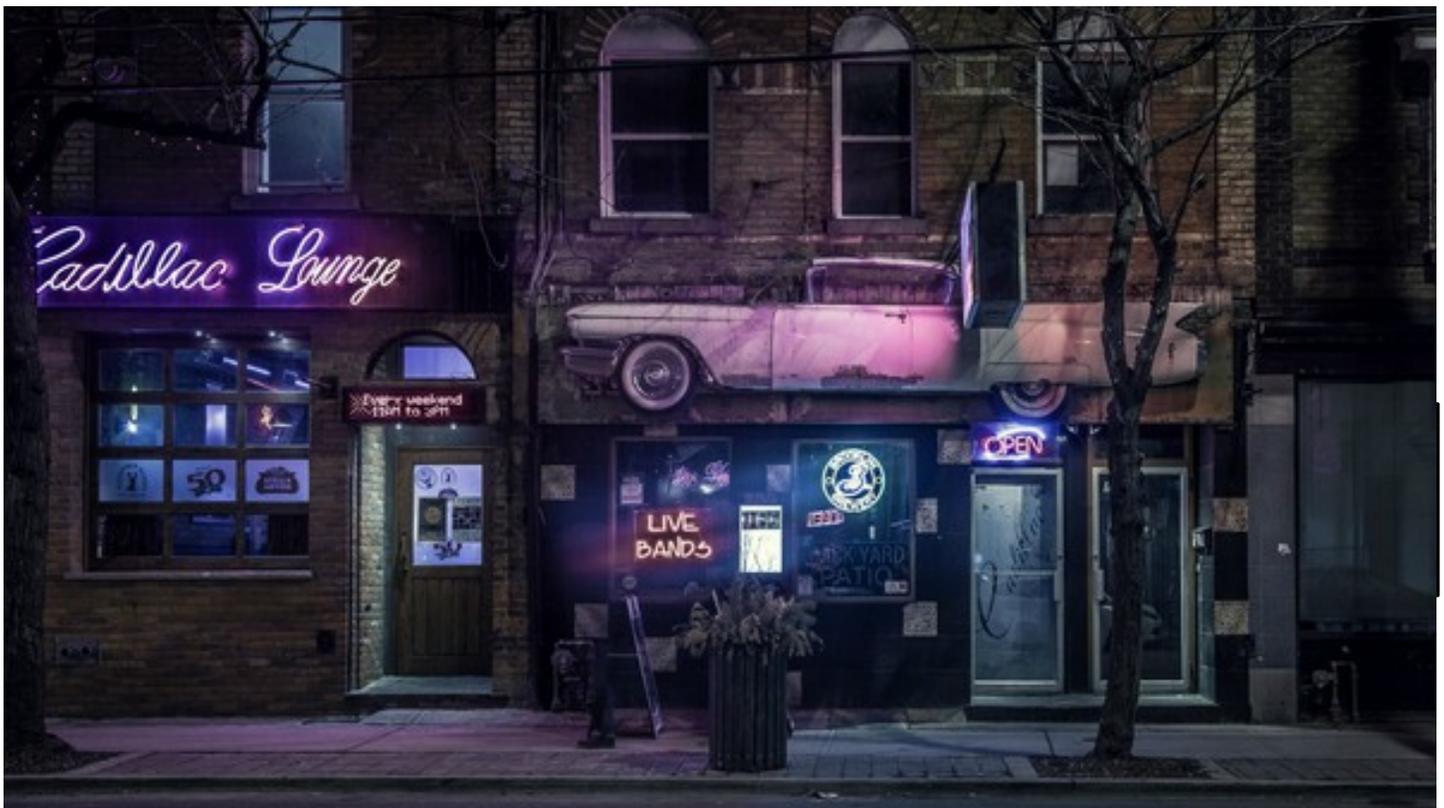


What causes problems, is one

As Seen On:



Six signs the next 10 yrs. for alcohol biz will be like the last 20 for tobacco



Don't be alarmed: A second-coming of Prohibition isn't on the horizon, and alcohol manufacturers will remain profitable just as Big Tobacco remains solvent. America is driven by freedom to make choices, even when they're unanimously unhealthy, and alcohol won't stop being the drug of choice for the stressed or the celebrating. However, the writing on the wall reads, 'What causes problems, is one,' and the writing is ominous for the nearly free-flow of alcohol.

The one thing preventing the tide turning on alcohol quicker than 10 years: Revenue. Broadcasters are reluctant to show in a bad light the same advertisers upon which it relies for revenue. It's similar to asking your mother-in-law weigh in on your marital spat. Granted, of the \$79 billion spent on TV advertising, alcohol ads comprise 2.5 percent of the revenue, it is the golden goose which funds coveted TV rights for professional sports. The news arm isn't likely to grab

that goose by the longneck. The other half of the revenue picture is that state and local governments are intoxicated on alcohol tax revenue as a budget-balancing tool in cash-strapped times.

“The news arm isn't likely to grab that goose by the longneck.”

Here are six signs that we're in a sea change for the alcohol industry

1. Healthcare costs continue to rise, forcing a focus on cost-drivers.

There is an alcohol-related hospital admission every 30 seconds and, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) 20-40 percent of general use (non-specialty) hospital beds are used to tend to alcohol-related complications. Heroin addicts aren't breaking the healthcare system. Aging Baby Boomers aren't pushing it past capacity. Alcohol use is.

Education on the health risks related to alcohol use faces an uphill battle when physicians themselves can't identify the most troubled alcohol users. The January/February 2013 issue of the *Annals of Family Medicine*, concluded that doctor's intuition alone misses most patients with alcohol abuse or the disease of alcoholism. Researchers asked 94 physicians and their eligible patients to complete a short survey, separate from each other, after an office visit. Patients were given the survey asking about their use; Doctors' surveys asked whether the clinician thought their patients had alcohol problems.

Of the 1,699 patients who filled out exit questionnaires, 10 percent screened positive for "hazardous" drinking and nearly four percent screened positive for "harmful" drinking. The difference between "hazardous" and "harmful" drinking is based on how the patient scored on various questionnaires on binge drinking, frequency and quantity. Physicians were much more likely to pick out the patients who did not have alcohol problems (98 percent of the time) than to accurately



identify patients with alcohol problems (correctly identified only 27 percent of the time).

The journal calls for ways to make the screening easier. "To increase the feasibility of screening for alcohol problems in practice, a validated single screening question can be used. For example, for the question, 'When was the last time you had more than X drinks in one day?' where X is four for women and five for men, an answer of 'any time in the past three months' was 86 percent (effective) in detecting alcohol problems."

Alcohol problems are not commonly identified during the course of routine healthcare services. Doctors mainly have to rely on the patients to self-disclose, and not many people are forthcoming about drinking problems due to social stigma placed on alcoholism. Screening for alcohol consumption has not yet been integrated into routine primary care even though alcohol problems are prevalent, costly and major causes of death and disease in the U.S.

To drive down healthcare costs and improve access, reduce what is driving illness overall, according to recovery book *Every Silver Lining Has a Cloud*. "We can't hope for better access to healthcare, cheaper premiums and lower taxes if we do not help people

from drinking themselves into the system. We are turning more non-drinkers into alcoholics faster than we are turning alcoholics into non-drinkers."

Patients may be put off by any questions about alcohol use or feel it distracts from addressing the reason for their visit. And what patients don't disclose, doctors don't screen for automatically due to lack of time, noted the journal. "Our study affirms that systems need to be in place, possibly through team-based care, to screen systematically for alcohol problems with a validated question or series of questions and to address this healthcare delivery threat."

"We can't hope for affordable healthcare if we don't keep people from drinking their way into the system."

This strategically focuses on the drinking problems or problem drinkers, however, even moderate use represents an underreported danger, not likely to be underreported in the next decade as...

2. More long-term health consequences from moderate drinking are coming to light... while more 'benefits' of drinking are being debunked.

Beyond the disease of alcoholism, alcohol use leads to or worsens more than 50

other diseases and kills 89,000 people in the U.S. every year. It's the third-leading cause of preventable illness and death according to the Centers for Disease Control and Prevention (CDC) in 2015. "You cannot take the relaxation value of alcohol without the side effects," according to Every Silver Lining Has a Cloud. "Do you know why insurers probe about your drinking history? Because people die from alcohol. It shortens life expectancy by 10-12 years."

People who don't die sooner from wrecks, home accidents or poisoning still have a statistically significant rate or illness risk, even long after abstaining. The 10-12 years estimate is the conservative estimate: A study conducted by the CDC in 2005 found that alcohol misuse shortens the lives of drinkers by at least 30 years.

"Alcohol use shortens life expectancy 10-12 years. Even moderate use."

How? Alcohol is a toxin, and alcohol is listed by the Department of Health and Human Services (HHS) as a known carcinogen. As more Americans recognize these two traits of alcohol in the coming decade, the alcohol industry's 'Drink Responsibly' catchphrase loses its practicality. It's a leap of logic to believe one can responsibly consume a toxin and known carcinogen.

In 1987, the first links between cancer and alcohol were determined. According to advocacy group Drink Wise, today only 36 percent of adults are aware that alcohol is a carcinogen and that alcohol is implicated in several types of cancer. For example, one out of

eight women will have an encounter with breast cancer and alcohol use is the ONLY dietary factor increasing the likelihood of getting breast cancer. Breast cancer risks increase 10 percent for every 10 grams of alcohol consumed daily. That's about one drink. Women who consumed even "modest" alcohol (equivalent to 3-6 glasses of wine per week) were linked with a 15 percent increase of developing the disease. Researchers also found that the increased risk of breast cancer for those who drank at least 30 grams of alcohol per day on average (at least two drinks daily) was 51 percent higher compared to women who never drank alcohol.

People with the disease of alcoholism and "social" drinkers share the same cancer risk for several other types of cancer. The risk goes up with the quantity of alcohol. In 2012 research published in Alcoholism: Clinical & Experimental Research identified "significantly" higher risks for cancers of the pharynx, oral cavity and larynx and higher rates for cancers of the esophagus and rectum. "Alcohol's role as a dietary carcinogen emerged quite clearly," said the lead researcher. An older study put

the numbers at an estimated 75 percent of esophageal cancers in the U.S. are attributable to chronic, excessive alcohol consumption and nearly 50 percent of cancers of the mouth, pharynx, and larynx are associated with drinking.

According to Annual Review of Pharmacology and Toxicology, alcohol use results in abnormalities in the way the body processes nutrients and may subsequently promote certain types of cancer later in life. Even moderate alcohol use may substantially increase the risk of dying from cancer, according to a newer study published in the April 2013 American Journal of Public Health. Alcohol use accounts for about 3.5 percent of all U.S. cancer deaths annually, according to the study. "Most deaths seemed to occur among people who consumed more than three alcoholic drinks a day, but those who consumed 1.5 beverages daily may account for up to one-third of those deaths," the researchers concluded. Dr. Timothy Naimi, an associate professor of medicine at Boston University School of Medicine, said in a Boston University release. "Alcohol is a big preventable cancer risk factor that has been hiding in plain sight." The study determined that alcohol-related cancer death took away an average of 18 potential years from a person's life. Naimi said, "When it comes to cancer, there is no safe level of alcohol consumption."

"When it comes to cancer, there is no safe level of alcohol use."

There are 26 chronic diseases which require alcohol consumption as a Necessary Cause, as defined by the National Institutes of Health (NIH).



Fourteen other chronic diseases have alcohol use as a Component Cause. Additionally, more than 200 other conditions, from the common cold to Alzheimer's, are worsened by alcohol use, even moderate use. But more telling than the numbers of diseases, is the number of studies emerging annually which debunk older studies on alcohol's health benefits, like staving off heart attack or dementia. The change is two-fold: greater transparency on who is funding the 'beneficial' research, and the method of study (observational vs. evidence-based).

The evidence of the harmful effects of alcohol outweighs data on the benefits of drinking, a physician writes in the April 2013 journal *Addiction*. In a critical analysis of the health-boosting, disease-preventing characteristics of alcohol, Norwegian psychiatrist and addiction researcher, Hans Olav Fekjær, notes in the journal, "Altogether, the evidence for alcohol's ability to prevent diseases is considerably weaker than that for alcohol causing several kinds of harm." According to Fekjær, claims that alcohol has health benefits are observational, not evidence-based considering all the characteristics of the drinkers. This means that the claims do not take into account other lifestyle choices such as diet, nor do they consider the "dosage" of alcohol or pre-existing conditions, not the least of which is alcoholism.

The whopper that many physicians still haven't come to terms with is that 'alcohol is good for the heart.' Notes Fekjær, "Wine drinkers generally had more formal education, better dietary and exercise habits and more favorable health status indicators. Altogether, there is ample evidence that groups with different drinking habits differ in several other ways



“Heart disease – not car wrecks, not cirrhosis – is the leading alcohol-related cause of death.”

than their drinking, making it difficult to separate the effects of drinking habits from other factors.”

While there is observational data that light or moderate drinkers have a reduced risk of several diseases which are influenced by lifestyle factors, whether or not the lower risk is due to alcohol is a more complicated issue. “Taken together, the existing evidence does not seem to meet the criteria for inferring causality. For almost all the diseases, we do not know of any plausible biological mechanism explaining a preventive role for alcohol. Alcohol's possible ability to prevent diseases should probably not be considered as an established fact.

“The absence of definite knowledge leaves plenty of room for wishful thinking, which we observe frequently on this topic,” Fekjær concluded.

3. Productivity weakens, forcing a focus on cost-drivers.

The numbers get complicated, because the drug Americans enjoy and defend so vigorously, also costs the most in health and hard dollars. But there are a few ways to simplify the discussion.

Each drink consumed has a median cost of \$1.91 in economic harm (lost productivity, health care costs, property damage and criminal justice system expenses). That's according to the CDC. So the drinker pays for that in alcohol tax, right? No. Not even drinking the way overpriced hotel room mini-bar beverages does anyone pony up \$1.91 in taxes per drink. The median paid in tax per drink is less than a quarter. Even if drinkers bore the full \$1.91, everyone else still pays in lost productivity...



For the rest of the article please visit www.alcoholologist.com