



# MICAP RECAP

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## **ALCOHOL CONSUMPTION, HEALTH, AND “THE BURDEN OF DISEASE”**

## **PATHOLOGICAL GAMBLING AND ALCOHOL USE DISORDER**

Dear Friends and Colleagues,

The condensed version of MICAP’s Goal Statement reads: “In obedience to the Commandment of Love, MICAP exists to awaken the Michigan Public to the destructive consequences of the use of alcohol, tobacco, other drugs and gambling and offer positive solutions. Our goal is to alert and mobilize public support for policy changes related to MICAP’s Mission”<sup>1</sup>

I’ve said little or nothing these past two years since I’ve been editing the MICAP-RECAP regarding gambling in Michigan. But an editorial by Detroit Free Press Editor Caesar Andrews has changed that. He correctly states that Congress (U.S.) should deny the approval of the deal which makes tribal land in Romulus and Port Huron eligible for Casino use. He reminds us all that “Gambling...is no strategic answer to Michigan’s economic woes,...and (Michigan) already has plenty of places where people can risk their money”<sup>2</sup>

Editor Caesar brings us up to date on a land claim settlement with two Upper Peninsula Tribes of Native Americans. He says: “The settlement was long overdue, but the terms of the settlement were way too generous to the tribes.” His “rationale” is “Reservation Shopping” by which tribes try to make an end run around the procedures established by the Department of Interior in order to locate new casinos.

Hitch-hiking on the Casino theme and tying it in with alcohol addiction, I submit a brief summary by researchers at the University of Minnesota entitled: “Pathological Gambling and Alcohol Use Disorder.”

Of most importance is the PRIMARY ARTICLE written by Rev. Dale E. Brown, a member of the AADIF/MICAP Board of Directors and Pastor of Capac First and Zion Community UMCs. That is entitled: “Alcohol Consumption, Health, and ‘The Burden of Disease.’” Thanks, Dale; and “Good Reading” to you all.

Sincerely,

Rev. W. J. (Bill) Amundsen, Chairperson, AADIF/MICAP Board of Directors

Footnotes:

1. Adopted, AADIF/MICAP Board of Directors, December 15, 2003
2. Detroit Free Press, Wednesday, February 13, 2008. p.12A

# ALCOHOL CONSUMPTION, HEALTH, AND “THE BURDEN OF DISEASE”

Some of the recent research done on the causal relationship between human diseases and the consumption of alcohol is striking, indeed. A “Working Group” of the International Agency for Research on Cancer (IARC) met at Lyon, France in February, 2007 to evaluate the potential carcinogenic hazards to humans from consumption of alcohol. The group of 26 scientific experts from 15 countries stated in a summary article that “a causal association has been established between alcohol consumption and cancers of the oral cavity, pharynx, larynx, esophagus, liver, colon, rectum, and, in women, breast. An association is also suspected for cancers of the pancreas and lung.” The report concluded with the observation that drinking “is one of the most important known causes of human cancer after tobacco smoking, chronic infections, and possibly obesity.” While these points may not be surprising to most RECAP readers, the risk factors involved in such consumption, reaffirmed by exceedingly careful and detailed, up-to-date research, are quite noteworthy.

The IARC group, together with WHO (World Health Organization), made reference to the “burden of alcohol-associated cancer” as a substantial phenomenon in central and eastern Europe. As well, consumption is increasing rapidly in East Asia, particularly China—where 5 times the amount of drinking takes place now, as compared with 40 years ago. WHO “identified the consumption of alcohol as one of the top-10 risks contributing to the worldwide burden of disease,” said the report. Well, isn’t that interesting? At a time when concern is great about the heavy importation of Chinese-made goods, and particularly about lead contamination of Chinese-made toys and other products flowing into this country...we see a slow-developing but exceedingly serious problem of “contamination” from the drinking of various alcoholic beverages, occurring with the Chinese populace itself. Talk about the “burden of disease...!”

Another report, offered by researchers Helmut Seitz and Felix Stickel in August of 2007, characterizes chronic alcohol consumption as a “major health issue worldwide, and may lead to addiction and damage of almost every organ of the body.” This is the lead sentence in conclusions printed in an extremely well-documented article by these two men.\* They are scientists working at the Department of Medicine and Laboratory of Alcohol Research, Liver Disease, and Nutrition; the Salem Medical Centre, University of Heidelberg, Germany...and the Department of Clinical Pharmacology, University of Berne, Switzerland, respectively. They too cite last winter’s IARC report, and note

that 3.6% of cancers worldwide derive from chronic drinking. Further, these cancers “are generally difficult to treat, often requiring complex and high-risk surgery as well as radiochemotherapy.” When we look at that 3.6% figure, it may not appear especially large, or significant. But consider that this is a number derived from world-wide calculations...a factor which translates into literally hundreds of thousands of individual cases. And naturally, it also involves an impact upon the families of those persons...with many more people affected. Indeed—a commentary having to do with “the burden of disease.”

The same article by Seitz and Stickel discusses cirrhosis of the liver at some length, and the role played by alcohol use....“one of the major causes,” they say confidently. Given in impressive detail is their documentation of this relationship, with citations of numerous specific toxic effects. Near the end of the article is the recommendation: “health authorities should introduce more effective measures in order to educate the public about the potential hazards of regular and excessive alcohol consumption, not only with regard to widely-known alcohol-induced diseases, but also with regard to certain cancers.” To this, we at MICAP say an enthusiastic “Amen!”...and this writer in particular appends a hearty agreement.

What about breast cancer, correlated with drinking? A 2005 study done by Ramona G. Dumitrescu of the Lombardi Comprehensive Cancer Center at Georgetown University, in Washington D.C. shows that breast cancer deaths rank second among types of cancer-causing death, among U.S. women.\*\* She states: “Findings obtained from most epidemiologic studies...the past two decades have shown that, among lifestyle factors, alcohol consumption is consistently associated with increased risk for breast cancer...” This holds true for both pre- and post-menopausal women, and disregards the type of beverage consumed. Some 14,000 women per year are included within this statistic. The risk is even higher in populations where greater alcohol intake is the rule, for instance among women in Italy. This researcher also finds that breast cancer risk “increases by 9% for each additional 10 to 12 grams of alcohol intake on a daily basis, and by 41% for 2 to 5 drinks per day.” Again—we see that the “burden of disease” is tending toward the heavy end of the scale.

To conclude, there was a project done among Chinese men and women of Singapore, as reported in the British Journal of Cancer in 2007.\*\*\* The research was led by a W.H. Tsong of the University

of Southern California, and colleagues at the Cancer Center at the Univ. of Minnesota. They sought to discover the incidence of colorectal cancer among those who had engaged in cigarette smoking and alcohol drinking from 1993-1997. Their summary statement is telling: "The present study suggests that smoking and alcohol use interact in an addictive manner on risk of rectal cancer and that alcohol rather than smoking is an independent risk factor for colon cancer in this population with relatively low exposure levels."

There seems to be much evidence—the "connection" between drinking and disease is beyond dispute...and the burden is very hard to bear.

- \* "Molecular Mechanisms of Alcohol-mediated Carcinogenesis" found in Nature Reviews/ Cancer. Nature Publishing Group, Vol. 7, August 2007.
- \*\* "The Etiology of Alcohol-induced Breast Cancer" 2005 Elsevier Inc.
- \*\*\* "Cigarettes and alcohol in relation to colorectal cancer: the Singapore Chinese Health Study." British Journal of Cancer, 2007.

## **PATHOLOGICAL GAMBLING AND ALCOHOL USE DISORDER**

### **THE STUDY:**

The relationship between Pathological Gambling (PG) and Alcohol Use Disorder (AUD) was explored by the Department of Psychiatry, University of Minnesota Medical School in Minneapolis, Minnesota through a grant from the National Institute on Alcohol Abuse and Alcoholism.

### **THE PATHOLOGICAL GAMBLER (PG):**

As a consequence of the expansion of gambling in the United States and Canada during the 90's and into the 21st Century, gambling and gambling-related problems are on the rise. The stats in the various studies differ, but at least 1.6% of adults and about 3.9% of persons younger than 18 years of age meet the World Health Organization's definition of addictive behaviour including: a) The intense desire to satisfy a need, b) A loss of control over the substance or behaviour, c) compulsive thoughts about the substance or behaviour, and d) engaging in the behaviour despite negative consequences. Although defining non-drug use behaviours such as PG as an addiction is not without controversy, the criteria are strangely similar: pre-occupation, loss of control, tolerance (it keeps taking larger doses or larger stakes to get the same "high"), and withdrawal. PG has also frequently been described as an "addiction without the drug"

### **ALCOHOL USE DISORDERS (AUD):**

Based on the American Psychiatric Association's criteria regarding AUDs, between 7% and 14% of adults in the United States experience AUD at some point in their lives. As reported in the MICAP/RECAP previously, AUD was substantially increased among those who started drinking before age 17 (24.5% lifetime prevalence) com-

pared with those who started drinking at age 21 or 22 (10% lifetime prevalence).

### **CO-OCCURRENCE OF PG AND AUD:**

Given the frequency of AUD and PG, co-occurrence of AUD and PG would be expected to happen occasionally. In other words, some persons would be afflicted with both diseases. However, there is evidence that the Co-occurrence happens in the U.S. and Canada at a rate greatly exceeding that expected by chance. Those findings held true among both general community populations, and smaller treatment populations. There are other variables, including: a) co-occurrence is more frequent among men than among women, b) it is more frequent among those diagnosed with Attention Deficit Hyperactivity Disorder (ADHD).

### **SOME CONCLUSIONS:**

A. Alcohol Use Dis-Inhibits Gambling Behaviour! From our state-wide experience with use of alcohol and driving, we know that alcohol can adversely affect cognitive processes. This leads to increased risk-taking and poor judgment. This may be true if one is engaged in gambling as well as driving. The Minnesota Study suggests that more variables need to be studied to sort this out, but our experience indicates that there is no question that alcohol affects cognitive processes.

B. Gambling Promotes Alcohol Use! In another study, Stewart and Colleagues found that frequent gamblers self-administered more alcohol in a simulated gambling situation than did a control group. This study suggests that more research is needed to determine the extent to which gambling behavior promotes alcohol consumption.

# A MICAP CONCLUSION:

This writer suggests that we have a societal problem in Michigan with our Liquor Control and Gaming Laws. We permit drinking and gambling to happen simultaneously, and in the same places. In other words, we permit casinos to sell beer, wine, and/or liquor. And we allow beverage alcohol franchisees to dabble in gambling (including the State Lottery). If the conclusions to the study are valid (and there is no reason to doubt them), then those in control of the gaming and alcohol sales establishments need to enact laws to keep them separate. This also suggests that we begin a movement to have the Liquor Control Commission moved from the Department of Commerce (where they are urged to sell in order to bring in dollars to the State Coffers) to a regulatory department (perhaps the State Police) so they really can regulate the businesses.

## THE NAME OF A FRIEND

In order to become more effective, we need to get our message out to more people. Do you know someone who would appreciate our story and message? We do not sell names or information. The use would be for MICAP's Mailing List only. Please clip on the line above, add the name, address, and telephone information, and mail it to MICAP, P. O. Box 10212, Lansing, Michigan 48901-0212.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

TELEPHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ; E-MAIL \_\_\_\_\_

# THANK YOU FOR YOUR HELP!