



MICAP RECAP

Volume 109, Number 2 - April 2014

A Publication of the Michigan Council on Alcohol Problems
an American Alcohol and Drug Information Foundation Entity

AADIF/MICAP

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ONE MAN'S RECOVERY

By Mike Tobias

Long term recovery has allowed me to be a better person and live an awesome life! I love camping, fishing, and enjoying the outdoors with my family and friends. I frequent my local library, and attend concerts, movies, and cultural events. With so much to do, I rarely miss drinking and I am thankful that it's been over 20 years since I last used any drugs.

The last time I drank I totaled my car during a black out. I was scared that the police were going to knock on my door and tell me that I killed someone. I really don't know what happened that night but I believed that if I continued drinking I would end up killing someone. This incident as well as numerous other situations scared and motivated me to seek recovery. Numerous negative consequences combined with the unwavering support of my family and friends, is what has allowed me to discover and maintain my recovery. My parents, family, and friends have always been there for me and still are. Knowing I can come to them for anything is comforting and allows me to face any difficult situation.

Looking back, the main factors that contributed to my drinking were that despite being a minor, I was able to get alcohol easily. By age 16 I was buying alcohol myself from several party stores. The clerks knew that I was underage but sold to me anyway. At one store I was able to buy alcohol on credit and after hours (they would leave alcohol outside for me after closing time).

Twenty years ago and perhaps to a lesser extent today, people did not see underage drinking as a very serious problem. The school I attended would look the other way when kids were drinking. I believe school staff knew me and others were drunk at dances and football games but chose not to address the behavior. Either they didn't think it was a big deal or maybe they didn't know how to address the issue. As a teenager I also worked several jobs where supervisors would look the other way when people were drinking or using other drugs and often times adult co-workers were the ones providing the drugs.

Today, I believe more and more people are learning that there are other serious issues around underage drinking than just car crashes - assaults, rapes, sexual transmitted infections, unintended pregnancies, damaged relationships, and a growing body of research demonstrating that alcohol negatively affects the developing brain.

Since graduating from high school the past 30 day use of alcohol among high school students has gone from 62% to 37%. Although this is

good news, more progress is needed. As a person in long term recovery and Coordinator for the Michigan Coalition to Reduce Underage Drinking, I will continue to do my part to prevent alcohol and other drug problems. I will advocate for proven strategies that reduce underage drinking and alcohol related harm. Strategies like increasing al-

cohol taxes, regulating outlet density, maintaining limits on hours of sale, and other strategies (see www.thecommunityguide.org/alcohol_for_more_information). I believe there are many paths to recovery and I hope that policymakers start to understand their role in creating communities that support people in recovery!

ALCOHOL AND DIABETES

By Amy J. Reed RD, CDE Sparrow Hospital

MICAP recognizes that the American Diabetes Association does not suggest total alcohol abstinence. Diabetics have to be aware of the consequences of their blood glucose control.

Wondering if alcohol is off limits with diabetes? Research has actually found that moderate drinking has little effect on blood glucose control, and does not have a negative effect on heart disease risk. People with diabetes should follow the same guidelines as those without diabetes if they choose to drink:

Women should have no more than 1 drink per day.

Men should have no more than 2 drinks per day.

*One drink is equal to a 12 oz. beer, 5 oz. glass of wine or 1 ½ oz. distilled spirits (vodka, whiskey, gin, etc.).

Some Tips to Sip By

If you have diabetes, practice caution when drinking. Do not drink on an empty stomach or when your blood glucose is low. If you choose to drink, follow the guidelines above and have it with food. This is especially important for those on insulin and diabetes pills such as sulfonylureas and meglitinides (Prandin), which lower blood glucose by making more insulin.

Do not omit food from your regular meal plan and replace it with alcohol. (If you use carbohydrate counting to plan meals, do not count alcohol in your plan as a carbohydrate choice).

Wear an I.D. that notes you have diabetes.
Sip your drink slowly to savor it and make it last.

Have a zero calorie beverage by your side to keep yourself hydrated like water, diet soda or iced tea.

Try a light beer or wine spritzer made with wine, ice cubes and club soda. Watch out for heavy craft beers, which can have twice the alcohol and calories as a light beer.

For mixed drinks, choose calorie-free drink mixers like diet soda, club soda, diet tonic water or water.

Do not drive or plan to drive for several hours after you drink alcohol.

Alcohol can cause hypoglycemia shortly after drinking and for up to 24 hours after drinking. So, if you want to drink alcohol, check your blood glucose before you drink and eat either before or while you drink. You should also check your blood glucose before you go to bed to make sure it is at a safe level – between 100 and 140 mg/dL. If your blood glucose is low, eat something to raise it.

The symptoms of too much alcohol and hypoglycemia can be similar – sleepiness, dizziness, and disorientation. You do not want anyone to confuse hypoglycemia for drunkenness, because they might not give you the proper assistance and treatment. The best way to get the help you need if you are hypoglycemic is to always wear an I.D. that says “I have diabetes.”

Alcohol may lessen your resolve to stay on track with healthy eating. If you plan to have a glass of wine at dinner or if you are going out for the night, plan ahead so you’ll be able to stick to your usual meal plan and won’t be tempted to overindulge.

Takeaways

If you choose to drink alcohol, follow the guidelines above and have it with food. Talk with your health care team about whether alcohol is safe for you.

If you drink alcohol at least several times a week, make sure your doctor knows this before he/she prescribes a diabetes pill.

Drink only when and if blood glucose is under control. Test blood glucose (if prescribed) to help you decide if you should drink.

Resources:

American Diabetes Association guidelines. Found at www.diabetes.org. 3/3/2014.

Adapted from the book *Diabetes Meal Planning Made Easy*, 4th Edition, written by Hope S. Warshaw, MMSc, RD, CDE, a nationally recognized expert on healthy eating and diabetes.

ANOTHER REASON FOR TEENS TO AVOID SUBSTANCE ABUSE

According to a study that appeared in *Drug and Alcohol Dependence*, people who develop a substance abuse disorder as teens or young adults have a higher chance of developing a mood disorder later, such as bipolar disorder. Subsequent mood disorders, according to American researchers, developed in 26.4 percent of people with primary adolescent-onset substance abuse. In people whose substance abuse started between the ages of 18 and 25 that percent was 21.7 percent. In those whose substance abuse started between the ages of 26 and 34, that percent was 14 percent.

The mean amount of time from the substance abuse onset and development of bipolar disorder was about 11 years. Those individuals that were dependent on drugs have a particularly high rate of developing bipolar disorder.

Substance abuse treatment, and after-care, offer opportunities for the early detection of secondary mood disorders.

In addition, one in four *with* mood disorders also smoke cigarettes. The *Journal of the American Medical Association (JAMA)* found that even as smoking rates decreased in the U.S., rates among individuals with mental illness barely budged. From 2004 to 2011, smoking declined 14 percent, to 16.5 percent, among those without a mental illness. Among those with a mental illness, one in four reported smoking.

Individuals undergoing treatment for mental illness showed somewhat greater quit rates (37 percent), as opposed to those not in treatment (33 percent).

PROM SEASON

It is that time of year when high school students are planning for prom: dresses, tuxes, parties, etc. The challenge of this season is ensuring that our young people are not engaging in risky behavior such as drinking alcoholic beverages as part of this rite of passage. Parents can encourage their kids *not* to drink. And encourage their kids

not to ride with anyone who has been drinking. If affordable, parents could chip in towards a limousine and give the driver explicit instructions not to make any stops and to make sure their teens are not drinking while under his or her watch. Prom is best when there are great memories, and not sad ones, that go along with it.



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YOUR GIFTS ARE REALLY APPRECIATED:

Especially in this down economy, your gifts are really appreciated! By using volunteers instead of paying staff, and by cutting costs and raising funds, the Board has nearly erased a formidable debt in these past five years. At the same time, our MICAP-RECAP has been resumed. We're sending out vital information about the bad consequences of the use and abuse of beverage alcohol, other drugs, tobacco, and gambling. Also with your help, we have fought off the additional hours of sales of beverage alcohol. Your gifts have enabled us to do all of this. Thank you for your support! Your use of the enclosed envelope is also appreciated!