



MICAP/AADIF

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Addiction, Depression... (continued from Page 1)

Suicide attempts and depression should not be taken lightly. Bridging a gap between a healthy mind and body is a community responsibility that affects everyone. Noticing the signs of mental illness and substance use are key in preventing suicides and injuries as a result of attempted suicide and substance use disorder. The stigma around mental health and those who suffer in all forms of mental illness desire a need to be put to rest in order to improve community mental health.

Not recognizing a need for treatment or being ashamed of mental illness is not a good enough excuse to risk the lives of those who are in need of help. Education on suicide and depression is key to saving lives. Common factors of depression that lead to suicide are having a family history of suicide, a major loss, family history of depression, and exposure to suicidal behavior and depression, and alcohol and drug abuse. Addressing the factors and identifying community safe havens as well taking control of the situation can exude massive effects.

Alcohol and substance abuse often lead to depression; however these are not the only factors that are contributors. Physical, biological and sometimes environmental factors can cause depression and result in suicide or substance abuse. Fatigue, anxiety,

restlessness, thoughts of suicide, loss of appetite and many more reasons are signs of depression. Anyone can be subject to becoming depressed and therefore seeking treatment and community outreach can aid in combating stigma on mental illness.

The tragic loss of Robin Williams is a powerful reminder that even the most gifted are not immune from the power of the diseases of mental illness and substance abuse; and that success and money is not the key to happiness.

A mind and good people are terrible to waste and lose. We can and must do better.

Tom Watkins is the President and CEO of the DW-MHA and served as Michigan's state superintendent of schools, 2001-05 and deputy director and director of the Michigan Department of Mental Health, 1983-90. He can be emailed at: tdwatkins88@gmail.com, or followed on twitter at: [@tdwatkins88](https://twitter.com/tdwatkins88). Or visit the DW-MHA website at www.dwmha.com for more information about programs and services in Wayne County

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Addiction, Depression and Recovery

by Tom Watkins

Tragedy always reminds us of how precious life is, how important people are to us, but it is also a time to take a closer look at ourselves and face our own demons. The recent loss of actor and comedian Robin Williams brings increased attention to an illness that far too many people suffer from – substance use disorder and depression. Williams battled an addiction to drugs and alcohol for decades. Williams was quoted in an ABC News interview as saying that “drinking presents another side of yourself that even you don’t know.”

Some people turn to drugs and alcohol to combat depression. For others, the drugs and alcohol lead to depression. Any addiction can trigger a multitude of negative feelings such as guilt, sadness, shame, hopelessness, helplessness, powerlessness, anger, anxiety and fear. These emotional experiences are very similar to those found in episodes of depression that occur without addiction.

Substance abuse and mental health issues impact every zip code, race, gender and socio-economic status. Sadly, none of us are immune. I know all too well, having lost two siblings who struggled with mental illness and substance abuse and tragically took their own lives. I watched them struggle with depression and substance abuse and benefit from treatment and revel in recovery. Hope, treatment and recovery are possible. If you, or someone you know needs help – please call the Detroit Wayne Mental Health Authority's 24 Hour Crisis and Referral Hotline 800-241-4949 or the National Suicide Prevention Lifeline at 800-273-8255.

Numbers Soar for Those in Need – Help is Available.

According to Dr. Carmen McIntyre, Chief Medical Officer at the Detroit Wayne Mental Health Authority (DWMHA) “emotional disorders and addictions are very treatable; however, many people don’t realize that they need help, and many others are ashamed to seek help. The loss of Robin Williams, like Philip Seymour Hoffman earlier this year, help highlight the seriousness of these disorders, and give us increased opportunities to educate our community about the severity of the illness and services available to them.”

Roughly 16 million adults in the U.S. suffered from major depression in the past year, and 12% of adults were addicted to alcohol, with 2-3% addicted to illicit drugs such as heroin and cocaine. Yet less than 50% of these people received any treatment at all. Of those who received some treatment, less than 50% of those got adequate treatment.

In Wayne County, for the first time, DWMHA has integrated our services to deliver substance abuse treatment, relapse prevention as well as services for depression and other mental illnesses all within the same system. Mental health should be seen as a priority in the lives of everyone, and treated just the same as physical and behavioral health.

As US Senator, Debbie Stabenow a true champion of quality mental health services, likes to remind us, “We need to treat diseases from the neck up the same as we treat those from the neck down.” We need to stop the stigma often associated with reaching out for mental health and addiction services.

Be Aware And Care - Recognizing Signs Can Save a Friend, Family Member or Yourself.

OUR CASE FOR MANAGED CONTROL (TEMPERANCE)

By Rev. W. J. (Bill) Amundsen, Retired, MICAP Board Member and Treasurer

IN MY OPINION

PROHIBITION

Many people, from stories they've heard, think they know that PROHIBITION in the United States of America was a failure. During the Eighteenth Amendment's brief history (1919 – 1933), detractors cite several reasons why Prohibition did not work:

It did not eliminate drinking;

It helped to create a black market for beverage alcohol (B/A);

It gave birth to gangster/mobster kingpins such as Chicago's Al Capone;

It fostered smuggling and bootlegging.

For these and many other reasons, suddenly, at 3:32 pm on December 5th, 1933, Utah became the 36th state in the union to adopt the 21st Amendment which repealed Prohibition.

What many people do not know and fail to consider are some of the benefits which came through Prohibition. The following categories of social ills decreased by over 50% during Prohibition, including: public drunkenness, personal assault, vagrancy, disorderly conduct, delinquency, and deaths due to cirrhosis of the liver. In addition, the incidents of family abuse and the numbers of inmates in jails/prisons decreased by over 75%. Work productivity increased during Prohibition.

None-the-less, our predecessors, for those reasons listed above, as well as, World War I, taxation issues, and the freedom to use B/A more freely, voted to cancel Prohibition. We, then, were left with two major choices: total deregulation (unlimited access to B/A) or temperance (controlled access to B/A).

Almost all states, following the repeal of Prohibition, established some sort of a three-tiered system of laws controlling producing, distributing, and retailing for B/A. That system sometimes included a cadre of state stores. Michigan had

these state stores at one time, but we have dispensed with them and use distributors instead. Rules and regulations and taxes were affixed to B/A including where private vendors could sell and the hours during which B/A could be sold. As our society has become more secularized, some of the previously enacted laws have been repealed. For example, there are now only a few places in Michigan where you cannot purchase B/A on Sunday. The Blue Laws, as they were called, are mostly gone.

DEREGULATION

We, at MICAP have watched as the State Legislature and the Michigan Liquor Control Commission have enlarged the scope of licensing B/A. In the last ten years, licenses have been granted to nursing homes, college hospitality facilities, sports venues, hospitals, farmer's markets, wineries, brew pubs, small distilleries, and more. It seems like every other week, there is another class of licenses approved. Recently, in the town of Royal Oak, concern was expressed to the City Council about another B/A license being sought. The concern expressed was that "Yet another beverage alcohol license is coming to Royal Oak which has 62 already." Yes, you guessed it. The new licensee (it was approved!) is YET ANOTHER type of business, a cigar store.

This trend shows little sign of decreasing. The tendency has been toward deregulation. And, as has been reported recently in these pages, the governor's task force on regulatory reinvention (ORR) began with 37 members, two of which were not in the beer, wine, hospitality, or other Sellers, or other businesses. The two included a Sheriff from Ionia, County and a Hospital Administrator from Muskegon. ORR's final product includes change after change for the MLCC to make Michigan a better place to do business as well as better for the state tax coffers. But time and again, we saw concurrence with recommendations which were detrimental toward a better Public Policy for B/A in Michigan.

Perhaps a good place to look for what happens when DEREGULATION takes over is Europe.

In Finland, a country that tried to allow their citizens to "get used to beverage alcohol" by making "drink" cheap (cutting taxes) and available (more hours of sales), the results are disastrous. "Drink" is now the leading cause of death among the working-age (15 – 64). Physicians are now pressing the government to raise taxes on beverage alcohol. Use of B/A among youth and young people has grown to epidemic proportions. B/A consumption has doubled, and binge-drinking has only intensified the problem. The plan at present is to raise taxes on alcohol in an attempt to lessen drinking. That echoes words which were published in a previous issue of MICAP-RECAP: "Alcohol Taxes Save Lives!"

Almost the same story is true in the United Kingdom. The Licensing Act of 2004 permits pubs, bars, clubs, and off-premise vendors to apply for 24-hour licenses. The theory was that if it was available all the time, the binge-drinking would decrease and lives would be spared. Alas, it, too, hasn't worked.

The UK's politicians are so concerned about the problem that they have enlisted an agency funded by "drinks" manufacturers to provide public education on its dangers. But the Royal College of Physicians has expressed public concern over this alliance. Rightly so! Studies in the US show that our experience is somewhat the same. Manufacturers spend miniscule amounts telling their patrons they should not use B/A and literally billions of dollars telling them that they should.

Now that controls have been given up, they don't know what to do. And what we're seeing in Finland and England is the aftermath of cutting controls on B/A.

MICAP has always taken the pathway of control when it comes to B/A. When Prohibition end-

ed, we endorsed the Three-tiered System. Since that time, we have urged our State and National Legislatures and Congress to adopt laws which would limit, without prohibiting, access to B/A. Our urgings, whether related to hours of sales or distances between outlets, or between outlets and schools, or between outlets and churches, or the effects of advertising have been to mitigate the consequences of under-age and abusive drinking. We continue to fight for these things in the Social Policy within Michigan, by writing, and urging our membership to write to legislators and congresspersons regarding these issues.

We are convinced that B/A is not a commodity like orange juice or milk. There are many in our communities who insist that it is their right to use B/A. That is their right. But it is not their right to abuse B/A. Highway accidents and deaths, crime, spouse- and family-abuse, lessened work-place productivity, violence, assaults, societal health costs and suicides related to the use of beverage alcohol are not only under the purview of those who want access to B/A. They are costs which are born by the whole society. And the whole society deserves a vote in how that is adjudicated by the State. MICAP believes that part of that adjudication includes balanced controls over the manufacture, distribution, and retailing and use of Beverage Alcohol.

These tenets surrounding the control of Beverage Alcohol are not just whims which we have dreamed up. They are backed by scientific data. Hundreds of studies have been done by qualified researchers, and the body of knowledge now at hand defies denial. And for temperance to work, we must keep encouraging our State Legislators to keep the controls in place. As always, your help is appreciated.

Your Gifts Make a Difference

MICAP is a small non-profit organization with a mission to provide information about the consequences of alcohol abuse, and to promote public policies that address these issues. It is a big task, sometimes in the face of opposing views, and for this work MICAP depends 100% on gifts from people like you. There are no fund-raisers or other revenues, just gifts and bequests, and an occasional modest grant for a specific purpose. So, your gift

truly makes a difference in this important work. Thank you.

A gift to MICAP (a 501(c)(3) organization) is 100% tax deductible to the extent allowed by the tax code.