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*Michigan Council on Alcohol Problems
Celebrating its 115th Anniversary in 2020*

Alcohol and Cancer Risk

by Vern Smith, Ph.D., MICAP Board Member

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More than 30 years ago, the World Health Organization identified alcohol as a carcinogen. Now, after three decades of research, alcohol is clearly implicated in 87,000 U.S. cancer cases each year, including breast cancer, liver cancer, and cancers of the esophagus, larynx, pharynx and colorectum.

Writing in the January 7, 2020 issue of the Journal of the American Medical Association (JAMA), National Cancer Institute researchers Drs. William Klein, Paul Jacobson and Kathy Helzlsouer offered their expert views on the implications of present-day knowledge of how alcohol affects our health.

The authors cite studies in countries where changes in the incidence of cancers occurred with changes in alcohol use. For example, reductions in alcohol use in France were associated with subsequent reductions in deaths from lip, oral cavity and pharyngeal cancers. Conversely, increases in alcohol use in Romania were associated with subsequent increases in these same cancers. Meanwhile, countries where alcohol use remained stable experienced stable rates of these cancers.

It turns out that the type of alcohol does not matter. All alcohol, regardless of the beverage, contains ethanol, which promotes DNA damage and contributes to the development of cancer. Even moderate levels of drinking are associated with a higher risk of cancer, particularly breast cancer.

Significantly, the popular notion that moderate alcohol consumption can be beneficial, particularly for cardiovascular health, is now challenged by new evidence. The authors in JAMA summarize the current scientific thinking on the notion of a positive effect of alcohol in this way:

“...alcohol consumption was positively and linearly associated with increased risk of stroke, heart failure, fatal hypertensive disease, fatal aortic aneurysm, and coronary disease (excluding myocardial infarction, for which there was a protective association.) Similarly, a dose-response relationship was observed between alcohol intake and risk of all-cause mortality.”

In other words, alcohol use causes cancer and other chronic disease. Reduce alcohol use, and the incidence declines of cancer, these other diseases, and death from all causes.

As the evidence has become clear, the scientific and medical community has begun a call for action. The American Society of Clinical Oncology recently encouraged public and health care provider education on the conse-

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quences of alcohol use. It also voiced support for public policy initiatives to reduce alcohol use.

The American Institute for Cancer Research now recommends not drinking alcohol at all, given the association between drinking alcohol and serious disease and death.

The need for education on this issue is quite clear. Most Americans do not know the link between alcohol use and cancer. The authors cite evidence across several countries that only a small fraction of the population is aware of the link between alcohol and cancer.

Of course, alcohol problems are not limited to cancer and other disease issues. People have greater awareness of problems arising from alcohol-related injuries and deaths from auto or boating accidents, assaults, under-age drinking, or from fetal alcohol disorders that occur when mothers consume alcohol during their pregnancy. Or, they know of someone who has lost a job or a marriage due to alcohol use.

Given the general acceptance of alcohol in today's society, not to mention the influence of the beverage industry, it will take time to raise awareness of the broad range of consequences and costs of alcohol use, and to change the way alcohol is used. However, the importance and need for change in our cultural norms, and in our use of alcohol, cannot be over-estimated.

Not that long ago, the authors point out, other behaviors associated with cancer risk and mortality,

such as smoking tobacco and tanning, were once quite accepted and even encouraged. With evidence of severe harm from these products, our culture changed. As evidence of severe harm from alcohol use is now clear, the same needs to occur for alcohol.

Speaking to an audience of clinicians, the authors conclude that "perceptions regarding the risks and benefits of alcohol use clearly need recalibration, particularly given the firmly rooted but now scientifically questionable public narrative about alcohol and cardiovascular health." The medical community is one of our most trusted sources of information, the authors say, meaning that "the medical community can leverage this trust by addressing misperceptions and improving awareness regarding the carcinogenic effects of alcohol."

For those of us who are not doctors, but who care about the health, safety and well-being of those we love and who trust us, we, too, can convey the new evidence regarding the carcinogenic effects of alcohol as one of the several significant problems associated with alcohol use.

The authors reinforce what other recent studies concluded, and we can safely say: "There is no safe level of alcohol."

This article draws primarily from: Klein, Jacobson and Helzlsouer, "Alcohol and Cancer Risk: Clinical and Research Implications," JAMA, Vol. 323, Number 1, January 7, 2020; pp. 23-34.

Negative Consequences if HB 4213 is Enacted into Law

**by Rev. W. J. (Bill) Amundsen, Board Member,
Michigan Council on Alcohol Problems**

DISCLAIMER: MICAP is not a Prohibition Agency. We are, instead, a Temperance Organization concerned with encouraging the Michigan Legislature and the Michigan Liquor Control Commission (MLCC) to enact a "best possible" public policy regarding beverage alcohol (B/A). Our suggestions will always be in keeping with the best evidence-based research, not tradition or morals.

House Bill 4213 seeks to extend "Hours of Sale" of Beverage Alcohol from 2:00 a.m. to 4:00 a.m. on any day of the week if the city, village, or township approves this extension. In addition, the on-premise licensee (bar or restaurant) applies to the MLCC for this permit AND the licensee pays the cost of the permit as well.

What goes unsaid in HB 4213 is the phenomenon known as "last call," which entitles the purchaser to

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purchase the drink just before the time is up. The purchaser then gets another half an hour to finish the drink. So HB 4213 really cuts off drinking time at 4:30 a.m., not 4:00 a.m. When some workers are climbing into their cars to head for their 5:00 a.m. or 5:30 a.m. start times, a person leaves the bar or restaurant at 4:40 a.m. and drives on the highway as well. I can well imagine a doctor or nurse headed for the hospital to pick up his/her shift being harmed or killed en route to their job of caring for others. Extended hours of sales of B/A is not a good idea and does not offer itself as a “best possible” public policy regarding B/A.

Michigan’s own Department of Health and Human Services has issued a policy brief on hours of sale of B/A. That brief presented the latest and best evidence from “The Community Guide”¹ which indicates that extending the hours of sale by 2 hours to 4 hours is associated with:

- An increase in alcohol consumption
- A relative increase in motor vehicle crash injuries ranging from 4 percent to 11 percent.
- A shift in timing of motor vehicle crashes corresponding to the change in closing time of the alcohol licensee.

The policy brief found, in “Michigan Traffic Crash Facts, 2019,”² that there was also an increase in emergency room admissions, injuries, violence,

and suspected driving while intoxicated, as well as an increase in alcohol-related assault and injury. The policy brief from Michigan’s DHHS cannot be construed as supporting HB 4213. On the contrary, it is a stern warning that HB 4213 will not help our state to make a “BEST POSSIBLE” public policy for Michigan regarding B/A.

In conclusion, and for the above-stated reasons, MICAP presents this White Paper on the negative harm which will occur if HB 4213 is enacted into law. For the same reasons, we encourage our Michigan State Legislative Representatives to allow HB 4213 to die without adoption.

1. The Community Guide. Excessive alcohol consumption. Retrieved from: <https://www.thecommunityguide.org/findings/alcohol-excessive-consumption-maintaining-limits-hours-sale>

2. Michigan Traffic Crash Facts. 2019. Retrieved from: <http://publications.michigantrafficcrashfacts.org/2017/MTCFVOL1.pdf>

The Community Guide was supported by Cooperative Agreement Number NU58DP001006 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Does drinking alone impact college students differently than social drinking?

In America, college is portrayed as a place to party. From tailgates to the local bars, drinking alcohol in a social setting is encouraged in college. But what does it mean when someone is alone and can’t stop drinking alcohol? A recent study among college students shows there are discrepancies between drinking alcohol alone and drinking in a social setting¹. College students who drink alco-

1. Christiansen, M., Vik, P. W., & Jarchow, A. (20nd, December). College student heavy drinking in social contexts versus alone. Retrieved January 22, 2020, from <https://www.ncbi.nlm.nih.gov/pubmed/12118627/>

hol heavily alone versus when they’re in a social setting are more prone to early onset alcoholism¹. Drinking alcohol can be used as coping mechanism by college students, but it doesn’t help moderate those symptoms. The study showed those who drink alcohol heavily while they’re alone report higher rates of suicidal ideation and depression¹. So, how can we combat this issue before college students fall victim to regularly drinking large amounts of alcohol alone?

We can start by raising more awareness about how drinking alcohol, particularly when someone is alone, can become harmful. Heavy drinkers in



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general need to be provided with resources on suicide prevention and how to control their consumption of alcohol but for those drinking alone these efforts should be greater. People can use alcohol as a coping mechanism when they're alone, but it's not effective and can cause greater harm in the future. As research has demonstrated above,

we must put in efforts to raise awareness of the hazards associated with drinking in solitary. In addition to awareness it is also important to create new coping skills to replace drinking by trying activities such as exercise, listening to music or even reading a book as a more effective way to cope.

Please consider making a year-end gift to MICAP

One of the reasons I give to church is because I cannot be in mission all over the world. But at the end of the year, when I have contributed faithfully, I know that some of my support has gone to all continents in the world, every state in the United States, and to projects here in Michigan and locally.

being issued within 500 feet of a school, and spoken to legislators to let them know that a GOOD Public Policy regarding Beverage Alcohol is a lot better than just any policy which is good for the Hospitality and Liquor industries.

The same is true of my giving to MICAP. At the end of the year, when I have contributed faithfully, I know that I have helped prevent "round-the-clock beverage/alcohol sales," contributed to prevention of under-aged drinking, helped keep a Beverage Alcohol license from

I hope you'll join me in supporting MICAP strongly in the year ahead. You'll be glad you did.

*Rev. Bill Amundsen,
Board Member and Treasurer, MICAP*