



MICAP RECAP

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*Michigan Council on Alcohol Problems
Celebrating its 113th Anniversary in 2018*

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SENIORS AND BEVERAGE ALCOHOL

ABUSE, Part I

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

Part I – In this article, I will discuss the prevalence, consequences and responses to the abuse of Beverage Alcohol (B/A) in the senior citizen population in the United States.

Part II – In our next issue, I will discuss how and why the Public Alcohol Policy in Michigan (which rates #43 out of 50) through our Michigan Legislature and the Michigan Liquor Control Commission can intervene to decrease the rate of beverage alcohol abuse.

CURRENT STATISTICS:

Beverage Alcohol (B/A) is a factor in:

30% of suicides

40% of crashes and burns

50% of drownings and homicides

60% of falls

88,000 persons die annually in the U. S. as a result of alcohol use/abuse averaging 30 years prematurely.

17% of persons over 65 have an alcohol use/abuse problem.

Millions of adults in the U.S. age 65 and over have a problem with alcohol and other drugs.

14% of emergency room admissions are alcohol and drug related.

Widowers, over age 75 have the highest rate of alcoholism in the U. S.

20% of elderly admissions to psychiatric hospitals have an alcohol use/abuse problem.

Nearly 50% of nursing home residents have an alcohol use/abuse problem.

About 21,000 persons over age 65 die annually because of binge drinking.

THE WHYS?

Just WHY are these statistics significant? WHY are so many seniors enduring this illness, experiencing its' physical and emotional pain, bearing the financial burden, and what is the cost for society-at-large? (Note: It costs over \$815.00 per year for each U.S. adult to shovel up the societal costs which spill over from B/A abuse).

Part of the WHY is because of "EARLY-ONSET" drinkers. We all age, including those early-onset drinkers. Alarmingly, 10% of heavy drinkers consume 50% of the B/A sold in the U.S., and continue to do so into their older age.

But there is another group of drinkers, called "LATER-ONSET" drinkers who appear on the scene as they age. This group experiences the same illness, physical and emotional pain, medical and financial costs as the early-onset drinkers.

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The aging process itself appears to play a significant role in the process. Physically, there is a higher absorption rate in older adults for B/A. Therefore, consuming the same amount of B/A as younger drinkers results in a higher Blood Alcohol Concentration (BAC). And medications, while being absorbed quicker, like B/A, break down more slowly, so that prolonged use of drugs combined with the sedating effects of B/A contribute to an increased risk of falls, fractures, confusion, overdose and/or death. In addition, with a wider use of prescription and over-the-counter drugs, there is also a greater risk of dangerous drug interactions with B/A.

Physical changes are a normal part of aging. For example, reaction times and gross and fine motor coordination decrease. This vital piece of knowledge offers caution for the use of B/A. It is a reminder to abide by the law and never drink and drive. It is a reminder that the combination of aging and B/A use increases the risk of falls which can lead to additional physical complications.

Another physical aspect of aging is the slowing of ones metabolism. For the younger B/A consumer the following represents the maximum daily amount for metabolism:

For men, 2 – 12 oz. bottle/can/glass of beer or 2 glasses of wine per day.

For women, 1 – 12 oz. bottle/can/glass of beer or 1 glass of wine per day.

As we age, our ability to absorb and metabolize the above quantities of B/A decreases. For the senior B/A consumer the following represents the maximum daily amount for metabolism:

For men and women, 1 – 12 oz. bottle/can/glass of beer or 1 glass of wine per day.

Unaware seniors, especially men, may think they can consume alcohol in the same quantity they did when they were young.

Cognitively speaking, reaching the so-called Golden-Age, whatever that age may be, can present seniors with the realization that 2/3 or more of their life is over. That can be painful for the senior if he or she hasn't internalized a sense of achievement or acceptance. The numbing aspect of alcohol may inadvertently be used as a coping mechanism when the emotional pain of this reality is faced.

LATE-ONSET alcohol abusers do so for a variety of reasons related to aging. For example: retirement, death or health concerns for a close friend, spouse, family member

or pet, reduced income, sleep impairment, family conflict, isolation and more.

RESPONSES TO SENIOR ALCOHOL ABUSE:

The next issue of *MICAP-RECAP* will address what we can do to urge our State Legislature and the Michigan Liquor Control Commission in order to foster a better public policy regarding Beverage Alcohol and the senior abuse of the same. Watch for the April edition.

The literature frequently reports that too often we ignore the signs and symptoms of the problem. When we do nothing we act as an enabler. In doing so, we become part of the problem instead of the solution.

Through an educational approach literature proposes addressing the individual with the facts, which presents the possibility for change to behavior. However, this educational process requires advocating professionals for change.

The literature also suggests that because of cost, or the press of schedules, sometimes the professionals on whom we depend fail to diagnose the real problem: Beverage Alcohol Abuse. It suggests that their training prepares them to treat broken bones, bruises, or even the disease symptoms of B/A abuse, but not the alcoholism itself.

As loved ones, friends or family of a potential B/A abuser, we, too, need to gain the courage to educate the user. If you are having trouble confronting someone you know and love, you might gain support and courage from one of these support systems: a family member, a close friend, a pastor, priest, imam, or rabbi, Al-A-Non, Al-A-Teen, or Alcoholics Anonymous. There are also physicians, social workers, psychiatrists, sociologists and other professionals who are specifically trained to help.

If you are reading this article and you find yourself or a loved one at risk for beverage alcohol abuse and want help, the above list of support systems are an excellent starting point. We at MICAP wish you well as you venture down the road to recovery for yourself or your loved one.

Web-Sites gleaned for information for the foregoing article:

1. <https://www.alcoholrehabguide.org/resources/alcoholism-in-seniors/>
2. <https://www.nia.nih.gov/health/facts-about-aging-and-alcoholFacts>
3. <https://www.soberlink.com/15-facts.alcoholism-part/>
4. <https://www.oasas.ny.gov/AdMed/FYI/FYIinDepth-Elderly.cfm>

Dear Friends and Colleagues,

A couple of issues ago, Dr. Vern Smith shared with our readership an article about one of the longstanding goals of MICAP, reducing the BAC in Michigan to 0.05. Following Prohibition, the BAC was set at 0.15,

then, at the urging of MICAP, the Legislature moved it to 0.10; and, again at the urging of MICAP, moved it lower to 0.08. The attached article gives more reason to move in the direction of 0.05. It is published with the permission of Capital News Service and its author, E. Maxwell James.

No Big Push for Tougher Drunken Driving Standards

**Posted on January 26, 2018 by Capital News Service
By E. MAXWELL JAMES**

LANSING — A new national report recommends that states lower their blood-alcohol content limits to .05 in an effort to better combat drunken driving, but Michigan lawmakers aren't stampeding to do it.

Mothers Against Drunk Driving (MADD) applauded the report by the National Academies of Sciences, Engineering and Medicine, saying many of the conclusions — like tighter sales restrictions to already-drunk persons — affirm the organization's goals.

However, MADD disagreed with lowering the legal limit, saying there are "better, more effective pathways" to eliminating alcohol-related crashes.

The organization is not actively against lowering the state's limit to .05, according to Angel Harris, victim services manager for Michigan MADD.

MADD doesn't argue that a .05 limit "wouldn't make a difference," Harris said. "What we're saying is that we don't really know because there hasn't been enough information gathered. The only state that has done that so far is Utah, and it just went into place."

The Utah legislature voted to lower the state's threshold to .05 last year.

MADD says the organization would rather focus its efforts on preventative measures like ignition interlocks, which require convicted drunken drivers to take a Breathalyzer test before their car will start.

A bill by Rep. Klint Kesto, R-Commerce Township, would mandate that first-time convicted drunken drivers use an interlock for at least 90 days or have their license suspended. Repeat offenders would be required to use the interlocks for even longer. The bill is pending in the House Judiciary Committee.

"The reason that the all-offender interlock law is being focused on more so at this time is because it's already been passed in 30 states," Harris said. "We've seen statistics from those states that show a decrease

in the number of drunken driving offenses, the number of fatalities, the number of repeat offenders.

"There's information out there that can show us the difference it makes to have that law," she said.

Kesto said having an interlock law would let offenders keep their licenses, allowing them more opportunities for employment.

"People make mistakes, and we don't want them to continue to do that, so that interlock will keep the streets safe," Kesto said. Offenders "can keep their jobs, because they'll be able to have transportation to get back and forth."

MADD ranks Michigan as one of the worst states when it comes to drunken driving laws, due in part to the state's lack of an all-offender interlock law.

It was the second-lowest scoring state for 2018, receiving one star out of a possible five. Only Montana scored lower, receiving a half-star.

Bill Amundsen of the Michigan Council on Alcohol Problems (MICAP) said the Legislature gets a low rating from his organization as well when it comes to curbing drunken driving.

Citing the influence of beer and wine distributors on legislators, Amundsen said Michigan has long seemed more interested in widening access to alcoholic beverages than preventing alcohol-related crashes.

"We try to encourage them to do better beverage alcohol public policy," Amundsen said. "What they seem to follow is the hospitality industry."

Amundsen said that getting Michigan to enforce a .05 limit has been a goal for MICAP and is now more realistic since Utah lowered its own threshold.

While the National Academies report concluded that the .08 limit isn't low enough, it was uncertain

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as recently as five years ago whether Michigan's limit would remain even at that level.

When Michigan reduced its limit from .1 to .08 in 2003, that legislation included a "sunset clause" that would return the limit to .1 in 2013. However, as the original deadline neared, the Legislature delayed it to 2018, later delaying it further to 2021.

Kesto, who sponsored the latest extension, said allowing the limit to revert to .1 would have cost Michigan federal funding. Co-sponsors of that extension included Reps. Holly Hughes, R-Montague, and Eric Leutheuser, R-Hillsdale.

According to the Michigan Department of Transportation, failure to comply with the federal standard of .08 could have cost the state \$50 million a year in federal highway aid.

"I think it has been successful, because number one, you have people who are less intoxicated on the

roads," Kesto said. "But don't forget, number two, we get federal funding as well to help maintain and fix roads."

While the Legislature as a whole doesn't receive high marks from MADD for its efforts on drunken driving, Kesto is an exception. He's been named a "Legislator of the Year" by the organization three times: first in 2013, for his efforts to extend the .08 limit, and again in 2016 and 2017.

Kesto said he hadn't seen "concrete data" to back up the National Academies study but is aware of other states possibly looking to reduce their limit.

Kesto said while reducing legal limits may make roads safer, only one legal limit would eliminate drunk-driving: 0.00.

"You can make the assumption that .08 should go down to .05 so you have less intoxicated people, but it's not about getting less intoxicated," Kesto said. "You should be aiming for triple zeroes."