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

AADIF/MICAP

(517) 999-0013
info@micap.org

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Alcohol Issues in the News

By Vernon K. Smith, Ph.D., MICAP Board Member

Almost every day we see a new story about problems of alcohol use and abuse. This article highlights significant recent stories in the press and professional journals.

Problems associated with alcohol consumption are the subject of numerous studies, including studies designed to understand the causes of addiction and studies that document with academic rigor the impact of alcohol in our lives.

Major Study Concludes: No Drinking Is Safe

“No amount of alcohol consumption is safe,” is the conclusion of the largest study ever done on alcohol use and its impact, published in the British medical journal *Lancet*.

This study linked alcohol consumption to 23 health outcomes, including death and injury from cardiovascular disease and cancers, automobile accidents, suicides, cirrhosis, TB and other known consequences of alcohol use. The study found that alcohol consumption at any level was associated with adverse events. Even small amounts had a measurable effect. The greater the consumption, the greater the impact, but even at low levels, alcohol use was associated with a higher risk of health problems or adverse events.

These findings are most important for persons aged 15 – 49, for whom alcohol use is the single most common risk factor for death and disability.

The lead author of the study, Dr. Emmanuela Gakidou of the University of Washington, compared drinking to smoking in the August 27, 2018 *New York Times*: “The main difference between alcohol and smoking is that no one is surprised that smoking is bad. But there is a lot of surprise, even among experts, that alcohol is as bad for you as it is.”

Is a glass of wine a day helpful to your heart?

Other recent studies have suggested that a glass of wine a day could be protective for heart issues. This finding has been widely re-

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ported as a reason for moderate alcohol consumption. However, the most recent studies indicate that the potential benefits for the heart are offset by elevated risks of cancers.

“Daily drinking is dangerous,” according to Dr. Sarah Hartz, the lead author of a study published in the British medical journal *Lancet*.

Quoted in the October 3, 2018 *Newsweek*, Dr. Hartz said: “A glass of wine a day should not be considered healthy. We should no longer tell ourselves that a glass of wine daily is good for us. There are many things that we choose to do that are unhealthy, and drinking should be considered one of them.”

Alcohol Effects and Older Persons

The Fall 2018 issue of *NIAAA Spectrum*, published by the National Institutes of Health, describes new research on the effects of alcohol on older persons.

NIAAA Director George F. Koob noted that Americans are getting older and drinking more, and that alcohol has greater effects on older persons. The older body breaks down alcohol more slowly, so the effects of alcohol last longer, increasing the likelihood of accidents and falls. These effects are greater in women than men.

Dr. Koob, in the May 2018 issue of *JAMA Psychiatry*, wrote that aging individuals may experience negative emotions directly related to alcohol use, and then use alcohol to address these feelings. He concludes: “In short, alcohol misuse in the elderly population may tap into misdirected attempts at emotional self-regulation, in which an individual consumes alcohol to fix the problem that alcohol helped cause.”

More information about alcohol and aging, and how to get help, can be found at: <https://pubs.niaaa.nih.gov/publications/olderAdults/olderAdults.htm>.

Opioids Behind the Wheel: Not What the Doctor Ordered, Part II

By Kinga Gorzelewski Canike and Kenneth Stecker
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Continued from October 2018 Issue

Opioids, also commonly referred to as opiates, are natural or synthetic chemicals that interact with opioid receptors on nerve cells, releasing chemicals in the body. This interaction is what makes opioids very effective at pain management, the primary reason doctors prescribe them. Other side effects of opioid use include euphoria, drowsiness and sedation. Examples of opioids include heroin, morphine, codeine, oxycodone (OxyContin), hydrocodone (Vicodin), fentanyl, methadone and buprenorphine (Suboxone).

Law enforcement and prosecutors face many challenges when dealing with drugged driving cases, including those dealing with prescription opioids. Some of these challeng-

es are related to how the public perceives the issue of drugged driving. Some of these perceptions are as follows:

- That drugged driving is not a crime;
- That drugs, especially prescription medication and medical marijuana, make people better drivers;
- That there is no law prohibiting drugged driving; and
- That police cannot detect and arrest them if their driving is impaired due to ingesting a drug or drugs

In Michigan, two programs are training officers and prosecutors to more effectively deal with the issue of drugged driving. These programs, which were developed by the NHTSA,

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are Advanced Roadside Impaired Driving Enforcement (ARIDE) and the Drug Evaluation and Classification (DEC) Program.

ARIDE teaches officers general knowledge on drug impairment. During this two-day training, officers must show that they are proficient in administering Standardized Field Sobriety Tests (SFSTs). The focus is on recognizing drug impairment so that an officer knows when to call in an expert for an additional investigation.⁸

That expert would be a DRE, an officer with advanced training in drug impairment. These officers must successfully pass the DEC Program, which involves two weeks of classroom studies followed by one week of hands-on training on individuals who have ingested drugs. DRE officers are trained to conduct a 12-step evaluation to determine whether an individual is impaired by drugs and what category of drug or drugs is causing that impairment.⁹ Currently, there are approximately 137 DRE-trained officers in Michigan. Thirty-eight prosecutors have also attended the two-week school in order to better present drugged driving cases to a jury.

DRE officers are trained to recognize impairment of drugs that can affect the central nervous system and impair a person's normal faculties. In the DRE world, these drugs are broken down into seven drug categories. All opioids, including those prescribed by a doctor, fall under the Narcotic Analgesics drug category. Signs that DREs look for in drivers impaired by these drugs include some of the following indicators:

- Depressed reflexes
- Droopy eyelids
- Drowsiness
- Dry mouth
- Facial itching
- Inability to concentrate
- Slow, low, raspy speech
- Slow deliberate movements¹⁰

In Michigan, taking a drug that was prescribed by a doctor is not a defense to an impaired driving charge. Under our law, driving while impaired by a prescription opioid may be charged either under the Operating While Intoxicated [MCL 257.625(1)] or Operating While Visibly Impaired [MCL 257.625(3)] statutes as an intoxicating substance.

There is no "per se" level of impairment for intoxicating substances under our law. Therefore, it is very important that officers do a thorough investigation and establish evidence of impairment in all three detection phases—vehicle in motion, personal contact and pre-arrest screening. If the case goes to trial, officers must be prepared to explain to a jury why that individual was impaired due to their medication.

One of the best tools to deal with the issue of drugged driving now is to be trained to recognize this impairment so that these drivers can be stopped before they seriously injure or kill others. Drugged driving is a serious issue and unfortunately one that is not going away anytime soon.

Law enforcement officers are at the forefront of the battle to keep our roads safe from impaired drivers.

For more information on this article and PAAM training programs, contact Kenneth Stecker or Kinga Gorzelewski Canike, Traffic Safety Resource Prosecutors, at 517-334-6060 or e-mail at steckerk@michigan.gov or gorzelewskik@michigan.gov. Please consult your prosecutor before adopting practices suggested by reports in this article. Discuss your practices that relate to this article with your commanding officers, police legal advisors, and the prosecuting attorney before changing your practice.

8 <http://www.decp.org/training/>

9 *Id.*

10 https://ndaa.org/wp-content/uploads/1033558_DREMonograph_FinalWEB.pdf



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Michigan Council on Alcohol Problems
American Alcohol and Drug Information Foundation
Mailing address: P.O. Box 10212, Lansing, MI 48901

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