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#### Better Healthcare Newsletter from Patrick Malone

### The truth about alcohol: Not risk-free, but it's not time for a new Prohibition.



#### Dear Jessica.

So is the medical journal the Lancet correct that the only safe amount of booze to drink is zero? That was the upshot of a big global study the prestigious British journal published recently.

What about the opposite idea, that moderate drinking might actually be good for you? A <u>respected federal agency just got itself into a credibility scandal</u> by signing on to, then cancelling, a \$100 million, decade-long Big Alcohol-funded-and-steered study with more than 7,800 prospective participants. It proposed to test the conventional wisdom that one or two daily drinks may be beneficial to health.

Of course, many of us lose the ability to accurately count when it comes to how much we've consumed. And so the idea of moderate daily drinking has a big flaw from the start, even before you look at

#### IN THIS ISSUE

Intoxication factors big in rising road toll

Liquor can be hard on waistline and liver

Excessive drinking is a growing problem

Drunken online shopping: a costly new trend

Booze and sex may be even more risky as STD cases soar

#### BY THE NUMBERS

#### 50 minutes

Average elapsed time for yet another American to be killed in an alcohol-related vehicle wreck

65%

Percentage increase of cirrohsis-related deaths

what research has been done to support the habit.

Still, it's possible to look at the pros and cons of alcohol with eyes wide open, and then we can each make up our own minds. So let's take a tour in this month's newsletter through some of the varied research about the health consequences of drinking -- from its effects on car wrecks to our waist lines -- and then we can decide for ourselves.

# Intoxication factors big in rising road toll



Wrecks on roads are killing and injuring Americans in numbers not seen for years, exceeding in both 2016 and 2017 40,000 deaths each year

That's just a little less than the number of people who live in the Washington, D.C., <u>Capitol Hill neighborhood</u>, or slightly more than the combined undergraduate enrollments of the universities of <u>Virginia</u> and <u>Maryland</u>. Imagine the outcry if such large groups of people vanished suddenly.

Alcohol persists as a major factor in the rising road toll, <u>killing one</u> <u>person on average every 50 minutes in a vehicle wreck</u>. Deaths and damages due to alcohol's role in vehicular carnage costs the country \$44 billion, according to the last estimates, made in 2010 — before road fatalities spiked to current high levels.

Officials try to ensure motorists learn the hazards of intoxicated driving, requiring, at least once every eight years or so when they renew their licenses, that they familiarize themselves with basics on blood alcohol levels and impaired operation of a vehicle.

With vehicular carnage on the upswing, these discussions focused on "average" motorists clearly aren't making the case.

from 1999 to 2016, when liver cancer deaths also doubled. Experts blame both increases on alcohol overuse.

58%

Percentage leap among women of high-risk drinking (4+ drinks/day) in 2002-2013 study.

### \$249 billion

Annual economic costs of excessive alcohol consumption as estimated in 2010.

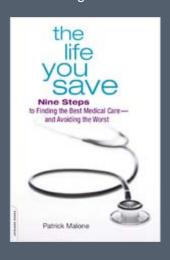
#### QUICK LINKS

Our firm's website

Read an excerpt and order Patrick Malone's book

The Life You Save

#### Nine Steps to Finding the Best Medical Care and Avoiding the Worst



LEARN MORE

Now is the time, when we're all sober readers, to realize how irrational it is to think you'll be fine if you've had "just a few" before getting behind the wheel. How often have you seen happy people at a bar assure each other they're OK, based on information that safety experts employ on "average" drivers?

Boozers may argue they're safe for the road, imagining they have a blood alcohol concentration (BAC) *not* exceeding legal norms.

Think again. Alcohol impairment, much less intoxication, is highly individual, dependent on factors including the type of liquor you're drinking, your weight, whether you're drinking on a full or empty stomach, and the speed at which you're imbibing. To even begin to guestimate, based largely on weight, if you're exceeding legal BAC limits — typically .08 percent or more — requires a complicated chart (click here to see an example). But how likely is it, really, that you'll use such a resource during a night on the town?

Further, age is a factor in drinking and driving. Both the young and old may have cognitive aspects, in development or degeneration, that become a bad mix with drinking and how it impairs judgment, especially about safety and risks. Drivers of all ages also may worsen alcohol's harms on the road, compounding its detrimental effects with other distractions, including drowsiness and especially with cell phones. Please don't text while driving, get wrapped up in phone calls, or otherwise take your full attention off the road with your smart phone, or any other computer screen or device, or by listening to a too-loud broadcast or recording in your vehicle.

Drinking while driving becomes even more dangerous if you've mixed alcohol with prescription, over-the-counter, or illicit drugs or intoxicants like marijuana. The Governors Highway Safety

Association reported that 44 percent of fatally injured drivers tested for drugs had positive results in 2016, which is up more than 50 percent compared with a decade ago. Marijuana, experts say, likely is a common drug implicated in vehicular wrecks, but the lack of reliable testing for it makes it difficult to gauge the extent of this problem. The National Institute on Drug Abuse has reported that:

"Along with marijuana, prescription drugs are also commonly linked to drugged driving crashes. A 2010 nationwide study of deadly crashes found that about 47 percent of drivers who tested positive for drugs had used a prescription drug, compared to 37 percent of those had used marijuana and about 10 percent of those who had used cocaine. The most common prescription drugs found were pain relievers. However, the study didn't distinguish between medically supervised and illicit use of the prescription drugs."

By the way, it's worth emphasizing how alcohol-impaired drivers endanger not just themselves but also their passengers and others on the road — including bicyclists and pedestrians, who are <u>falling victim to hit-and-runs at unacceptable rates</u>.

Alcohol also contributes to injuries and deaths in those two groups



Read our Patient Safety Blog, which has news and practical advice from the frontlines of medicine for how to become a smarter, healthier patient.



#### PAST ISSUES

Be wary of getting buffaloed into one of these medical herds Dispelling the silence and shame around suicide Summer-proofing your kids from the year's '100 deadliest days' The rising toll of hepatitis, and what each of us can do to protect ourselves and our families Partnering with your doctors to keep your care up to date

More...

when they drink and move around the roads: The National Highway Traffic Safety Administration (NHTSA) found that a third of pedestrians killed in vehicular crashes in 2016 exceeded the legal alcohol limit for drivers. That toll of nearly 2,000 inebriated victims also represents an increase of 300 more people versus 2014. Experts say that drinkers emerge from bars and parties, guessing that they're better off staggering home on foot. But they're too drunk to heed signs and barriers. They stumble into traffic, often in the late of night and unable to take appropriate precautions.

As for bicyclists, NHTSA says that "alcohol was a factor in 29 percent of traffic crashes in which the bicyclist (or driver) had blood alcohol concentrations (BACs) of .08 ... or higher, the illegal alcohol level in all states."

The legal, financial, and emotional costs of alcohol-related vehicular wrecks resulting in injuries and deaths can be staggering, as we at our law firm see too often in our practice. Instead, in any cost-benefit analysis, a taxi called or a ride-share service hailed on an app looks brilliant, as does securing in advance the help of Samaritans who will act as designated drivers.

Know your limits and know this — <u>blue-chip scientists who have</u> studied existing laws are pushing for tougher BAC standards, as well as hikes in alcohol taxes and moves to make booze less convenient to get, including reducing the hours and days it's sold in stores, bars and restaurants. They've also urged officials to crack down on alcohol sales to those younger than 21 and already intoxicated to discourage binge drinking. They want lawmakers to limit alcohol marketing, while funding anti-alcohol campaigns like those against smoking.

### Liquor can be hard on waistline and liver



Almost four in ten adult Americans, more than 93 million of us, struggle with excess weight and obesity, putting us at risk for related and preventable conditions include heart disease, stroke, type 2 diabetes and certain types of cancer. One effective way to shed some pounds could be dialing back on the booze.

The <u>National Institute on Alcohol Abuse and Alcoholism</u> (NIAAA) points out that, "Alcohol beverages supply calories but few nutrients and may contribute to unwanted weight gain. If you need to lose weight, looking at your drinking may be a good place to start."

The institute provides a handy online calculator, in which drinkers can punch in what they consume and get a calorie estimate (click here to use). If, in a week, an imbiber, say, put down two beers, three glasses of wine, a martini, and two whisky nightcaps, that would work out to more than 1,000 calories — about the equivalent load for a double quarter pounder with cheese and an order of fries at McDonald's.

Let's be honest, too: It isn't just that a 1.5-ounce shot of Kahlua carries 150 calories, or a 4-ounce glass of red wine has 80 calories, or that a 4-ounce margarita is a 168-calorie drink, it's that most of us don't consume just one drink at a sitting — and we typically graze as we do. It's wine and cheese, and more, right? Suddenly, the liquor calories double, and they're compounded by wagyu sliders, cheese-slathered nachos, and sour crème-topped, twice-cooked potato skins, or whatever. It's also likely that if you're in a bar or at a bash, you're not taking a vigorous walk, or working out hard at the gym, or otherwise reducing your calorie intake. By the way, you're unlikely to save many calories, and critics say you'll skimp on flavor (and the intoxicating effects, if that's what you're seeking) by trying "light" beers.

To be clear, formal research on drinking and weight gain tends to find that moderate alcohol consumption isn't a major contributor to obesity. Because drinking can be a key component of healthy socializing, it may help those who do so in moderation stay active and engaged, helping them to control their weight and reduce stress, and this all can be good for the heart. (With excessive or abusive drinking, it's a whole other story — but more on that in just a bit.)

There's another aspect of drinking, though, where medical research is less cheery: That new Global Burden of Diseases study, published in the "Lancet" and analyzing alcohol use and its health effects in 195 countries from 1990 to 2016, underscored, as the Washington Post reported, that, despite "numerous peer-reviewed studies [with] evidence that people who have a drink or two a day are less likely to have heart disease than people who abstain or drink excessively ... many other health risks offset and overwhelm the health benefits. That includes the risk of breast cancer, larynx cancer, stroke, cirrhosis, tuberculosis, interpersonal violence, self-harm and transportation accidents."

Let's put all the caveats in place: Diet and nutrition research, including studies of alcohol, are difficult to run, and their results must be closely parsed. It can be difficult for researchers in alcohol-use studies to figure how their results may be skewed by participation of study subjects who may be healthier or sicker, and, thus, less or more inclined to drink. How might research results be affected by the

education level of study subjects or their mental health, including if they suffer conditions like depression? While medical scientists may try to control for age, race, gender, and other key factors, there many other variables to consider, often far too many in these types of works to allow them to say that X is the direct cause of Y, as studies have shown how cigarettes cause cancer. Instead, experts underscore, alcohol studies report observations and associations.

The Lancet study also failed to be clear about researchers' findings on the relative versus absolute risks of drinking, information filled in by press aides who prepared a news release for the medical journal. A New York Times column reported that the work should have noted:

"For each set of 100,000 people who have one drink a day per year, 918 can expect to experience one of the 23 alcohol-related problems in any year. Of those who drink nothing, 914 can expect to experience a problem. This means that 99,082 are unaffected, and 914 will have an issue no matter what. Only 4 in 100,000 people who consume a drink a day may have a problem caused by the drinking, according to this study. At two drinks per day, the number experiencing a problem increased to 977. Even at five drinks per day, which most agree is too much, the vast majority of people are unaffected."

Still, the evidence grows about alcohol's role in raising patients' risks for cancer. Long history has demonstrated this is especially true with liver cancer and other conditions of this vital organ, which acts as the body's filtering and chemical manufacturing plant.

And <u>liver disease deaths are spiking</u>, especially among Americans between ages 25 and 34, with researchers blaming alcohol abuse as a major reason. The Centers for Disease Control and Prevention also has reported that liver cancer rates and death rates from the disease are on the upswing. Now, combine excess weight or obesity and alcohol use, and research says patients heighten their risk for liver diseases, including cirrhosis and cancer.

Hepatitis is another chronic and potentially serious liver-related disease, which is aggravated by alcohol use and abuse. Public health experts say baby boomers may carry a severe form, hepatitis C, which they contracted in their more experimental days. It can stay dormant until later in life, when it can cause harms.

# Excessive drinking is a growing problem



Splashy stories about drinking, especially when they promote zero alcohol consumption, can scare folks needlessly about liquor's health risks. Such dangers, really, come down to your individual situation. You should consult with your doctor if you have any doubts.

But when it comes to your well-being and drinking, here's some other folks to listen to, hard and well: Your spouse, family, and closest friends. Maybe your religious advisor. These who know you best and care about you most may need to tell you a truth — that you have a problem with alcohol. You're not alone.

Although boozing took a dive from the 1970s to the 1990s, it soared thereafter, according to researchers who examined Americans' drinking through a regularly conducted national survey with more than 36,000 respondents. They were screened to ensure they were representative, with researchers taking special pains to ensure accurate data on women, blacks, Latinos, and Asian Americans.

In the 2002-2013 study time, Americans' overall drinking increased by 11 percent, with roughly 75 percent of all respondents reporting that they had consumed alcohol within the last year. It jumped 30 percent for Asian Americans and 22.4 percent for seniors.

There was worse news when it came to high-risk drinking, defined as women who reported consuming at least four or more drinks per day every week and men who downed five or more drinks each day every week. High-risk drinking leaped by 29.9 percent overall — but it jumped by 58 percent among women and 65 percent among seniors.

As for alcohol dependence and abuse, the most severe category that most of us commonly would call alcoholism, it increased 65.9 percent among the poor (those earning less than \$20,000 annually), 83.7 percent among women, and 92.8 percent among African Americans.

Millions of bright, capable, accomplished folks — of all ages — can't see themselves and their drinking habits clearly enough to know if the alcohol consumption has tipped over from occasional to moderate to heavy to abusive. The experts at NIAAA report this:

"A few mild symptoms — which you might not see as trouble signs — can signal the start of a drinking problem. It helps to know the signs, so you can make a change early. If heavy drinking continues, then over time, the number and severity of symptoms can grow and add up to an 'alcohol use disorder.' Doctors diagnose an alcohol use disorder when a patient's drinking causes distress or harm."

The agency provides another helpful online quiz that may be illuminating to drinkers (<u>click here to take it</u>). The CDC, meantime provides this rundown of how detrimental liquor abuse can be:

"Drinking too much can harm your health. Excessive alcohol use led to approximately 88,000 deaths and 2.5 million years of potential life lost each year in the United States from 2006 – 2010, shortening the lives of those who died by an average of 30 years. Further, excessive drinking was responsible for 1 in 10 deaths among working-age adults aged 20-64 years. The economic costs of excessive alcohol consumption in 2010 were estimated at \$249 billion."

Treatment for alcoholism has a history, and experts say it can be effective. "The good news," reports the NIAAA, "is that no matter how severe the problem may seem, most people with an alcohol use disorder can benefit from some form of treatment. Research shows that about one-third of people who are treated for alcohol problems have no further symptoms one year later. Many others substantially reduce their drinking and report fewer alcohol-related problems."

<u>The agency offers a guide</u> to seeking care, and those who want to deal with a drinking problem <u>may want to consider an organization</u> like Alcoholics Anonymous.

Here's hoping that you're neither panicked by studies on alcohol risks, nor dismissive about the potential harms to you or anyone else.

# Drunken online shopping: a costly new trend



Let's focus on what alcohol does to your judgment. NIAA says that:

# Booze and sex may be even more risky as STD cases soar



Frat boys may joke about "beer goggles" and their roles in bad, bar-closing relationships. But

"Even mild-to-moderate drinking can adversely affect cognitive functioning, i.e., mental activities that involve acquiring, storing, retrieving, and using information. Persistent cognitive impairment can contribute to poor job performance in adult alcoholics and can interfere with learning and academic achievement in adolescents with an established pattern of chronic heavy drinking. A small but significant proportion of the heaviest drinkers may develop devastating, irreversible brain-damage syndromes, such as Wernicke-Korsakoff syndrome, a disorder in which the patient is incapable of remembering new information for more than a few seconds."

Stupid drinking, according to some reports, also is leading to a newer budget-busting problem:

<u>Drunken online shopping</u>. It's not as silly or small matter as many might think, according to one online site's survey, which found:

"Nearly half of American adults admit to regularly shopping while drunk — and it appears to be getting worse. Americans spent an average of \$448 per person in drunk purchases in 2017, nearly double what they did in 2016 .... That would equate to billions of dollars on drunk shopping per year nationwide, the authors said. Men are responsible for more drunk spending than women: \$564 versus \$282. Generation X spent the most on drunk purchases, averaging \$738 last year — more than triple the amount (\$206) that millennials spent."

While intoxicated, shoppers buy shoes, clothes, gifts — and they hit online gambling sites. Some take on bigger financial transactions while tipsy, dealing with banking, investment, and retirement matters online.

If your favorite internet retailer or enterprise is pokey on Monday mornings, it may be because, as the experts recommend, newly sober consumers can take advantage of online businesses' generous returns policies to cancel out their drunken dealings.

Some finance gurus recommend that drinkers with bad online habits consider downloading apps like <u>DrnkPay</u>, which connects to debit cards and limits user purchases if they have spent a certain amount at a bar in a given night; or <u>Cold Turkey</u>, which, even if it gets deleted, can be set to block selected apps and websites.

alcohol, dating to the time of cave dwellers, long has been implicated in risky sex.

Researchers warn that, especially among young people, liquor use can lower inhibitions, leading couples to engage in unprotected, unsafe sex. Its abuse also can foster inappropriate and illegal behaviors, including fights and sexual assault, even rape.

Colleges and universities nationwide <u>struggle to</u> <u>safeguard students</u>, and to encourage them to <u>drink appropriately</u>, especially because alcohol persists as a central feature of campus life at institutions, big and small.

As young people return to school this fall, educators and public health officials may need to deal with intoxication and risky sexual behaviors with even greater urgency — not just because of the #MeToo movement and the increased national awareness about protecting girls and women from untoward sexual advances and assault.

The CDC also is reporting that sexually transmitted diseases, especially among the young, is soaring. As USA Today reported:

"New cases of chlamydia, gonorrhea and syphilis spiked nearly 10 percent in 2017, continuing a four-year trend of rising sexually transmitted diseases fueled by a lack of awareness and changing sexual behavior. ...The [CDC] said 2.29 million new cases of these three common yet treatable sexually transmitted diseases were diagnosed in 2017. The number of new STD cases continued a 'steep, sustained increase' since 2013, the CDC reported."

The rise in cases is at record levels, but the federal budget has not increased STD program funding since 2013, leaving health departments scrambling to address the problem with fewer resources."

Public health officials worry that young people's substance abuse, their reliance on casual sex initiated through apps and electronic devices, and their ignorance about the perils of STDs and possible protections against them — including condom use, apparently reduced with the rise of the PREP drug (pre-exposure HIV prophylaxis) — may be especially worrisome with the rise of

### **Recent Health Care Blog Posts**

### Here are some recent posts on our patient safety blog that might interest you:

- Hip and knee replacements have become some of the nation's most commonly performed surgeries with hundreds of thousands of Americans, many of them older, having their knees or hips replaced with metal, plastic or ceramic each year. Uncle Sam's Medicare program is paying around \$7 billion annually for all this work. But here's a nasty revelation about knee replacements, in particular: Hospitals don't know how much they cost. In case you ever doubted the profit-seeking motive in these institutions' practices, the Wall Street Journal reported some eyebrow-raising information on hospital pricing and costs, based on a Wisconsin facility's rigorous efficiency study of knee replacements.
- In College Park, Md., major concern hangs over the tragic death of Jordan McNair, 19, a Maryland offensive lineman. It should worry not only athletic programs but also athletes, their parents and families, and fans all over: How could a major collegiate team fail in basic training protocols, especially those to deal with so preventable a problem as heat stroke? Experts have warned players, coaches, and parents relentlessly, with reason, how destructive heat and overexertion can be in causing heat stroke that, in turns, leads to cardiac arrest.
- An innovation in medical treatment which was supposed to offer more affordable, accessible, and even convenient care instead may be getting swamped with safety problems that long have plagued hospitals and academic medical centers. USA Today and Kaiser Health News Service deserve credit for digging into patients' nightmares with specialized surgical centers, not only those performing "routine" procedures but also those handling increasingly longer, more complex, and difficult operations. The many surgeries, once the province only of big and well-staffed hospitals, put patients at risk.
- Can Americans be persuaded to start saving more youngsters' lives specifically, by preventing the eight children slain each day in a shooting or injury involving an improperly stored or misused gun found in the home? That's the ambition of "End Family Fire," a national, multimedia campaign that's I aimed at averting incidents, including "unintentional shootings, suicides, and other gun-related tragedies," its advocates say.
- Ike, Marc, and Bruce may be pretty swell guys. They've done well in business: Ike in

comic books and entertainment, Marc in the law and consulting on white collar crime, and Bruce as a medical concierge who gets affluent patients in to see big name doctors. But this odd trio —Ike Perlmutter, Bruce Moskowitz and Marc Sherman — never served in the U.S. military. They're certainly not veterans. Perlmutter and Sherman have zero experience in health care. And Moskowitz, while a doctor, is a respected primary care practitioner. They also, however, happen to be FOT — Friends of (President) Trump. And, apparently at his request and with the assistance of powerful partisans and the acquiescence of sheepish bureaucrats, they have become "shadow rulers" of the U.S. Department of Veterans Affairs.

### **HERE'S TO HEALTHY LAST MONTHS OF 2018!**

Sincerely,

Patrick Malone

**Patrick Malone & Associates** 

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