



Six signs the next 10 yrs. for alcohol biz will be like the last 20 for tobacco

Don't be alarmed: A second-coming of Prohibition isn't on the horizon, and [alcohol](#) manufacturers will remain profitable just as Big Tobacco remains solvent. America is driven by freedom to make choices, even when they're unanimously unhealthy, and alcohol won't stop being the drug of choice for the stressed or the celebrating. However, the writing on the wall reads, 'What causes problems, is one,' and the writing is ominous for the nearly free-flow of alcohol.

The one thing preventing the tide turning on alcohol quicker than 10 years: Revenue. Broadcasters are reluctant to show in a bad light the same advertisers upon which it relies for revenue. It's similar to asking your mother-in-law weigh in on your marital spat. Granted, of the \$79 billion spent on TV advertising, alcohol ads comprise 2.5 percent of the revenue, it is the golden goose which funds coveted TV rights for professional sports. The news arm isn't likely to grab that goose by the longneck. The other half of the revenue picture is that state and local governments are intoxicated on alcohol tax revenue as a budget-balancing tool in cash-strapped times.

Here are six signs that we're in a sea change for the alcohol industry.

1. Healthcare costs continue to rise, forcing a focus on cost-drivers.

There is an alcohol-related hospital admission every 30 seconds and, according to the National Institute on Alcohol Abuse and [Alcoholism \(NIAAA\)](#) 20-40 percent of general use (non-specialty) hospital beds are used to tend to alcohol-related complications. Heroin addicts aren't breaking the healthcare system. Aging Baby Boomers aren't pushing it past capacity. Alcohol use is.

Education on the health risks related to alcohol use faces an uphill battle when physicians themselves can't identify the most troubled alcohol users. The January/February 2013 issue of the [Annals of Family Medicine](#), concluded that doctor's intuition alone misses most patients with alcohol abuse or the disease of alcoholism. Researchers asked 94 physicians and their eligible patients to complete a short survey, separate from each other, after an office visit. Patients were given the survey asking about their use; Doctors' surveys asked whether the clinician thought their patients had alcohol problems.

Of the 1,699 patients who filled out exit questionnaires, 10 percent screened positive for "hazardous" drinking and nearly four percent screened positive for "harmful" drinking. The difference between "hazardous" and "harmful" drinking is based on how the patient scored on various questionnaires on binge drinking, frequency and quantity. Physicians were much more likely to pick out the patients who did not have alcohol problems (98 percent of the time) than to accurately identify patients with alcohol problems (correctly identified only 27 percent of the time).

The journal calls for ways to make the screening easier. "To increase the feasibility of screening for alcohol problems in practice, a validated single screening question can be used. For example, for the

question, 'When was the last time you had more than X drinks in one day?' where X is four for women and five for men, an answer of 'any time in the past three months' was 86 percent (effective) in detecting alcohol problems."

Alcohol problems are not commonly identified during the course of routine healthcare services. Doctors mainly have to rely on the patients to self-disclose, and not many people are forthcoming about drinking problems due to social stigma placed on alcoholism. Screening for alcohol consumption has not yet been integrated into routine primary care even though alcohol problems are prevalent, costly and major causes of death and disease in the U.S.

To drive down healthcare costs and improve access, reduce what is driving illness overall, according to recovery book [Every Silver Lining Has a Cloud](#). "We can't hope for better access to healthcare, cheaper premiums and lower taxes if we do not help people from drinking themselves into the system. We are turning more non-drinkers into alcoholics faster than we are turning alcoholics into non-drinkers."

Patients may be put off by any questions about alcohol use or feel it distracts from addressing the reason for their visit. And what patients don't disclose, doctors don't screen for automatically due to lack of time, noted the journal. "Our study affirms that systems need to be in place, possibly through team-based care, to screen systematically for alcohol problems with a validated question or series of questions and to address this healthcare delivery threat."

This strategically focuses on the drinking problems or problem drinkers, however, even moderate use represents an underreported danger, not likely to be underreported in the next decade as...

2. More long-term health consequences from moderate drinking are coming to light... while more 'benefits' of drinking are being debunked.

Beyond the disease of alcoholism, alcohol use leads to or worsens more than 50 other diseases and kills 89,000 people in the U.S. every year. It's the third-leading cause of preventable illness and death according to the Centers for Disease Control and Prevention ([CDC](#)) in 2015. "You cannot take the relaxation value of alcohol without the side effects," according to [Every Silver Lining Has a Cloud](#). "Do you know why insurers probe about your drinking history? Because people die from alcohol. It shortens life expectancy by 10-12 years."

People who don't die sooner from wrecks, home accidents or poisoning still have a statistically significant rate or illness risk, even long after abstaining. The 10-12 years estimate is the conservative estimate: A study conducted by the CDC in 2005 found that alcohol misuse shortens the lives of drinkers by at least 30 years.

How? Alcohol is a toxin, and alcohol is listed by the Department of Health and Human Services ([HHS](#)) as a known carcinogen. As more Americans recognize these two traits of alcohol in the coming decade, the alcohol industry's 'Drink Responsibly' catchphrase loses its practicality. It's a leap of logic to believe one can responsibly consume a toxin and known carcinogen.

In 1987, the first links between [cancer](#) and alcohol were determined. According to advocacy group Drink Wise, today only 36 percent of adults are aware that alcohol is a carcinogen and that alcohol is implicated in several types of cancer. For example, one out of eight women will have an encounter with breast cancer and alcohol use is the ONLY dietary factor increasing the likelihood of getting breast cancer. Breast cancer risks increase 10 percent for every 10 grams of alcohol consumed daily. That's about one drink. Women who consumed even "modest" alcohol (equivalent to 3-6 glasses of wine per week) were linked with a 15 percent increase of developing the disease. Researchers also found that the increased risk of

breast cancer for those who drank at least 30 grams of alcohol per day on average (at least two drinks daily) was 51 percent higher compared to women who never drank alcohol.

People with the disease of alcoholism and “social” drinkers share the same cancer risk for several other types of cancer. The risk goes up with the quantity of alcohol. In 2012 research published in *Alcoholism: Clinical & Experimental Research* identified “significantly” higher risks for cancers of the pharynx, oral cavity and larynx and higher rates for cancers of the esophagus and rectum. “Alcohol’s role as a dietary carcinogen emerged quite clearly,” said the lead researcher. An older study put the numbers at an estimated 75 percent of esophageal cancers in the U.S. are attributable to chronic, excessive alcohol consumption and nearly 50 percent of cancers of the mouth, pharynx, and larynx are associated with drinking.

According to [Annual Review of Pharmacology and Toxicology](#), alcohol use results in abnormalities in the way the body processes nutrients and may subsequently promote certain types of cancer later in life. Even moderate alcohol use may substantially increase the risk of dying from cancer, according to a newer study published in the April 2013 [American Journal of Public Health](#). Alcohol use accounts for about 3.5 percent of all U.S. cancer deaths annually, according to the study. “Most deaths seemed to occur among people who consumed more than three alcoholic drinks a day, but those who consumed 1.5 beverages daily may account for up to one-third of those deaths,” the researchers concluded. Dr. Timothy Naimi, an associate professor of medicine at Boston University School of Medicine, said in a Boston University release. “Alcohol is a big preventable cancer risk factor that has been hiding in plain sight.” The study determined that alcohol-related cancer death took away an average of 18 potential years from a person's life. Naimi said, “When it comes to cancer, there is no safe level of alcohol consumption.”

There are 26 chronic diseases which require alcohol consumption as a Necessary Cause, as defined by the National Institutes of Health ([NIH](#)). Fourteen other chronic diseases have alcohol use as a Component Cause. Additionally, more than 200 other conditions, from the common cold to Alzheimer's, are worsened by alcohol use, even moderate use. But more telling than the numbers of diseases, is the number of studies emerging annually which debunk older studies on alcohol's health benefits, like staving off heart attack or dementia. The change is two-fold: greater transparency on who is funding the 'beneficial' research, and the method of study (observational vs. evidence-based).

The evidence of the harmful effects of alcohol outweighs data on the benefits of drinking, a physician writes in the April 2013 journal *Addiction*. In a critical analysis of the health-boosting, disease-preventing characteristics of alcohol, Norwegian psychiatrist and addiction researcher, Hans Olav Fekjær, notes in the journal, “Altogether, the evidence for alcohol's ability to prevent diseases is considerably weaker than that for alcohol causing several kinds of harm.” According to Fekjær, claims that alcohol has health benefits are observational, not evidence-based considering all the characteristics of the drinkers. This means that the claims do not take into account other lifestyle choices such as diet, nor do they consider the “dosage” of alcohol or pre-existing conditions, not the least of which is alcoholism.

The whopper that many physicians still haven't come to terms with is that 'alcohol is good for the heart.' Notes Fekjær, “Wine drinkers generally had more formal education, better dietary and exercise habits and more favorable health status indicators. Altogether, there is ample evidence that groups with different drinking habits differ in several other ways than their drinking, making it difficult to separate the effects of drinking habits from other factors.”

While there is observational data that light or moderate drinkers have a reduced risk of several diseases which are influenced by lifestyle factors, whether or not the lower risk is due to alcohol is a more complicated issue. “Taken together, the existing evidence does not seem to meet the criteria for inferring

causality. For almost all the diseases, we do not know of any plausible biological mechanism explaining a preventive role for alcohol. Alcohol's possible ability to prevent diseases should probably not be considered as an established fact.

“The absence of definite knowledge leaves plenty of room for wishful thinking, which we observe frequently on this topic,” Fekjær concluded.

3. Productivity weakens, forcing a focus on cost-drivers.

Drinking alcohol is a cultural norm in this country and most of the planet. Has been for a long time. And so is turning in for the shift a bit hungover. The monetary consequences are something everyone shares: Drinkers and non-drinkers alike. The numbers get complicated, because the drug Americans enjoy and defend so vigorously, also costs the most in health and hard dollars. But there are a few ways to simplify the discussion.

Each drink consumed has a median cost of \$1.91 in economic harm (lost productivity, health care costs, property damage and criminal justice system expenses). That's according to the CDC. So the drinker pays for that in alcohol tax, right? No. Not even drinking the way overpriced hotel room mini-bar beverages does anyone pony up \$1.91 in taxes per drink. The median paid in tax per drink is less than a quarter. Even if drinkers bore the full \$1.91, everyone else still pays in lost productivity.

Show up late, never, hungover or just without your A-game and someone has to step in or step up. It doesn't always happen that way. Which costs the company. So the company has to charge more for its goods or services. Lost productivity, according to the NIH is more than 70 percent of the \$250 billion annual cost of alcohol use in the United States. We all pay... no matter if we shop Walmart or Macy's. The 70 percent figure is \$175 billion, which is enough to give everyone – drinker or non-drinker – every man, woman and child in the U.S., a new, 48-inch LED HDTV every year. The economic impact of not drinking, when expressed in relatable terms like TVs, is likely to sway public support away from the alcohol industry faster than you can say Sony.

4. More attention is being paid to impact of alcohol advertising on youth.

We do more to curtail junk-food advertising aimed at young people than we do to prevent them from soaking in alcohol ads. “There's very strong evidence that underage drinkers are not only exposed to the television advertising, but they also assimilate the messages,” says James D. Sargent, MD. “That process moves them forward in their drinking behavior.” Sargent is the study author of a Jan. 2016 report in [JAMA](#) linking the ads kids see and what they do with the information. He's professor of pediatrics at Dartmouth's Geisel School of Medicine. And he's summarized the same message a dozen other reports have stated since 1996.

More than half of the \$2.05 billion spent on advertising by the alcohol industry goes to TV (\$1.46 billion to be exact, according to [Statista](#)). The lion's share goes toward ads in televised sporting events. Doctors warn the beverage alcohol industry is “grooming child drinkers” as they watch sports. Sporting bodies are “very much in the alcohol industry's pocket,” a communications regulatory committee was told April 17, 2013 by representatives of the College of Psychiatrists of Ireland ([CPI](#)). Similar concerns are on the increase in the U.S.

In twenty-five of the largest television markets in the U.S., almost one in four alcohol advertisements on a sample of national TV programs most popular with youth exceeded the alcohol industry's voluntary standards, according to researchers from the Center on Alcohol Marketing and Youth ([CAMY](#)) at the Johns Hopkins Bloomberg School of Public Health and the CDC. CAMY found that if this advertising were eliminated and not replaced total youth exposure to alcohol advertising on these programs could

drop by as much as one-third. “Underage drinking harms teens, their families and their communities,” said CDC Director Tom Frieden.

Exposing teens to alcohol advertising undermines what parents and other concerned adults are doing to raise healthy kids.”

Exposure to TV alcohol ads can encourage teenagers to pick up their first drink and engage in hazardous drinking behavior with life-long health consequences, reveals a study published in 2015 in the journal [JAMA Pediatrics](#). The survey, which included more than 1,500 adolescents and young adults, suggests a direct link between receptiveness to these ads and teens’ likelihood to binge drink. “The alcohol industry claims that their advertising self-regulation program protects underage youths from seeing their ads. Our study indicates that it does not,” lead study author Susanne E. Tanski, pediatrician at the Children’s Hospital at Dartmouth-Hitchcock, said in a news release.

Dr. William Flannery of the CPI said the alcohol industry was targeting adolescent children and advertising was linked to the early onset of alcohol use disorders. U.S. alcohol industry watchdog [Alcohol Justice](#) has sports advertising in its crosshairs. Their Free Our Sports Youth Film Festival project is a call to eliminate alcohol advertising, sponsorships, branding and promotions from every sport. Each entry from youth aged 10-20 generated letters targeting the CEOs of the three top alcohol producers, demanding that they stop using sports events to promote alcohol consumption.

According to the group, “As alcohol-marketing tactics increase in complexity and frequency, they significantly influence youth expectations and attitudes, creating an environment that promotes underage drinking.” Alcohol Justice points to a 2004 survey showed that 75 percent of adults back a ban of alcohol advertising in youth-oriented media, including sports broadcasts. “There is no product on the planet that could cause children more harm,” echoed CPI’s Flannery. “They are the real targets of alcohol sponsorship.”

The CPI noted that organizations such as the World Health Organization have shown the major effects alcohol marketing and advertising can have on young people in terms of when they begin drinking and how much they consume. “Teenagers’ brains are still developing so drinking alcohol at this crucial stage interferes with that development and slows it down,” explained Flannery. “The teen years are crucial stages for developing skills and confidence in how to deal with social situations and various problems that life throws at us. If they are consuming alcohol in these years then their ability to deal with life’s challenges in their twenties is impaired as they may only have coped in these circumstances by using alcohol.”

Among several other countries regulating, or trying to regulate, alcohol in sports advertising are Australia, the United Kingdom and France. In Australia, where the alcohol industry has a voluntary ad regulation system, an Australian Alcohol Advertising Review Board (AARB) was formed in 2012 due to complaints of companies targeting young people through sport sponsorship. AARB chair professor Fiona Stanley says, “What reason can there be to expose young people and children to the association of alcohol with their sporting heroes or with behaviors such as driving fast cars and surfing?”

Alcohol Justice notes that in recent years, public health advocates and lawmakers have become reticent to enact new or enforce current restrictions on alcohol advertisements, citing court rulings backing free-speech rights. “However, with each ruling, courts have continued to clarify their position regarding the regulation of advertising. As a result, through careful drafting, state and local governments can still restrict alcohol advertising. Moreover, governments can look to crafting restrictions that effectively minimize youth exposure while addressing 21st-century advertising tactics. The scientific evidence is clear that the more ads kids see, the more likely they are to drink, and drink to excess.”

5. Drinking and driving abatement has stalled.

The U.S. has, under the lead of Mothers Against Drunk Driving ([MADD](#)), aimed to reduce a 100 percent preventable cause of highway deaths: Impaired driving. Several attempts to arrest, educate, incarcerate, humiliate and emasculate (e.g. pink underwear for convicted impaired drivers) offenders have dropped the number of drinking and driving deaths nearly every year since the group's founding in 1982.

However, overall traffic deaths also have fallen each year as a result of better roads and safer vehicles on them. MADD's influence plateaued in 1997 at 30 percent of highway fatalities attributable to mixing alcohol and gasoline, down from 50 percent when the group started. In 2014, the U.S. remains at 30 percent of highway deaths being alcohol-related, yet all 50 states have stiffened penalties and continue to consider costly incarceration and increased enforcement as the ways to lower a percentage that hasn't dropped in 17 years according to data from the National Highway Traffic Safety Administration's (NHTSA) Fatality Analysis Reporting System.

The next meaningful change will come from lowering the permitted Blood Alcohol Concentration (BAC) for drivers and/or from passive alcohol sensors in all cars. Both measures have been proposed and either will cut into the alcohol industry, the way indoor smoking bans battered the tobacco industry.

The National Transportation Safety Board ([NTSB](#)), on Dec.19, 2012, called for the development of passive alcohol-detection technology in cars and trucks to achieve "zero alcohol-impaired driving-related deaths." The NTSB said it envisions technology that would detect alcohol in the driver's system through breath- and touch-based sensors. Presently 17 states require Ignition Interlock Devices (IIDs) for first-time drinking and driving offenders. Such devices prevent the engine from starting until a breath sample has been provided, analyzed for alcohol content and determined to be below prescribed limits. Several other states require them of repeat offenders. What NTSB is calling for is standard equipment less bulky than present after-market IIDs to monitor alcohol use for all drivers in all cars and trucks on the road. The idea was first called for two years ago in the book *What the Early Worm Gets* as the only way to 100 percent prevent alcohol-involved crashes. Detroit automakers have been testing in-dash systems since June 2012.

"Technology is the game-changer in reducing alcohol-related crashes on our nation's roadways," said Deborah A.P. Hersman, NTSB chairman, in a statement posted on the NTSB web site. "Achieving zero alcohol-impaired driving-related deaths is possible only if society is willing to separate the impaired driver from the driving task." MADD opposes the tactic. Not surprising. It would put them out of [business](#) unless they shift focus to Impaired Driving (but MAID is a crummy acronym) and put stoned drivers in the crosshairs as states jump on the legalized-weed bandwagon.

6. Fetal Alcohol Spectrum Disorders have eclipsed autism in number of cases and in long-term costs per case.

Fetal Alcohol Syndrome (FAS) is the most recognized FASD condition and now outranks Down syndrome and autism in prevalence. A child is born with FASD every 4 1/2 minutes. According to the Substance Abuse and Mental Health Services Administration ([SAMHSA](#)), women with the disease of alcoholism are not the only ones risking fetal development: Even infrequent social drinking is dangerous. "There is no known safe level of alcohol use in pregnancy."

When an expecting mother drinks, the alcohol is passed directly to the fetus. The unborn will have the same blood alcohol concentration (BAC) as the mother, but lacks the ability to process the alcohol the way an adult does, so the BAC remains high for a long time. The alcohol causes a number of physical, cognitive, social and neurological problems in the infant that are permanent and irreversible. Alcohol also can kill a fetus.

FASD is a broad category conditions including FAS, alcohol-related neurodevelopmental disorder and alcohol-related birth defects. In the United States, about 130,000 pregnant women each year drink at levels shown to increase the risk of having a child with an FASD, according to the CDC. As many as 40,000 babies are born with an FASD annually, costing the U.S. up to \$6 billion annually in institutional and medical costs. Costs of FAS alone are estimated at between 1 and 5 million dollars per child. This estimate does not include cost to society, such as lost productivity or incarceration, nor does it factor in the burden on families and poor quality of life. A 2004 University of Washington study found that children born with FASD have a lifetime of difficulties. More than 90 percent had mental health problems, 83 percent experienced dependent living into adulthood, 80 percent had employment problems as adults., six in 10 of those age 12 and older had trouble with the law and more than a third had had alcohol and drug problems.

In the U.S. 1 in 2 adult women reports any alcohol use in the past month: Some women might not even know if they're pregnant 30 days after conception. For those who know they're pregnant, SAMHSA's stats are cause for concern. One in 30 pregnant women drinks at levels shown to increase the risk of FASD and more than 20 percent of pregnant women report alcohol use in the first trimester. The latter number drops to five percent in the third trimester. SAMHSA notes that protecting babies from alcohol goes beyond pregnancy. "When a woman uses alcohol, her baby does, too. That's why abstaining from drinking throughout pregnancy and during breastfeeding is the best gift a mother can give her child—it's a gift that lasts a lifetime."

The SAMHSA message is abrupt, but clear. "FASD is 100 percent preventable. If you get pregnant, don't drink. If you drink, don't get pregnant." However, in early 2016, the CDC faced public backlash when it told women of child-bearing age to not drink if they were not using contraception. It was a twist on the same SAMHSA message, backed by the statistical clout of the CDC, but the message was lost in the insensitivity of the way it was delivered in a [Feb. 2 news release](#).

When the tables turned on tobacco, public education increased and dipped down into the earliest grades. Smoking advertising was severely restricted and the industry bristled under public regulation rather than the old-boy-network of self-policing to which it had become accustomed and under which it became Too Big To Fail. Predictably, as these six trends come into greater public focus, the alcohol industry will face the same scrutiny and restrictions as the manufacture, marketing and sales of tobacco have in the past 20 years. And predictably, people will still drink.