

# Spotlight on...



Entertainment  
Industries  
Council, Inc.

# Alcohol

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Alcohol on the Web

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## A Toast to Your Health?

### *Don't Celebrate Just Yet*

Every day, there seem to be new findings suggesting that light or moderate alcohol consumption is good for your health. Is any of it news to celebrate? It would seem that the answer is hardly conclusive.

On one side are these positive reports on light-to-moderate alcohol consumption:

- One glass of wine or beer per day can lower the risk of stroke by about 20 percent (Brigham and Women's Hospital).
- One glass of wine per day may significantly reduce the risk of stroke (Institute of Preventive Medicine/Denmark).
- One or two drinks daily can help the liver (University of Manitoba/Canada).
- Lower levels of drinking decrease risk of death from coronary artery disease in both men and women.
- One or two drinks can protect rats from the type of damage suffered during a heart attack by up to 70 percent if exposure is 10-20 minutes before a heart procedure (Standard University).
- Lower levels of consumption can reduce stress, anxiety, and tension.
- Moderate drinking by older adults can improve appetite and mood, as well as promote regular bowel function.

Weighing against these possible benefits are negative reports on light-to-moderate alcohol consumption:

- Moderate consumption increases potential risk of stroke caused by bleeding (not by blocked blood vessels).
- Alcohol may harmfully interact with over 100 medications, including some sold over-the-counter.
- Moderate drinking has a possible weak link to breast cancer.
- Lower or moderate drinking during pregnancy can lead to birth defects and attention deficit/hyperactivity disorder.
- Moderate drinking may impair driving skills and can lead to collisions.

These conflicting views have to be balanced against the health history of an individual and one's family history, especially in families with a possible predisposition to alcoholism. Some people should not drink at all, including those with various metabolic conditions such as pancreatitis.

Most importantly, women who are pregnant should not drink. When an expectant mother drinks, so does her unborn child. The alcohol travels directly into the bloodstream and circulates to the fetus. Once this happens, the fetus is at risk of being unable to receive sufficient oxygen and nourishment for development of the brain and other body organs. As a result, Fetal Alcohol Syndrome (FAS) can occur.

Once a child has FAS, it is irreversible. No FAS defects are curable.

So where does that leave us? Ultimately, individuals should check with a doctor regarding whether the light-to-moderate use of alcohol for preventive purposes is appropriate for them. The risks could wind up outweighing the benefits. ■

# Sometimes M.D. Stands for Mis-Diagnosis

In a newly released Columbia University study, it was found that 9 out of 10 (90%) of the 648 primary care physicians surveyed failed to diagnose substance abuse when presented with early, classic symptoms of alcohol abuse in adult patients. Two out of five (40%) pediatricians failed to diagnose illegal drug abuse when presented with a classic description of a drug abusing teenage patient.

The study found that many physicians feel unprepared to diagnose substance abuse. Only a small percentage consider themselves "very prepared" to diagnose alcoholism (19.9%), illegal drug use (16.9%), and prescription drug abuse (30.2%).

## WARNING SIGNS OF A DRINKING PROBLEM

While the following behaviors may indicate an alcohol or other drug problem, some also reflect normal teenage growing pains. Experts believe that a drinking problem is more likely if you notice several of these signs at the same time, if they occur suddenly, and if some of them are extreme in nature.

*Mood changes:* flare-ups of temper, irritability, and defensiveness.

*School problems:* poor attendance, low grades, and/or recent disciplinary action.

*Rebelling* against family rules.

*Switching friends,* along with a reluctance to have you get to know the new friends.

*A "nothing matters" attitude:* sloppy appearance, a lack of involvement in former interests, and general low energy.

*Finding alcohol* in your child's room or backpack, or smelling alcohol on his or her breath.

*Physical or mental problems:* memory lapses, poor concentration, bloodshot eyes, lack of coordination, or slurred speech.

Likewise, more than half of the 510 patients surveyed (53.7%) said their physician did nothing about their addiction, nearly half (43%) said their physician never diagnosed it, and a handful said that their physician knew about it but took no action on it. Slightly less than a third of physicians (32.1%) carefully screened for substance abuse.

Part of this disconnect may be attributable to a lack of confidence in treatment. Only a handful of physicians in the study described treatment for alcoholism as being "very effective" (3.6%) and even fewer (2.1%) felt drug abuse treatment was very effective.

Other key findings included:

- Nearly 75% of patients who sought treatment for an alcohol or drug addiction said their physician was involved in the decision.
- Over half (54.8%) of patients feel their physicians don't know how to detect an addiction.
- Nearly a third (29.5%) of patients reported that their physicians knew about their addiction yet prescribed psychoactive and potentially addictive drugs to them.
- Over one third (35.3%) felt their physicians were too busy to detect their addiction.
- The majority of physicians say they don't discuss substance abuse with their patients because they believe the patients will lie about it. More than a third (35.1%) cite time constraints, and 10.6% say they're concerned about not being reimbursed for the time they invest in dealing with potential patient addictions.

For productions dealing with medical or legal issues, there are a number of moral, ethical, legal, health, and educational questions raised in the wake of this study. Do medical schools, residency programs, and continuing education programs provide sufficient substance abuse training? Do licensing boards and residency review committees mandate strong enough requirements regarding knowledge of substance abuse? Do private insurance companies, managed care programs, Medicare, and Medicaid provide sufficient coverage for treatment of substance abuse?

Do physicians sufficiently screen their patients for substance abuse and pay attention to symptomatic clusters that correlate with possible substance abuse? Should physicians be held liable for negligent failure to diagnose substance abuse or to encourage patients to seek treatment? **Most importantly, is society losing precious human and financial resources because of undiagnosed and untreated alcoholism and other addictions? ■**

# Masking the Pain: *An Ageless Story*

Alcohol remains the drug of choice in America. Its abuse seems to transcend all stereotypes. Those who abuse alcohol are men and women who represent the full spectrum of racial and ethnic groups. Most interestingly, alcohol abuse seems to cut across all age groups.

What do many problem drinkers seem to have in common? They share a belief that alcohol will help mask their pain. For those who may be dealing with anxiety, insecurity, depression, or feelings of failure in their personal, school, or work lives, alcohol has become a socially acceptable way to attempt to make some of the negative feelings go away. For adults, it is a **legal** way as well.

Alcohol may seem to make things better in the short run, but long-term alcohol abuse can lead to serious social and health consequences. It can create problems in personal and work relationships. It can cause lateness and absences from work, and negatively impact employment status. It can increase the risk of impaired driving. It can lead to liver disease, heart disease, cancer, and pancreatitis.

**Teens and young adults** are drinking and developing alcohol-related problems before the age of 20, according to a study by the University of Michigan Alcohol Research Center.

**Starting in high school and continuing in college** -- where binge drinking has become a major problem -- social, developmental, and biological components conspire to influence young adults' abuse of alcohol. With more difficult challenges throughout their adolescence, their lack of emotional maturity and experiential reference renders them ill-equipped to cope with the often painful trials of dating and rejection, hormonal changes, academic pressures, and other problems that are staples of being a teen, yet seem overwhelming at the time. Those without sufficient coping skills may turn to alcohol to mask the pain.

A major issue at this life stage is peer pressure and the desire to fit in. Whether male or female, the adolescent or young adult wants the approval of his or her peers. Drinking is a way to fit in, to be one of the guys, to be desirable, or to be popular.

**A lot of studies have shown that the earlier people start to drink regularly, the more likely it is that they will eventually develop alcohol problems.**

**Scott F. Stoltenberg, Ph.D.**  
University of Michigan

College complicates these issues when late adolescents become instant "adults," living in an environment where there are few, if any, rules or boundaries. Suddenly, college youth are free to do whatever they want, surrounded by their peers and unhampered by family traditions.

**Everyone was up in arms about college binge drinking, but half [of those students] came to college with this [drinking habit] already in place.**

**Joan Hollendonner**  
Senior Communications Officer  
The Robert Wood Johnson Foundation

The consequences of alcohol abuse can have ramifications for the rest of these young people's lives. Adolescents' brains are still developing. Binge drinking can result in long-term damage of their neurological circuitry, especially the circuits affecting motivation. In addition, youth alcohol abuse can lead to violence, date rape, property damage, auto crashes, and early-onset alcoholism.

**People age 65 and older** make up one of the fastest growing segments of our population. The extent of alcohol abuse among older adults has not been quantified, but some research indicates that drinking among older adults is not nearly the problem it is among younger people. However, untreated alcohol abuse among older persons is a more serious problem -- it can lead to hazardous medical conditions such as cirrhosis and ulcers. Older people suffer a great deal of loss. There is the emotional loss of friends, family and social interaction. There is the loss of occupation and income. There is the physical and mental loss -- health, memory, mobility, and the use of the senses. Often, older adults turn to alcohol to ease the pain of this difficult time of life.

**Aging...interferes with the body's ability to adapt to the presence of alcohol (i.e., tolerance). Through a decreased ability to develop tolerance, subjects persist in exhibiting certain effects of alcohol at lower doses than younger subjects... thus, an [older] person can experience the onset of alcohol problems even though his or her drinking pattern remains unchanged.**

**Alcohol Alert**  
National Institute on Alcohol Abuse and Alcoholism (NIAAA)

NIAAA recommends that those over 65 have no more than one drink per day. For those who do have more than one drink daily, there are potential serious consequences:

- ◆ Combining alcohol and prescription medicines can lead to both physical and mental problems (including diluting the medications' effectiveness).
- ◆ Depression, which is more common among older adults, is exacerbated by alcohol (especially when mixed with tranquilizers).
- ◆ Incidence of hip fractures is increased by alcohol consumption.
- ◆ Older drivers who drink greatly increase their driving risk. ■

# The Road to Recovery

Alcoholism is a treatable and preventable disease. The first step on the road to recovery is acknowledgement of the problem. Too often, people who abuse alcohol are in denial. They deny to themselves and others that there is an alcohol problem.

Sometimes family or friends feel they must do something about the person's self-destructive behavior, as they may witness the suffering it causes others. They can try to help through a controlled process called intervention, which is aimed at changing the individual's concepts, feelings, and actions.

## There are four types of intervention:

**Simple** -- just asking the person not to drink.

**Crisis** -- when a person is a danger to him or herself and others.

**Classical** -- centered on the individual, with the goal being to get him or her into treatment.

**Family System** -- centered not only on the individual, but also on how family members contribute to the person's behavior.

Treatments vary based on the extent of the person's alcohol abuse problem. Treatment modalities can be provided in an inpatient hospital or residential treatment facility or on an outpatient basis.

## Treatment options can include:

- Detoxification.
- Individual and/or group counseling to deal with triggers that lead to drinking, as well as to develop coping mechanisms that will prevent continued alcohol use.
- Marital counseling and/or family therapy.
- Spouse and family education.
- Use of prescription drugs that help the recovering alcoholic prevent a return to drinking, such as:
  - **Disulfiram** (Antabuse), and
  - **Haltrexone** (ReVia).
- Social service support system (including employment, childcare, legal assistance, etc.).
- Alcoholics Anonymous (AA): A self-help model.
- "Minnesota Model": Inpatient program combining individual, groups and family therapy with counseling and education.
- Biochemical-Based Model: Alternative holistic approach including biochemical "renewal," counseling, individual therapy, and family support.

There are differences of opinion in the field about which methods are the most effective. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), recent studies have shown that medication used in an inpatient setting is as effective as similar medications used for detoxification in an outpatient setting. Studies also found that intensive outpatient treatment after detoxification was as effective as inpatient. However, researchers found that inpatient treatment was more effective than AA alone. NIAAA cites the need for more research on the effectiveness of AA, the "Minnesota Model" and other treatments.

In the meantime, individuals who know they have a problem and want to do something about it have a variety of options that will take them down the road to recovery.

The answers to the following questions may help a creator determine whether a character has a drinking problem or help other characters determine whether he or she is an alcoholic:

- **Has the character ever lost time from work while drinking alcohol?**
- **How much alcohol does the character consume within 1 week?**
- **Do his or her family and friends complain about the character's drinking?**
- **Has the character ever had a drink first thing in the morning to calm his or her nerves?**

Answering "yes" to any of these questions may indicate that an alcohol problem is present, opening the door to a variety of creative possibilities. Such an inventory can and has successfully revealed hidden alcoholics among small screen characters that were later explored in vivid, dramatic, and entertaining ways. ■

## A Window on the Brain

Results of autopsy studies show that patients with a history of chronic alcohol consumption have smaller, lighter, more shrunken brains than nonalcoholic adults of the same age and gender. This finding has been repeatedly confirmed in living alcoholics using structural imaging techniques, such as computed tomography (CT) and magnetic resonance imaging (MRI). Structural imaging reveals a consistent association between heavy drinking and physical brain damage, even in the absence of medical conditions previously considered to be clinical indicators of severe alcoholism (e.g., chronic liver disease or alcohol-induced dementia).

Imaging reveals shrinkage to be more extensive in the outer layer (i.e., cortex) of the frontal lobe of the brain, which is believed to be the seat of higher intellectual functions. In men, vulnerability to frontal lobe shrinkage increases with age. Current studies will determine if the same effect occurs in women. Repeated imaging of a group of alcoholics who continued drinking over a 5-year period showed progressive brain shrinkage that significantly exceeded normal age-related shrinkage. Studies consistently reveal decreased blood flow and metabolic rates in certain brain regions of heavy drinkers compared with those of non-alcoholics, even in the absence of measurable shrinkage. ■

## New Hope for Damaged and Diseased Livers?

The enzyme called PKCe may hold the key to human sensitivity to alcohol. Researchers at the University of California at San Francisco believe the enzyme could be important in reducing alcohol cravings.

In their studies with mice, the researchers have determined that those without PKCe are 75% less likely to consume alcohol than those with the enzyme. Also, researchers believe that the lack of PKCe increases the effect of alcohol on the GABA-A receptor in the brain -- a receptor involved in transmitting feelings of gratification, relaxation, and sedation.

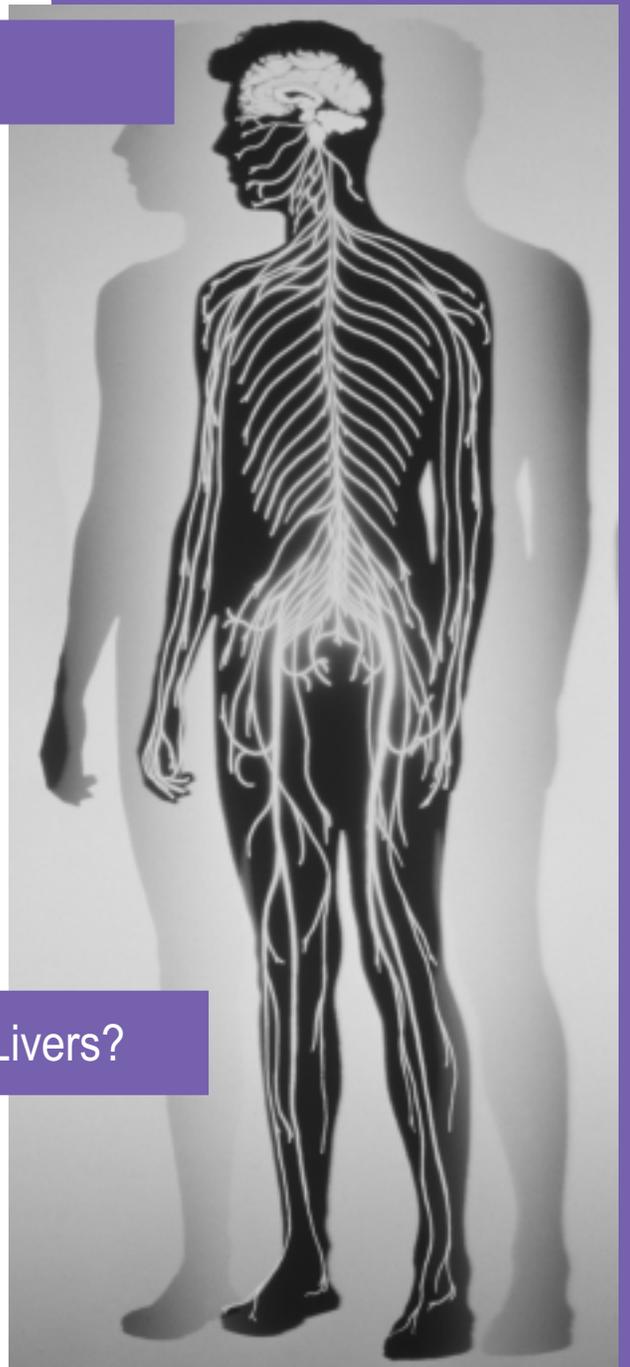
Alcohol intensifies these transmissions by acting chemically on brain neurotransmitters. In the research, the reaction to alcohol of mice without PKCe was twice as strong as that of mice carrying the enzyme. This resulted in reduced craving for alcohol. This finding has important implications from the standpoint of alcohol treatment and recovery.

There may be new hope for livers damaged by alcohol and alcohol-related diseases. Researchers at the University of North Carolina at Chapel Hill have determined that a pro-inflammatory protein, tumor necrosis factor-alpha (TNF- $\alpha$ ), is a major component in early liver damage caused by alcohol consumption. This discovery may be a first step in developing treatments for the 11 million who are afflicted by

this liver disease.

At the University of California at San Diego, researchers have found a biological gene in mice that is able to block certain cancer growth in humans and encourage cell proliferation in individuals whose livers are damaged due to alcohol, viruses, and other toxins.

The research centers around the protein phosphorylation, which may have the potential to be used as an "on/off switch" that can block growth of liver tumors and stimulate liver cell growth. Researchers are working to develop a drug or find another technique that will allow the protein to work in this "on/off" mode. As a result, it may be possible to prevent or slow down cirrhosis of the liver due to alcohol abuse. ■



# Alcohol on the Web

[www.niaaa.nih.gov](http://www.niaaa.nih.gov)

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) provides free information and publications on alcohol abuse and alcoholism. Information covers the effects of drinking during pregnancy, alcohol use by older adults, and ways to cut down on problem drinking.

[www.ncadd.org](http://www.ncadd.org)

The National Council on Alcoholism and Drug Dependence (NCADD) provides information and educational materials on alcoholism, as well as a list of local NCADD affiliates who can provide resources and information on local treatment programs.

[www.alcoholics-anonymous.org](http://www.alcoholics-anonymous.org)

Provides information materials on the Alcoholics Anonymous (AA) program, as well as referrals to local chapters.

[www.jointogether.org](http://www.jointogether.org)

Join Together is a national resource of communities fighting substance abuse and gun violence.

[www.health.org/nacoa](http://www.health.org/nacoa)

The site of the National Association for Children of Alcoholics has a "Just for Kids" section that provides Q & A and facts about alcoholism, information on what kids can do, activities and information in Spanish. The site also lists publications and resources.

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