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Alcohol Abuse: Tackling the Elephant in the Room

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It is an intriguing social phenomenon. Throughout history the use of ethyl alcohol has had a place in the work environment: The daily “rum ration” for sailors, daily rations of “product” allocated to distillery and brewery workers; farm workers receiving alcohol in lieu of wages, and medicinal purposes (antiseptic, anesthetic, and to fortify the provider of treatment).

During the mid-20th century, a shift in attitudes concerning use of alcohol in the workplace and alcohol consumption occurred, and drinking moved to the private realm, becoming associated with leisure time.

Today, it is generally acceptable to drink—to celebrate, to have fun, and be “one of the crowd.” Drinking to “unwind” or to “blow off stress,” particularly after work, at weekend barbecues and parties, is very much part of the culture. Such drinking usually takes place with two or more participants, provides satisfaction to the drinker and participants, and does not impede the drinker’s health, interpersonal relations, or economic functioning. It occurs every day, including at professional seminars, business meetings, and social events.

Some people, however, use alcohol and other drugs in a manner that creates problems for themselves, their family and friends, and their colleagues in the workplace. Too often, their inappropriate and excessive behavior is excused, covered up, or ignored by family, friends, and coworkers.

It is estimated that approximately 10 percent to 15 percent of all healthcare professionals will misuse alcohol or drugs at some time during their careers. Specialties such as anesthesia, emergency medicine, and psychiatry reportedly have higher incidences. Nurse anesthetists are not exempt. Findings of the study by Bell indicate that 10 percent of CRNAs admit to drinking daily, and almost one-half report “moderate” drinking on a weekly basis.

More than 30 percent of Americans engage in risky drinking at some point in their lives according to the National Institute on Alcohol Abuse and Alcoholism. Alcohol consumption causes some 100,000 deaths annually. Compared with abstainers, individuals who drink, particularly in an excessive manner, have higher death rates from injuries, violence, suicide, poisoning, cirrhosis, certain cancers, and possibly, hemorrhagic strokes.

What is Abuse?

There is no consensus on the definition of alcohol abuse. According to the American Psychiatric Association, you qualify for abuse if in the past year you have drunk alcohol in situations with potentially hazardous consequences such as driving; if you are experiencing social and interpersonal or, legal problems related to alcohol, or if you are failing to fulfill obligations at work, school, or home. Dependency is defined as behavior that includes three of the following: excessive drinking more often or longer than you intended, being unable to cut down or stop, needing more alcohol to get the desired effect; experiencing withdrawal symptoms, drinking despite psychological or physical problems, and neglecting other activities.

The label is less important than recognizing harmful patterns of drinking—too much, too fast, or too much, too often. “Too much, too fast” is defined as consuming more than three or four drinks in two hours. On average, this describes the level that makes people legally drunk. If you have more than 14 drinks per week, even if you stay within the legal parameters, you may be drinking too often, and may be headed to chronic health problems.

On the other hand, research has linked the use of alcohol in limited amounts to positive health outcomes. The relationship between alcohol consumption and disease outcome is modified by numerous individual differences—age, gender, genetic susceptibility, metabolic rate, comorbid conditions, lifestyle factors, and patterns of consumption. It is important to note that many “moderate drinkers” have occasions of high-risk drinking, including heavy episodic or binge drinking.

Ignoring the Elephant

The prevalence of alcohol and other substance abuse within the healthcare professions is disturbing because these individuals are responsible for the general well-being of patients. Managers and nurse anesthesia program directors can expect at some time to encounter a student or coworker with this problem. Unfortunately, not all institutions have a clear policy statement related to how to deal with substance abuse issues. Also, resources or assistance may not be available, or individuals may not be encouraged to seek professional treatment. Too often, everyone is aware that someone has a serious problem, but nobody ever mentions it. This conspiracy of silence, refusing to acknowledge the obvious truth, becomes an elephant in the room.

The elephant is quite large, messy, and destructive. Yet we squeeze by, saying to each other, “How are you?” and “I’m fine,” and a thousand other forms of trivial chatter. We talk about the weather. We talk about

*May the hand of a friend always
be near you.*

Irish Blessing

work. We talk about everything except the elephant in the room. Our denial, or worse, an attitude of tolerance, excuses, and acceptance, serves the insidious purpose of enabling people to continue to abuse alcohol or other drugs. The very large elephant keeps lumbering around the room.

As the addiction develops, the individual is usually able to control whether or not he or she will drink or use drugs on any given occasion. However, over time, the individual loses the ability to control the frequency and the amount of alcohol or drugs consumed. Although we observe or suspect our family members or colleagues are having problems, it is painful watch, and we are reluctant to interfere because of embarrassment, fear of putting a career in jeopardy, or not knowing how to help.

Stepping in is the only way to truly help. If individuals are not confronted, the consequences in their personal and professional lives can be tragic. Sometimes being kind means being tough. It's not easy to speak up to someone who is self-destructing with alcohol—or any other substance.

You can certainly show compassion and express your concern to friends, loved ones, or colleagues, but don't hesitate to suggest professional counseling, an employee assistance program, or an alcoholism information and treatment center.

The AANA Wellness Program is working to engage our colleagues, families, and educational programs in an open discourse on recognizing

the signs and symptoms, policy development, and mechanisms to assist our colleagues and family members.

Although there is general acceptance that it is a disease, Americans still place a severe social stigma on alcoholism. The wellness effort supports education and understanding, addressing the stigma so deeply rooted in ideas and perceptions about the disease of addiction. The peer assistance advisors are providing education through shared experiences and communications and hotline availability to assist colleagues in seeking treatment.

There isn't just an elephant in the room—there's a herd. As often and as conspicuously as possible, we need to wave our arms and call it by name. We need to pay attention, trying to change its direction, before it tramples us to death.

Alcoholism is a chronic, progressive disease that manifests itself with symptoms that affect one physically, mentally, emotionally, spiritually, and socially. Denial is its number one symptom, and the alcoholic is usually the last one to believe he or she has the disease.

Alcoholism has a ripple effect and affects at least four to five other people, including family, friends, coworkers, neighbors, and potentially, the patients we care for. Ironically, once you admit the elephant is real, you'll probably discover everyone around already knows about it anyway. Instead of it being the end of the world, acknowledging the elephant is often the beginning of a new life. ■

Resources

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