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# Editorial

## Ignoring the Problem Will Not Make It Go Away

While we may have mixed emotions about the problem of chemical dependency, few, if any of us, have not been affected by it in one way or other. Franks, reporting in the *New York Times Magazine* (Oct. 20, 1985), stated that there are 14 million victims of alcoholism and 56 million other people who are affected by it directly. Some would call those figures extremely conservative.

In a recent publication by the Bureau of National Affairs, Inc., other interesting findings were reported: Most on-the-job drug abuse involves alcohol and prescription drugs; substance abuse is costing American business \$100 billion a year; lost productivity costs the United States \$39.1 billion per year and, of that amount, alcohol-related losses account for \$30.8 billion.

In private conversations with some members of State Boards of Nursing, we have found substance abuse among nurses, including CRNAs, to be the most frequent cause for disciplinary actions. And it has been estimated by some medical authorities that approximately 10% to 15% of physicians are impaired.

The anesthesiology specialty seems to be at particular risk for chemical dependency. In fact, some physicians and nurses have reported that they entered the anesthesia specialty because they believed it to be a relatively safe source of drugs.

We know that the problem is widespread, that it affects all strata of society, and that solutions are elusive and fraught with controversy, as witnessed by the positions of players, managers, and commissioners of the major professional baseball, basketball, and football leagues. Some believe mandatory urinalysis drug testing is a violation of individual constitutional rights and that employers do not have the right to impose a condition that violates a constitutional

right within an employment contract. Some cite the constitutional guarantee against self-incrimination. Others believe that laboratory testing for drugs is filled with error and that there is too much chance for an individual to be harmed from erroneous results. Certainly this was the case during one testing period within the military that resulted in a number of discharges and the military being required by an appellate court to reinstate some individuals. Still others highly resent having to participate in drug screening programs or be burdened with more rigid drug control measures because of "a few problem individuals."

Few would deny that we need solutions to this problem, and much research about alcoholism is underway. More recent studies are lending credence to the theory of a biologic basis for alcoholism and addiction. Dr. John Wallace, director of treatment at Edgehill Newport, a Rhode Island center for treating alcoholics, expresses a view that many people are beginning to adopt: While a person's drinking habits may have been initiated by a psychological situation, it is biology that determines the course of such a habit.

It would behoove each of us to keep up with research in this field in order that we might understand the problem better and be more accepting and therapeutically supportive of our impaired colleagues. Until there are better methods for preventing, controlling, and treating chemical dependency, we must remember that we all are our colleagues' keepers and, as such, are in the best position to protect the patients we all serve. Ignoring the problem will not make it go away.

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