

## Alcohol Addiction among Nurses

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Alcohol consumption has been readily increasing in developing countries like India. The global status report on alcohol says that the consumption of alcohol in India has increased as against many countries where consumption of alcohol declined [1]. Due to its large population India has been identified as the potentially third largest market for alcoholic beverages in the world. Changing social norms, urbanization, increased availability, mass marketing, high intensity mass marketing and relaxation of overseas trade rules along with poor level of awareness related to alcohol has contributed to increase alcohol use in our country. In India 62.5 million [2] estimated alcohol users and among Indian states Kerala [3] has the higher per capital consumption of alcoholic beverages.

A study conducted on 50 nurses to assess the prevalence of substance abuse in Rajendra hospital and medical college Patiala by means of a structured self-report questionnaire. The life time prevalence of drug abuse among nurses was 55%, majority of nurses were taking tranquilizers and sedatives for relaxation and inducing sleep [4]. A study from Western New York on prevalence of licit (e.g., alcohol) and illicit (e.g., cocaine) drug use as well as prescription (ex: tranquilizer) and over-the-counter medications (e.g., analgesics) in regional sample of female nurses shows that 1951(49%) nurses were abusing drugs [5].

Substance abuse among nurses has existed for at least 150 years. Historical research conducted by church (1984) showed that intoxication on the job existed even during mid-19<sup>th</sup> century when Florence Nightingale began her work. The problem of nurses with substance-related disorders gained increased awareness in the 1980s when the American Nurses Association (ANA) first addressed the issue. The ANA (1984) defined an impaired nurse as one who "has impaired functioning which results from alcohol or drug misuse and which interferes with professional judgement and the delivery of safe, high quality care." The ability to identify nurses who have early manifestations of impairment could lead to an increased understanding of when to intervene through counseling and education [4]. A study on prevalence of substance abuse among 907 registered nurses in Taiwan, reveals that prevalence was, alcohol drinking (regular use-3.8%), Cigarette smoking (regular use 0.2%), analgesics (regular use 21.1%), benzodiazepines (regular use 1.8%) and use of narcotics (ever use 0.7%) [6]. Similarly, a cross sectional surveys at Institute for Medical Sciences and Technology, Kerala, India among 110 male medical school faculty (MSF), shows 229 physicians (67% male), 1130 medical students (46% male), and 73 female nursing students uses drug. Among the male respondents, current smokers were 15% of male medical school faculty, 13% of physicians, and 14% of medical students [7].

10-15% of all health care professionals misusing drugs at some time in their careers. Drug abuse by health care professionals may also be more difficult to detect than among the general population. Those in health care will alienate their families, destroy their finances, dropout of their usual recreation and only then have their problems show up on their job [8]. A Study reveals that the prevalence of substance abuse in the nurses is parallel to that in the general population (that is approximately 10%). Nurses with substance abuse problem need help. They are in danger of harming patients, the facility's reputation, the nursing profession and themselves. The consequences of not reporting substance abuse can be far worse than those of reporting the issue [9].

### Negative consequences of alcohol abuse among nurses:

- Patient mistreatment, including incorrect basic care, medication errors, and abuse, Patient death.
- Higher hospital or clinic costs associated with legalities of patient mistreatment, stolen drugs, lost wages, training, and re-hiring.
- Nurses can lose their job and even their entire career depending on the damage substance abuse has created in their life.

The addicted nurse needs to realize that she or he is not alone. Help is available through state nurses' associations and elsewhere, and professional disciplinary action may be avoidable. Unfortunately, fear of punishment and discipline may keep nurses or students from asking for help for themselves or from reporting a colleague or friend who is in need of help. But before nurses can ask for and accept help, they must understand that they have an illness that affects their ability to practice safely and can put their license in jeopardy. Workplace resources include employee-assistance programs, employee health services, and human resources departments. Providing early intervention and assistance is essential in helping colleagues and students recover from an addictive disorder and providing a non-punitive atmosphere of support may well be a life-saving first step for nurses and those in their care. Union representatives and nurse managers can also support nurses recovering from addiction. Legal consultation, behavioral treatment, peer support groups, and the meetings of 12-step programs such as Alcoholics Anonymous, Narcotics Anonymous, and Caduceus (open only to health care professionals) are also often necessary. Calls made to confidential peer assistance hotlines cannot be reported to disciplinary boards [10]. Early intervention and assistance are essential for helping colleagues and students to recover from an addictive disorder and providing a confidential, non-punitive atmosphere of support may well be a life-saving first step for nurses and those in their care [11].

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