

GERRY HICKEY

# ADDRESSING PROBLEM DRINKING

It is estimated that each problem drinker affects in the region of eight to 12 people. As there are an estimated 200,000 problem drinkers in this country, this means that around two million people are negatively affected by problem drinking.

*40% of fatal car accidents involve alcohol as a factor*

*51% of domestic violence cases involve alcohol consumption*

*87% of public order offences are alcohol related*

*50% of work absentees admit to an alcohol input in their absence*

## INTRODUCTION

As a professional therapist, I am frequently presented with issues of serious stress, anxiety or depression in clients. In 68% of cases over a 12-month period, presenting clients either grew up in a home where a parent or sibling were problem drinkers, had been involved in a relationship with someone damaged by alcohol or were themselves using alcohol in an unhealthy manner. These are some of the subtle negative side effects of this drug.

It is a sad fact that I have to make clear that I am not 'anti-alcohol', 'anti-social' or 'anti-fun'. Too frequently, those drawing attention to our chronic alcohol problem are dismissed with such inappropriate labels. I see nothing wrong with the inclusion of alcohol in social occasions where it is treated with the vigilance such a powerful drug demands. However, the drug has horrendous negative side effects for our society, and frequently those left in its trail of destruction go unheard and unaided. Therefore, it is correct to say that I am against the human devastation alcohol can cause.

## THE IMPACT OF PROBLEM DRINKING

Reports and studies usually contain practical suggestions, but most appear to miss the following vital ingredient in accessing this problem: many people drink alcohol for the effect of the drug. Some use it as a relaxant, an escape. Others use it as a means of self-medicating for issues, mostly psychological, best dealt with by proper medical attention. Many cannot or are unwilling to control the intake of this drug. They are *out of control*.

Therefore, for them, requests for 'responsible and sensible' intake raise serious questions as to the sincerity of the alcohol industry itself in tackling the negative side effects of its product. Soft warnings to problem drinkers are quite frankly

the equivalent of telling a dog not to bark.

It is estimated that each problem drinker affects in the region of eight to 12 people. Parents, siblings, partners and children are particularly vulnerable in this immediate group. Here we have the breeding ground for depression and suicidal tendencies, not only in the user but also in those close to them.

As there are an estimated 200,000 problem drinkers in this country, this would mean that around two million people are negatively affected by problem drinking.

What a staggering figure! Surely we need to closely and honestly examine why we tolerate such internalised family and societal abuse. If this were any other health issue, with such devastating consequences, I venture to guess that there would be marches on the streets weekly.

For children, the ripple effects of this chronic situation can last a lifetime. I frequently see people in their 30s and 40s paralysed by emotional insecurity and uncertainty, unable to maintain healthy relationships and whose emotional frailty origins are firmly rooted in the subtle state of high anxiety experienced in an alcoholic household. Chronic insecurity is rampant in the alcoholic household and can have lifelong ramifications for those affected by it.

Alcohol-fuelled public order offences and attendance at Accident and Emergency (A&E) departments and excessive drinking and driving are frequently the symptoms of a deeper alcohol problem. So too is alcohol-fuelled domestic violence. Many, if not most, problem drinkers, will drink and cause harm no matter how heavy the penalties are. They will continue to kill and maim people on our roads as well as terrorise and agonise those they live with.

This is because the problem drinker's primary concern is feeding their obsession with alcohol, and I have seen homes, jobs, marriages and any shred of personal dignity sacrificed for this.

## TACKLING THE PROBLEM

By not constantly challenging and naming this behaviour as

serious problem drinking, we are effectively enabling it to continue.

There is much debate as to what constitutes problem drinking. This mainly revolves around physical intake and various sub-definitions. To my mind this is playing right into the problem drinkers' and those who profit from alcohol sales' hands. These suggested 'standard' intake calculations ignore a key factor. When dealing with a powerful mood-altering drug, it is somewhat naive to generalise in the assumption that logic dictates intake once consumption has commenced.

For problem drinkers, the damage needs to be measured in terms of effect rather than quantity, as even one drink can cause loss of control over their intake and resultant behaviour. Such individual effects cannot be assessed by generalisations and calculations ignoring the psychological effects. Nowadays, I am often presented with excuses, such as 'ah, I'm only a binge drinker', as their means of minimising the problem.

There is a conspicuous absence of detail as to what constitutes problem drinking and the widespread awareness of a statement such as the following would be very helpful: "Problem drinking is a pattern of drinking in which a person has lost control over their drinking so that it is interfering with some vital area of their life, such as family, friends, job, school, health or other such area important for them."

Such a definition needs to be prominently incorporated into any alcohol-related guidelines and to the forefront of all healthcare professionals' minds. It also needs to be incorporated as a health warning into the various advertising campaigns promoting alcohol, if not on product containers themselves.

Frequently, we address only the resulting trouble caused by alcohol consumption. In doing so, we fail to treat the core issue of problem drinking. Drunk drivers are not challenged about their drinking habits. Fittingly, they are fined and barred from driving. Yet the core issue of their reckless and possible problem drinking mostly goes unchallenged. The same applies generally to alcohol-fuelled attendances at A&E wards and public order offences presenting at Garda stations.

Acknowledging the reality mean accepting that people who repeatedly offend and/or are harmed while under the influence of alcohol are problem drinkers, alcohol dependent or addicts, whichever you prefer to use.

### ALCOHOL EDUCATION AND PROSPECTIVE INTERVENTION

Surely these situations present an ideal opportunity for alcohol education and prospective intervention. Brief intervention at Garda stations and A&E wards would go some way towards at least naming the problem directly with the abuser and giving them the opportunity to take positive action. It should not be



too difficult to devise a manner of doing this.

Dealing with the consequences is not dealing with the real issue; it is like placing a bandage on a bullet wound with the bullet still in it. There are now some very effective computer intervention programmes available and these could even be made available as a self-diagnostic tool in local surgeries.

Our healthcare services could benefit greatly from this action and the knock-on effect on the community's health could be instantaneous.

Our society has a relaxed and tolerant attitude towards alcohol. Perhaps it's a growing sense of powerlessness around the might of the problem and the lack of political will to face it head-on. Frequently, we are selective in our condemnation of its negative side effects. Perhaps this revolves around our own personal consumption of the product. Many fear to challenge others drinking as it may mean they have to examine their own. It is therefore safer to adopt the proverbial 'head in the sand' approach.

Random breath testing and curbs on advertising are welcome actions towards altering attitudes. Thankfully, there is substantial anecdotal evidence that it is no longer 'cool' to admit to drink driving.

One of the largest contributors to continued overindulgence in alcohol is the unwitting enabling by family, friends and partners of a problem drinker. Frequently, those close are unaware that they are indeed enabling. Some just seem to deny the problem and hope it will go away. It will not. Some fear the conflict resulting from challenging the problem drinker. This is very understandable, as the challenge frequently leads to rows, violence, financial loss and even more intense drinking.

Others are aware, but if they question other's drinking they may be leaving themselves vulnerable to be questioned on their own personal consumption. I regret to say that I have come across this factor even in helping professionals who tend

to minimise patient's drinking measured on the basis of their own. I have evidence of professionals saying to problem drinkers: "Sure I drink more than that myself, you've no problem, just keep an eye on it." They seem totally unaware that it is the negative effect of the drug and not the quantity consumed that determines whether a person has a problem with alcohol or not.

### EFFECTS ON OTHERS

So what of those trapped within the ripple effects of someone else's problem drinking? Men, women and children can suffer for a lifetime from the horrendous negative side effects of a family member's drinking. They too are frequently left abandoned in alcohol's trail of destruction, afraid, unheard and unaided. They live in fear and anxiety. They have to tolerate denial, mood swings, irrational behaviour, financial insecurity, outbursts of anger and other emotional methods used by problem drinkers to protect their drug usage. They question their own actions and frequently doubt themselves, leading to self-esteem issues and depressive thoughts.

Maybe it is time to find a method that enables people concerned about the person arrested or treated in hospitals to be given basic information on drug abuse and addiction, enabling the participation of those close to the problem. Experience has shown that informed concerned persons are better equipped to help themselves and the problem drinker. They begin to withdraw the enabling and no longer tolerate the bad behaviour of the problem drinker. Frequently, this is the turning point for the problem drinker and, left to confront themselves, they begin to see the real effect their alcohol consumption is having on themselves and others.

Educational intervention, through handouts, would assist people living with the problem drinker in evaluating their positions and reviewing any enabling, entrapment and silence.

### CONCLUSION

There is substantial evidence to show that many people ought not to take alcohol at all. Culturally there is intense peer-pressure to partake. Some are made to feel less of a person and socialite for their choice. There is little positive affirmation of those choosing not to take alcohol. We need to challenge the Mrs Doyles of the bar-fly circuit. You say you don't want an alcoholic drink and then it starts: "Ah, go on! Go on! Go on!"

This shows massive disrespect for your choice, as the commodity being discussed is not as harmless as tea. Of course, part of this reflects the unease of problem drinkers around non-drinkers and the need for positive affirmation of their personal alcohol usage. Being bullied into taking alcohol and the butt of derogatory terms, if refusing to do so, is wholly unacceptable.

The inclusion of an affirmation of non-drinkers in all alcohol adverts may be a far better way of promoting healthy usage than telling people to be 'responsible' and 'sensible'.

How about affirming respect and admiration for those choosing not to take alcohol? Perhaps it would be appropriate for advertising campaigns for alcohol to include statements like: "Some people ought not to take alcohol at all. Others choose not to – and that needs to be respected!"

Now, for many, that would be the most sensible and responsible advice alcohol producers and providers could offer. Either way, a major, continuous and actively promoted campaign for positive, inclusive social attitudes to those in our society not taking alcohol through choice or for health reasons is lacking.

Many of us, though very well intentioned, do have a relaxed view about this drug. It is an intricate part of our lives and has assumed a status far beyond its value to the nation's health. For healthcare professionals like ourselves, it also behoves us to be aware of the basic issues around problem drinking and to refuse to partake in any form of enabling, inadvertently or otherwise.

**GERRY HICKEY IS A COUNSELLOR/PSYCHOTHERAPIST IN PRIVATE PRACTICE IN DUBLIN. HE IS A LONG-TIME ACTIVE CAMPAIGNER CONCERNING ALCOHOL-RELATED HARM. WWW.GERRYHICKEY.COM**