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Be not afraid of growing slowly, be afraid only of standing still.

*Chinese proverb*



## Finally tasting freedom

I have been a nurse for more than 20 years, but I still recall one speaker from nursing school. Her topic was alcoholism and drug addiction. Most of the information was about caring for patients with addictions, but at one point the speaker surprised me. I remember the exact moment she told our class that one in three of

us would be touched by addiction. I looked at my two closest friends sitting beside me, feeling a little sad that one of them would suffer such a fate. I was absolutely sure it would not be me. I was too smart and too brave. I also did not grow up in an alcoholic family or have family history of addiction that I knew of.

I began my nursing career in California and quickly moved into critical care. I loved the challenge, and so I took the CCRN exam and was certified.

I had what appeared to be a great life: friends, a beautiful home, a boyfriend, and a career I loved. Somewhere along the line, however, a vague sense of unrest set in. During the next 20 years, I tried my best to construct a happy life and hoped how I felt inside would one day change to match what was on the outside.

I moved to Massachusetts, where I met my husband, and then to Maine, thinking maybe I needed a less stressful environment. But the unrest didn't go away and I began to drink.

I worked the night shift and my husband worked days, so he was not around and no one saw my behavior. But I told myself the drinking was just to help go to sleep.

We moved to again and decided to start a family. Maybe that was what was missing? When I was unable to become pregnant, my husband and I made the decision to adopt. To fund this new baby, I began working as many as six 12-hour shifts weekly in a trauma ICU.

I still had trouble sleeping. Not wanting to take a chance that someone might detect alcohol on my breath, I decided to try a little Versed one morning. I slept great and woke up refreshed. But I didn't realize the path I was on.

We adopted two beautiful children yet I still felt isolated. My drug use continued, then escalated. I felt ashamed, miserable, and alone.

Eventually I became sloppy with the way I documented the drugs I stole. In a way, I forced my employer to confront me.

Another geographical solution took us to New York to be closer to my husband's family. I tried therapy and was prescribed antidepressants, but nothing got

better. Of course I was not forthcoming to doctors or therapists about my drug and alcohol use.

Working in a local emergency room, I began using Demerol to blunt my disillusionment with life. I stole it from the hospital and eventually from patients who needed it. I realized that I was completely out of control. No matter how I resisted, the drug won and I lost.

The word addict comes from a Latin word meaning "the relationship of a slave to his master." I have never heard a better definition for this affliction. This realization of powerlessness only made things seem worse; there would be no graceful exit from the corner I had painted myself into. The potential shame of being discovered kept me from disclosing the truth. My life was a lie. I hated having to wake up every day and pretend to be OK.

Living this way took all the energy I had. Eventually I became sloppy with the way I documented the drugs I stole. In a way, I forced my employer to confront me because I just could not bring myself to ask for help. I was called to the director of nurses office, where my nurse manager and director asked me about my drug use. I had no more energy to expend on covering up, so I freely admitted my problem. I left work that day knowing it was both the worst and the best day of my life.

I went home and told my husband, family, and friends of my drug problem. They were surprised, concerned, and angry, but supportive. I called friends from work and told them the truth. I could no longer care what people would think – I needed help. My best thinking had brought me to exactly this point, so I no longer trusted my own judgment.

(cont'd on page 2)



## Letter from Ellen

Ellen B. Brickman, SPAN Program Director

### April is Alcohol Awareness month.

It coincides with the rebirth of the plants and trees around us, making it a great time to take a personal inventory of our own growth. I like to remind myself to enjoy the start of better weather by including exercise, relaxation, and rest in my schedule. I hope you do, too.

## Ask the experts

**Q.**

I have been trying to detoxify myself from alcohol and drugs at home because I didn't want to take the chance of being reported to the state by a treatment provider. Unfortunately, my efforts have not been successful. If I do go to a hospital detox unit, what will happen to my license?

**A.**

First, you should know that New York State Education Department (NYSED) law states that having an alcohol or drug problem is professional misconduct for any licensed healthcare professional. NYSED law also requires most employers of licensed professionals to report the individual to the NYSED Office of Professional Discipline (OPD) when there has been a change in the professional's work schedule (suspension, termination, resignation, etc.) related to a suspected or actual alcohol or drug-related problem.

Under the federal confidentiality law known as HIPAA, healthcare providers are required to protect the confidential information of the patients they treat. That being said, a treatment provider who chooses to report to the NYSED OPD a nurse they are treating for an alcohol or drug-related problem violates the HIPAA law and may be subject to fines and sanctions from the federal government. Treatment providers are expected, however, to report knowledge of child abuse or a belief that a client is an imminent danger to self or others.

## Finally tasting freedom (cont'd from front)

My life was upside down and there were many uncertainties ahead, yet somehow I was going to be OK. The terror and unrest were gone. This was my first taste of freedom – hard won but worth it. The EAP personnel recommended inpatient rehab. I told myself to stop fighting and just do whatever was recommended. This change of attitude made early sobriety quite tolerable. I found the passenger seat to be a very different but comfortable place to be. I have never been so utterly compliant in my life.

I spent the holidays in treatment. I will never forget the emptiness I saw in so many of the women's eyes there. We were told about the dismal success rate of addicts. All but two of us on the unit were chronic relapsers. I knew if ever I needed to get something right, this was it!

After rehab, I started outpatient treatment and began to attend as many 12-step meetings as I could. In AA I instantly knew I belonged! When SPAN support groups became available in my area, I added those meetings. I surrendered my nursing license for six months. I got a sponsor, listened to her, and was grateful for any time she spent with me. I read and reread the Big Book of Alcoholic's Anonymous and the Twelve Steps

and Twelve Traditions. I highlighted, underlined, even cross-referenced.

I learned the importance of genuine willingness. I was shown the beauty of truth and forgiveness. I was told that the only thing I needed to know about God in the beginning was that "I wasn't it." In time, I came to believe in an intelligence vastly greater than my own.

When I returned to work in the emergency room, I did not keep my recovery a secret. I have learned the hard way that no matter what, the truth will serve you better. As uncomfortable as it was, I made amends to the people I worked with and encouraged them to ask any questions they had. I was amazed at the compassion and understanding I received.

I have been taught by example that helping other addicts is the cornerstone of my own recovery. I go to meetings whenever I am able, usually 4 or 5 a week, and serve as a sponsor to others. I really understand today that my life isn't all about me. I must keep my heart open and clear to be truly available for God to work through me. Today I walk through life with a sense of purpose and I am forever grateful for the people who were placed in my path at just the right time. —B.



## National o

### APRIL

**Alcohol Awareness Month**  
SAMHSA's National Clearinghouse  
for Alcohol and Drug Information  
[ncadi.samhsa.gov](http://ncadi.samhsa.gov)

### APRIL 7-13

**National Public Health Week**  
American Public Health  
Association  
[www.nphw.org](http://www.nphw.org)

### MAY

**Hepatitis Awareness Month**  
Hepatitis Foundation International  
[www.hepfi.org](http://www.hepfi.org)

**Mental Health Month**  
Mental Health America  
[www.mentalhealthamerica.net](http://www.mentalhealthamerica.net)

### MAY 11-17

**National Alcohol- and  
Other Drug-Related Birth  
Defects Week**  
National Council on Alcoholism  
and Drug Dependence, Inc.  
[www.ncadd.org](http://www.ncadd.org)



## Observances

### JUNE

#### Home Safety Month

Home Safety Council  
[www.homesafetycouncil.org/homesafetymonth](http://www.homesafetycouncil.org/homesafetymonth)

#### JUNE 1

#### National Cancer Survivors Day

National Cancer Survivors Day  
 Foundation  
[www.ncsdf.org](http://www.ncsdf.org)

#### JUNE 8-14

#### Sun Safety Week

Sun Safety Alliance  
[www.sunsafetyalliance.org](http://www.sunsafetyalliance.org)

### JULY

#### UV Safety Month

American Academy of  
 Ophthalmology  
[www.aao.org](http://www.aao.org)

### AUGUST

#### National Immunization

Awareness Month  
 Centers for Disease Control and  
 Prevention  
[www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

#### Children's Eye Health and Safety Month

Prevent Blindness America  
[www.preventblindness.org](http://www.preventblindness.org)

## Spotting a problem

Many people don't drink alcohol at all. Some drink "socially," others in a manner that could be described as risky (binge, underage, or during pregnancy), and still others drink in ways that would meet diagnostic criteria for alcohol abuse or dependence. But how can you know if you have a problem with drinking?

### Know the limits

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), drinking within limits reduces the chances of having an alcohol-use disorder and related health problems.

For healthy men up to age 65:

- No more than 4 drinks in a day AND
- No more than 14 drinks in a week




For healthy women up to age 65 (and healthy men over 65):

- No more than 3 drinks in a day AND
- No more than 7 drinks in a week

Depending on your health status, your doctor may advise you to drink less or to abstain. Some healthcare professionals even consider the number of daily drinks listed above as too high, related to the potential increased risk of medical disorders and exacerbation of existing ones.

### Know the standards

In the U.S., a standard drink contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons). The standard drink equivalents shown here are approximate, since different brands and types of beverages vary in their actual alcohol content. This information is important, because if you don't know what counts as a standard drink you won't be able to accurately determine how much you are actually drinking.

beer or cooler	malt liquor	table wine	80-proof spirits <small>gin, vodka, whisky, etc.</small>
			
5% alcohol: 12 oz.	7% alcohol 8.5 oz.	12% alcohol 5 oz.	40% alcohol: 1.5 oz.

According to the NIAAA, many researchers define binge drinking as five or more drinks at one sitting. A binge is a pattern of drinking that brings the blood alcohol concentration (BAC) to 0.08% or above. For the typical adult, this corresponds to consuming five or more drinks (males), or four or more drinks (females), in about two hours. Binge drinking is clearly dangerous for the drinker and society.

### Check the criteria

Listed below are the criteria for Alcohol Abuse and Alcohol Dependence from the fourth edition of the Diagnostic and Statistical Manual (DSM-IV).

#### Alcohol abuse

A maladaptive pattern of alcohol use leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within a 12-month period:

(cont'd on back)

## SPAN SUPPORT GROUPS

### Western NY

Buffalo, Jamestown, Corning,  
 Rochester

### Central NY

Binghamton, Canton, Syracuse,  
 Utica, Watertown

### Eastern NY

Albany, Highland, Latham,  
 Middletown, Plattsburgh

### Metropolitan NY

Bronx, Brooklyn,  
 Elmhurst, Manhattan, Pleasantville

### Southeastern NY

Bohemia, Brentwood,  
 Malverne, Staten Island

For more information please  
 contact your regional  
 coordinator  
 or the SPAN HELPLine  
 at 1-800-45-SPAN-1  
 1-800-457-7261.



May you have  
 warmth in your igloo,  
 oil in your lamp, and  
 peace in your heart.

*Eskimo proverb*



#### **NYSNA Statewide**

#### **Peer Assistance for Nurses**

11 Cornell Road, Latham, NY 12110

Phone: 1-800-45-SPAN-1

Fax: 518-786-3007

E-mail: span@nysna.org

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- Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home
- Recurrent alcohol use in situations in which it is physically hazardous
- Recurrent alcohol-related legal problems
- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
- The symptoms have never met the criteria for dependence

### **Alcohol dependence**

A maladaptive pattern of use as above, manifested by three or more of the following:

1. Tolerance, as defined by either of the following:

A need for markedly increased amounts of alcohol to achieve intoxication

Markedly diminished effect with continued use of the same amount of alcohol

2. Withdrawal, as manifested by either of the following:

Characteristic withdrawal syndrome for alcohol

Alcohol taken to relieve or avoid withdrawal symptoms

3. Alcohol taken in larger amounts or over a longer period than was intended

4. A persistent desire or unsuccessful efforts to reduce drinking

5. Much time is spent in activities necessary to obtain or use alcohol or to recover from its effects

6. Important social, occupational, or recreational activities are given up or reduced because of drinking

7. Continued use despite knowledge of having a persistent or recurrent physical or psychological problem caused or exacerbated by alcohol

Noticeably absent in both the abuse and dependence criteria is the quantity of alcohol consumed. Ongoing consumption of even moderate amounts of alcohol increases the risk of medical disorders and can exacerbate existing ones.

### **Still unsure?**

If you are still unsure how your drinking habits measure up, take this quick quiz:

Have you ever tried to cut down your drinking?

Yes  No

Have you ever been annoyed at someone's comments about your drinking?  Yes  No

Have you ever felt guilty about your drinking?

Yes  No

Have you ever had to have an eye-opener to get going the day after drinking?  Yes  No

More "yes" responses indicate a greater likelihood of an alcohol use disorder. To get more clarity on your drinking habits, try not drinking for a specified period of time, such as a weekend or even an entire week. If you are able to abstain for the specified timeframe, perhaps you don't have an alcohol use disorder. If you are not able to do so, you might seek out a screening or a full evaluation from a qualified professional for an alcohol-use disorder.

### **Get screened**

April is Alcohol Awareness Month. In honor of this observance, consider getting a screening or a complete professional evaluation. To find a treatment provider who can perform a professional evaluation, call SPAN at 800-457-7261.