The Effects of Alcoholism on Brooklyn

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Abstract

During an archival search at the Brooklyn Historical Society, it was learned that alcoholism was very much an issue during the late 1800s as it is today. Information was gathered and analyzed about the trend of youth drinking and its detrimental effects on development. Alcoholism was defined in terms of psychological and physiological impairment on the individual engaging in excessive consumption. Statistical data regarding alcoholism and its adverse effects specifically in present day Brooklyn was collected and analyzed. Using the information collected, the role of the nurse dealing with alcoholism in the community was determined and further discussed.

Substance abuse has been a prominent issue here in Brooklyn since it was noted in the late 1800s. In 1868, the Home for Inebriates opened its doors in Fort Hamilton, Brooklyn to people of all ages, ethnicities, socio-economic classes and did not discriminate against females suffering from “drunkenness”. “Inebriety” was the term used amongst physicians and nurses to describe persons suffering from excessive alcohol consumption and alcohol dependency. The Home for Inebriates was established largely because inebriety was becoming an epidemic in Brooklyn at this time. Before the opening of the Home for Inebriates, individuals who were deemed drunk and incorrigible vagrants were placed in jail until they sobered up. Even though society thought this was the right thing to do, these individuals would often become repeat offenders of the same crime and their condition would become worse since left untreated. In an attempt to put an end to this vicious cycle of continual reoccurrences, the home was founded to medically, morally, socially and religiously treat patients suffering from the abuse of alcohol.

Based on an extensive literature search regarding alcoholism in relation to nursing in the United States, there is little known about the issues of alcohol dependency. Much of the research found is based on European countries, where alcoholism is known to be a significant problem. However, research regarding New Yorkers and Brooklynites suffering from alcoholism from sources such as the New York City Department of Health and Centers for Disease Control and Prevention has shown substantial data regarding this issue. Therefore, it can be said that in present day Brooklyn, alcoholism is still as much of an issue as it was in the late 1800s.

Now in the 21st century, alcoholism is considered a phenomenon that affects an individual both physiologically and psychologically. Alcoholism is a behavioral pattern characterized by uncontrolled drinking of alcoholic beverages to the extent of impaired health and social functioning. Alcoholism is a pathological dependency on ethanol that is characterized by tolerance, physical dependency and/or pathological changes (Donnelly et al, 2012).Those philanthropists that fought for the opening of the Home of Inebriates in the 1800s, knew how chronic and debilitating “alcoholism” is and wanted to find a better way to treat individuals that were succumb to the disease. As we dig deeper into alcoholism, we are perplexed by how far the disease has progressed. In the late 1800s, the age of individuals consuming excessive amounts of alcohol was between the ages of 30-40; now looking at statistical data, we are seeing a new trend of individuals which are preteen/ adolescents.

The effects of alcoholism have a great impact when children are living in the household. According to Meyer (2013), living with someone who has an alcohol problem affects every member of the family. It is estimated that there are over 28 million children of alcoholics in the United States, including 11 million under the age of 18 years. Children of alcoholics are more likely to suffer from attention-deficit/hyperactivity disorder, behavioral problems, and anxiety disorders. They tend to score lower on tests that measure cognitive and verbal skills. Furthermore, children of alcoholics are more likely to be truant, repeat grades, drop out of school, or be referred to a school counselor or psychologist. The detrimental effects of alcoholic family members tend to cause children in these households to drink at an earlier age than expected.

For adolescents drinking at an early age, alcohol has a detrimental effect on their learning and cognitive abilities. Adolescents drinking alcohol are also different because they tend to binge drink, meaning they have more than five drinks on the same occasion. This particular age group also tends to engage in more risk taking behaviors (driving, sexual behaviors, etc). Another remarkable insight into adolescents consuming alcohol is that they tend to engage in usage of illicit drugs. The question we then ask is where does an adolescent get alcohol from? Shannon (2010) states thatnearly 30.6% (3.2 million) of alcohol users between the ages of 12-20 paid for the last alcohol used and 69.4% (7.9 million) got the last alcohol for free. This is quite alarming because if the children are paying for alcohol, who is protecting the children when their parents aren’t around? If the person selling alcohol to a child is an adult, then morality is no longer an issue to them. This means that even when there are laws in place regarding the distribution and sale of alcohol, there is an obvious crack in the system that needs improvement. Other ways in which alcohol consumption affects adolescents and adults is through exposure to other illicit drug use, anxiety, depression, suicidal thoughts and attempts and other psychological disorders. Approximately 80% of persons with alcoholism complain of depressive symptoms and 30% meet the criteria for a depressive episode (Donnelly et al, 2012).

BAC is an acronym for blood alcohol content, and based on an individual’s blood alcohol content, various physical and psychological impairments occur. According to federal law, it is illegal to drive with a BAC greater than 0.08 g/dl. According to studies, a BAC of 0.05 g/dL alters thought processes, judgment, and restraints are lax. Also, visual and auditory reflexes slow as BAC rises. At 0.10 g/dL, voluntary motor actions become noticeably clumsy; at 0.20 g/dL the entire motor area of the brain becomes significantly depressed (Meyer, 2013). Alcohol is a central nervous system depressant and with large quantities consumption, dire effects can occur. Particularly in the alcohol dependent patient, when consumption is stopped abruptly, incidence of alcohol withdrawal syndrome and symptoms such as hallucinations, seizures, and delirium tremens (DTs) can occur and may be fatal.

According to “Acute Alcohol Poisoning” (2014), the CDC reports that binge drinking is associated with unintentional injuries (auto crashes, falls, burns, drawings), intentional injuries (domestic violence, sexual assault, and firearm injuries), poor control of diabetes, liver disease, hypertensions, stroke and cardiovascular disease. In 2011, 9,878 people were killed in alcohol-impaired-driving crashes, accounting for 31% of the total motor vehicle traffic fatalities in the United States. This goes to show that there is a definite need for intervention by regulatory bodies at the federal and state level. Each year in the United States, 85,000 deaths are attributed to alcohol use, along with substantial disability from medical and psychiatric consequences (Donnelly et al, 2012).

With the discussion of alcoholism, it is important to foresee any barriers that may be present for the client and their families. As mentioned previously, when the Home for Inebriates opened in 1868, individuals were afraid of seeking treatment because of the stigma that was placed on individuals who were considered “drunk”. The inebriates of Brooklyn were often times stigmatized by the term “revolving door” because of their constant battle with alcoholism and the desire to become sober. A notable barrier to receiving treatment for alcoholism was the patient’s lack for change and expressing lack of interest in receiving information or intervention for treatment (Tsai et al, 2010). It is the nurses’ duty to provide teaching to these patients and to facilitate intervention if the patient is willing to break the habit.

Screening for unsafe alcohol consumption can be achieved in the clinic setting or the primary care setting with the use of pharmacotherapy (City Health Information, p. 4-5). It is not just healthy people that are affected by alcoholism. Scott & Happell (2011) stated in a study conducted in Australia that the mental health consumers of the country are eight times more likely to engage in illicit drug use, and 50% of women misused alcohol. In Germany, the mental health population with severe mental illness is 20-43% at risk for alcohol consumption. These studies once again show the importance of nurses in helping to facilitate and even foster the idea that treatment is not to be stigmatized but should be embraced without fear of being judged and mistreated by society. Watchel & Staniford (2010) conducted a study to investigate the effectiveness of brief interventions, which is an action or actions that can motivate a person to change a problem-causing behavior for adolescent alcohol misuse. This study was used to determine if these interventions are useful in reducing alcohol consumption. After several studies conducted in Australia, United States and the Netherlands, it was deemed that adolescents are receptive to brief intervention, especially motivational intervention. This particular intervention was partially successful, with the most encouraging results relating to harm minimization (Watchel & Staniford, 2010). With treatment programs, support from families or support groups and nursing intervention in the community, individuals affected by alcoholism can find a proper treatment that will work for them and manage the debilitating alcoholism complex.

Alcoholism today is a major concern in Brooklyn and all across New York State because of the increasing number of alcohol-related injuries and mortalities. In 2008, alcohol was a cause of death for 1,540 New York City residents. Alcohol is accountable for more than 1,000 car accidents each year in New York City. (NYC Vital Signs, 2010). In 2010, the NYC Department of Health and Mental Hygiene stated that Greenpoint and majority of the neighborhoods composing Southern Brooklyn had the highest proportion of emergency department visits related to alcohol. The number of alcohol-related emergency visits is expected to increase across New York City. The NYC DOHMH also states that in 2008, alcohol is associated with 46% of homicides, 26% of deaths due to unintentional injury and poisoning and 28% of motor-vehicle-related deaths.

Alcohol consumption among New York City’s youth is another area of concern. The NYC DOHMH states in 2013, 44% of the city’s current youth were binge drinkers, with nearly one quarter of all youth stating they have drank alcohol before the age of 13. There also seems to be a correlation between alcohol consumption and violent behavior, bullying, usage of illicit drugs and risky sexual behavior. In a 2011 NYC Youth Behavior Survey conducted by the NYC DOHMH, 17,000 public and private school students in grades nine through 12 were questioned regarding alcohol use and health risk behaviors. The findings show that 53.8% of young binge drinkers stated that they have been in a physical fight during the past 12 months; 77.7% of young binge drinkers reporting using any illicit drug (marijuana, cocaine, heroin, ecstasy or methamphetamines); and 39.6% reporting they have used alcohol or drugs before last sexual intercourse. The number of New York City’s youth currently engaging in binge drinking is founded to be the lowest in Brooklyn. The same survey showed that Brooklyn had the lowest percentage of current drinkers in all of the five boroughs.

As a community health nurse serving Brooklynites suffering from alcoholism, he or she must be aware of the safety implications and effects of alcoholism on public health. Heavy drinking lowers the quality of life in New York City neighborhoods because of adverse effects such as violence, crime, noise, public urination, and loitering (“Alcohol Fact Sheet”, 2013). The use of alcohol is often times connected to situations like domestic violence, loss of employment, failure in school, child and sexual abuse, homelessness and other social problems (Holzemer and Klainberg, p. 272). In order to break the cycle of alcohol addiction, the community health nurse should promote awareness and provide education regarding alcoholism to all levels of the community. First, the community health nurse should identify that alcoholism is very much an issue here in Brooklyn. Through adequate assessment of the community, the nurse can then recognize the adverse effects and plan an intervention based on the community’s needs (Holzemer & Klainberg, p. 273).

The community health nurse should plan an intervention to treat and prevent alcoholism using primary, secondary and tertiary prevention methods. Since acute alcohol withdrawal is a serious medical emergency, the CHN should guide their client to the appropriate health care facility. After the initial treatment, which is part of the secondary prevention stage, a follow-up program is necessary due to the high prevalence of relapse (tertiary prevention). Such treatment and follow-up programs concentrate on abstinence or risk reduction, where there is active encouragement in participation in 12-step recovery programs (Holzemer & Klainberg, p. 273-274). The CHN should remind the client that recovery from alcoholism is based on a “one day at a time” philosophy and that there are no quick fixes for the issue.

In working with Brooklynites suffering from alcoholism, the community health nurse should actively encourage participation in support groups such as Alcoholics Anonymous and other 12-step programs. The CHN may choose to attend an “open” AA meeting to better understand the progressiveness and productivity of each participant in the program. Closed meetings are only for those identifying with an alcohol problem and that do not want to interact with other people. The CHN should also encourage the client to follow suggestions made by their sponsor. It is also crucial to promote the importance of seeking medical, emotional, psychiatric or spiritual care for persons living with alcoholism (Holzemer & Klainberg, p. 274). Reinforcement of all the positive aspects of sobriety is one other way the community health nurse can help the client reach recovery.

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