## **Alcohol - Our Normalized Drug of Destruction**

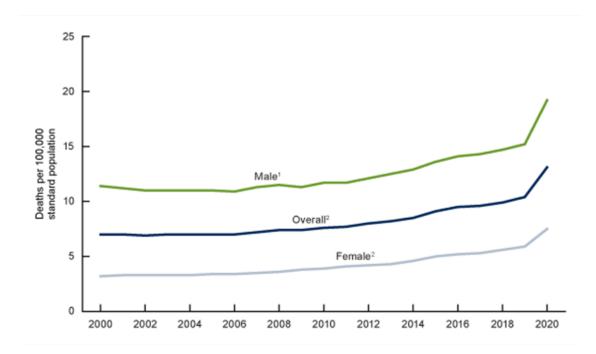


Figure: Age-adjusted rates of alcohol-induced deaths, by sex: United States, 2000–2020 (CDC 2022)

In 2020, William White wrote Alcohol use as a hidden epidemic on discrepancies between public concern and problematic use of illegal drugs in the 70s. In the era, alcohol related problems increased, while "panic over (then) recent drug surges (e.g., methamphetamines and opioids) may be similarly obscuring intensified surges in alcohol consumption and its related consequences. These same dynamics seem to ring true in our own times. Likely, as a result of the normalized status of alcohol related deaths, as a society we look the other way. We do so even as we focus on losses from other drugs, such as opioid related overdoses. Opioid drug losses, increased dramatically in the last 20 years with devastating consequences across our society, yet they kill our family members and friends at lower rates than alcohol.

In respect to alcohol related deaths, how bad is it? According to NIAAA, death certificates from 2019 and 2020 showed fatalities involving alcohol rose from approximately 79,000 to more than 99,000, a 25.5% increase. These numbers are staggering. It would be like losing the population of the state of Montana or Rhode Island, but they are also numbers calculated in an era with markedly lower alcohol related mortality than our own. Over the span referenced, the annual increase in alcohol related deaths averaged 2.2% per year, which over two decades is around 44%. Alcohol-related death soared 25.5% between 2019 to 2020 and another 10% between 2020 and 2021. Digging deeper, the dramatic increase in whole population alcohol related mortality hides that these deaths occurred disproportionately higher rates in non-white communities. There is evidence that during the peak months of the pandemic, deaths tied to alcohol surged by 58% among Black people, 56% among Hispanic individuals, and 44% among Asians.

In the pre-covid years, alcohol-related emergency department visits increased 47.0% between 2006 and 2014, which translates to an average annual increase of 210,000 alcohol-related emergency department visits. Alcohol is found in one of every six overdoses. Traffic fatalities involving alcohol increased 14% in 2020, hitting a peak not seen since 2008. Alcohol misuse is so very ubiquitous; these stats have become invisible to us.

A major national event was just observed in America, the 58<sup>th</sup> annual Superbowl. Soberingly, it is an event that includes a great deal of alcohol related carnage. This includes an increase in alcohol related traffic deaths. In 2022, <u>Alcohol-related</u> traffic fatalities were 74% higher on Super Bowl Sunday compared to the week before, and 82% higher than the following

week. The game also marks the <u>highest rate of suicide for gamblers</u>. We should note that alcohol use disorders are common among people who are problematic gamblers.

The Super Bowl, like many of our nationally observed events, runs on alcohol, our most socially accepted drug of misuse. It has a lot of consequences for our society. Every day we lose hundreds of Americans to alcohol related causes. Between 1999 and 2017 in the US, <a href="nearly 1 million alcohol-related deaths">nearly 1 million alcohol-related deaths</a> (944,880) were recorded. We have normalized the damage it is doing in ways that are unhealthy for our society, so much so that it gets nearly zero public attention. If these kinds of stats do not raise alarm, what would?

Heavy drinking is as American as apple pie and the Superbowl, which is why we have normalized the devastation it causes. One thing that we have not normalized is the need to monitor alcohol use disorders and address it early in its progression as we do other public health conditions, even in healthcare settings where there remains high levels of stigma and discriminatory views that impact people who need help with an alcohol use disorder. Beyond short screening questions, we should consider more proactive monitoring and intervention strategies.

We don't because while we accept heavy drinking and the devastation it causes; we have not normalized ways to talk about it openly. It is not uncommon for a person with a developing alcohol use disorder to brush off questions about their drinking. Because of the high level of stigma around substance use, even in our healthcare settings, the brush off trends to be on both sides, even clinical professionals avoid the topic until a person's problem is so advanced it becomes challenging to address. Tragically, despite all the gathering evidence on the probability of recovery when people are provided the proper care and support there is a false yet prevailing sense in society that people like us do not recover.

Research tells us that people with alcohol use disorders are more highly stigmatized than persons with unrelated mental health conditions. As noted by <u>Kilian et al</u>, <u>2021</u>, compared to substance-unrelated mental disorders, persons with AUD were perceived as being more dangerous and responsible for their condition.

While one of the most effective ways to address this pervasive level of stigma is to talk about these issues more openly. This should include authentically engaging persons from diverse communities in recovery from alcohol use disorder in all facets of identified strategies to address this issue. Despite a lot of window dressing that makes it appear as if our institutions do this, they really don't.

People in recovery are tokenized across our society and even within the most enlightened institutions. Funding is funneled to entities that are seen as more legitimate, which generally means academic and large institutions with acceptable social distance from persons within the impacted community. This is actually a symptom of the topic of this post. Nearly all the studies on stigma are clear that broad segments of society prefer social distance from us.

People who use alcohol problematically and those in recovery make our society uncomfortable with its not so hidden alcohol problem. The society brush off is similar to what happens on the individual level but deeper. We have normalized the drug, we have normalized the devastation, yet not the treatment or recovery from it. We as a society distance ourselves from those who have been impacted because we have not normalized pathways to healing from it.

The rarely acknowledged but commonly held beliefs about people who develop and alcohol disorder remain:

- They did this to themselves and cannot or should not be helped.
- Once an alcoholic, always an alcoholic
- People with alcohol (and other drug use disorders) are morally flawed and cannot be trusted.

If this is not true, how else can we explain that public policy, funding allocations and interventional strategies to support healing rarely make it down to the recovery community level? The bottom line is that we cannot normalize helping people heal from an alcohol use disorder until we normalize recovery and recovery people in recovery in every process related to every policy and process related to this issue. That this remains controversial is proof positive we have a long way to go to normalize healing from the normalized drug that is killing our friends and family members across our great nation. What we are left with is the normalization of a staggering level of loss that we should not ignore as a society.

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