

Life, Death, and Recovery, Right Under Our Noses – Recovery Review 3/26/22

We saw a huge surge in alcohol misuse from the very earliest days of the COVID 19 pandemic. America's most socially acceptable drug of misuse helped soothe a lot of rattled nerves. But, if one argument for normalizing drugs use stems from the belief that doing so will decrease problematic use, we may not want to use alcohol as our poster child for success. Even before the pandemic, this [National Institute on Alcohol Abuse and Alcoholism \(NIAAA\) article noted](#) that between 1999 and 2017, we lost nearly one Million Americans to alcohol related deaths. One million human beings. It is a big number, but we tend to ignore these deaths as a nation. Alcohol misuse is stealing lives, right under our noses. Have we normalized these losses in ways we should not have? What, if anything are we going to stop these deaths?



Some of the early (and grim) stats on the pandemic and alcohol related deaths are starting to come in. A [JAMA study found a 25.5% increase in alcohol related mortality during the pandemic](#). These deaths were steadily increasing prior to the pandemic. As it states, "drinking has been going up for 10 or 15 years among adults, and the trend accelerated in 2020, as some of the motivations to drink changed: Stress-related drinking increased and drinking due to boredom increased." One researcher is quoted as hoping it may go down, but also acknowledges that this may be our "new normal." Even as these deaths are burgeoning, we ignore them. We normalize these devastating losses. Why?

Alcohol has probably been one of the primary ways that people have numbed themselves through the trials and tribulations of the pandemic. This [NBC article talks about the rise of "mommy juice" memes](#) of women mixing Whiskey with their Sprite to get through the day and navigate multiple roles of childcare, work and every other responsibility. It is way more convenient to get wasted on alcohol than ever. Here in Pennsylvania, if you want some [alcohol infused gelatin shots for the road](#), nearly every convenience store within ten miles of my home sells them now. These fruity concoctions and other similarly flavored alcohol related products that appeal to kids are everywhere. We should pay attention to the impact that they have on young developing brains wired for trying new things that Dr Judith Grisel talks about in her [piece on the addiction trap](#). Early life use increase addiction over the lifecycle, but it is also market share for the companies that make these products. Perhaps that is one factor in why we are where we are at.

Like other medical conditions, recovery is easier earlier in the progression of the disease than in later stages. Yet, we largely ignore early cues associated with misuse when we see them. It is too uncomfortable for us to talk about, a direct impact of stigma. We generally allow the condition to worsen as it progresses while we work hard to look the other way. Yet, while alcohol use is acceptable, we don't see alcoholism in the same light. When it gets to elephant sitting on the coffee table size of a problem, then we act. We act when people get arrested or are too impaired to hold down their jobs. We ignore what is visible in earlier stages until it is in its later, harder to treat phases. We do too little, too late.

We seem to now falsely view alcohol as less lethal for addicted persons than it truly is. This may be partially because we have had our eyes focused on the very real devastation stemming from the opioid epidemic, which also benefited [big pharma companies](#) so we looked the other way on that one for years, too. I hear of people getting life sustaining meds for an opioid disorder even as their severe alcohol use disorder is ignored. Preventing an overdose is laudable, but it is a waypoint, not an end goal, particularly for those of us experiencing other, largely unaddressed addictions.

We should consider what [flourishing looks like for our patients](#) and help them get there. Ask what you would want for your own mother or father, brother or sister, son or daughter, and that is what every person should get in respect to SUD care. We don't deliver anything close to that. We should be doing some soul searching as to why we do not do so.

I have observed access to treatment barriers for alcohol use disorders because persons with Opioid Use Disorders (OUD) were prioritized for care. We ask about OUD at the door because there is funding to help persons with that disorder. Single diagnosis funding for an [increasingly multi-use disorder](#)! Can you imagine if we only treated one or two forms of co-occurring cancer? That would be morally wrong. If it is wrong for other conditions, why do we do it for addiction?

That programs end up having to triage care based on which substance they have funding is part of a larger problem. We are simultaneously plugging and drilling holes in the bottom of our proverbial boat. Addiction kills, recovery saves lives. Every addicted person deserves recovery, no matter which or how many substances they used. Every life, every time. Instead, we look the other way or ask why they chose to do this to themselves even as the science tells us it simply does not work this way. We do so because we still see addiction, including to alcohol as a moral failing. Sad but true.

I would be the first to admit in active addiction (including to alcohol) I posed a significant public safety risk. The unvarnished truth is that getting people like me into recovery can save a lot more lives than our own. There is a public safety imperative to support recovery. This week, here in Pennsylvania a young and intoxicated driver ran over and [killed two state troopers and a citizen](#). We are [rightfully flying state flags at half-mast](#) for them. A tragic accident, but certainly not an isolated event. The [2020 National Highway Traffic Safety Administration report](#) shows that alcohol impaired driving increased 29% over 2019, while alcohol related highway fatalities increased by 24%. This [recent New York Times article notes](#) the 25% jump in overall alcohol mortality and speculates that some of it may be related to increased resumption of use rates in recovering people. [We had opportunities to more fully address these challenges and we did not do so](#). Why are we not doing more to get people into recovery simply as a matter of public safety?

When we do fund solutions, we ignore perhaps one of the most effective ones we have in front of us. We don't fund recovery. We know that recovery is the solution, yet few resources get to the ground. Had we gotten resources to the recovery community pre-pandemic, I suspect it would have offered some protective benefits and helped reduce the SUD resumption rate. In hindsight, it would have been a penny on the dollars return on investment. Yet despite unprecedented funding from Congress to the states, many of our grassroots recovery community organizations still self-fund through bake sales and social media campaigns as we recently [noted in a Stat News article](#) coauthored with Ryan Hampton. Why? Recovery is in many cases the last in line for funding because we are still a stigmatized community.

What could we do to turn around the alarming increase in alcohol related mortality in America:

- 1. Stop Looking the Other Way:** Denial and avoidance does not work with addiction. It never has. We must face what is occurring and more fully address these issues in our communities. We must do so from a strength based, recovery orientation rather than the punitive focus we have for so long held in this country.
- 2. Address the Subtle Dynamics of Stigma:** To better address addiction, including to alcohol, we must normalize recovery. We have not learned how to talk about problematic alcohol use and to discuss it as a society. On some fundamental level see people who end up with a severe substance use disorder as having a character flaw or as morally compromised. We are still largely perceived as outcasts, [an unclean caste](#). When people can live openly in recovery, it will be a lot easier to talk about addiction in a proactive way. Based on the national survey my organization did with RIWI and Elevyst, [we have a long way to go](#) until we reach that goal. There is no better time to focus on changing this sad fact than right now. We are not unclean; we are pillars of hope in our communities.
- 3. Fund Recovery Community Organizations:** Recovery Community Organizations (RCO) were conceptualized to wrap people in communities of healing. [Recovery capital](#) generators in our communities. Focused on getting us into and to sustain our recovery over the long term. Designed to support us getting back to work, taking care of our families and to be civically engaged contributors to our communities. The best possible outcome, people who are productive and contribute to our communities instead of destroying them. It is a common outcome. Let's fund recovery to save lives!
- 4. Focus on Early Interventions:** Alcohol use disorders are killing us. We must address them earlier in the disease process while understanding that unaddressed addiction is public health and safety issues for our entire society.
- 5. Increase Peer Mentoring Roles:** We need to elevate lived experience within and across all of our social and governmental institutions. Visible examples of people in recovery serves up hope to those still struggling. It can open us up as a society to the difficult and life saving conversations we must have if we are to save more lives. We see effective models in our professionals in recovery organizations for lawyers and doctors. An early intervention may look a lot like a friendly conversation of concern from a colleague, opening the door to recovery. We should see these across all our employers and institutions, but we must form and fund them if we want this outcome.

Rarely in recent years have we even talked about the steadily increasing deaths from alcohol. Instead, we normalized them. Those losses were overshadowed by the opioid epidemic. One million dead from alcohol related mortality in the years immediately preceding the pandemic. Now it is 25% higher in the blink of an eye. Is it enough for us to pay attention to what is happening? We have improperly normalized the deaths of our fellow humans. We do so because we still do not see people who are addicted to even our most socially acceptable drug as people worthy of helping. If we

did, we would have a fully funded system of SUD care that included RCOs and long term, recovery-oriented outcomes. We do not have that in America. We can have that if we decided to do so. When will we? What will it take to do so?

Problematic alcohol use is happening right under our nose, and the consequences are increasing even as solutions are under our noses. Yet even now, very little changes. How many more million loved ones must we lose before we focus resources on recovery using whatever pathways of recovery work for each person? The solutions may be difficult, but not nearly painful as normalizing the lost of hundreds of thousands more of our loved ones to alcohol use disorder.

The answer, which is investing in recovery. It is about time we do that.

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