



Alcohol after Spinal Cord Injury

Choose a path to a Healthier Lifestyle

Coping with the effects of a spinal cord injury isn't easy. You may be tempted to turn to alcohol, tobacco, and other drugs. In fact, more than half of the people with spinal cord injury have problems with alcohol and other drugs. If you have a spinal cord injury, please be aware that these substances can greatly interfere with your rehabilitation, and seriously damage your health. Here's some information you can use to make healthier choices.

Do any of these stories apply to you?

- Jim's spasms are so bad; he takes twice his dose of prescription relaxants, so he can enjoy happy hour with his co-workers...
- Tanya has had a hard day and is feeling down. So many things that used to be easy before her disability are now difficult. She turns on the T.V. and reaches for the first beer of the night...
- John has been feeling lonely and upset since his accident, and he rarely leaves the house. To help him feel better, his mother buys him beer. Before the accident, she didn't allow him to have alcohol in the house...
- Marcel is in pain. Several doctors prescribed painkillers, which he can take "as needed" for his injury. He starts taking several different drugs at once...

If you recognize yourself in any of these circumstances...

...then you should be aware of the problems you may experience as a result.

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Alcohol

Alcohol use can cause serious health problems. It affects major organs and all body functions. For some people with disabilities, any use of alcohol or other drugs can be very dangerous. This happens because of the way the person's body and mind react to the medicines they use. For example, some people who have nervous system disabilities can have seizures if they drink alcohol or other drugs.

Alcohol use:

- Causes poor coordination and makes you drowsy;
- Interferes with medication schedules – speeding up or slowing down the effect of the medicine;
- Can be dangerous when mixed with antibiotics. Symptoms include headache, rapid pulse, breathing too fast and vomiting;
- Can lead to skin sores – if, for example, you pass out in your chair;
- Causes water loss. Alcohol makes you urinate more often. One big binge can change a catheterization program, interrupt the schedule, and lead to a bladder or kidney infection and even make you urinate involuntarily.

Alcohol, plus aging, plus SCI can be a risky combination...

The Age Factor:

At least 10% to 15% of Americans 55 and older abuse alcohol—just as much as younger people. As many older people (those over 55) are hospitalized for alcohol-related problems as are hospitalized for heart attacks. Use and abuse do not decrease with age, and at least one third of older people with drinking problems develop those problems later in life—usually in response to specific situations, crises, or events in their lives. As you age, drinking can get out of hand much more quickly, *sometimes in a matter of a few months*.

The SCI Factor:

Researchers say that these dramatic life changes are risk factors:

- Loss of a loved one or marital stress
- Retirement, underemployment, or unemployment
- Lower income or financial problems
- Health problems or decline in function or mobility
- Decrease in or loss of independence
- Isolation or increased leisure time

Sound familiar? Many of these factors describe life for some people with SCI. Maybe that's why people with SCI overuse and abuse alcohol *at about twice the rate of the general population*.

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Is It Use or Abuse?

Ask yourself these questions:

- Have you ever felt you should cut down on your drinking?
- Have people annoyed you by criticizing your drinking?
- Have you ever felt bad or guilty about your drinking?
- Have you ever taken a drink first thing in the morning as an eye opener to steady your nerves or get rid of a hangover?

These four questions make up the *CAGE Questionnaire*, which is used by professionals for diagnosing drinking problems. Answering yes to one of these questions should serve as a warning. Answering yes to two is a ***red alert***, as 81-97% of those giving two 'yes' answers really are alcohol abusers.

“But I’m different.”

There are many other questions that can be used as identifiers of drinking problems and many behaviors which indicate that drinking is more than just social. The challenge in making the call is that many, if not most, of the behaviors are often mistakenly blamed on disability or what you may think of as “just getting older.”

If any of the things listed below sound familiar and have been going on for quite a while, keep in mind that they often serve as red flags for drinking problems:

- Drinking to calm nerves, forget worries or reduce depression
- Loss of interest in food, or poor nutritional habits
- Drinking alone or in secret
- Making a ritual of drinking—such as before, during or after dinner
- Medical, social or financial problems due to drinking
- Acting irritable, resentful or unreasonable when sober
- Isolation or losing interest in hobbies or activities
- Falls or accidents, inadequate self-care, lack of exercise
- Housing problems

So Why Is It a Problem?

As people age, their bodies become less able to handle alcohol. As a result, they can become problem drinkers *without increasing their consumption*.

Alcohol can cause serious health and safety problems for all older people. SCI survivors are even more at risk because their systems are already compromised and they tend to take more medications.

In addition, other dangers exist:

- Alcohol in combination with daily prescription drugs can impair judgment and coordination, speed up or slow down the effects of the drugs, and cause drowsiness.

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- Alcohol in combination with antibiotics can result in *alcohol intolerance*. Symptoms include headache, rapid pulse, vomiting, palpitations, and breathing too fast.
- Alcohol use causes water loss, making you urinate more often. A binge can disrupt a catheterization program, interrupt the schedule, lead to a bladder or kidney infection, or even cause involuntary urination.
- Safety is also affected. Judgment becomes impaired. Falls and car accidents are more likely. You may forget or be unable to do weight shifts and transfers safely.
- Symptoms attributed to getting older, such as insomnia or decreased sex drive or depression might instead be caused by alcohol. Abstaining or cutting down may be one of the most effective ways to eliminate many of the so-called symptoms of “old age.”

The Good News:

Older adults have the highest success rate and greatest one year sobriety rate after treatment. Drug use in the older population is often in response to negative situations such as loss, grief, loneliness, retirement, or illness. Strategies for dealing with these losses could include cutting down isolation, addressing depression, and reducing the stressors of aging.

The good news is that many of the factors involved with taking drugs – health problems, loss of self-esteem, too much free time, isolation, depression, financial worries, family changes – are issues you’ve successfully dealt with before. Your job is to fall back on those coping skills and remember: *You know how to do this.*

“When you’re trying to break a bad habit or make a positive change, it’s you that has to make it. I mean, people can tell you and tell you, but the change has to be made by you.”

-Individual with a spinal cord injury.

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