

Hospitals bear brunt of alcoholic mayhem

Drunken rages are not just a police matter, writes **Leonie Calver**.

LIKE most people in this state, I am worried about the level of alcohol-fuelled violence.

So I read with interest the opinion piece by Police Association of NSW president Scott Weber (*Newcastle Herald* 5/8) on the importance of imposing restrictions on venues to curb drunken behaviour.

I also read the reply piece by Australian Hotels Association (NSW) president Scott Leach (*Newcastle Herald* 13/8), in which he suggested Mr Weber was overplaying the issue of drunken violence.

As a nurse with more 20 years' experience working in the Hunter, I have seen firsthand the impact that alcohol has on our hospital emergency departments in the early hours of the morning.

I no longer work overnight in the emergency department, but my current research at the Department of Toxicology at Calvary Mater Newcastle is on how best to sedate the endless stream of violent, intoxicated patients.

Calvary Mater is working hard to improve this situation, because it is one of the most serious challenges we face.

If you have been unfortunate enough to find yourself in a NSW emergency ward in the early hours of the morning, you would know exactly why this research is so important.

Heavily intoxicated patients are regularly brought in, usually via ambulance under police escort.

After they are dragged in by police officers, they typically have to be restrained, which means tying up their arms and legs.

Often nurses have to attach a mask, because drunken patients will spit at them.

Almost without exception they will swear, abuse and threaten.

After all the time and effort to restrain an intoxicated patient they then have to be sedated.

I know what you're thinking, because I used to think it too: surely this sort of behaviour can't just be a result of drinking too much?

Uncontrollable, irrational rage



RESTRAINED: Often nurses have to attach a mask, because drunken patients will spit at them.

like this must be caused by severe mental illness as well as alcohol?

Here, however, is the remarkable thing: when they awake from sedation 95 per cent of these patients are completely and utterly normal.

In most cases they will apologise to the nurses who they abused and threatened and spat at.

They will remember most of what happened. I've seen it happen time and time again.

So if they are not mentally ill, what about illicit drugs?

The AHA has suggested that illicit drugs are to blame for much of the violent behaviour we see on our streets.

Yet the idea that illicit drugs are a major contributing factor when it comes to late night violence is a complete and utter myth.

The emergency department at the Gold Coast Hospital coined the term "the amphetamine myth", because the fact is that while 3 to 6 per cent of emergency patients have ingested amphetamines or psychostimulants, 70 per cent have ingested alcohol alone.

Even on the hard-partying Gold Coast, illicit drugs are not in the same ballpark as alcohol.

But in the Hunter they are not even in the same city.

The impact of these alcohol-fuelled patients branches out in all directions.

Nurses are on edge and there is an atmosphere of chaos.

Patients who are in emergency because of proper illness are forced to wait for hours and subsequently become frustrated and angry themselves.

Older patients who are not used to being exposed to this level of mayhem are intimidated and frightened.

All this creates problems with staff retention – nurses find it difficult to handle that level of stress overnight and often quit as soon as they are able.

We have seen how that pressure can build to breaking point with the current tensions over nursing rosters in hospitals across the Hunter.

A coalition of emergency service workers has called for a lockout from

1am and a closing time of 3am to be introduced in hotels across NSW.

They also want to prohibit the sale of shots and mixed drinks with more than 30 millilitres of alcohol – and ready-mixed drinks stronger than 5 per cent alcohol – after 10pm.

As a medical professional working in toxicology I would welcome these measures.

No good comes from slamming down shots after 10pm in public areas. When people drink those highly concentrated spirits they can easily ingest enough to lose control without even realising.

When they do it late at night, usually starting from a point of mid-level intoxication, that's when emergency wards start filling up with violent cases.

These measures could be an important step in changing the culture of getting hammered late at night.

Leonie Calver is a clinical nurse specialist in toxicology research at the Calvary Mater.