SUBSTANCE USE DISORDER AND THE WORKPLACE

THE ECONOMIC BENEFIT OF TREATMENT

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SO IT’S A DISEASE?

SUBSTANCE USE DISORDER
SO IT’S A DISEASE?

- **disease |diˈzɛz| noun**
- a disorder of structure or function in a human, animal, or plant, esp. one that produces specific signs or symptoms or that affects a specific location and is not simply a direct result of physical injury: *bacterial meningitis is a rare disease | a possible cause of heart disease.*

(New Oxford American Dictionary Online 2015)
SO IT’S A DISEASE?

- Multifaceted Disorder
  - Biological
  - Psychological
  - Social
  - Spiritual
IT’S A MULTIFACETED DISEASE?

- George Engel’s (1977, 1980) model reminds that systems are impacted in multiple ways and at multiple levels.
- (Multifaceted) Systems approach provides a comprehensive interpretation of the impact on biological, psychological, social and spiritual aspects of a system.

(Angela Lamson, 2010)
IT’S A MULTIFACETED DISEASE?

A system is like a hanging mobile, all parts are interconnected.
IT’S A MULTIFACETED DISEASE?

- Diagnostic Criteria or Signs and Symptoms (According to the DSM-V).
  1. Substance taken in larger amounts over longer period than intended.
  2. Persistent desire or unsuccessful efforts to cut down or control substance use.
  3. A great deal of time is spent in activities necessary to obtain, use or recover from substance effects.
  4. Craving, or a strong desire or urge to use substance.
5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.

6. Recurrent substance use despite persistent or recurrent problems caused or exacerbated by the effects of the substance.

7. Important social, occupational, or recreational activities are given up or reduced because of substance use.

8. Recurrent substance use in situations in which it is physically dangerous.

9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
IT’S A MULTIFACETED DISEASE?

10. Tolerance, as defined by either of the following:
   a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
   b. A markedly diminished effect with continued use of the same amount of substance.

11. Withdrawal, as manifested by either of the following:
   a. The characteristic withdrawal syndrome for the substance.
   b. Substance (or a closely related substance) taken to relieve or avoid withdrawal symptoms.
IT’S A MULTIFACETED DISEASE?

- Severity is determined by presence of symptoms
  - Mild: Presence of 2-3 symptoms
  - Moderate: Presence of 4-5 symptoms
  - Severe: Presence of 6 or more symptoms
IT’S A MULTIFACETED DISEASE?

- The most effective treatment approaches are aware of the needs of the whole system.
  - Individual
  - Family
  - Occupational
  - Social
WHAT TO LOOK FOR?

SIGNS AND SYMPTOMS
WHAT TO LOOK FOR?
WORKPLACE

- Job Performance
  - Inconsistent work quality
  - Poor concentration and lack of focus
  - Lowered productivity or erratic work patterns
  - Increased absenteeism or on the job “presenteeism”
  - Unexplained disappearances from the jobsite

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WHAT TO LOOK FOR?
WORKPLACE

- Carelessness, mistakes or errors in judgment
- Needless risk taking
- Disregard for safety for self and others- on the job and off the job accidents
- Extended lunch periods and early departures

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WHAT TO LOOK FOR?
WORKPLACE

- Workplace Behavior
  - Frequent financial problems
  - Avoidance of friends and colleagues
  - Blaming others for own problems and shortcomings
  - Complaints about problems at home
  - Deterioration in personal appearance or personal hygiene
  - Complaints, excuses and time off for vaguely defined illnesses or family problems

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WHAT TO LOOK FOR?
FAMILY

• Adapted from Al-anon Pamphlet, “Are you troubled by someone’s drinking.”
  • Do you worry about or find you are paying increasing attention to someone else’s chemical use?
  • Are there financial, social, or occupational problems because of someone’s chemical use?
  • Do you cover up for or make excuses for someone because of their chemical use?
  • Are plans disrupted because of someone’s chemical use?
WHAT TO LOOK FOR?

FAMILY

- Are you apprehensive about talking to someone about their chemical use?
- Has someone reacted with defensiveness or anger when asked about their chemical use?
- Do you consider calling the police, talking with a supervisor, or contacting oversight authorities because of someone’s chemical use?
- Are you embarrassed, hurt or angered by someone’s chemical use?
WHAT TO LOOK FOR?
FAMILY

- Do you look for hidden chemicals or monitor how much someone is using?
- Do you ride in a car with someone under the influence of chemicals?
- Do you refuse invitations or redistribute responsibilities out of anxiety that someone’s chemical use will cause difficulties?
- Do you wonder if you have failed or have done something wrong that may have caused someone’s chemical use?
WHAT TO LOOK FOR?
FAMILY

- Do you imagine that everything would be alright if the chemical use stopped?
- Do you make threats to stop someone from using chemicals?
- Do you feel angry, depressed or confused most of the time?
- Do you feel that there is no one to talk to or that no one understands?
ASSIST OR TERMINATE?
WHAT IS MORE BENEFICIAL AND COST EFFECTIVE?
Potential for relapse is not a reason to avoid treatment.
High Prevalence of Drug Abuse and Dependence Among Individuals With Mood and Anxiety Disorders
Higher Prevalence of Mental Disorders Among Patients With Drug Use Disorders

ASSIST OR TERMINATE?
Higher Prevalence of Smoking Among Patients With Mental Disorders

ASSIST OR TERMINATE?

National Institute on Drug Abuse, 2014
ASSIST OR TERMINATE?

- Which of these has the greatest impact on the US economy through higher related healthcare spending and lost workforce productivity?
  - Cancer
  - Obesity
  - Alcoholism
Principally lost workforce productivity & increased healthcare spending


ASSIST OR TERMINATE?
US Substance Abuse 2011 to 2012

- 40% of **assaults** in the US are alcohol related
- Problem drinkers average **4X as many days in the hospital** as non drinkers
- Alcoholism alone causes **500 Million lost work days per year**
- 68% of those coming to a hospital **trauma center** have an alcohol or drug problem

About 50% of **police work** is spent addressing alcohol-related problems in our nation at annual cost to law enforcement agencies **$7.5 Billion**

22 Million suffered with Substance Dependence or Abuse in 2012, **up nearly 2 Million or 8% from 2011**

This figure **rose 13%** in adults 26 and over

Although their incidence rate also increased, young adults ages 18-25 receiving treatment **declined 5%** for drug addiction and **fell 24%** for alcohol dependence

Based on current trends, if an employee with a substance use disorder is terminated there is a significant possibility of hiring a replacement with substance use disorder.
Every $1 invested in addiction treatment yields a return of $12 in reduced healthcare expenditures, drug related crime and theft, and criminal justice costs.

$12 : $1 !!

The Good News
For every dollar invested in an Employee Assistance Program (EAP), employers generally save anywhere from $5 to $16. The average annual cost for an EAP ranges from $12 to $20 per employee.

45% of full-time employees who are not self-employed have access to an EAP provided by their employer, but within a single year only 1.5% use an EAP (for substance use disorder).
ASSIST OR TERMINATE?

- Studies suggest that employees pressured into treatment by employers are slightly more likely to recover and improve job performance than employees who are not pressured.
- Research indicates that treatment can yield significant reductions in health costs.

NCASS Fact Sheet: Alcohol and other drugs in the workplace
WHAT TO DO?
DEVELOPING AN EFFECTIVE PROGRAM
DEVELOPING AN EFFECTIVE PROGRAM

- Provider Bias:
  - Provider’s denial about their own use
  - Unresolved ACOA issues
  - Misunderstanding addiction as a behavioral choice or the result of an underlying issue
  - Blame the addict for “doing it to themselves”
DEVELOPING AN EFFECTIVE PROGRAM

- Cultural Bias:
  - 90% can use chemicals socially, i.e. successfully or “normally”
    - “I can control it why can’t you!”
    - “Just stop it already.”
    - “I didn’t raise you this way.”
    - “You didn’t do this when first got married.”
- Incarceration and punishment as a management approach, i.e. out of site out of mind
DEVELOPING AN EFFECTIVE PROGRAM

- Establish clear procedures regarding illegal drug and alcohol use:
  - Use of urine drug test and breathalyzer
  - Prevention Program
  - Handling policy infractions
  - Choices and consequences
- Policies and expectations should be thoroughly explained
- Establish a no-tolerance policy that incorporates access for those seeking help
DEVELOPING AN EFFECTIVE PROGRAM

- Clearly define “illegal drugs”
- Clearly define the use of alcohol and it’s lingering impairment effects related to job performance and responsibilities
- Programming for those who identify as having a problem and for those who identify as developing a problem
- Make sure the policy, procedures and programs are well known to employees
- Only 53% of workers were aware of … programs their workplaces offered, according to the National Household Survey on Drug Abuse
DEVELOPING AN EFFECTIVE PROGRAM

- Familiarize supervisors with the policy and procedures
- Educate supervisors on the signs and symptoms of substance use disorder
- Maintain ongoing dialogue between supervisors and frontline workers
  - Drug awareness day
  - Videos on the signs and symptoms of addiction
  - Discussions on how to talk about substance use and related concerns
- Partner with local interventionists
DEVELOPING AN EFFECTIVE PROGRAM

- Partner with local interventionists.
- Establish relationships with credentialed providers who treat substance use disorder as a disease process with a 12-step basis.
- Establish an “Intervention Team” comprised of a trained Interventionist, EAP representative, direct supervisor, doctor, and significant other.
- Follow the Interventionist’s plan.
WHAT TO DO? INTERVENTION

- Vernon Johnson pioneered the intervention process
- Johnson challenged the idea that a “bottom” must be reached.
- Love First, Jeff and Debra Jay
Johnson identified intervention as:

- process by which the harmful, progressive and destructive effects of chemical dependency are interrupted and the chemically dependent person is helped to stop using mood-altering chemicals, and to develop new, healthier ways of coping with his or her needs and problems. (Johnson Institute, 1987, p.61)
WHAT TO DO? INTERVENTION

- Characteristics of Intervention
  - Pressure is applied without malice
  - Expression of “profound act of caring”
  - All of the significant others in chemical users life need to participate
  - Significant others break rule of silence around the person’s chemical use
  - Intervention planned in advance
  - Intervention is repeatedly rehearsed

(Johnson Institute, 1987, p.65)
WHAT TO DO? INTERVENTION

Characteristics of Intervention

- Participants agree in advance on the goal, admission to a facility is pre-arranged
- Goal is to help person agree to enter treatment immediately
- Each participant confronts the person with specific evidence of the negative effects of their chemical use
- Participants express a desire to help the person seek professional help for their chemical use and their deep concern for their wellbeing
- Have a predetermined action that participants will take to detach from the chemical user if professional help is refused

(Johnson Institute, 1987, p.65)
WHAT TO DO? INTERVENTION

- Types of Intervention
  - Family Intervention
  - Occupational/Employer Intervention
  - Legal/Court Intervention
RESOURCE INFORMATION

- Substance Abuse and Mental Health Services Administration, www.samhsa.gov
RESOURCES

- Love First, Jeff and Debra Jay, www.lovefirst.net
- The Intervention Workshop, Jeff and Debra Jay, www.interventionworkshop.com
RESOURCES INFORMATION

- Alcoholics Anonymous, www.aa.org
- Al-Anon, www.al-anon.alateen.org
- Nar-anon, www.nar-anon.org
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