



BELLWOOD
HEALTH SERVICES INC.

Presents

**Addiction in the Workplace:
Walking Through the Maze**

ESAO

May 28, 2008

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Medical Director

www.bellwood.ca

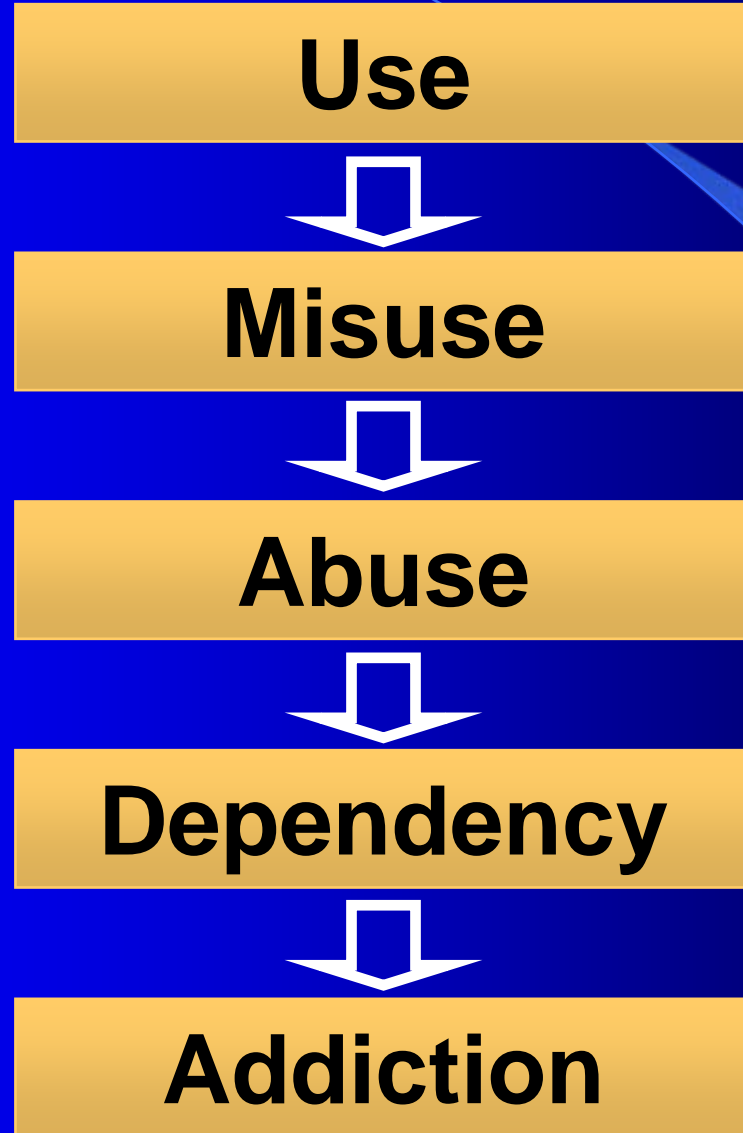
Outline

- Types of Addictions
- Dual Diagnosis
- DSM-IV
- Tools
- Factors or Predisposition
- Change Model

Outline (Cont'd)

- Treatment Options
- 12 Steps
- Identifying Signs and Symptoms
- Interventions
- Suicide
- Return to Work

Continuum of Use

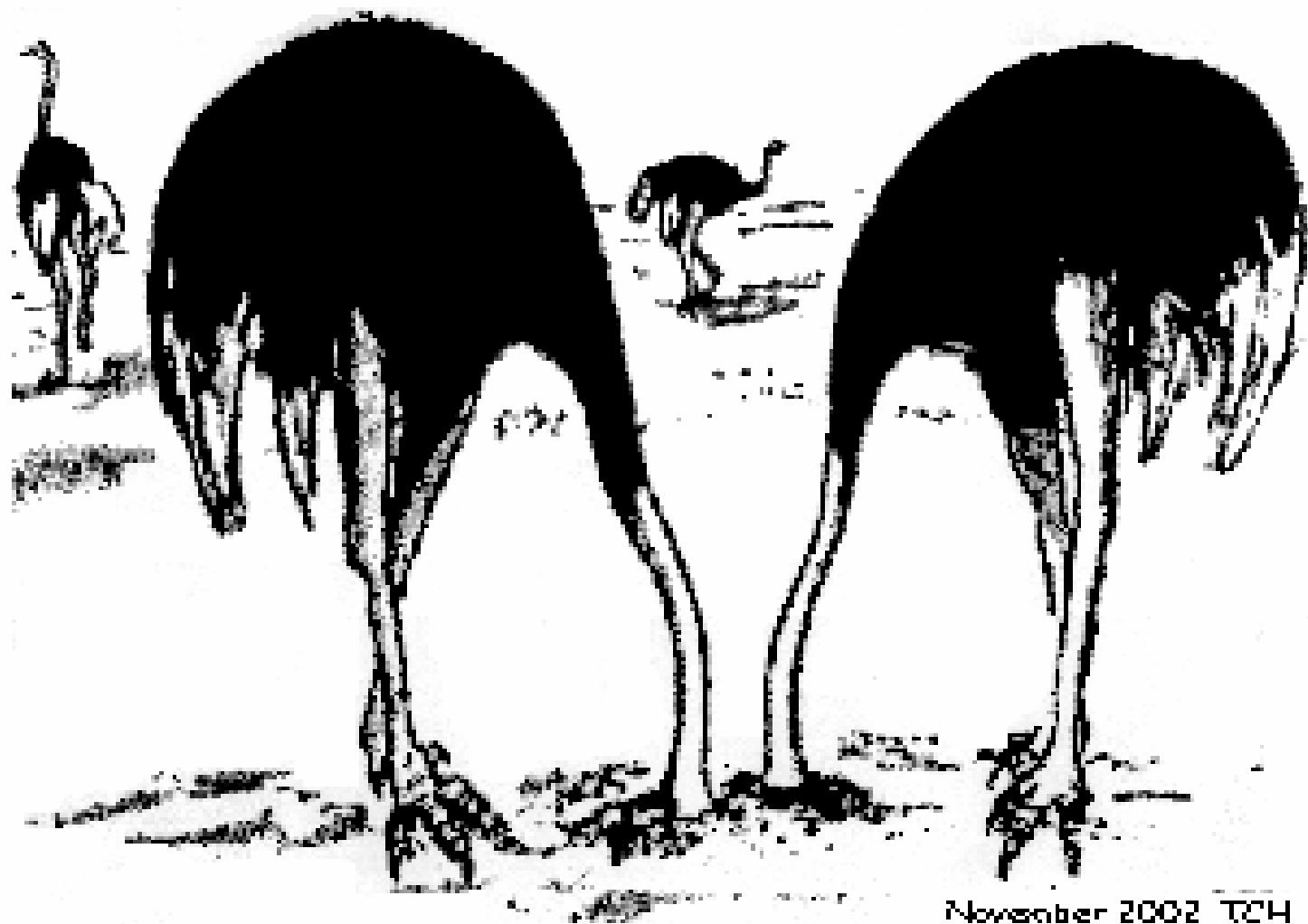


Continuum of Use

- **USE** – social drinking
- **MISUSE** – drinking when stressed out
- **ABUSE** – often getting drunk and suffering negative consequences
- **DEPENDENCY** – physical withdrawal when drug is not in system or behaviour is absent
- **ADDICTION** ...not homogenous

Process

- Switch in the brain
- Honeymoon
- Addictive personality
- Stealth terrorist on board, saying I am not there and have a nice day



November 2002 TCH

DENIAL

Addictions

- 5 basic drug classes and alcohol
- Acting out behaviours
- Cross-addictions
- Concurrent disorders
- Harm reduction versus abstinence, continuum
- Safety sensitive

Basic Classes

- Opioids (heroin, Tylenol 1, 2, 3)
- Stimulants (cocaine, amphetamine)
- Depressants (tranquilizers, alcohol)
- Hallucinogens (ecstasy, LSD)
- Marijuana
- Over-the-counter (Stimulants, Codeine, Antihistamines)

Gateway Drugs

- Cheap, available, perceived as harmless
- Alcohol and Tobacco
- Marijuana
- Solvents
- Oxycontin ?
- If use marijuana, 104 X more likely to use cocaine



**"We're sorry we served you
caffeinated coffee. Please
accept this sleeping pill with
compliments of the management."**

Acting Out Behaviours

- Pathological gambling (Sports Pools)
- Sex addiction
- Eating disorders
- Shoplifting
- Workaholic
- Not the \$\$\$ but the Rush or Escape

Prevalence of Dual Diagnosis

Epidemiological Catchment Area (ECA) Study Lifetime Prevalence N= 20291

- Alcohol, drug and mental disorders 32.7%
- Non-substance abuse mental disorders 22.5%
- Alcohol disorders 13.5%
- Other drug disorders 6.1%

(Regier et al, 1990)

Dual Diagnosis

- Use or withdrawal mimics
- Family history
- Primary vs Secondary
- Timeline

Psychiatric

- Depression
- Anxiety (401)
- Mania
- Psychosis
- PTSD, ADHD (Ritalin misuse)
- OCD, ASPD

Similarities

- Problem gambling switched Internet Sex
- Shifting seats on the Titanic
- Heroin > Tylenol 1
- Casino > Lottery tickets



**"These are extra-strength anti-depressants.
There's a joke printed on the side of each
capsule."**

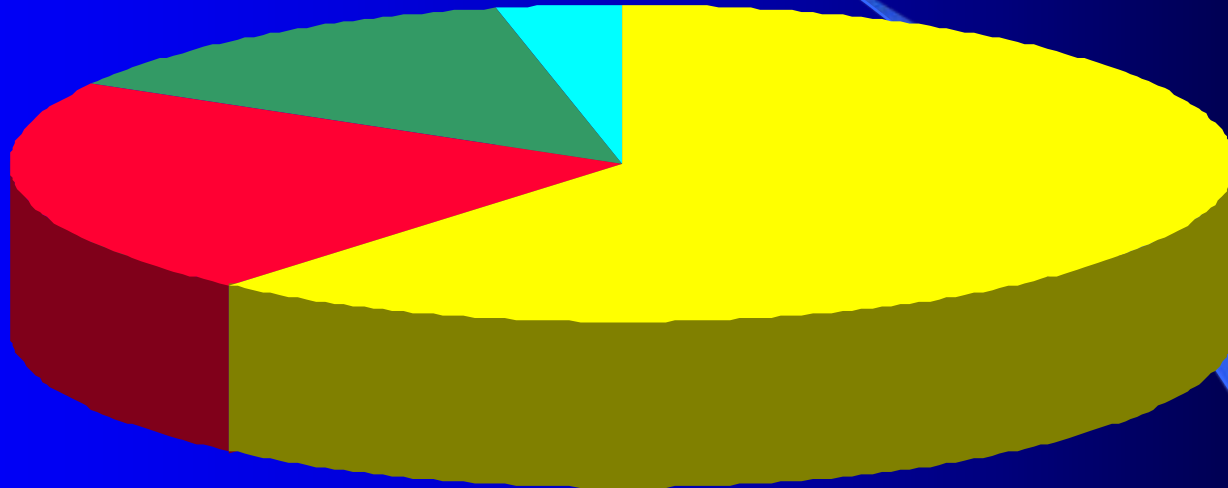
Why Use or Act Out

- Peer pressure, instant member
- Perception of safety, educate
- Cost, availability, gateway
- “I want what I want and I want it now”
- Get a Positive Effect
- Rid a Negative Effect “Hurting”

Consequences

- Consequences are the only reason a person will get help with their addiction
- Consequences >> Benefit of use or behaviour
- Hurt or don't care
- Suicidal ideation
- Connection

Alcohol and Drugs Impact on Society



- Indirect costs: productivity losses - \$24.3 billion
- Direct health care costs - \$8.8 billion
- Direct law enforcement costs - \$5.4 billion
- Other direct costs - \$1.3 billion

(Rehm et al, 2006)

Addiction Affects Many Canadians

The following statistics are based on the Canadian population aged 15 and older:

- 13.6% are high risk drinkers
- 32.7% stated that they had experienced some form of harm due to others' use of alcohol
- 14.5% have used an illicit drug within the past year

(Canadian Centre on Substance Abuse, 2004)

Addiction in the Workplace is Costly

*76.8% of people with alcohol and
illicit drug addictions are employed.*

(Substance Abuse and Mental Health Services Administration, 2004)

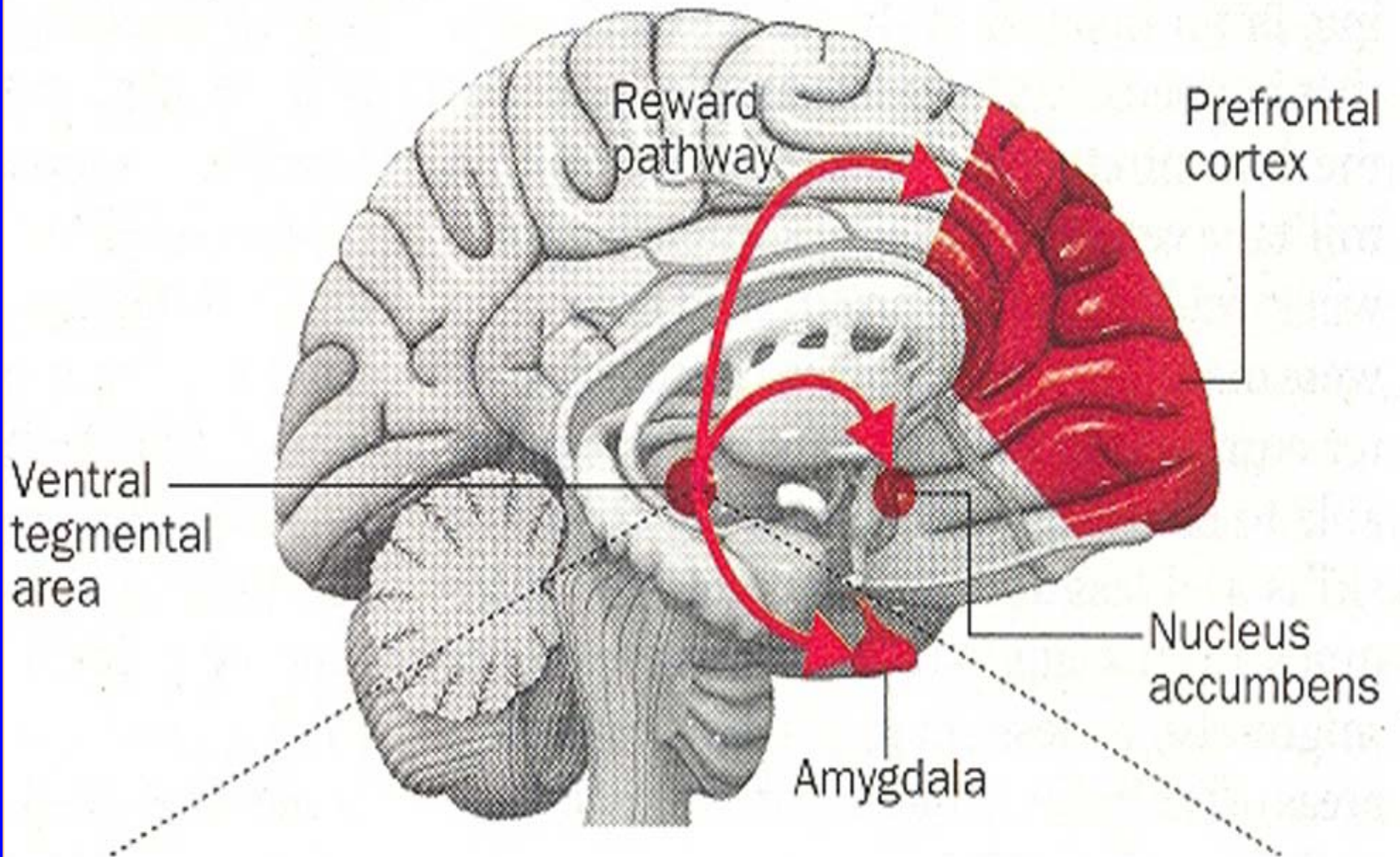
Productivity Losses

	Alcohol	Drugs
TOTAL LOST PRODUCTIVITY	\$7.1 B	\$4.7 B
- Long-term Disability	\$6.2 B	\$4.4 B
- Short-term Disability (days in bed)	\$15.9 M	\$21.8 M
- Short-term Disability (days with reduced activity)	\$23.6 M	n/a
- Premature Mortality	\$923 M	\$248.5 M

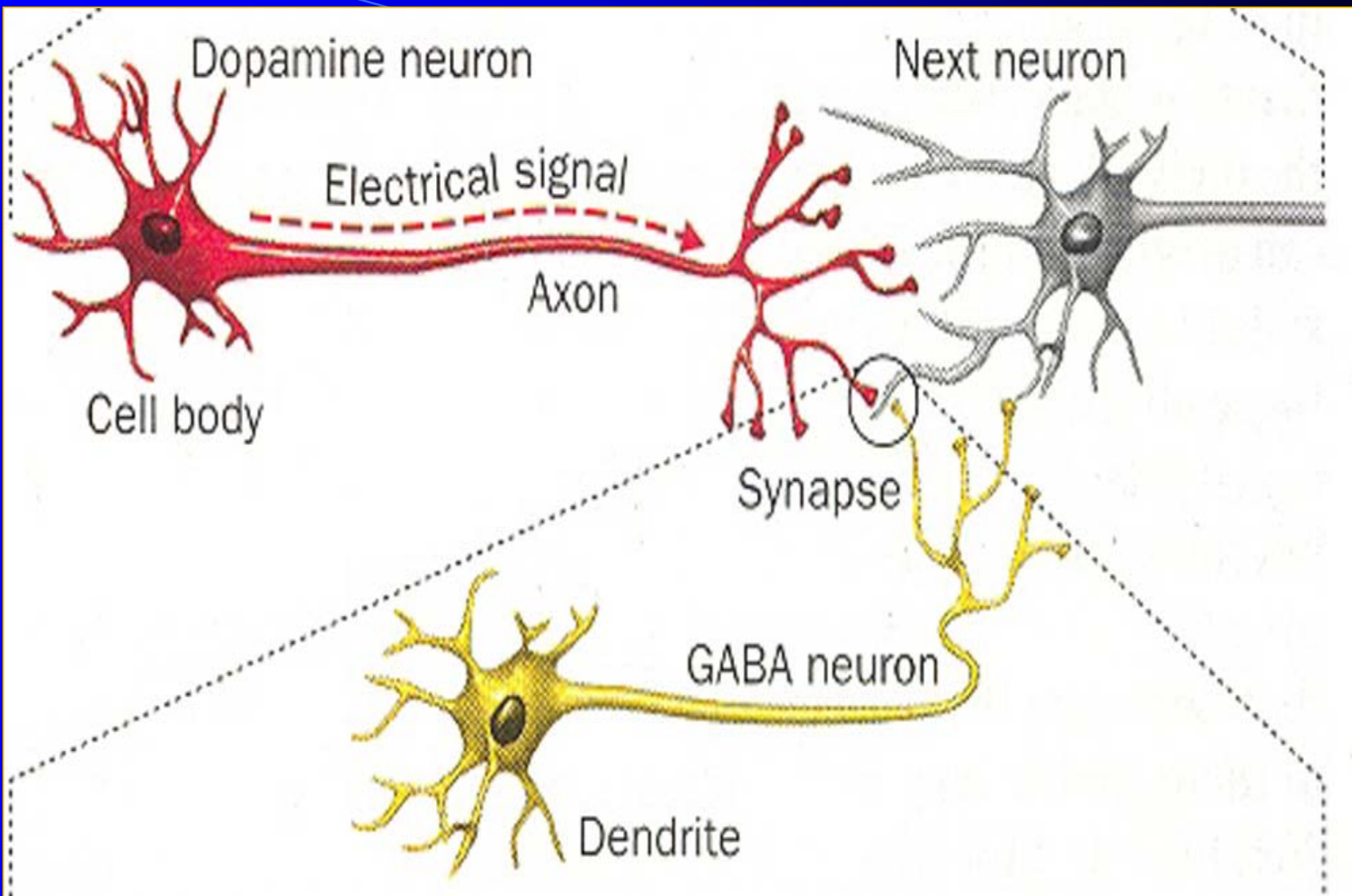
(Rehm et al, 2006)

Brain

- New Brain - Cerebral Cortex
 - Thinking, learning, morality, will power
- Old Brain
 - Survival, flight or fight, kill or be killed
 - Automatic Nervous System



Source: National Institute on Drug Abuse
Graphics from TIME Magazine, July 16, 2007



Source: National Institute on Drug Abuse
Graphics from TIME Magazine, July 16, 2007

Neuroplasticity

- Hippocampus, Medial Prefrontal Cortex (90 days to reset)
- Anxiety, depression - first 5 years crucial
- Frontal cortex cut off from loop
- Limbic amygdala (emotional recall)
- Primitive brain first to mature (teens)

Predisposition

- Genetic re neurotransmitters and receptors
- Psychiatric
- Environment past and present
- Preceding and/or consequences of addiction

Transmitters and Receptors

- Reward Deficiency Syndrome
- Serotonin L, s
- Dopamine D2
- Up and down regulation
- Beta Endorphins

DOG/S (MFB)

- Dopamine
 - Motivation (Get It), pleasure
- Opiates
 - Pain, pleasure, multiple connections
- Glutamate
 - Stimulant, tolerance, withdrawal
 - RELAPSE

DOG/S (Cont'd)

- Gaba
 - Sedating
- Serotonin
 - Impulsivity (Got It), sleep, sex
- Nor adrenaline
- NMDA
 - Tolerance, relapse

Addicted Brain

- Kindling
- Subsequent withdrawals worsening
- Cucumber>>Pickle
- Undervalues negative consequences
- Overvalues positive results

Causal Factors

- Physical
- Psychological
- Social
- Overlap

Physical Factors

- Tolerance
- Family history
- Genetic endorphins
- Disease causing pain (Percocet lady)

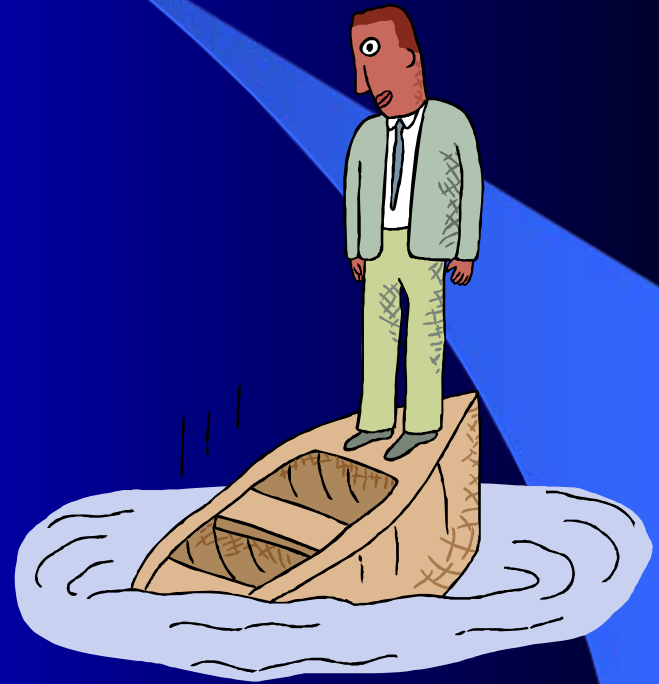
Psychological Factors

- Abuse (receptors)
- Rejection
- Abandonment, neglect
- Family history
- Garbage from the past
- Disease of feelings



The “Less” People

- Helpless, Hopeless
- Worthless, \$less
- Stigma (sore throat)
- Guilt vs. Shame
- Red Light
- High Q, Low Q
- CBT>>>feelings



Social Factors

- Trauma, PTSD
- Dysfunctional family, work
- Codependency
- Cultural
- Peer pressure

Relapse Risks

- Stress
- Environment
- People
- Lapse
- Bill Powers
- Rock Bottom

Healthy Recovery

- Detox from drug or behaviour
- Detox thinking and feelings
- There for self
- Stop blaming others
- Responsible for consequences
- Energy Intensive (Part time Pregnant)

Codependency

Definition

Codependency means we are depending on something outside of ourselves to provide our sense of well-being.

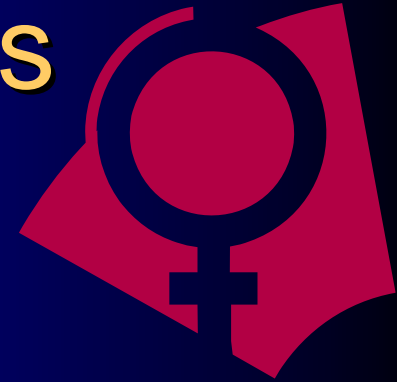
Codependency

- Codependency obsession to control addict
- Addict has compulsion to use and manipulate
- Codependent can be family, coworker
- Must be part of treatment
- 12 Step programs, e.g. Al-Anon
- Consequences of behaviour

Enabling Behaviours

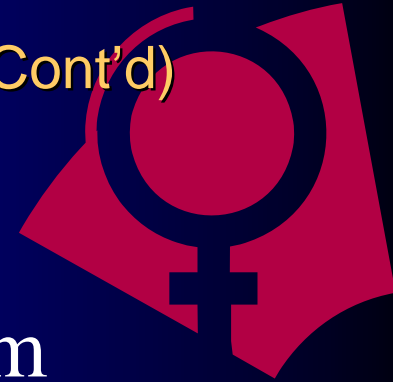
- Repeatedly covering up for someone
- Rescuing
- Silence, ignoring the behaviour
- Walking on eggshells
- Paying their bills
- Minimizing the situation

Women and Addictions



- Isolation, pressured by partner
- Negative situations, e.g. financial
- Stigma of addictions and psychological
- Primary depression
- Prescription drugs

Women and Addictions (Cont'd)



- Telescoping effect in alcohol, problem gambling
- (Randall alcohol, Potenza gambling)
- Decreased enzyme for alcohol
- Increased concentration, e.g. alcohol
- Increased tissue sensitivity
- Luteal phase increased cravings

Men and Addictions



- Illegal drugs
- Binge, start earlier than women
- Age < 25 have higher rate of dual diagnosis
- More difficult to treat
- (Type 2 Cloninger)
- Age > 25 years more have secondary depression
- (Type 1 Cloninger)

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GLASBERGEN
6-1.



"We lost half of our retirement money in the stock market --- your half."

Aging and Alcohol

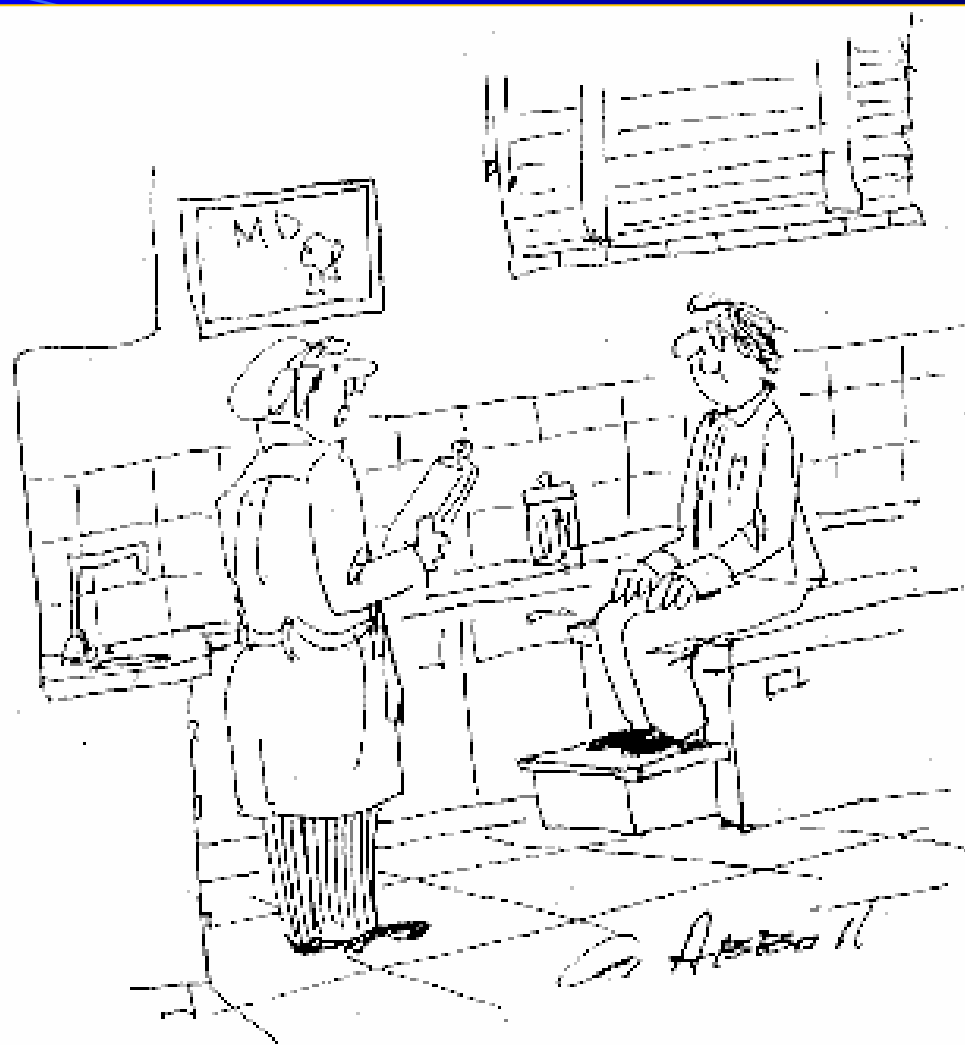
- Adipose tissue increases
- Decrease relative water
- Increase alcohol concentration
- Liver function decreases
- Interaction with many drugs

Substance Dependence or Addiction-Treatable Disease

1. Tolerance
2. Withdrawal
3. Larger amounts and longer time
4. Cut down or control
5. Time spent getting using and recovering
6. Activities given up or reduced
7. Control consequences compulsive

Substance Abuse-Preventable Behaviour

1. Recurrent use, failure to fulfill obligations
 2. Physical hazardous
 3. Legal
 4. Persistent or recurring social, interpersonal problems
- Never met the substance dependent criteria



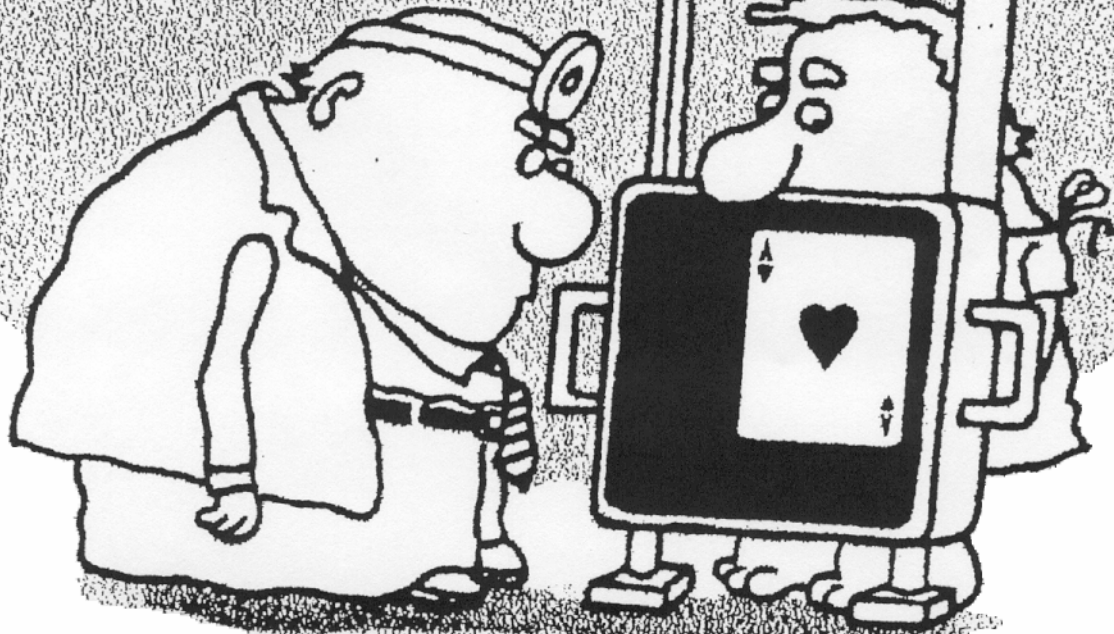
"Thank you, Mr. Hills. I'm certainly glad to know that your bartender agrees with my diagnosis."

Simple Screening Tools

- CAGE
- TACE (for pregnant women)
- AUDIT (MOT)
- High Risk Drinking Levels
 - Male: >5 per day, or >14 per week
 - Female: >4 per day, or >7 per week
 - Binge: 5 or more in last 30 days

ALVEIDA

LAS VEGAS
CLINIC



CAGE:

Effective 1 Minute Screener

C - Cut Down

A - Annoyed

G - Guilty

E - Eye Opener

- Do CAGE before asking quantities or frequencies
- 2 or more

TACE (Pregnant)

- Tolerance (2 or more to feel high)
- Annoyed
- Cut back
- Eye opener
- Score 2 or more

Testing Urine

- Drugs of abuse screen
- Toxicology
- Add alcohol
- Immune Assay, GC / MS
- Creatinine
- Random (legal)

Treatment

- 12 Steps, +
- CBT, MET
- Medication (Off Label)
- Intervention
- 1:1, Group



**"Group therapy? I thought
this was the waiting room."**

Treatment (Cont'd)

- Detox from drug or behaviour
- Detox thinking and feelings
- “FLEC” it
- Responsible for consequences
- Energy intensive (Part time Pregnant, Codependency)

Stages of Change

- Pre-contemplation (DRIM, project)
- Contemplation (ambivalence)
- Preparation (realistic)
- Action (time and energy)
- Maintenance (high and clean)
- Lapse to Relapse

Stages of Change (Cont'd)

- Action stage physically but mentally at earlier stage leading to relapse
- Psychological relapse >> actual relapse
- Multiple diagnosis therefore can be at several stages
- There for self
- Procrastinators Anonymous vs. Neutral

The Principles of Progress

- One must increase the perception of PROS to move from pre contemplation to contemplation
- If one is to advance from contemplation to preparation and action, one must decrease the perception of CONS of changing behaviour

Pre-Contemplation

- No problem, thus no need for solution
- Hurt, buried issues
- Guilt, shame
- Fear of change
- Argumentative
- Ignore information

Contemplation

- Average 6 months
- Ambivalence, unsure
- Trying to understand problem
- May know what to do but can't do it
- Encourage re other areas of success
- Realization not all one can be

Preparation

- Average one month to advance
- Ready to change
- Realistic
- Goals stated publicly
- Spirituality (change within)

Action

- Motivated
- Time and Energy
- Change = Insight and Action
- Need to focus on self and not others
- Selfish vs. Codependent
- Many in treatment not at this stage

Maintenance

- High, may irritate others
- Six months and on up
- Clearer thinking but variable with each person
- Symptoms resolving
- **RECOVERY = Abstinence + Change**

Relapse

- Revert to earlier stage or never convinced
- Disconnection, early sign
- Stress, Cues, Use (lapse)
- Cured
- Garbage from past = present

Changing

- Gathering data
- Getting in touch with feelings
- Decreased isolation
- Self motivational “I can”
- Options (3)
- Solution focused Future Pace
- Accept responsibility

Motivating Change

- Express empathy
- Develop discrepancy (behaviour vs. goal)
- Avoid argumentation
- Roll with resistance (arms crossed)
- Support self-sufficiency
- Self motivational statements

Motivating Change (Cont'd)

- Ask open-ended questions
- Listen reflectively
- Affirm
- Areas of strength
- Right to choose
- Summarize



"I think we might make better headway if you stop referring to him as your 'insignificant other'."

Unsure

- Explore ambivalence re change
- Future pace change
- Provide feedback
- Relate to success of others
- Avoid “should”, don’t expect agreement, or get impatient

Ready

- Help make clear plan
- Review successes
- Identify attainable goals and rewards
- Identify risk situations and how to deal with them (coping)
- Don't underestimate difficulties in changing

Recycling

- Few changes do it the first time
- Trial and error
- Change cost more than you budget
- Don't use wrong processes at wrong time
- Short cuts



12 Steps

- 2 or more people, non-professional
- Voluntary fellowship sharing experience, strength and hope
- Only requirement is desire to stop
- Hopeless, helpless, powerless
- 90 / 90

12 Steps (Cont'd)

- Help self first then others
- Extremes in thinking or action
- Don't have to like going
- 1 Year Rule
- Step 13

12 Steps (Cont'd)

- Direct referral to member
- Open, closed
- Home group, sponsor
- Support and accessibility
- Cost is voluntary

12 Steps (Cont'd)

- Talk the Talk, Walk the Walk
- Procrastinators' Anonymous vs. Neutral
- “Sick and tired being sick and tired”
- Significant other may not have processed
- Al-Anon

12 Steps (Cont'd)

- Pulley letting go
- Surrender at conscious and unconscious
- Closure vs. Revenge
- Character defects
- Denial, grandiosity, extremes

12 Steps (Cont'd)

- 40-50% who join stay long term
- 50-60% drop out < 90 days
- 60-68% of those decrease or abstinent
- 35% sober < 1 year at a meeting
- 35% 1-5 years sober at a meeting
- 30% > 5 years sober at a meeting

12 Steps Plus

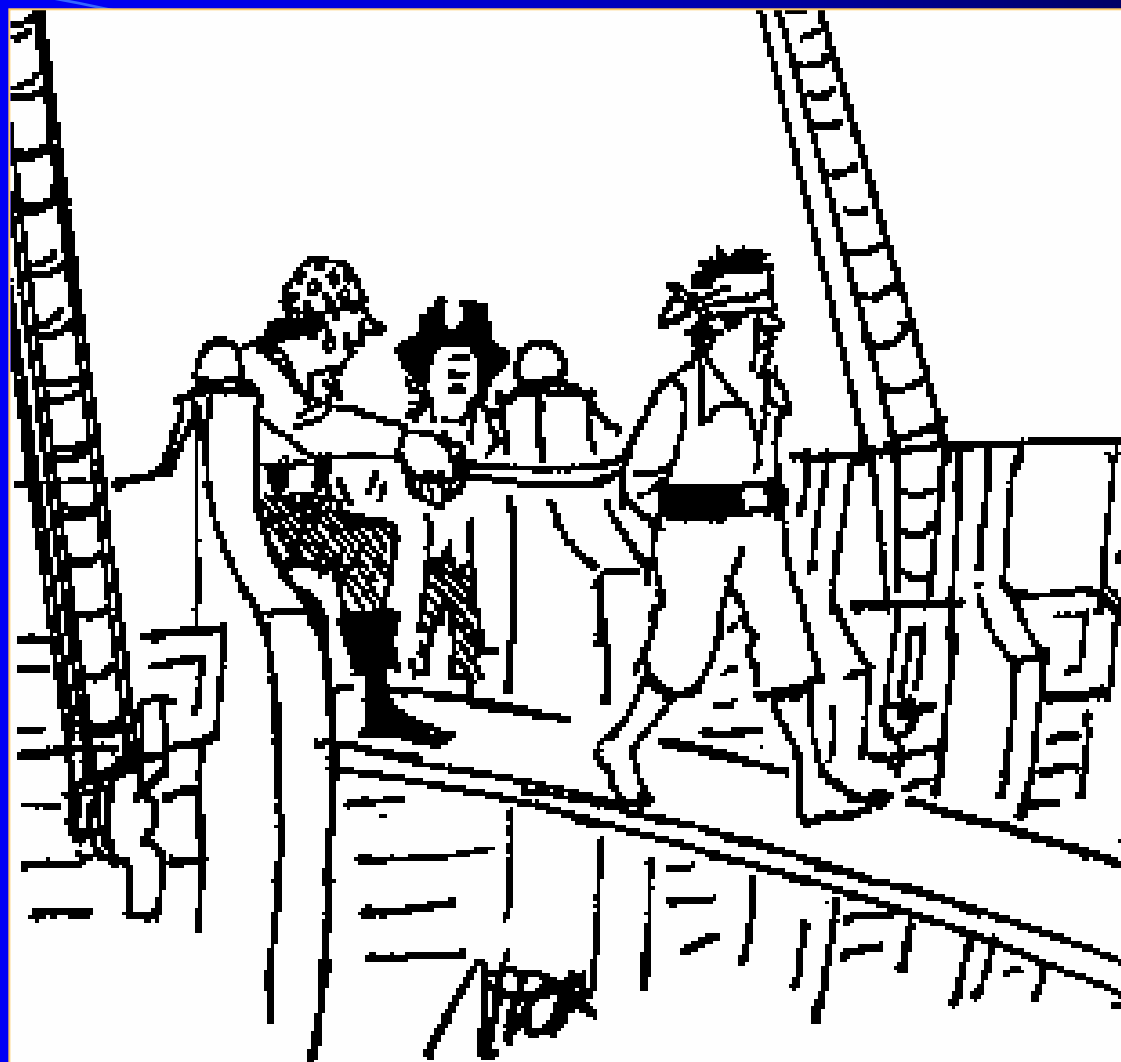
- Gorski – now, or later with interest
 - “Understanding the Twelve Steps”
 - Simon and Shuster
-
1. Severe withdrawal
 2. Physical illness
 3. Extreme confusion
 4. Relationship issues

12 Steps Failure

- Disconnecting
- Open meetings only
- No home group and no sponsor
- Sponsor 75-80% < 3 months
- Temporary sponsor
- Not working the steps

12 Steps Failure (Cont'd)

- Not forgiving, non admission of wrongs
- Exhausting, purposeful forgetting
- Recovery full time job
- Codependency
- Cured



"It's a 12-step program
to cure gambling"

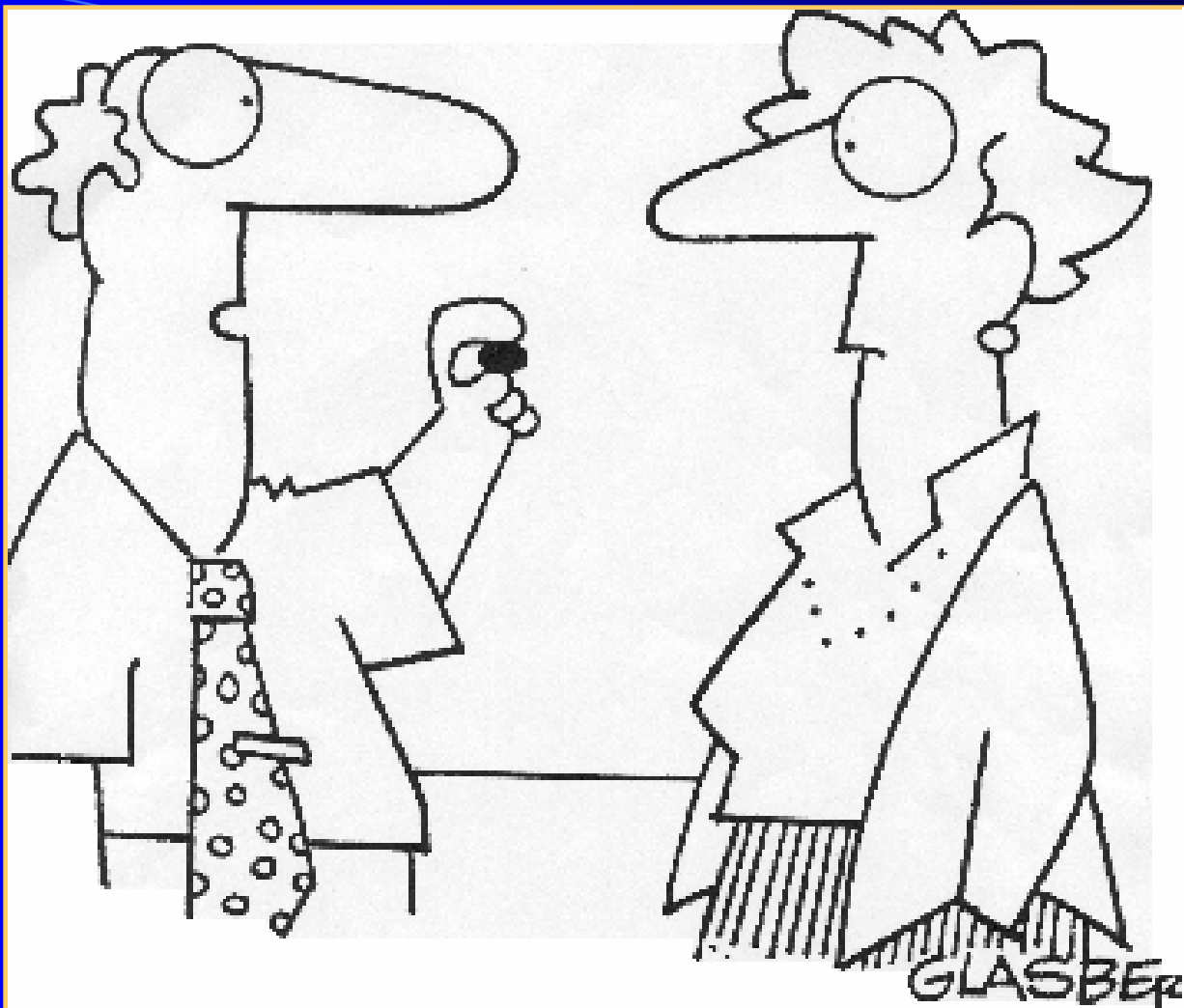
JULY 2003 STITCHES

Treatments to Avoid

- Short cut or quick fix
- Confrontational
- Detox alone
- Medications alone
- Red Light Thinking

Treatment Medication

- “Off Labeling”, gives time
- Zyban, Nicoderm, Nicorette, Champix
- S.S.R.I.
- Acamprosate, Disulfiram
- Naltrexone, Methadone, Buprenorphine,
- Mood stabilizers
- Anti-psychotics



*I hope there is a drug company
called M & M, otherwise the
doctor gave me a placebo.*

Game Plan

- Connection
- “TEAM”
- Family involvement, communication
- Monitoring with consequences
- Group, 1:1

Violence

- Directed at employer, employee or customer
- By current or former employee
- Feeling wronged
- 60% in 1993 Insurance study had substance abuse and/or alcohol
- Anger or resentment

Violence (Cont'd)

- Substance abuse influenced by number of factors making data difficult to associate with violence
- Verification drugs and alcohol on board and significance of levels
- NIAAA alcohol related to 1/3 of homicides and 2/3 of serious assaults

Violence (Cont'd)

- Impulse control
- Psychological, social, environmental
- Drug pharmacology as paranoia, psychosis
- Dual diagnosis

Suicide

- U.S. - 10.8/100,000 (*World Health Organization 2005*)
- Canada - 12/100,000 (*Statistics Canada 2005*)
- Elderly male - 63/100,000
- Age 25-44 highest
- Up to 2/3 see Family Physician prior
- Male/female - 4:1

Suicide and Substance Abuse

- 30,000 U.S.
- Alcohol abuse 25% of all suicides
- 40-60% intoxicated at time of death
- 1-6% of alcohol dependent die by suicide
- Pathological gambler 22-25% attempt
- Problems gathering information

Suicide and Substance Abuse

(Cont'd)

- 50-75% of alcohol dependent depressed at death
- Drugs combination +/- with alcohol more lethal
- 20% suicide used cocaine prior to death

Suicide Risk

Cocaine Use	➔	62 times more likely
Major Depression	➔	41 times more likely
Alcohol Use	➔	8 times more likely
Separation or Divorce	➔	11 times more likely
<i>(NIMH/NIDA)</i>		
Gambling	➔	Using or stopped
Cocaine, Narcotics	➔	After stopping

Suicide

- Asking doesn't increase risk
- Suicidal thoughts and planning
- Self harm as a risk factor
- Personality disorders cut self to feel
- Impulsive personality disorders more violent (low serotonin)

Suicide Risk Assessment

- History of family or self
- Suicidal ideation, attempts and degree
- Recent or multiple losses over time
- Deaths, \$\$
- Level of support
- Depression or mental illness, stress
- Serotonin, age, gender

Suicide Risk

- Passive thought death welcomed
- Actively seeking death
- Rate intensity
- Preparation (putting affairs in order)
- Researched or purchased
- Hopelessness

Intervention

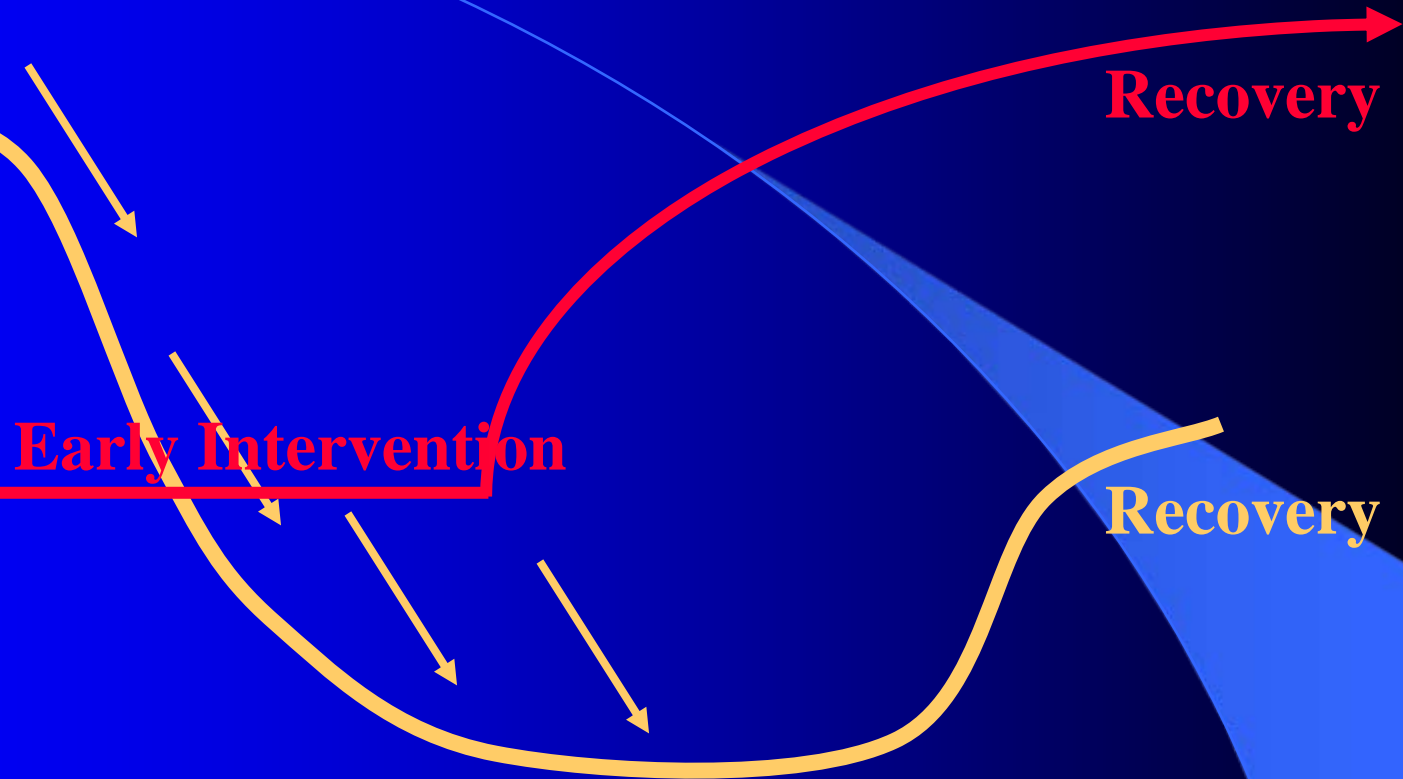
Definition

A caring process by which a group of people present reality in a receivable way to a family member/ friend/ colleague whose behaviour or workplace performance suggests a problem with addictions.

Conventional Wisdom 

Early Intervention 

**Process
of
loss
for
addicts**



Early Intervention

Recovery

Recovery

Intervention

The Bottom

Loss of Job, Family, Health

Shame & Guilt

Death

Intervention

- Unannounced, planned
- Family, friends, co-worker, professional
- Empathy not punishment
- Presentation of facts of behaviour with consequences
- Interruption of harmful behaviour

Intervention (Cont'd)

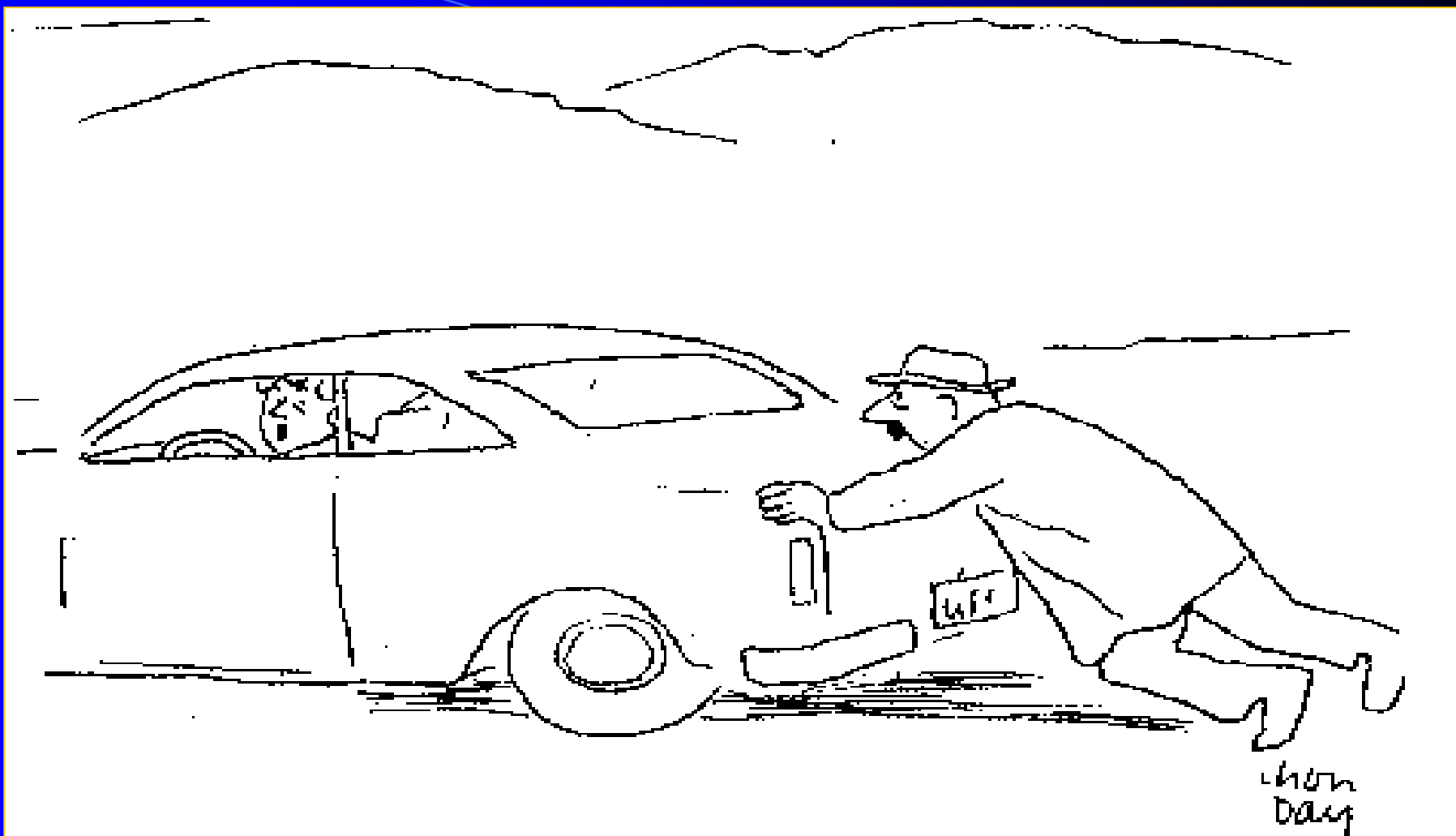
- Presentation of facts of behaviour with consequences
- Non-judgmental and caring
- Sensitive to specific issues
- Treatment options already researched
- Consequences of no action

Intervention (Cont'd)

- Reality presentation
- Non-judgmental and caring
- Sensitive to specific issues
- Treatment options already researched
- Consequences of no action

Barriers To Interventions

- Denial by all
- Enabling
- Belief systems
 - Our beliefs about someone's ability to recover are dependent on our own experience of people with the problem
- Red Light
- Sopranos



“Shall I take it out of reverse?”



Return to Work

Work Concerns

- Crimes of violence, theft and fraud
- Possession, selling, sports pools
- Liabilities, parties, company car
- Production, business judgement
- Affects all levels
- Disability costs, WSIB, insurance

Work Concerns (Cont'd)

- Turnover and training
- FP Working Sept/07
- \$12-\$13,000 for 3 months
- Morale
- Four out of 10 co-workers affected

Work Concerns (Cont'd)

- Work last to be affected
- Attendance, unable to focus
- Safety-sensitive positions
- Risks to employees, public, business
- Publicity

Program

- Supervisor and staff training
- Understand addiction
- Provide assistance
- Return to work schedule, time for meetings

Program (Cont'd)

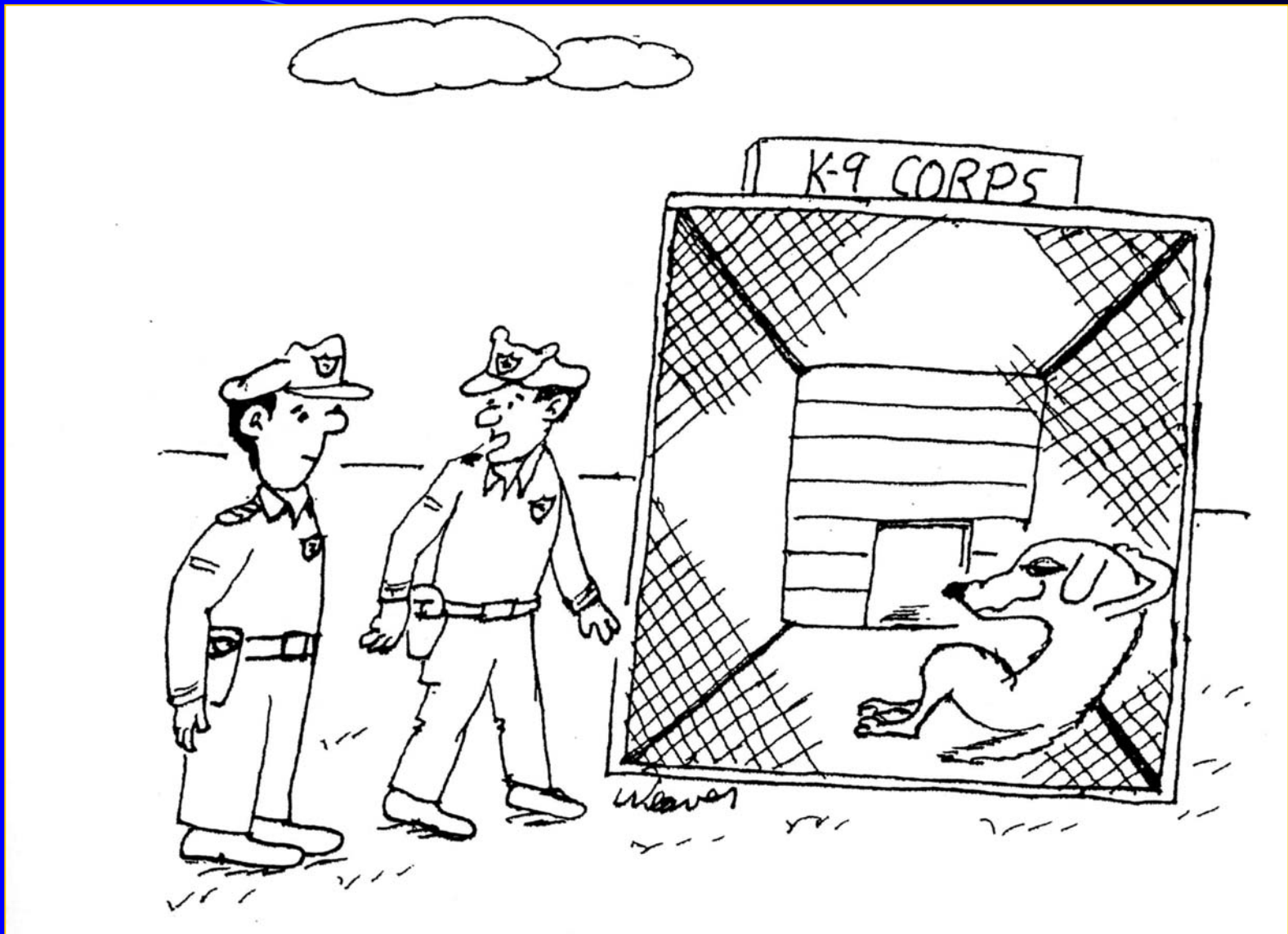
- Clear written comprehensive program
- Employee education and assistance
- Employee education including responsibility and consequences
- Interventions

Contracts

- Signed policy
- Number of years
- Obligations
- Drug testing random
- Safety sensitive
- Consequences

Workplace Violence Substance Abuse

- Substance abuse can make normal person violent
- Raised voices, profanity
- Sexual harassment (subtle, physical)
- Assault, robbery
- During using or withdrawal
- Stress signs include mood changes, memory



“Maybe we should give Rusty a rest from drug-sniffing duty.”

Benefits of Treatment

Benefits of Treatment

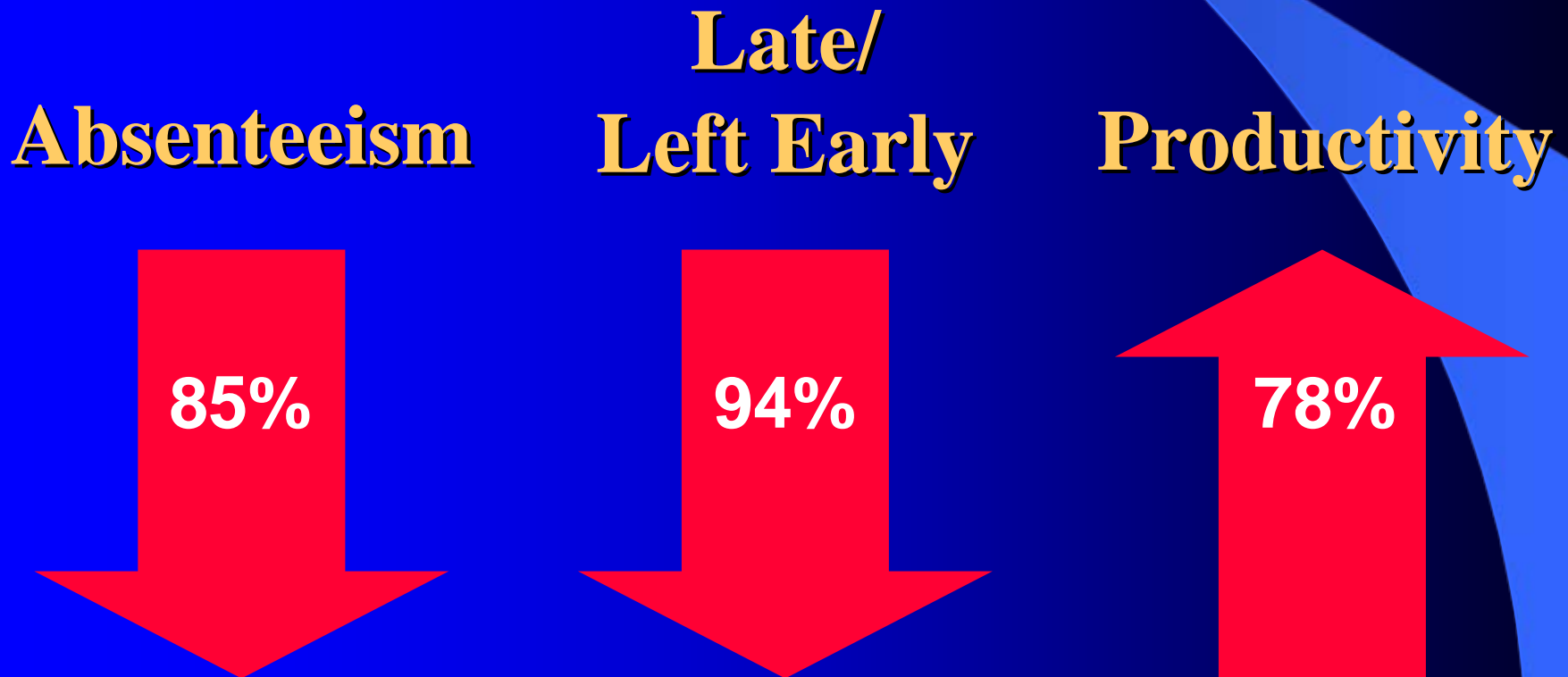
Quality of Life

- *Bellwood Well-Being Survey*
- Bellwood's clients reported an overall significant improvement post-treatment in the following areas of their lives:
 - Health
 - Sleep
 - Diet/Nutrition
 - Spiritual Life
 - Mood
 - Family Life
 - Social Support
 - Exercise/Fitness
 - Leisure/Recreational
 - Work/School/Daily Routine

Benefits of Treatment

Improved Workplace Performance

Pre and Post Treatment Results
for Bellwood Clients n=227



** Measured at 6 months post-treatment – Alcohol and Drugs*



Importance of Employer Involvement and Support

High Success With Employer-Referred Clients

n = 171



Education Management and Co-Workers

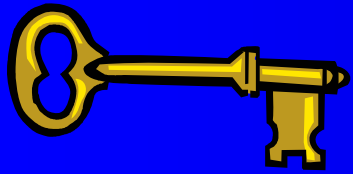
- Training to
 - Understand addiction
 - Identify signs and symptoms
 - Handle issues
 - Interventions
 - Safety sensitive

Return to Work Support

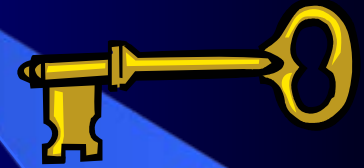
- Provide assistance
- Return to work schedule, time for meetings
- Clear written comprehensive program
- Employee education including responsibility and consequences

Continuing Health and Therapy

AFTERCARE



*The key to a successful,
lasting recovery.*



Extended care and contact with a formal support system dramatically affect the ability to remain healthy after leaving a treatment program.

Bellwood's first outcome study demonstrated that 88% of those clients who remained abstinent for one year post-treatment, regularly worked their program in aftercare, including self help support groups.

Good Prognosis

- Self diagnosis
- Positive affect, self efficiency
- Doing it for self
- Honesty and cooperation
- Minimize rationalization
- Support, working

Resources

- Addictive Thinking, Second Edition: Understanding Self Deception, *Abraham J. Twerski*, Hazelden Press, 1997
- The Addictive Personality: Understanding the Addictive Process and Compulsive Behavior, *Craig Nakken*, Hazelden Press, 1996
- Changing For Good, *J. Prochaska, J. Norcross and C. DiClemente*, William Morrow and Co. Inc, 1992
- Co-Dependent No More, *Melody Beattie*, Hazelden Press, 1987
- Beyond Co-Dependency and Getting Better all the Time, *Melody Beattie*, Hazelden Press, 1995

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Walking Through the Maze**

ESAO

May 28, 2008

Ray Steinman, MD, CCSAM, CASAM, SAP

Medical Director

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