

Addiction in the Workplace

Introduction

"Addiction is a pathological relationship with a mood-altering activity with life-damaging consequences"

The above quote captures the essence of the biopsyhcosocial disorder, substance dependence. While addiction is a common disorder and no one is immune, the majority of the population is not susceptible. The greatest problem with this chronic, progressive and sometimes fatal disease is that it tells you that you haven't got it. It's called "denial", "projection", "rationalization" or "intellectualization".

Addiction to alcohol and other drugs has been called the great psychiatric imposter, mimicking mood disorders, bipolar disorder, personality disorder and even some types of psychosis. Early in the course of addiction, relationships are affected: family becomes concerned, relationships become strained, there may be a change in friends and later a tendency to isolate.

The addicted person engages in behaviors that contradict their values or sense of right and wrong. This causes feeling of anxiety, guilt and anger and perpetuates the addictive behaviours. Usually the last area of the substance dependent person's life to be affected is the workplace.

Feeling guilty and anxious, they often overcompensate at work, appearing to be model workers, despite being moody, irritable and sometimes inconsistent. However, as the disease progresses there is increasing time lost, especially around weekends, more sick days and injuries and interpersonal problems develop, lending to complaints, grievances or disciplinary action. As already happened to close friends and family, those working with the addicted person become negatively affected.

The Cost of Addiction

Addiction in the workplace costs approximately CDN \$12 billion yearly in decreased productivity, lost time, workers compensation, accidents and employment – related health care costs.

The use of alcohol by workers threatens safety in the work environment. Abusers are 3.6 times more likely to be involved in on-the-job accidents.

WORKPLACE SOLUTIONS FOR OCCUPATIONAL HEALTH AND CRITICAL INCIDENT MANAGEMENT

- 38-50% of all workers' compensations claims are related to substance abuse in the workplace. Abusers are five times more likely to file a WSIB claim. Usage of medical benefits is 1 ½ to 2 times higher than that of non-abusers.
- Substance abusers are 3 times more likely to be absent 8 or more days a year and late for work 3 or more times more often than non-abusers.

Substance abusers are 25-30% less productive than workers who do not abuse drugs.

The Risk

- 7.3% of full time employees; and 10.3% of part-time employees report using illegal drugs currently
- 7.5% of workers admit to heavy alcohol use, defined as drinking five or more drinks per each drinking occasion
- > 2% of any workforce is in "full-blown crisis state" and in need of immediate attention.

The Reward

Treatment makes for a compelling business case. Date show a return-on-investment (R.O.I) of no less than 156% to as much as 800% or more. Ontario's own Auditor General pegs the figure at around 565%. With treatment, money is saved, a valuable employee is saved and goodwill is fostered all around.

Competitive advantage is gained by addressing addiction in the workplace. Addiction can be treated effectively. But without timely access to treatment, employers experience unnecessary costs and lost productivity.

To effectively address substance abuse in the workplace requires basic knowledge of the disease, preventative training and education, progressive alcohol and drug policies, immediate access to an excellent treatment provider, and effective follow-up.