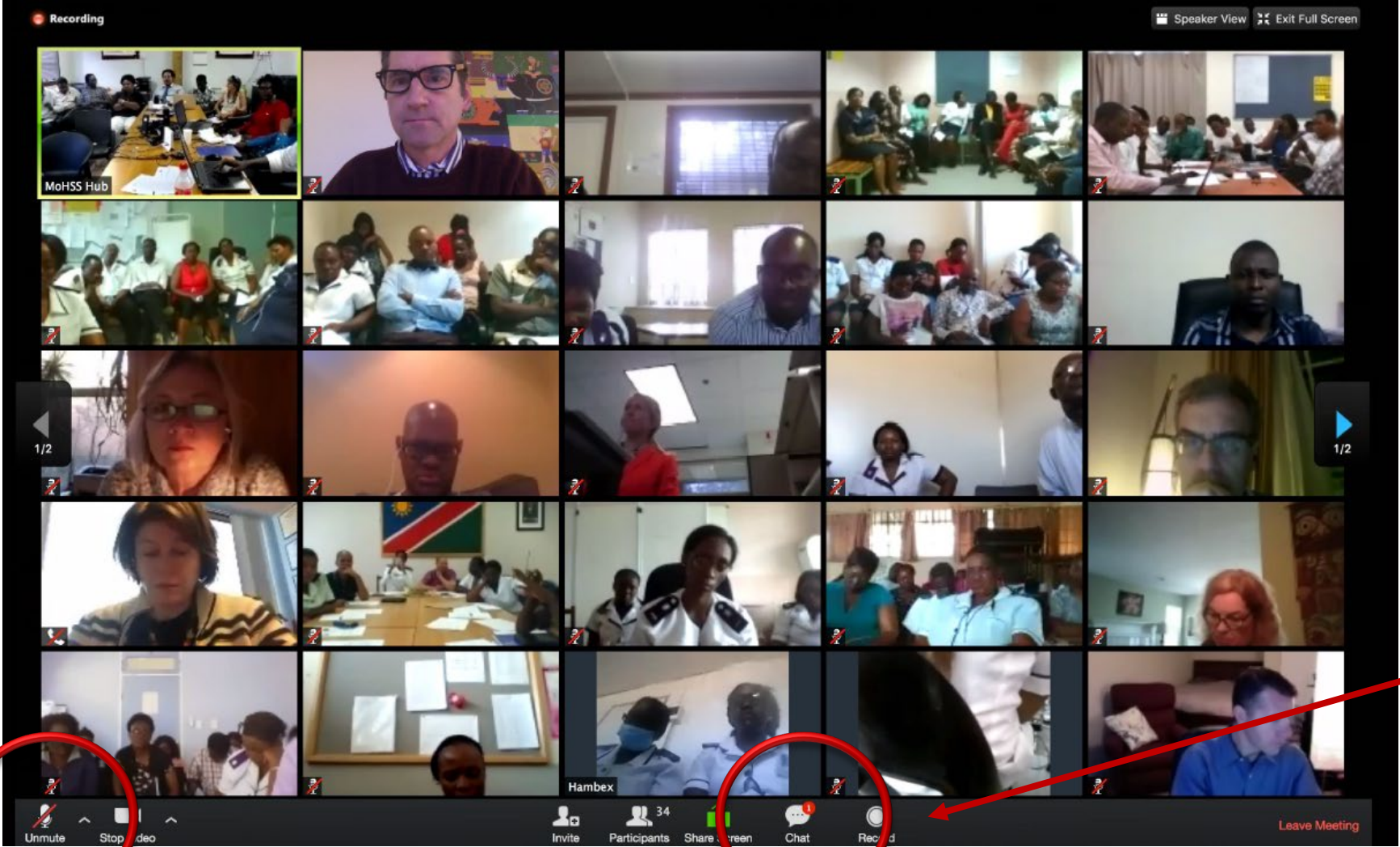# WELCOME to the

Win-Win Strategies to Address Employee Substance Use ECHO

Session will start in less than 15 minutes

Some helpful tips:
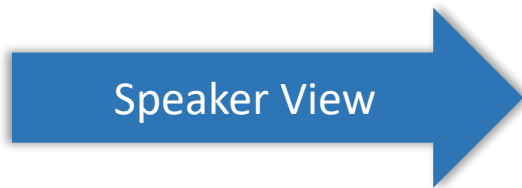

Mute microphone when not speaking
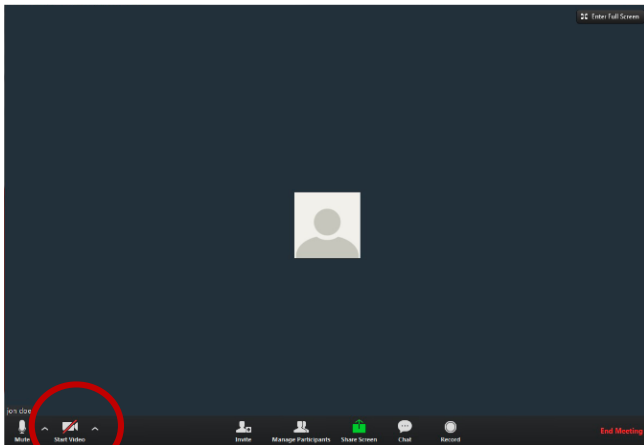
Use chat function for comments and questions

Change view to your preferences
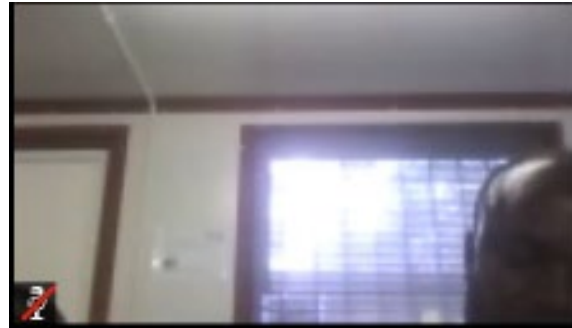

Gallery View

Speaker View

We want to see your face!

See tips below to create a better ECHO experience

Start by turning your video on

Make sure you are in frame and aware of your background

Reduce your movement as to not cause distraction to others

Project ECHO®

Dartmouth-Hitchcock

For educational and quality improvement purposes, we will be recording this video-session

By participating in this clinic you are
consenting to be recorded –
we appreciate and value your participation

If you have questions or concerns, please email

ECHO@hitchcock.org

Attendance
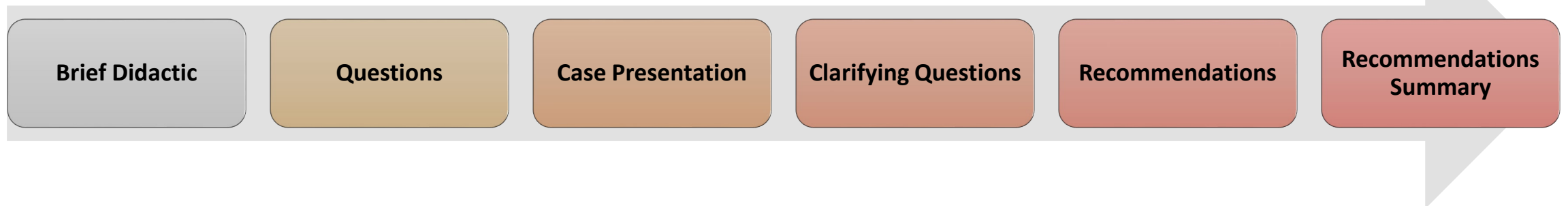
- Spoke participants
- Hub participants

Please turn video on

Project ECHO (Extension for Community Healthcare Outcomes)

- ECHO is a telementoring model that uses virtual technology to support case-based learning and provide medical education.

Components of ECHO:

| Brief Didactic | Questions | Case Presentation | Clarifying Questions | Recommendations | Recommendations Summary |

Respect Private Employee Information

To protect employee privacy, please only display or say information that doesn't identify an employee or that cannot be linked to a employee.

- **Names:** Please do not refer to an employee's first/middle/last name or use any initials, etc.

- **Locations**: Please do not identify an employee's county, city or town. Instead please use only the employee's state if you must.

- **Dates:** Please do not use any dates (like birthdates, etc) that are linked to an employee. Instead please use only the employee's age(unless > 89)

- **Employment:** Please do not identify an employee's work location or occupation.

- **Other Common Identifiers:** Employee's family members, friends, co-workers, phone numbers, e-mails, etc.

Be on the look out for surveys

You will receive links for brief surveys after each session.

This is so we can continually improve our offerings.

Substance Use & Recovery
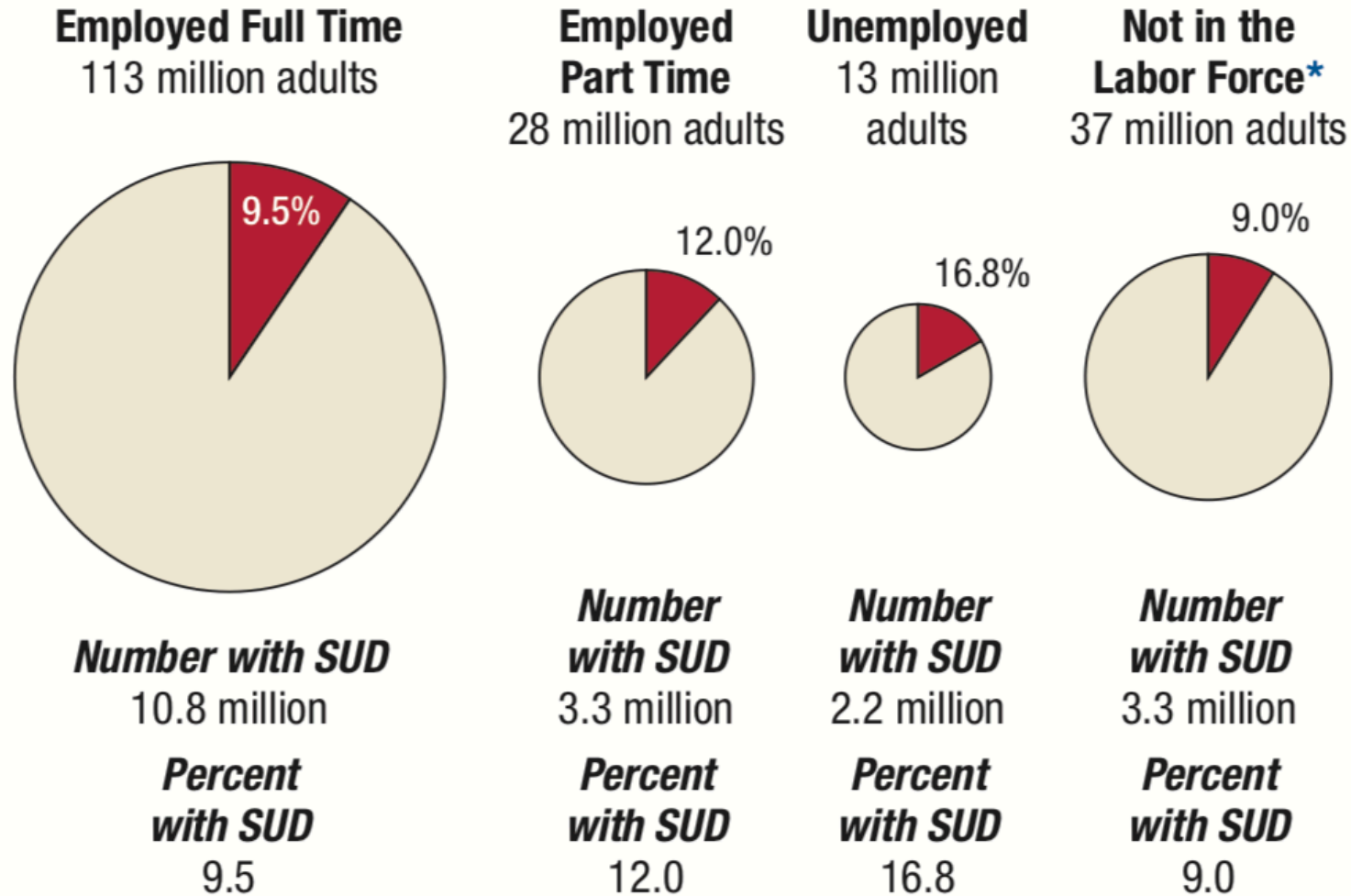## Stigma as a Barrier to Success

Seddon R. Savage MD, MS

Conflict of Interest Disclosure Statement

No Conflicts of Interest

Substance use disorders are common

Employed Full Time
113 million adults

Employed Part Time
28 million adults

Unemployed
13 million adults

Not in the Labor Force*
37 million adults

9.5%

12.0%

16.8%

9.0%

Number with SUD
10.8 million

Number with SUD
3.3 million

Number with SUD
2.2 million

Number with SUD
3.3 million

Percent with SUD
9.5

Percent with SUD
12.0

Percent with SUD
16.8

Percent with SUD
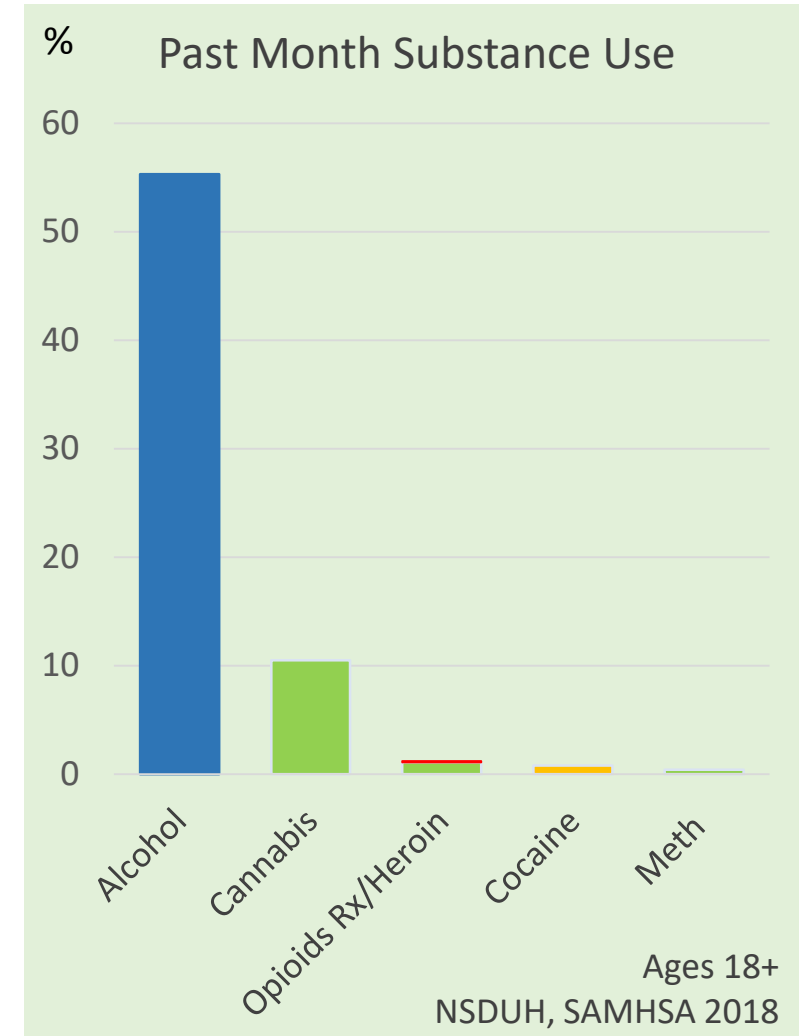9.0

Ages 18-64, Annual Averages 2008-12
SAMHSA, NSDUH Report, 2014

Substance use involves diverse drugs

Substance Use Disorder on Treatment Admission

Past Month Substance Use
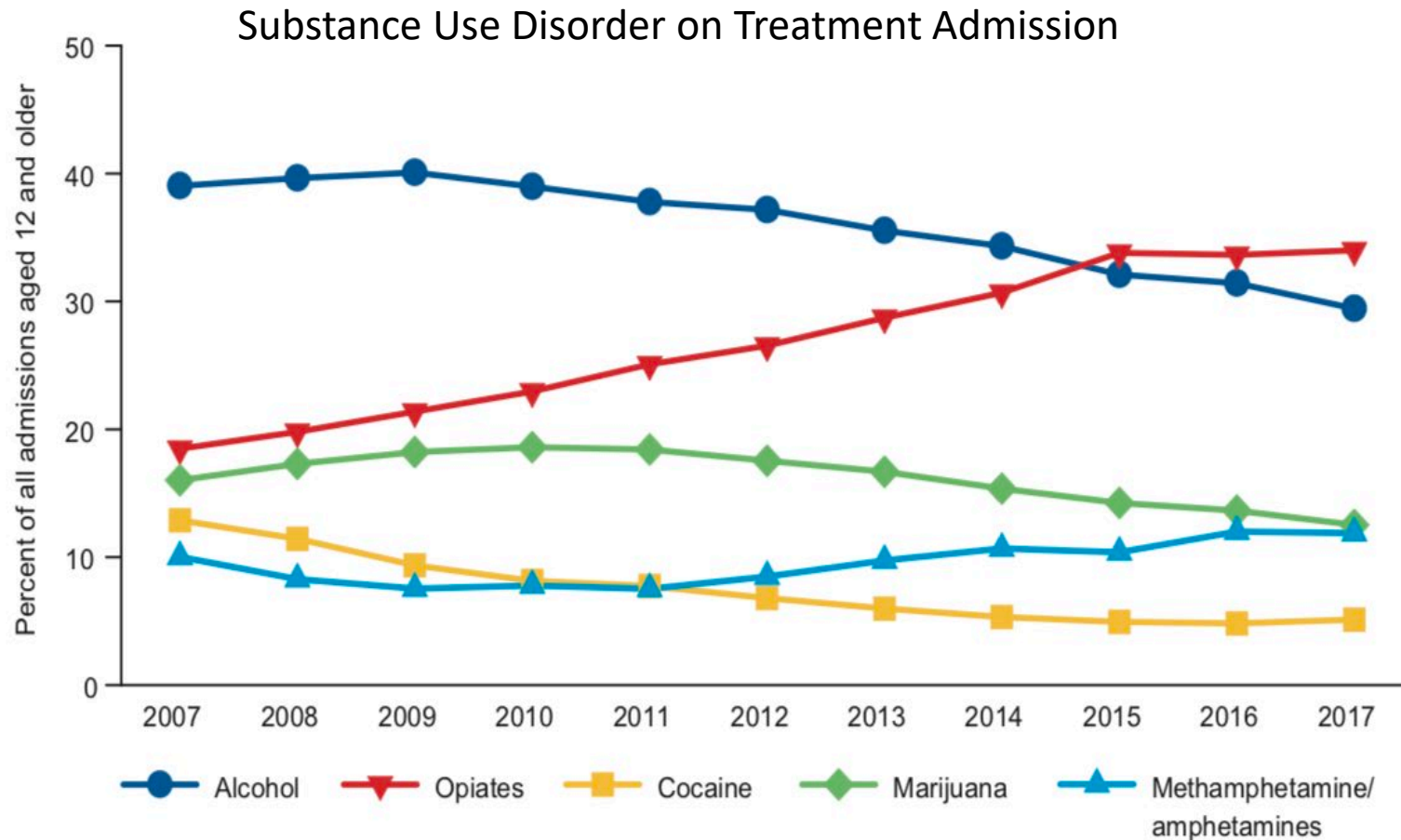
Primary Substance at Treatment Admission
Treatment Episode Date (TEDS), SAMHSA, 2017

Ages 18+
NSDUH, SAMHSA 2018
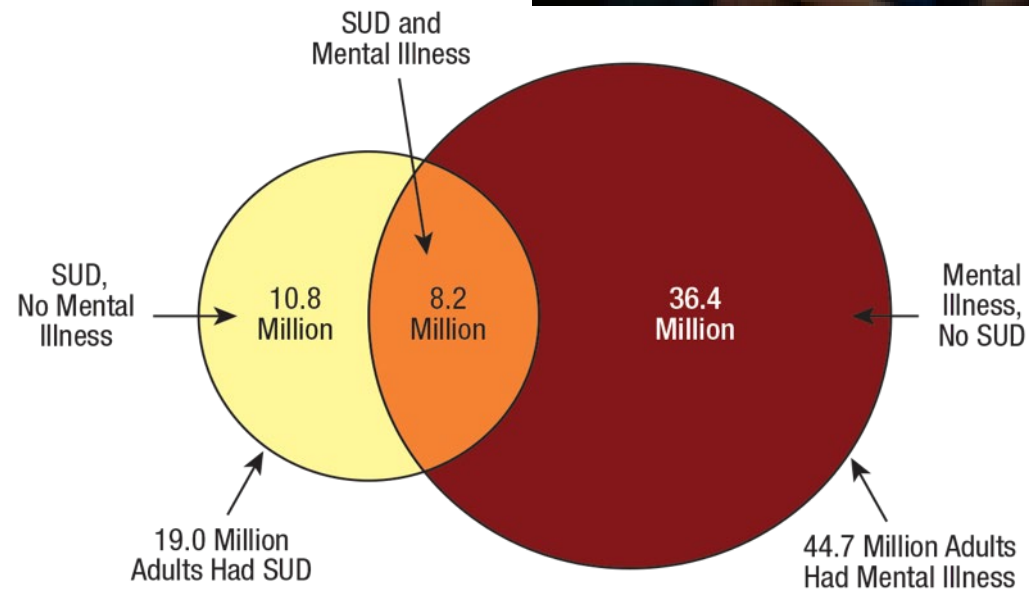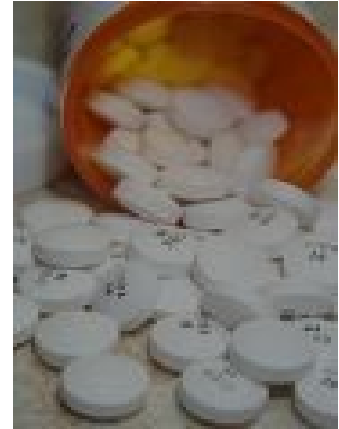
Substance use impacts work

- Limits workforce

- Decreased productivity (due to current use or after effects)
  - More frequent absenteeism
    - No SUD   10.5 days/year
    - With SUD   14.8-29 days/year
    - In recovery 12 mos   9.5 days/year
  - Presenteeism- physically present, but unengaged

- Higher rates of workplace injuries and associated costs

- Higher rates of personnel turnover and retraining

National Safety Council, www.nsc.org
New Futures, 2017 Substance Misuse; Costs to the NH Economy. https://new-futures.org/issues/alcohol-and-other-drug-policy

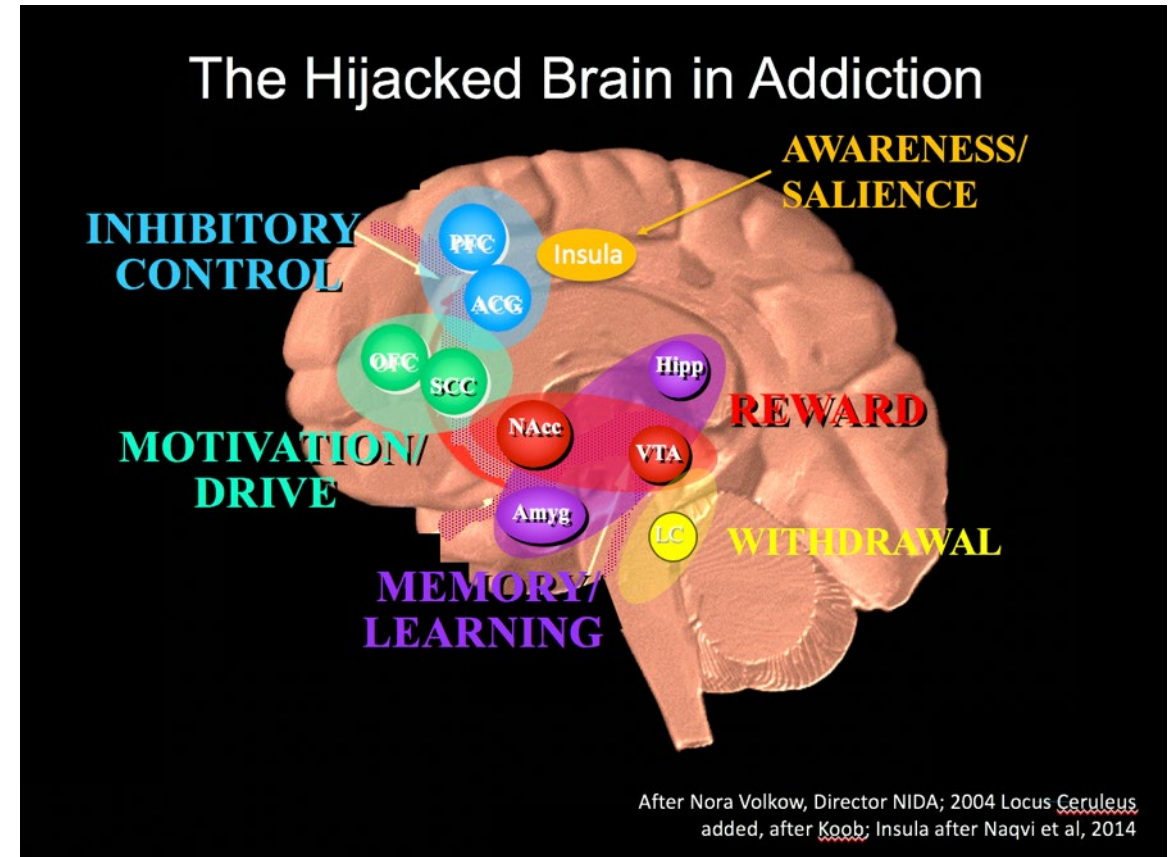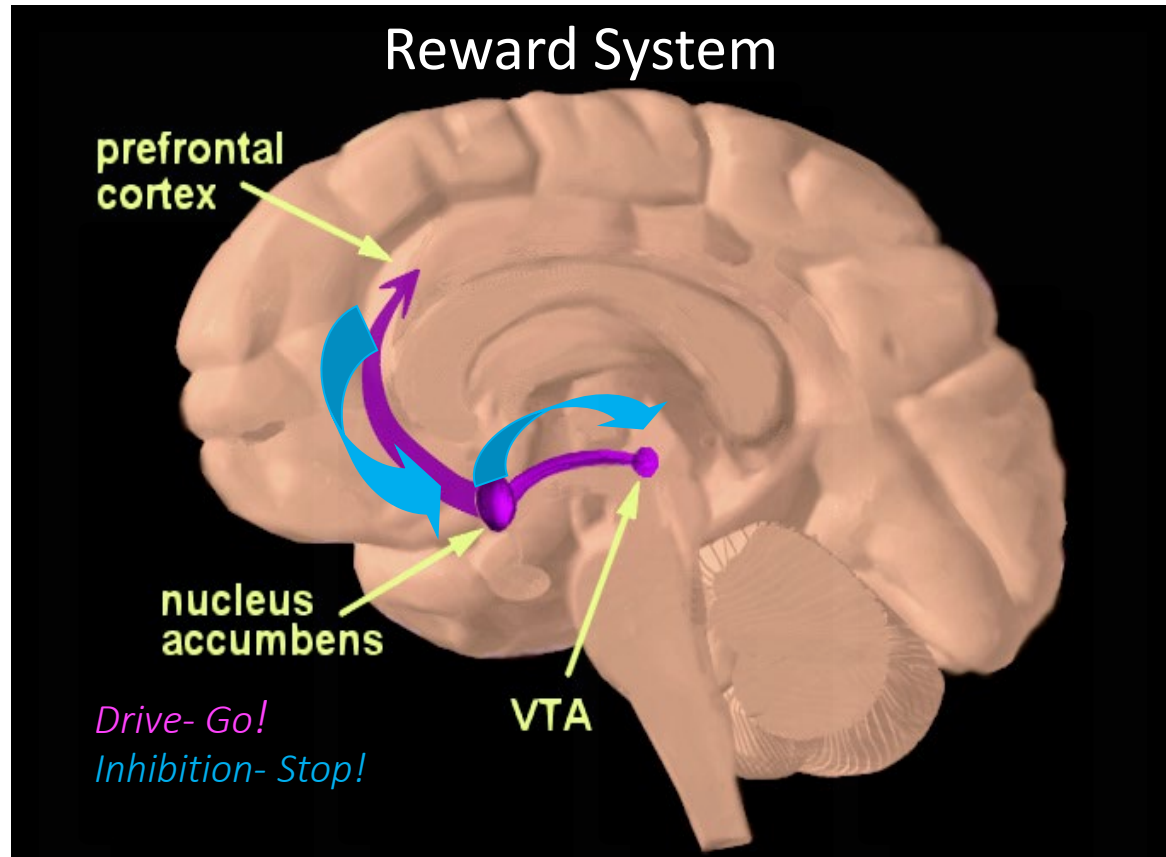# Why do people use substances?

- Curiosity/experimentation
- Elective use for euphoria/reward
- Compulsive use/addiction
- Symptom control
  - Mood, distress
  - Memories
  - Pain
  - Sleep
  - Withdrawal

SUD and
Mental Illness

SUD,
No Mental
Illness

10.8
Million

8.2
Million

36.4
Million

Mental
Illness,
No SUD

19.0 Million
Adults Had SUD

44.7 Million Adults
Had Mental Illness

NSDUH, SAMHSA
2016

Understanding reward & addiction

Reward System

prefrontal cortex

nucleus accumbens

VTA

Drive- Go!
Inhibition- Stop!

The Hijacked Brain in Addiction

INHIBITORY CONTROL

AWARENESS/ SALIENCE

PFC

Insula

ACG

OFC

SCC

Hipp

NAcc

REWARD

MOTIVATION/ DRIVE

VTA

Amyg

LC

WITHDRAWAL

MEMORY/ LEARNING

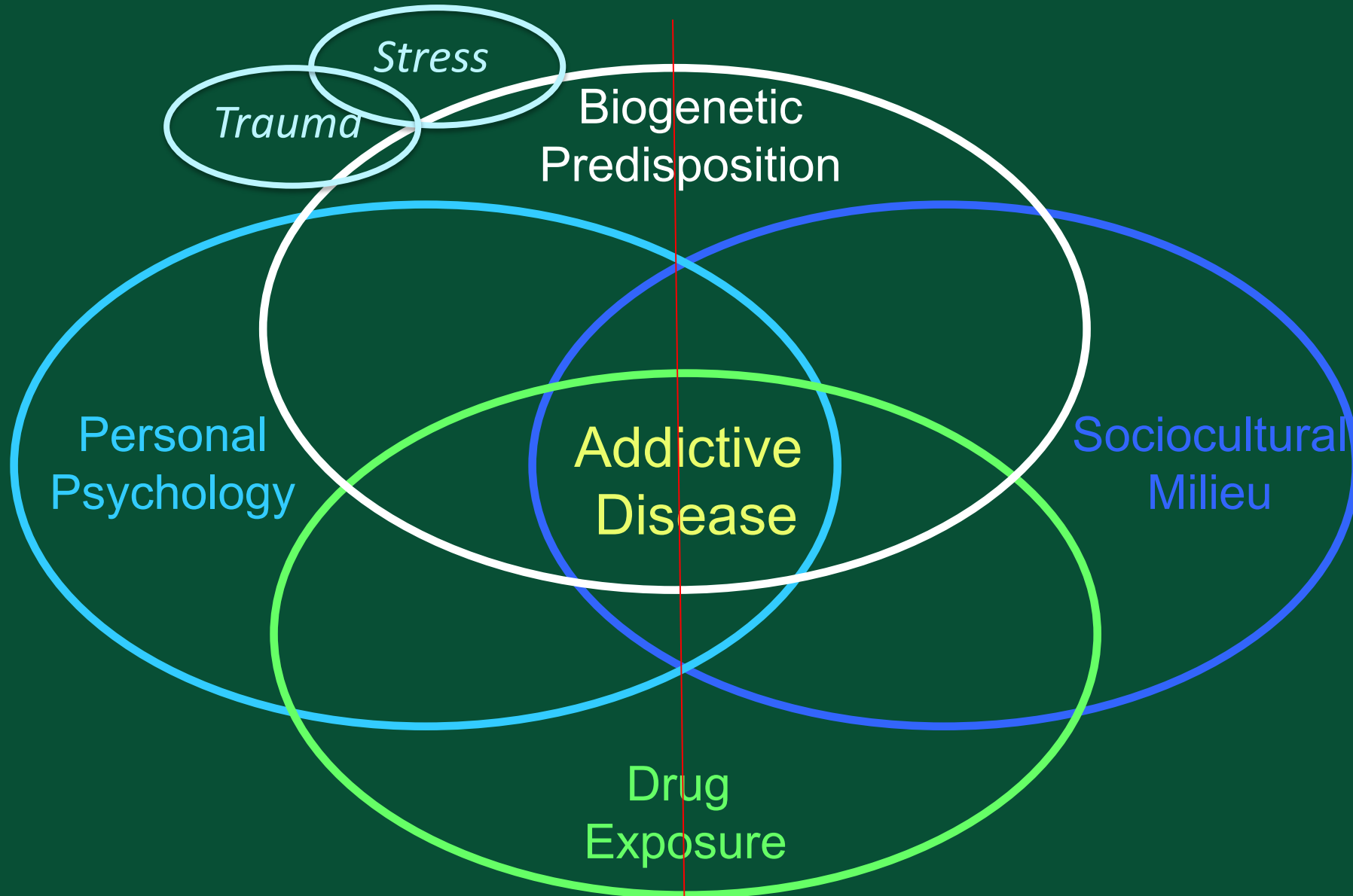After Nora Volkow, Director NIDA; 2004 Locus Ceruleus added, after Koob; Insula after Naqvi et al, 2014

We all enjoy different pleasures now and then. And we always have perfect control, right?

Why do some people develop addiction?

# When does substance use become a disorder?

> Loss of control over drug
> Continued use despite harm
> Physiologic impact

Diagnostic & Statistical Manual of Mental Health Disorders, 5th Ed DSM V, American Psychiatric Association

1. Use larger amounts or longer period of time than intended
2. Persistent desire or unsuccessful efforts to cut down or control
3. Great deal of time spent to obtain ,use, or recover from effects
4. Craving, or a strong desire to use
5. Failure to fulfill major role obligations at work, school or home
6. Persistent or recurrent social or interpersonal problems
7. Important social, work or recreational activities given up or reduced
8. Recurrent use in physically hazardous situations
9. Persistent or recurrent physical or psychological problems due to use
10. *Tolerance (increased amounts or diminished effects)
11. *Withdrawal (withdrawal symptoms or use to avoid)

Criteria not met if taking solely under medical supervision

Mild 2-3 Moderate 4-5 Severe 6+
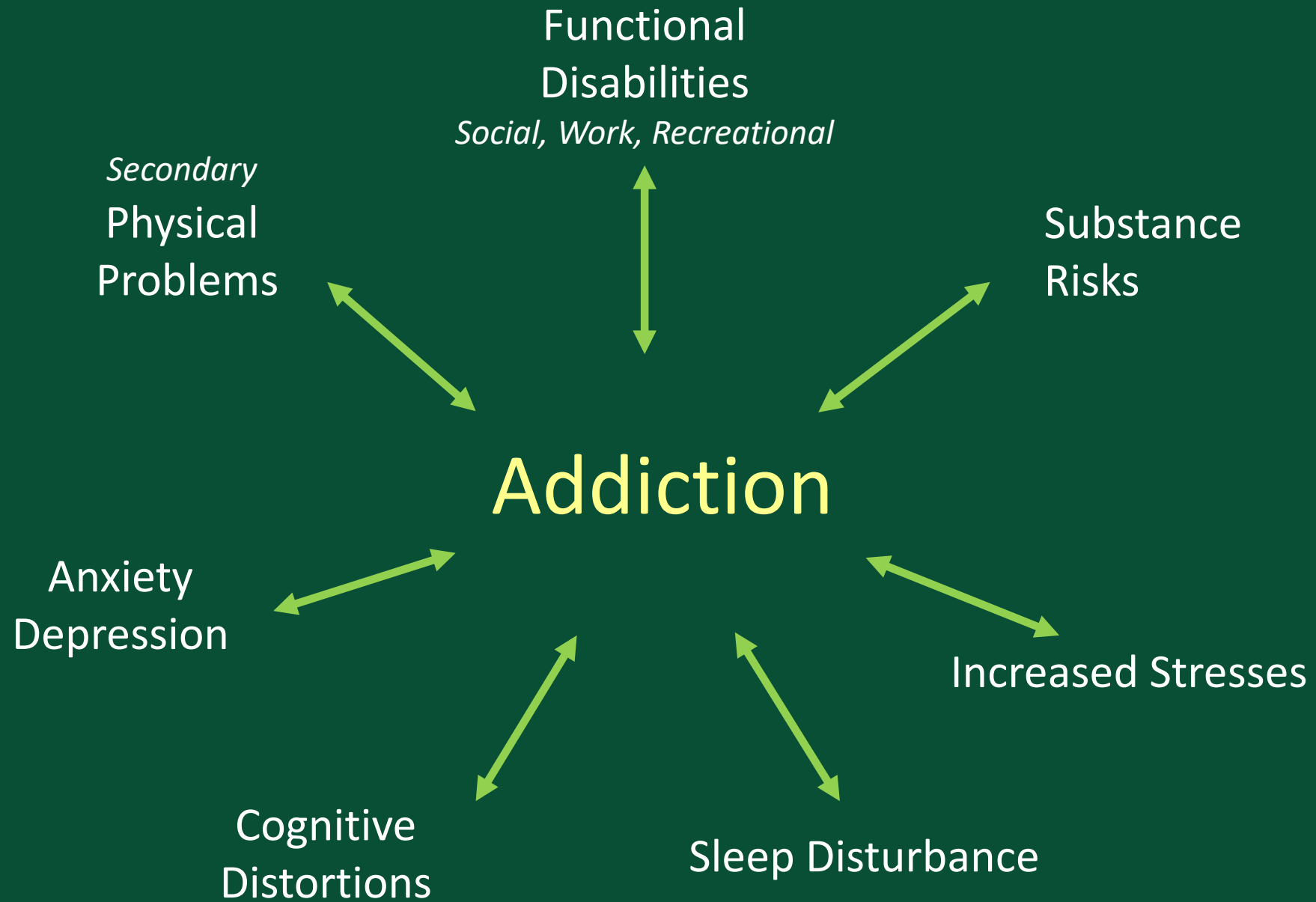
SUD is similar to other Chronic Diseases

Substance Disorders, Diabetes, Hypertension, Heart disease

- Contributors
  - Biogenetic predisposition
  - Behaviors
- Course: remissions & exacerbations
- Life-threatening: treat, no cure
- Treatment & Recovery
  - Lifestyle changes
  - Counseling
  - Self awareness & regulation
  - Pharmacologic

Treatment Engagement

Substance Use

- 40-60% abstinent
- 15-30% some use

Diabetes, HTN, Heart
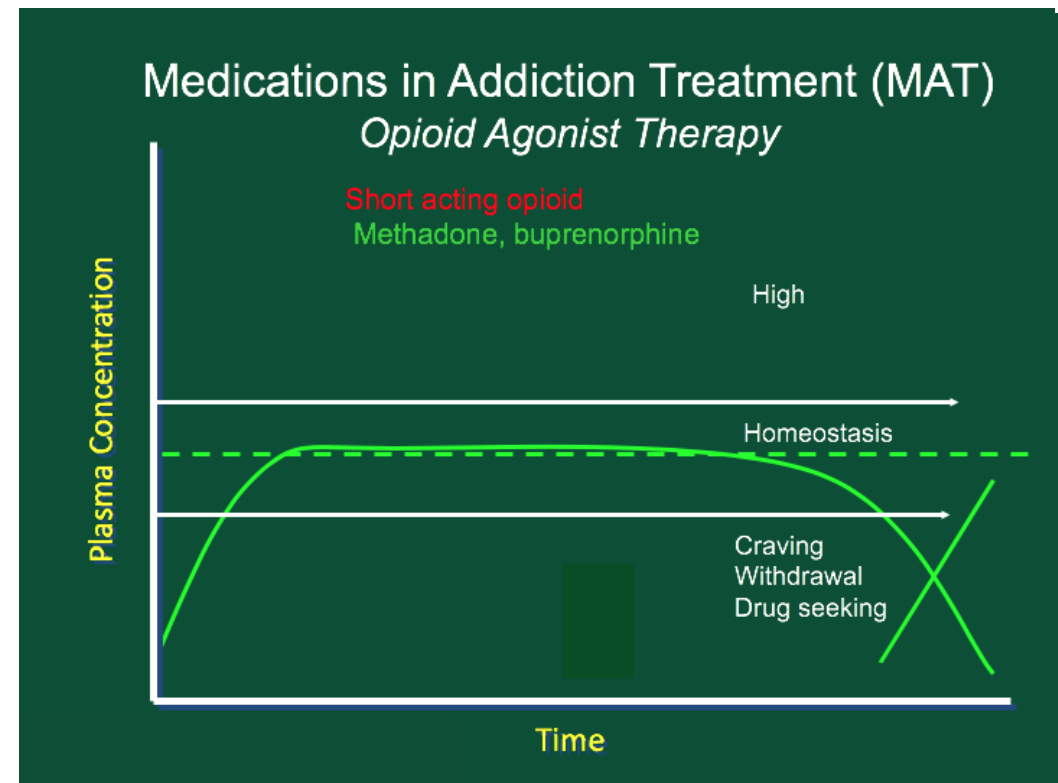
- 40-60% medication complaint
- <30% behavioral changes

- Adherence most difficult
  - Low socioeconomic
  - Poor family/social support
  - Psychiatric co morbidity

McClellan, Lewis, O'Brien, Kleber, JAMA 2000

Paths to recovery in substance use disorders

- Avoid/limit rewarding drug use
- Psychosocial interventions
  - Peer support
    - Group based -AA, NA, RR, Smart Recovery, others
    - Peer recovery coaches
  - Counseling (CBT, ACT), group or individual
- Cultivation of personal well-being
  - Exercise, meditation, other self-care
  - Healthy social networks
  - Meaningful engagement
- Pharmacologic treatments

Pharmacologic therapies

- Help with physiological stabilization so can focus on recovery
- Medications are used, but functional criteria of SUD resolve
  - Options for OUD
    - Buprenorphine, partial opioid
    - Methadone, full opioid
    - Naltrexone, opioid blocker
  - Options for alcohol
    - Naltrexone
    - Acamprosate
    - Disulfiram
  - Other SUDs, less evidence

Medications in Addiction Treatment (MAT)
Opioid Agonist Therapy

Short acting opioid
Methadone, buprenorphine

High

Homeostasis

Craving
Withdrawal
Drug seeking

Plasma Concentration

Time

What might have shaped this person's journey from infant to adult with SUD?

- Stigma - *disgrace or disapproval associated with a certain circumstance, quality or identity*

- Common types
  - Social > informs responses to stigmatized persons
  - Internal > shapes stigmatized persons feelings about themselves
  - Institutional > shapes how systems engage with stigmatized people

- Ending stigma & discrimination
  - Realistic understanding
  - Language (person centered, health oriented)
  - Empowerment: support, resources, pathways to address

Employees in recovery are assets

- Recovery promotes openness, reflection, and accountability
- Work, productivity and engagement are valued
- Reduced absenteeism, fully present
- Potential supports for others who struggle
- Risk of relapse is present, but safer to recognize and support those at risk than to be in the dark

Employers can provide powerful supports for recovery.

Resources

- Substance Abuse & Mental Health Services Administration (SAMHSA)
  - Substance use general information *https://www.samhsa.gov/find-help/disorders*
  - Drug-Free Workplace information & toolkits *https://www.samhsa.gov/workplace*
- CDC Workplace Health Promotion *https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/alcohol-substance-misuse.html*
- National Safety Council Drugs at Work https://www.nsc.org/work-safety/safety-topics/drugs-at-work
- National Institutes on Drug Abuse *https://www.drugabuse.gov*
- NH Doorway portal to treatment *https://thedoorway.nh.gov/home*
- NH Recovery Hub *http://nhrecoveryhub.org*
- NH Recovery Friendly Workplace *https://www.recoveryfriendlyworkplace.com*

Reminders:

- Next session Oct. 24th – Workplace Policies and Practices (Jenny Levy)

- Please type your name, organization, and email into chat
- Slides will be posted to the D-H ECHO Connect site
- Please complete post-session survey (link will be emailed)
- Please submit cases