Pacific NorthWest Economic Region

Addictions in North America:
A Research Review

Mental Health and Addictions in the Workplace

SPECIAL SYMPOSIUM – PNWER Annual Meeting

July 18, 2010 – Calgary, Alberta, Canada

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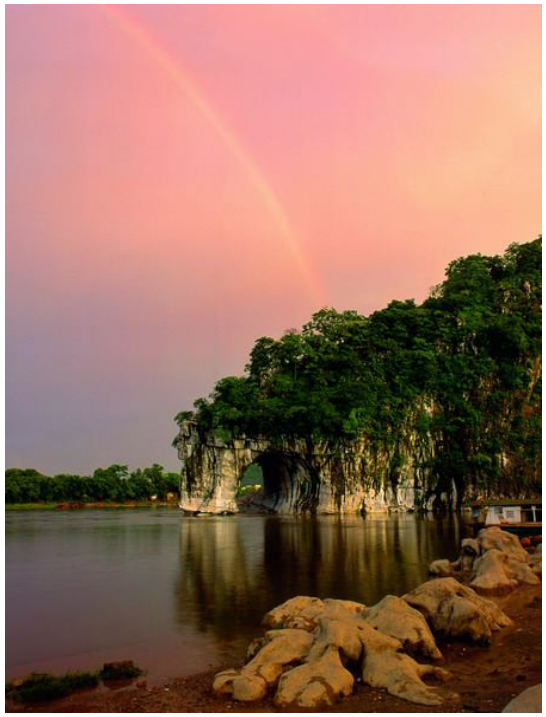
OUTLINE



(1) Prevalence in Society

(2) Consequences & Costs

(3) Complex Nature of Addictions

(4) Clinical Care & Prevention

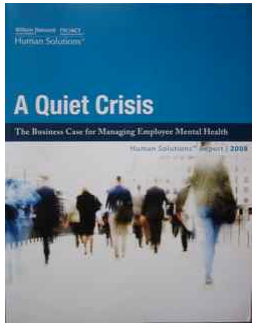
(5) Trends – Parity Law in US

Expanding Research Knowledge Base for Mental Health and Addictions in the Workplace

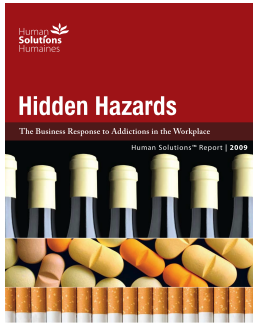
1,000 +

RESEARCH STUDIES

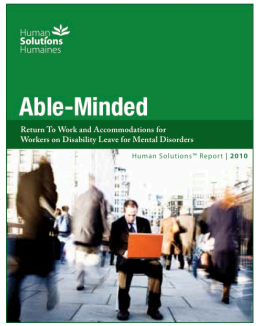
2007
Watson Wyatt "Gap" Report



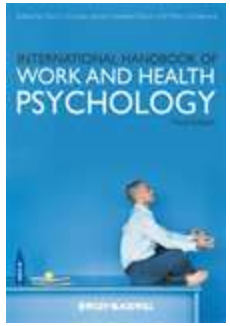
2008
Quiet Crisis Report



2009
Hidden Hazards Report

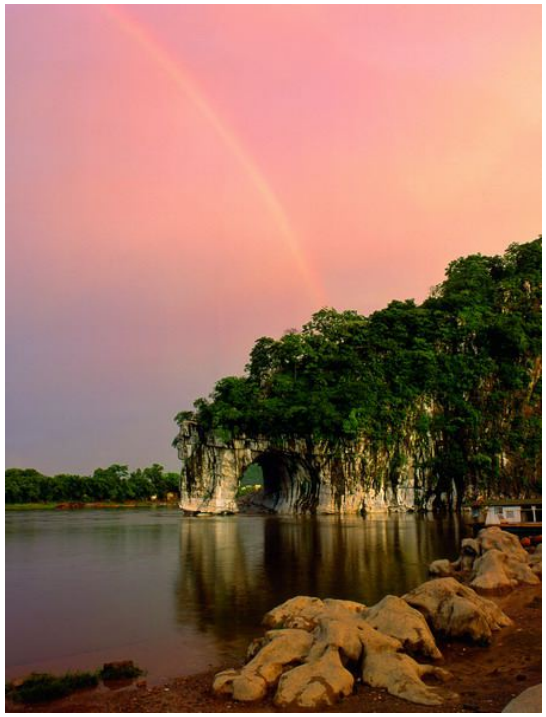


2010
Able-Minded Report



2009
Handbook Chapter: EAP Research

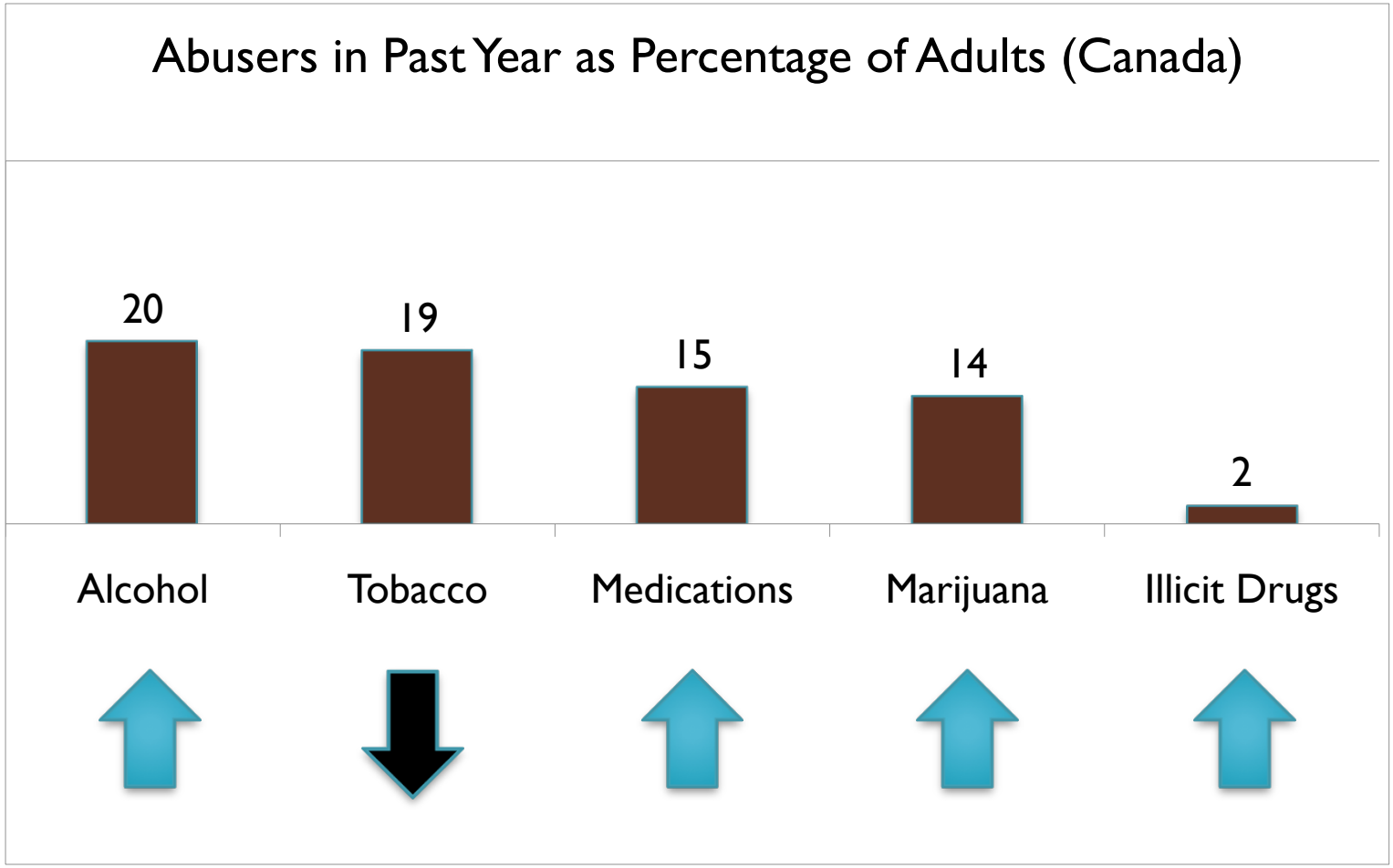
PART I



Prevalence in Society

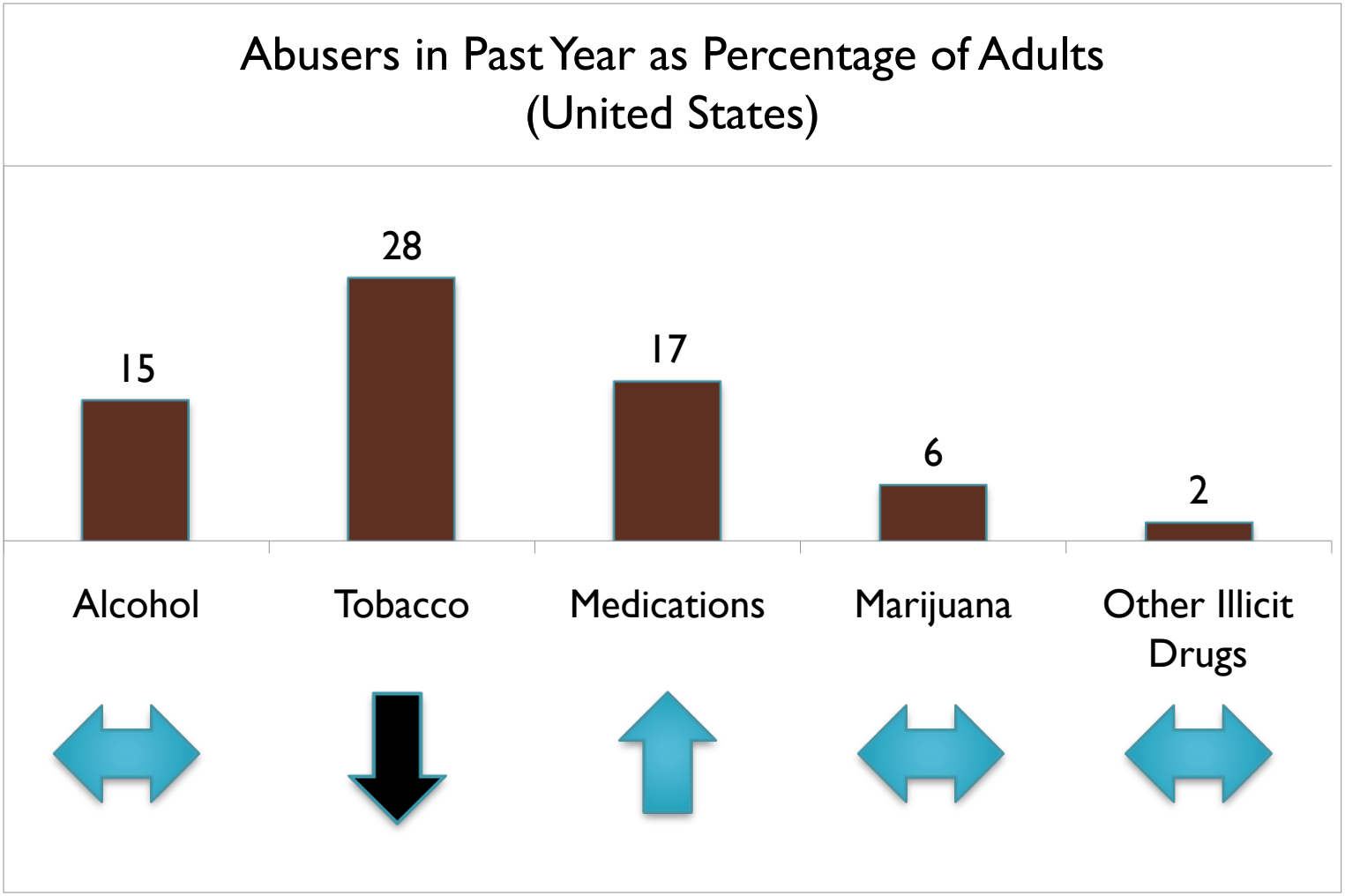
How big is the problem?

Substance Addictions Prevalence and Historical Trends: Canada



Source: Attridge & Wallace (2009), MacMillan et al. (2009)

Substance Addictions Prevalence and Historical Trends - US



Source: Finnerty (2005), Frone (2006a & 2006b), Larson et al. (2007), SAMHSA (2009)

Behavioral Addictions Prevalence and Historical Trends (North America)

Addiction	Rate in Adult Population	Trend
Gambling	5% problem; 2% pathological	Increasing
Sex	3% to 6%	Increasing
Food / Eating	5% women, <1% men	Increasing
Internet Use	Unknown (estimated 1%)	Increasing
Workaholism	Unknown (estimated 1%)	Increasing

Source: Attridge & Wallace (2009)

People with Addictions are in the Workplace

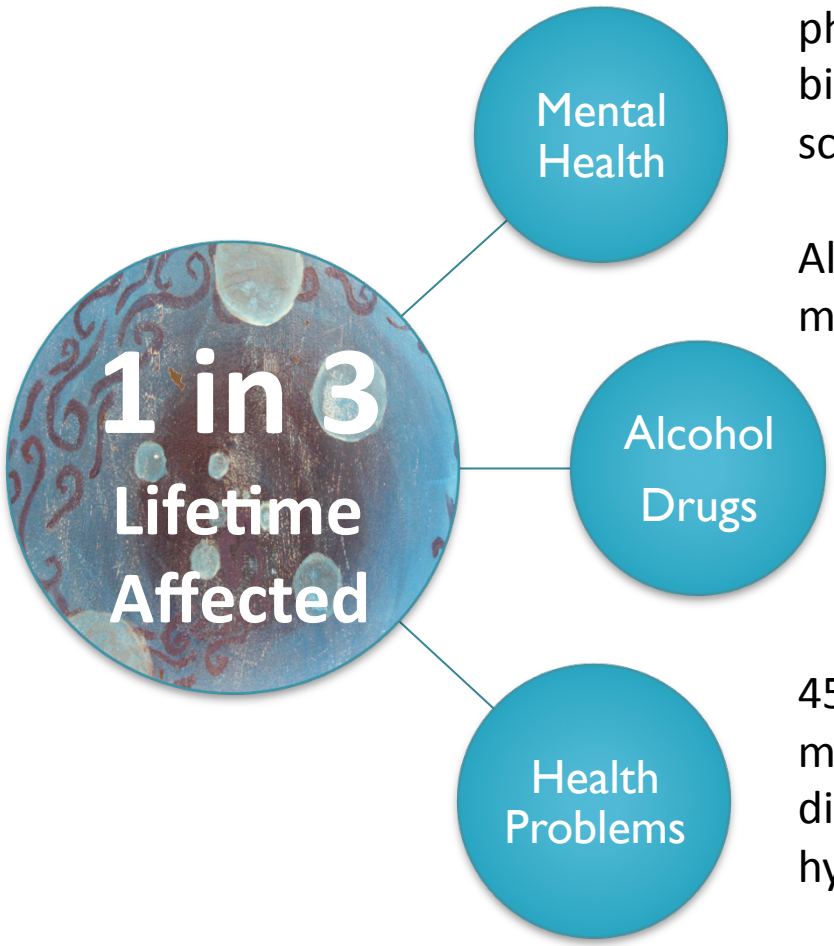
- Most people with addictions have jobs

- Alcohol and drug use tends to be higher among **smaller sized employers** and in certain **industries**:

  - construction and oil/gas mining
  - transportation
  - installation, maintenance and repair
  - arts, entertainment and recreation
  - accommodations and food services
  - retail service occupations

Source: Kirby et al. (2006), Larson et al. (2007), SAMSHA (2009)

Mental Health Disorders are also Commonly Experienced & Overlap with Addictions



25% of adults in a year have anxiety, phobias, panic attacks, depression, bipolar/manic depression, OCD, ADHD, schizophrenia, or suicide

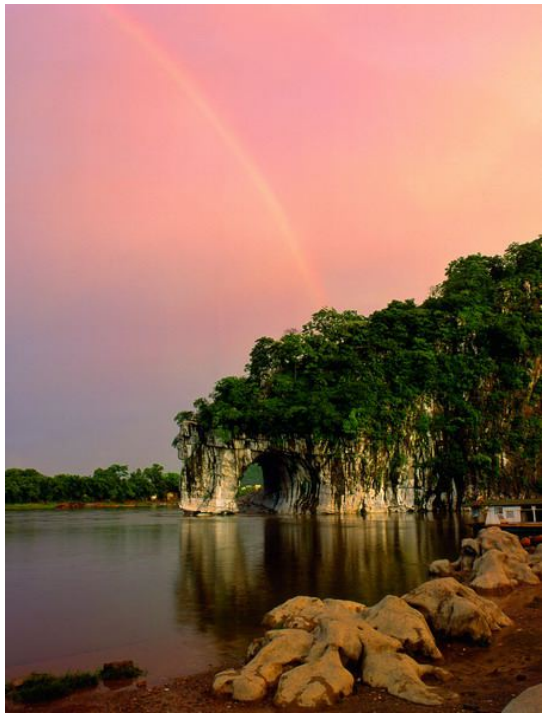
Almost half of these people have multiple MH conditions at same time

1 in 3 mental health cases also have substance or other addiction problems at the same time

45% of mental health cases also have medical conditions – pain, heart disease, COPD, diabetes, asthma, hypertension, cancer, sleep problems

Source: Attridge (2008), Dewa et al. (2004), Frone (2006a&b), Kessler et al. (2005), NIMH (2008)

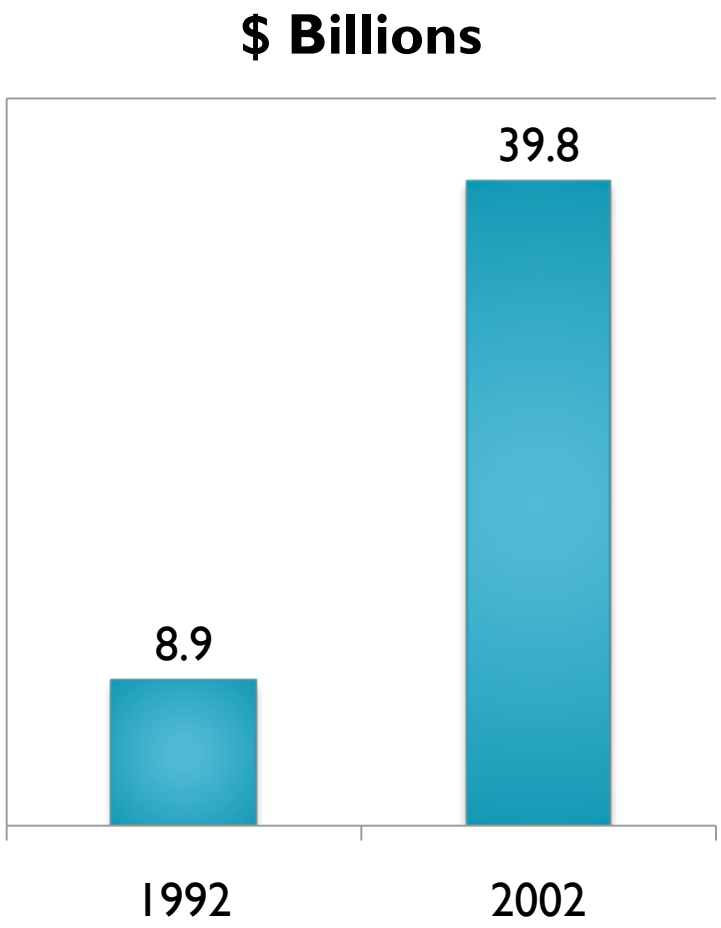
PART 2



Consequences & Costs

What Does the Problem Cost?

Alcohol and Drug Addiction Costs to Canadian Society are Increasing



Source: Single et al. (1996); Rehm et al. (2006)

Combined costs of:

- health care
- law enforcement
- work productivity
- disability
- premature death

- Average $1,267 per every citizen

Addictions and Mental Health Disorder Cost to US is Enormous

National Institutes of Health has concluded that the costs for alcohol / drug abuse and mental health disorders are

greater than or similar to

the costs of many other medical conditions, including:

* heart disease
* smoking
* Alzheimer's disease
* obesity
* diabetes
* cancer
* stroke

The annual costs to US society for mental health disorders and addictions combined:

$200 to $300 Billion

Average of over $1,000 per every citizen.

Source: Larson et al. (2007), ONDCP (2004) - NIH study

Magnitude of Damage from Alcohol Abuse is Profoundly Under-Recognized

Studies in both Canada and US have concluded that after nicotine/smoking, alcohol abuse is by far the most damaging of all other addictions.

This is due to its legal availability, high prevalence, early onset, severity, chronic life course and frequent relapse.

Yet, most people consider illicit drugs – not alcohol – as the greater problem for society; and policy implications follow this priority

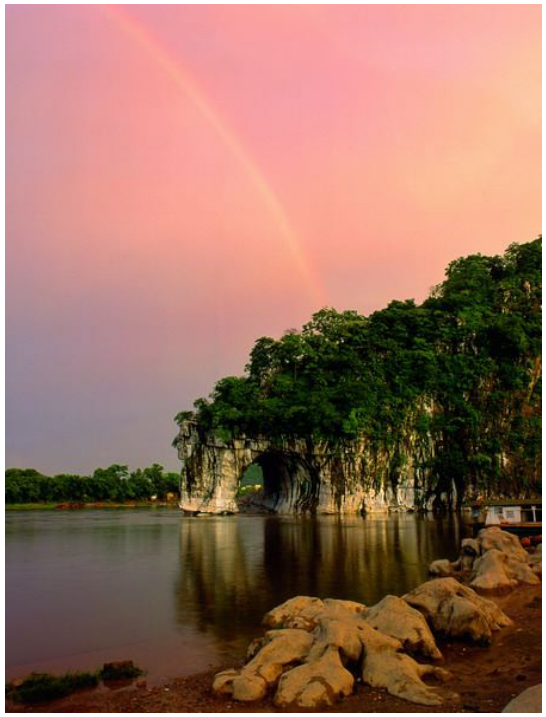
Source: Racine & Flight (2006), Thomas & Davis (2007), ONDCP (2004)

Addiction Saps Workplace Productivity

- Majority of all addiction related costs (61%) are in the area of diminished on-the-job **work productivity** and **unscheduled work absence**.
- Addictions also are also associated with higher health care costs, worker injuries, disability claims, workgroup morale problems, job turnover, and company risks for safe work environments, equipment loss and lawsuits.

Source: Attridge &Wallace (2009), Rehm et al. (2006)

PART 3



Nature of Addictions

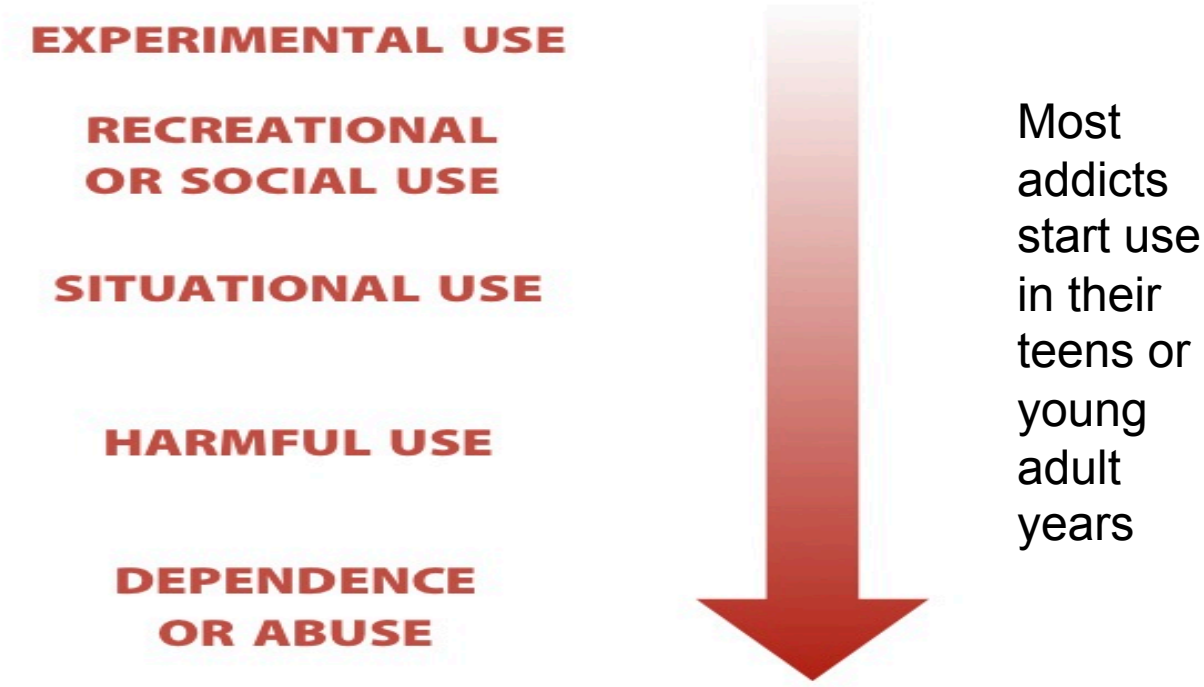
Why is the problem so difficult and complicated?

What "Causes" Addiction?

- Moral Model – *only a "bad person" gets addicted and can't quit because of personal weakness*
- Disease Model – *genetic and neurobiological factors are involved that affect brain chemistry*
- Behavioural Model – *some parts of the addiction are psychologically rewarding to the person and as learned behavior, can also be unlearned*

Getting Addicted Often Starts Young and Involves Many Gradual Steps Before Abuse

Continuum Model of Progression Toward Alcohol or Drug Abuse

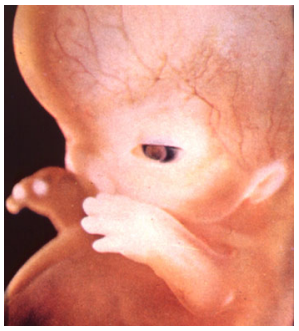


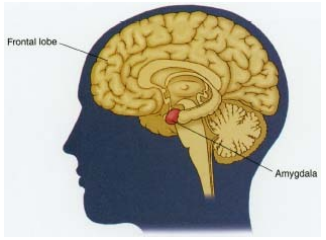
Most addicts start use in their teens or young adult years

Source: Attridge & Wallace (2009)

Epigenetic Neuroscience Research - New Ideas on Causal Pathways to Addictions

"This is an extraordinary moment in the science of mental disorders. The intellectual basis of psychiatry is shifting, from reliance on psychological principles and theory to research findings and understanding the brain through neuroscience."

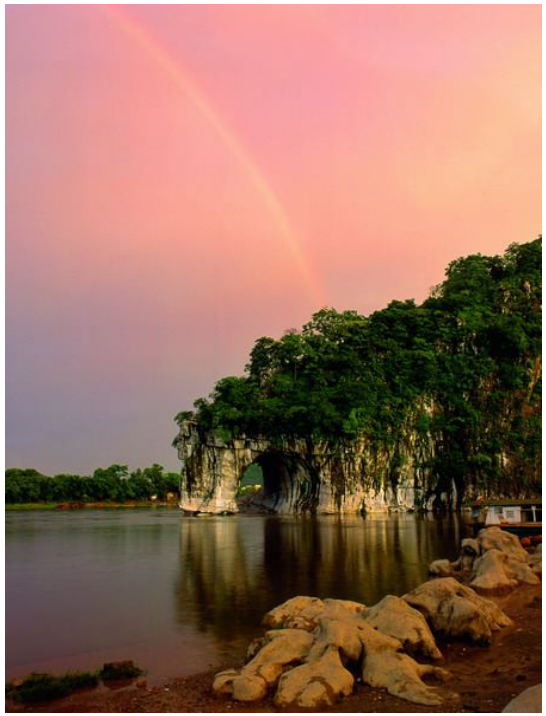




Dr. Thomas Insel, Director of the National Institutes of Health (NIH – US) (*Journal of Clinical Investigations,* 2009)

Source: Duci & Goldman (2008), Thompson et al. (2009)

PART 4



Clinical Care & Prevention

Can the problem be treated or prevented?

Many Treatment Options for Addictions

* self-help (often multiple failed attempts) = weak evidence

* group-based peer-support programs (AA) = modest evidence

* talk therapy (various types) = best evidence

* brief residential detox with counseling = good evidence for severe

* Rx medications (detox or craving reduction) = mixed evidence

* harm avoidance programs = emerging good evidence

Effectiveness of treatment varies by patient and severity of abuse

Good outcomes for treatment are when even just half of patients reduce use; few abstain over long-term; most relapse and use again

Source: Attridge & Wallace (2009), Raistrick, Heather, & Godfrey (2006)

So what have we learned so far?

Source: Suomi (2010)

Addiction is a Life-long Condition

The Addiction Cycle Often Repeats Over Time - Even with Treatment - and Can Get Worse

Source: Cleck & Blendy (2008)

Addiction is a Life-long Condition

The Addiction Cycle Often Repeats Over Time - Even with Treatment - and Can Get Worse

Implication: Addictions should be considered as "chronic diseases" and treated as such in health care system and benefits policy with prevention and early intervention the primary objectives

Source: Cleck & Blendy (2008)

Early Detection and Brief Interventions for Addiction: A Workplace Opportunity

- Screening, Brief Interventions and Referral for Treatment (SBIRT) Approach – partner with EAPs
- Apply evidence-based clinical support quickly after test positive screenings sponsored by workplace
- Resources from George Washington University for helping employers with staring SBIRT for alcohol
- Pilot research success with SBIRT in the US with several major health plans and partner employers

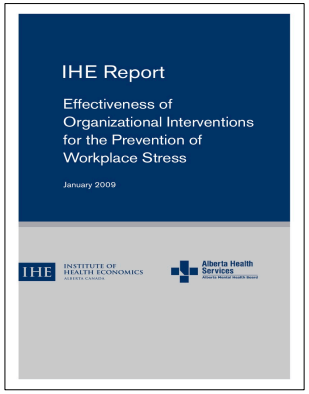
Ensuring Solutions to Alcohol Problems
THE GEORGE WASHINGTON UNIVERSITY MEDICAL CENTER

Source: Goplerud et al. (2010), Larson et al. (2007)

Changing the Workplace to Prevent Problems and Support Affected Workers

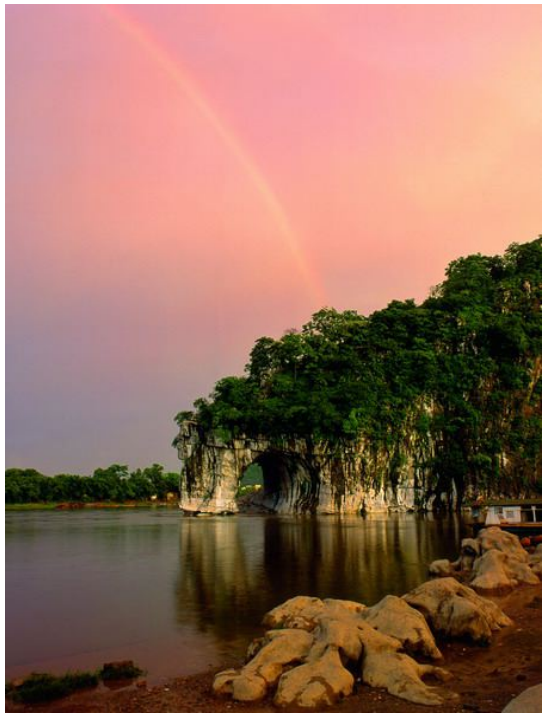
Research has consistently revealed that interventions delivered at the *organizational level* are needed and also tend to be often more effective than traditional interventions delivered at the individual level because they address the prevention of problems.

- Employee "Engagement" in Work
- Family Leave Benefits & Flex Scheduling
- Positive Corporate Culture
- Psychological Safety at Work Legal Risk



Source: Attridge et al. (2009), Barling (2007), Bergerman et al. (2009), Couser (2008), Harvey et al. (2006), Richardson & Rothstein (2008)

PART 5



Parity & Equity Law in the US

Can the insurance coverage and treatment costs for mental health and addiction be improved to be the same as for medical and surgical problems?

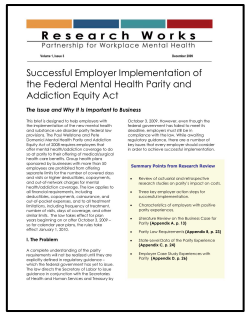
Basics of Mental Health Parity & Addictions Equity Act

- Mental Health Parity and Addiction Equity Act passed into law on October 3, 2008
- Took effect on January 1, 2010 for most employers
- Significant upgrade from the first Mental Health Parity Act of 1996 which prohibited lifetime spending caps, but had excluded substance abuse/addictions
- Parity now covers addictions
- Self-insured (large) employers no longer exempt
- Applies to business with 50+ employees
- Equal cost and access requirements for all major aspects of insurance for covered health benefits so that medical/surgical = mental health/addictions

Parity Policies Have Positive Impacts

Results from over 20 different actuarial and retrospective studies at the state and national levels provide evidence that parity for MH/SA services:

- Has a negligible effect on overall health costs (< 1%)
- Significantly reduces out-of-pocket costs for users
- Slightly increases use of services for mild and moderate severity MH/SA cases –who need care
- Better care for MH/SA has large cost offsets
- Signals end of ineffective dual care systems
- Improves social acceptance of MH/SA


Research Works
Partnership for Workplace Mental Health

Successful Employer Implementation of the Federal Mental Health Parity and Addiction Equity Act

The Issue and Why it is Important to Business

Source: *ResearchWorks* Volume 1, Brief 3 (Attridge, 2009b)

The US Parity Law and Other Trends are Increasing the Acceptance of Addiction

Greater disclosure about addiction and related MH problems – depression - by admired public figures is also changing attitudes.

Sports Illustrated

For the Record

Recovering From a drug overdose, former tennis star Jennifer Capriati *(above)*, who was

Indicted By a Rockland County (N.Y.) grand jury, pro football Hall of Famer Lawrence

Reducing the Negative Stigma about MH and Addictions Can Open Doors to Prevention, Early Detection, and More Effective Care

And … YOU can make a difference too

Thank You

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