

Supervisor Newsletter



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Depression is the number one risk factor for suicide.
Substance abuse is the number two risk factor for suicide.
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Substance Abuse, Depression & Suicide

Depression is the number one risk factor for suicide. Substance abuse is a number two. Substance abuse is a significant factor in many suicide deaths. Drug free workplace programs can help to prevent suicide.

According to a 2019 study that examined almost half a million American workers, the percentage of employees with symptoms of depression rose more than 18% from 2014 to 2018. COVID-19 increased depression symptoms another 3-fold in 2020.

There is an extremely high burden of depression among American workers. More than 20% of the American workforce experiences some form of mental disorder, and depression and substance abuse are among the most common problems. But because suicidal thoughts and subsequent behavior can be difficult to identify, many supervisors and human resource professionals may not be aware of how it impacts the workplace.

Depression is a major driving force of healthcare costs and the leading diagnosis for suicidal behavior. Absenteeism levels increase when people experience high levels of distress, and suicidal behavior results in medical costs and lost productivity costs.

For example:

- Lost earnings from suicide cost workplaces \$1.3 billion per year
- For each suicide that is prevented, an average of \$1,182,559 is saved, including \$3,875 in medical expenses and \$1,178,684 in lost productivity.

It is in the best interest of employers to prevent suicide and suicidal behaviors, and workplaces can be a critical partner in preventing suicide.

What Employers Can Do to Prevent Suicide

The workplace is the last point of sustained human contact for many of the 45,000 people who kill themselves each year in the United States. Coworkers usually have more face time than neighbors or even family members and may be able to pick up on changes in appearance, behavior, or mood. Supervisors who are trained in suicide prevention can better identify the signs and symptoms of depression, bipolar disorder, drug or alcohol dependence, and other mental illnesses that can lead to suicide.

While it is evident that preventing suicide is beneficial for employees and employers, the value of creating a mentally healthy work environment goes far beyond cost savings for businesses. Supporting workers through tough times fosters a sense of loyalty that helps lift morale and retention. The promotion of mental health is an investment in a company's greatest asset: its people.

Companies have an opportunity to give people a sense of purpose and community, both of which are psychological buffers to distress. Many businesses—especially those with drug free workplace programs in place—have built-in mechanisms for disseminating information about health risks and for linking employees to resources such as employee assistance programs (EAPs). The benefits of creating a culture of health and safety and preventing suicide in the workplace are substantial.

Here are some simple steps employers can take to promote mental health and prevent suicide:

1. Create a workplace that encourages communication, a sense of belonging, connectedness, and respect.

2. Define a clear no-tolerance policy for harassment, bullying, or intimidation, and ensure that the policy is communicated and enforced at all levels.

3. Make workshops or "lunch & learns" available on how to reduce stress and deal with depression and reward employees who attend.

4. Train managers and supervisors in how to identify the warning signs of suicide.

5. Identify and assist employees who may be at risk for suicide.

6. Be prepared to respond to a suicide death by having a written plan in place.

The following information is provided by the Georgia Department of Behavioral Health & Developmental Disabilities. Getting Help Is Easier Than You Think

The past couple of years have been hard—fear, isolation, loss, money troubles, uncertainty about the future, arguments, division, and much more. Many of us struggle at times with feelings of sadness, anger, miscommunication, increased substance use, or other issues that have caused problems in our relationships or jobs. Today, more and more people are recognizing that it is not only ok to get help, but it is actually a great thing to get help! The problem is how do we get help? It may be easier than you think.

Every area of Georgia is served by a Community Service Board (CSB) that offers mental health and substance abuse services. You can also call the Georgia Crisis and Access Line (GCAL) 24/7 at 1-800-715-4225 to get connected to services, or visit this website to find the closest provider: <https://dbhdd.georgia.gov/locations/community-service-board>. If you have a job, you can check your benefits to see if your employer has an employee assistance program (EAP) which will often include free, confidential mental health benefits. If you have health insurance, you can call the number on your insurance card to be referred to a trusted provider in your network. A very convenient tool is the Psychology Today website (<https://www.psychologytoday.com/us>), which has the 'Find a Therapist' feature. You can search for a counselor that is the perfect match for you and your needs. Your church or local faith community may also offer pastoral or religious counseling options or can refer you to a counseling ministry connected to a nearby faith community.

To learn more about suicide prevention, visit the DBHDD website at: <https://dbhdd.georgia.gov/suicide-prevention>. Or contact the Suicide Prevention Director, Rachael Holloman, at: rachael.holloman@dbhdd.ga.gov. **National Suicide Prevention Lifeline:** 1-800-273-TALK (8255).



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Addiction is a Brain Disease

According to the American College of Neuropsychopharmacology, addiction is a disease of the brain. This view of addiction has long been widely accepted in the neuroscience community.

The National Institute on Drug Abuse has stated that addiction is a chronic, relapsing brain disease that causes habitual drug-seeking behavior and abuse in spite of destructive consequences to the addict and their loved ones.

Medical science has confirmed that addiction is a brain disease because the use of drugs leads to changes in the neurobiology (make-up and function) of the brain.

While it is true that for most people the initial choice to take drugs is deliberate, over time the changes in the brain caused by recurring drug abuse can affect a person's restraint and capacity to make sound decisions, and at the same time create a powerful desire to take more drugs.

It is because of these physical and psychological alterations to the brain that it is so difficult for a person who is addicted to stop abusing drugs. Fortunately, there are treatments that can help people to lessen the powerful and harmful effects of addiction and regain control.

Drugs are chemical substances that tap into the brain's communication system and interfere with the way

How Drugs Affect the Brain

nerve cells normally send, receive, and process information. There are at least two ways that drugs can do this:

1. By mimicking the brain's natural chemical messengers, and;
2. By over-exciting the "reward circuit" of the brain.

Some drugs, like heroin and cannabis, have a similar structure to chemical messengers, called neurotransmitters, which are naturally created by the brain. Because of this similarity, these drugs can "fool" the brain's receptors and activate nerve cells to send irregular and nonstandard messages.

Other drugs, like methamphetamine or cocaine, can cause the nerve cells to discharge extra large amounts of natural neurotransmitters, or prevent the normal recycling of these brain chemicals, which is needed to shut off the signal between neurons. This disruption produces a greatly intensified message that ultimately interrupts normal communication patterns.

Dopamine and the Brain

Almost all drugs, directly or indirectly, target the brain's reward system by saturating the circuit with dopamine.

Dopamine is a neurotransmitter present in areas of the brain that control movement, emotion, motivation, and feelings of pleasure. The overstimulation of this system, which normally responds to normal behaviors that are linked to survival (eating, spending time with loved ones, etc.), produces euphoric effects in response to the drugs. This reaction sets in motion a pattern that "teaches" people to repeat the behavior of abusing drugs.

As a person continues abusing drugs, the brain adjusts to the overwhelming surges in dopamine by producing less dopamine or by reducing the number of dopamine receptors in the reward circuit. As a result, dopamine's impact on the reward circuit is lessened, reducing the abuser's ability to enjoy the drugs and the things that previously brought pleasure. This decrease causes those addicted to drugs to keep abusing drugs to attempt to bring their dopamine function back to normal. And they may now require larger amounts of the drug than they first did to achieve the dopamine high—an effect known as tolerance.

Managing the Disease of Addiction

Similar to other chronic, relapsing diseases, such as diabetes, asthma, or heart disease, drug addiction can be managed successfully in spite of the changes to the brain caused by drug use. But, as with other chronic diseases, it is not uncommon for a person to relapse and begin abusing drugs again. Relapse, however, does not signal failure—rather, it indicates that treatment should be reinstated, adjusted, or that alternate treatment is needed to help the individual regain control and recover.

Keep in mind however that addiction treatment, as with all chronic disease treatments, requires significant lifestyle and behavioral changes to maximize the chance of recovery. This is one of many reasons that it is critical when a person is going to stop taking drugs that they seek the help of a professional.

Because of the complexity of factors that can lead to addiction and because of the need for ongoing medical care and lifestyle change, most contemporary treatment strategies

involve regular in-person and/or telephone monitoring of treatment protocol adherence, coupled with encouragement and support for pro-health changes in diet, exercise, and stress levels. More and more often, family members are being trained to also provide continued monitoring and support for the behavioral changes necessary to maintain symptom remission and sustain good quality of life.

Today's addiction treatment programs are designed to be client-centered and can not only make withdrawal comfortable for the person, but also equip the addict with the necessary tools to get clean and stay clean. And because addiction can affect so many aspects of a person's life, treatment must address the needs of the whole person to be successful.

If you are addicted to drugs or alcohol and considering getting help, start by asking yourself these four questions:

1. What do I enjoy about my addiction? (List as many things as you can that you like about being addicted).
2. What do I hate about my addiction? (List all the bad, undesirable results of being addicted).
3. What will I like about giving up my addiction? (This gives you a list of things to look forward to when you are no longer addicted).
4. What do I think I won't like about giving up the substance to which I am addicted? (This tells you what coping skills you will need to develop to enter and remain in recovery).

Making this list and continuing to add to it over time will help you to realize that the negative impact of addiction far outweighs any perceived benefits.

DFW en Español



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La depresión es el factor de riesgo número uno para el suicidio. El abuso de sustancias es el factor de riesgo número dos para el suicidio.
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La adicción es una enfermedad cerebral

Según el American College of Neuro-psychopharmacology (Colegio Americano de Neuropsicofarmacología), la adicción es una enfermedad del cerebro. Esta visión de la adicción ha sido ampliamente aceptada en la comunidad de las neurociencias.

El National Institute on Drug Abuse (Instituto Nacional sobre el Abuso de Drogas), ha declarado que la adicción es una enfermedad cerebral crónica y relincente que ocasiona un comportamiento habitual de búsqueda y abuso de drogas, a pesar de las consecuencias destructivas para el adicto y sus seres queridos.

La ciencia médica ha confirmado que la adicción es una enfermedad del cerebro porque el uso de las drogas provoca cambios en la neurobiología (la composición y el funcionamiento) del cerebro.

Si bien es cierto que para la mayoría de las personas la decisión inicial de consumir drogas es deliberada, con el tiempo los cambios en el cerebro causados por el abuso recurrente pueden afectar la capacidad de una persona para moderarse y tomar decisiones acertadas, y al mismo tiempo, crear un poderoso deseo de consumir más drogas.

Es por estas alteraciones físicas y psicológicas del cerebro que es tan difícil para una persona adicta dejar de abusar de las drogas. Afortunadamente, existen tratamientos que pueden ayudar a las personas a disminuir los efectos poderosos y dañinos de la adicción y recuperar el control.

Cómo afectan las drogas al cerebro

Las drogas son sustancias químicas que se conectan al sistema de comunicación

del cerebro e interfieren con la forma en que las células nerviosas envían, reciben y procesan normalmente información. Hay al menos dos formas en las que las drogas pueden hacer esto:

1. Imitando a los mensajeros químicos naturales del cerebro, y
2. Sobreexcitando el "círculo de recompensa" del cerebro.

Algunas drogas, como la heroína y el cannabis, tienen una estructura similar a los mensajeros químicos, llamados neurotransmisores, que el cerebro produce de forma natural. Debido a esta similitud, estas drogas pueden "engañar" a los receptores del cerebro y activar las células nerviosas para que envíen mensajes irregulares y atípicos.

Otras drogas, como la metanfetamina o la cocaína, pueden hacer que las células nerviosas descarguen cantidades inusualmente grandes de neurotransmisores naturales, o impedir el reciclaje natural de estas sustancias químicas cerebrales, lo cual es necesario para apagar la señal entre las neuronas. Esta perturbación produce un mensaje muy intensificado que finalmente interrumpe los patrones normales de comunicación.

La dopamina y el cerebro

Casi todas las drogas, de forma directa o indirecta, se dirigen al sistema de recompensa del cerebro saturando el circuito con dopamina.

La dopamina es un neurotransmisor presente en áreas del cerebro que controlan el movimiento, las emociones, la motivación y la sensación de placer. La sobreestimulación de este sistema, que suele responder a comportamientos normales vinculados con la supervivencia (comer, pasar el tiempo con seres queridos, etc.), produce efectos eufóricos en respuesta a las drogas. Esta

cambios en el estilo de vida, la mayoría de las estrategias de tratamiento contemporáneas implican un seguimiento habitual en persona o por teléfono de la adherencia al protocolo del tratamiento, además del estímulo y apoyo para realizar los cambios en beneficio a la salud en la dieta, ejercicio y niveles de estrés. Cada vez con más frecuencia se capacita a los familiares para que también brinden seguimiento y apoyo continuo para lograr los cambios de comportamiento necesarios para mantener la remisión de los síntomas y sustentar una buena calidad de vida.

Los programas de tratamientos de la adicción de hoy en día están diseñados para centrarse en el cliente y no solo pueden hacer que el síndrome de abstinencia sea cómodo para la persona, sino también dotar al adicto de las herramientas necesarias para desintoxicarse y mantenerse así. Y debido a que la adicción puede afectar tantos aspectos de la vida de una persona, el tratamiento debe abordar las necesidades de la persona como un todo para tener éxito.

Si es adicto a las drogas o al alcohol y está pensando en buscar ayuda, comience por hacerse estas cuatro preguntas:

1. ¿Qué disfruto de mi adicción? (Enliste las más cosas que pueda que le gusten de estar adicto).

2. ¿Qué odio de mi adicción? (Enliste los resultados negativos e indeseables de su adicción).

3. ¿Qué me gustaría de abandonar mi adicción? (Esto le da una lista de cosas que puede esperar cuando ya no tenga adicción).

4. ¿Qué es lo que creo que no me gustará de dejar la sustancia a la cual estoy adicto? (Esto le dice las habilidades de afrontamiento que necesita desarrollar para entrar y permanecer en la recuperación).

Hacer esta lista y agregarle cosas con el tiempo lo ayudará a darse cuenta de que el impacto negativo de la adicción supera con creces cualquier beneficio percibido.

reacción pone en marcha un patrón que le "enseña" a las personas a repetir este comportamiento de abuso de las drogas.

A medida que una persona continúa abusando de las drogas, el cerebro se adapta a las oleadas abrumadoras de dopamina produciendo menos dopamina o reduciendo el número de receptores de dopamina en el circuito de recompensa. Como resultado, el impacto de la dopamina en el circuito de recompensa disminuye, reduciendo la capacidad del adicto para disfrutar de las drogas y de las cosas que antes le producían placer. Esta disminución hace que los adictos a las drogas sigan abusando de ellas para intentar hacer regresar a la normalidad su función de la dopamina. Y es posible que ahora necesiten mayores cantidades de la droga que al principio para conseguir la abundancia de dopamina, un efecto conocido como tolerancia.

El manejo de la adicción

Al igual que otras enfermedades crónicas recurrentes, como la diabetes, el asma o las enfermedades cardíacas, la adicción a las drogas se pueden controlar con éxito a pesar de los cambios que el consumo de drogas provoca en el cerebro. Pero, al igual que con otras enfermedades crónicas, no es raro que una persona recaiga y comience a abusar de las drogas nuevamente. Sin embargo, una recaída no es una señal de fracaso; sino que indica que el tratamiento se debe restablecer, ajustar, o bien que es necesario un tratamiento alternativo para ayudar a la persona a retomar el control y recuperarse.

Sin embargo, es importante tener en cuenta que el tratamiento de la adicción, al igual que con todos los tratamientos de enfermedades crónicas, requiere cambios significativos en el estilo de vida y el comportamiento para maximizar las posibilidades de recuperación. Esta es una de las muchas razones por las que es fundamental que cuando una persona vaya a dejar de tomar drogas, busque la ayuda de un profesional. Debido a la complejidad de los factores que pueden conducir a la adicción, y debido a la necesidad de la atención médica continua y de