



Official Newsletter of Drug Free Workplaces
May 2023 Vol. 24 No. 5

Published by The Council on Alcohol and Drugs
Tel (404) 223-2486 | Fax (866) 786-9811 | www.LiveDrugFree.org

Drug misuse is preventable. Prevention addresses the root causes behind drug use, protects employees, families, and young people, and stops addiction before it starts.
www.LiveDrugFree.org

DrugFree@WorkPlace

The following information is provided by the U.S. Centers for Disease Control and Prevention.

Understanding Drug Overdoses and Deaths

Drug overdoses, both fatal and nonfatal, continue to impact our nation.

Overdose deaths remain a leading cause of injury-related death in the United States. The majority of overdose deaths involve opioids. Deaths involving synthetic opioids (largely illicitly made fentanyl) and stimulants (such as cocaine and methamphetamine) have increased in recent years.

For every drug overdose that results in death, there are many more non-fatal overdoses, each one with its own emotional and economic toll. This fast-moving epidemic does not distinguish among age, sex, or state or county lines. People who have had at least one overdose are more likely to have another. If a person who has had an overdose is seen in the ED, there is an opportunity to help prevent a repeat overdose by linking an individual to care that can improve their health outcomes.

In the United States, drug overdoses have claimed over 932,000 lives over the past 21 years, and the drug overdose crisis continues to worsen. In 2020, the rate of drug overdose deaths accelerated and increased 31% from the year before. Synthetic opioids, such as illicitly manufactured fentanyl, continue to contribute to the majority of opioid-involved overdose deaths.

To save lives from drug overdose, the Centers for Disease Control and Prevention (CDC) launched four education campaigns to reach young adults (ages 18-34) who use drugs. The campaigns

provide information that can save the lives of people who use drugs or are struggling with substance use disorders and highlight actions the public can take to help prevent overdose.

Specifically, the campaigns provide critical information about these topics:

- Dangers of fentanyl
- Risks and consequences of mixing drugs
- Life-saving power of naloxone to reverse an opioid overdose
- Importance of reducing stigma to support treatment and recovery

Fentanyl's increased presence in the drug supply is a key contributor to the increase in overdose deaths. Fentanyl can be up to 50 times stronger than heroin and up to 100 times stronger than morphine, so even small amounts of fentanyl can cause an overdose.

Many illegal drugs, including counterfeit prescription opioid pills, heroin, cocaine, methamphetamine, and ecstasy, can be mixed or laced with fentanyl with or without a person's knowledge, as they would not be able to see, taste, or smell the fentanyl.

CDC's campaign on fentanyl provides information about:

- Illicitly manufactured fentanyl
- Dangers of fentanyl
- Fentanyl's roles in overdoses in the United States

To learn more about CDC's campaign on fentanyl, visit: <https://www.cdc.gov/stopoverdose/fentanyl/index.html>

The following suicide prevention information, while provided by the Georgia Department of Behavioral Health and Developmental Disabilities, will also be helpful to those in states other than Georgia. All online resources listed are available to users nationwide.

Reducing Stigma and Erasing the Fabricated Line Between Mental and Physical Health

Here in America, the CDC reports that one in five adults will experience a mental illness in a given year, and that 50% of Americans will be diagnosed with a mental illness within their lifetime. Despite the prevalence of mental illness, we treat it quite a bit differently than we treat physical illness. There is a fabricated line between mental and physical health despite the fact that our physical health greatly impacts our mental health, and vice versa. And though we have made major strides in maintaining our whole health, both mental and physical through diet, exercise, mindfulness, and meditation, there is still a tremendous amount of stigma surrounding mental illness which prevents many Americans from receiving the help that they need.

An untreated mental illness can lead to a mental health crisis which can sometimes result in suicide, which remains a leading cause of death in the United States. But like mental illness, suicide is also subject to a great deal of stigma that often prevents people at increased risk from seeking help or prevents people who are close to that individual from taking steps to get them the help that they need. The onus in reducing this stigma falls on all of us, and there are a couple of immediate changes that we can make in our personal lives to reverse this trend and to start to look at our mental health the same way we do our physical health, and to treat our mental illness the same way we treat physical illness.

The first step we can take is to change the way we talk about things like mental illness and suicide. There are countless turns of phrase that are still frequently used when referring to individuals experiencing a mental illness that further this stigma, and many of those same words are used in other contexts to describe situations like a busy day at the supermarket as "crazy" or "insane." Cutting these words out of our vocabulary takes some practice, but this is an important step towards reducing stigma. Additionally, using terms like "committed" when referring to a death by suicide also furthers stigma.

Suicide is a complex issue and mental illnesses such as bipolar disorder and major depression as well as substance use disorders can greatly increase suicide risk. Using the same language that is used to refer to criminal acts when referring to suicide only makes people who are considering it feel judged and less likely to speak openly about the way they are feeling with friends and family.

The second thing that we can all do is respond to mental illness the same way that we respond to physical illness. This might mean seeking help the same way we would if we were experiencing prolonged physical symptoms, by taking them seriously and being honest with our physicians without downplaying or invalidating our own feelings of depression and anxiety. This effort can also be reflected in how we respond to those around us when they are dealing with a mental illness by listening non-judgmentally and responding with compassion, and not by overreacting, dismissing, downplaying, or even one-upping with talk of our own struggles followed by unnecessary advice. Listening, offering support, and encouraging individuals suffering from a mental illness to seek help in a compassionate way is something that we are all capable of doing.

The easiest way to make these positive changes is to be mindful of our own responses when talking about or responding to mental illness by asking ourselves if this is the same way we would respond if this were a physical health issue or crisis.

If you experience any thoughts about suicide, call the Suicide Prevention Lifeline at **1-800-273-8255**.

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).



Supervisor Newsletter

The following information is provided by the U.S. Center for Prevention and Health Services.

Substance Abuse and Mental Illness Impact on Productivity

Research has conclusively shown that substance abuse disorders, depression, and other mental illness are a major cause of lost productivity and absenteeism. Substance abuse and mental illness cause more days of work loss and work impairment than many other chronic conditions such as diabetes, asthma, and arthritis. Approximately 217 million days of work are lost annually due to productivity decline related to mental illness and substance abuse disorders, costing United States employers \$17 billion each year. In total, estimates of the indirect costs associated with substance abuse disorders and mental illness range from a low of \$79 billion per year to a high of \$105 billion per year.

Impact on Disability

Substance abuse and mental illness disorders represent the top five causes of disability among people ages 15-44 in

the United States and Canada (not including disability caused by communicable diseases). Further, mental illness and substance abuse disorders, combined as a group, are the fifth leading cause of short-term disability and the third leading cause of long-term disability for employers in the United States.

Costly Comorbid Cases

While employers have focused their attention on the management of high-cost chronic medical conditions (e.g., heart disease and type 2 diabetes), such management efforts have not fully addressed the significant additional burden of comorbid substance abuse and mental illness.

Research has shown that individuals with chronic medical conditions and untreated comorbid mental illness or substance abuse disorders are the most complicated and costly cases. For example:

- Healthcare use and healthcare costs are up to twice as high among diabetes and heart disease patients with comorbid depression, compared to those without depression, even when accounting for other factors such as age, gender, and other illnesses.

- Patients with mental illness and substance abuse disorders are often less responsive to treatment. For example, depressed patients are three times as likely as non-depressed patients to be non-compliant with their medical treatment regimen.
- The presence of type 2 diabetes nearly doubles an individual's risk of depression and an estimated 28.5% of diabetic patients in the United States meet criteria for clinical depression.
- Approximately one in six patients treated for a heart attack experiences major depression soon after their heart attack and at least one in three patients have significant symptoms of depression

Problem Identification and Solution

Employers and supervisors must recognize that while mental illness and substance abuse disorders are serious, common, and expensive health problems, there are steps that can be taken to improve employee health status, help manage employee productivity, and control the cost of healthcare and disability.

It is important for employers to improve the design of their health insurance benefit structures, and to require behavioral health vendors and managers to coordinate with one another. This can typically be done

through the company Employee Assistance Program.

Importance of EAPs

Employee Assistance Programs (EAPs) can provide the following services to assist employers in reducing the costs associated with substance abuse and mental illness:

- Provide assessment and short-term counseling for individuals at risk of mental illness and substance abuse disorders and those with problems of daily living (e.g., divorce counseling, grief processes).
- Support management in addressing issues of productivity and absenteeism that may be caused by psychosocial problems.
- Assist in the design and development of a structured program to deliver health promotion and healthcare education tools that significantly affect employee and beneficiary health and productivity and lead the effort to deliver behavioral healthcare education programs.
- Functionally coordinate with other health services including health plan, disability management, and health promotion.
- Conduct periodic organizational assessments to evaluate the effects of work organization on employee health status, productivity, and job satisfaction.