



Official Newsletter of Drug Free Workplaces
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Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, businesses, and communities.

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Anxiety and Substance Abuse

More people in the U.S. suffer from anxiety disorders than any other type of mental illness. According to a recent American Psychiatric Association (APA) poll, 37% of adults say they are currently experiencing anxiety-related mental health problems.

The National Institute on Drug Abuse (NIDA) reports that people with anxiety are twice as likely to suffer from substance abuse disorders as the general population.

Too often, those with anxiety problems attempt to self-medicate which only intensifies their anxiety. Alcohol and drug use worsens the psychological and physical symptoms of anxiety. At first, the use of drugs and alcohol might seem to relieve tension, but this effect is short-lived. This brief feeling of relaxation leads to the need to use drugs and alcohol more often in order to function normally. The resulting cycle of substance abuse can develop into a substance use disorder: alcoholism or drug addiction.

Anxiety Disorder Indicators

What are some of the signs and symptoms exhibited by an individual suffering from anxiety?

There are many forms of anxiety such as PTSD, Panic Disorder, Social Anxiety Disorder, Generalized Anxiety Disorder, and many specific phobias. But all of these have some signs and symptoms in common. Irrational fear, intrusive fear that occurs most days, repeated failed attempts to overcome fear, problems in relationships due to unwarranted fear, and

the use of alcohol or drugs to try and manage anxiety are some examples of warning signs.

It is important for people who are experiencing disabling fear on most days of the week for six months or more to seek professional help.

What Causes Anxiety Disorders?

Many people experience occasional anxiety as a normal part of everyday life. But individuals with anxiety disorders suffer from intense, excessive, and persistent worry and fear.

Incapacitating anxiety can be caused by many factors. Long-term depression can lead to anxiety disorders, along with a family history of anxiety, a history of trauma, exposure to violence, overexposure to stress, and other mental health issues. Loss of sleep for long periods of time can lead to high levels of anxiety as can medical illnesses such as thyroid problems and respiratory disorders.

When to Seek Help

When feelings of anxiety and fear interfere with daily life and are out of proportion to the actual danger, it may be time to seek professional help. Individuals should definitely see a doctor if worrying too much is interfering with work and personal relationships.

If feelings of anxiety have led to trouble with alcohol or drug use and/or other mental health issues, it will be necessary to see a professional for dual diagnosis treatment options. Getting help is also extremely important if there are feelings of depression and suicidal thoughts or behavior.

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. Online resources listed are available to users nationwide.

"It is not good for people to be alone."

Did you know that suicide rates have been lower on Super Bowl Sundays than other Sundays?¹

Isolation is a big risk factor for suicide. Its opposite, **connectedness**, is a protective factor. It is important for our mental wellness to be connected to other people, to family, to community, and to social institutions.

A recent research study looked at patterns in rural counties in America that had increased suicide rates. Two key issues were "high social fragmentation" (which included the number of single-person households, unmarried residents, and residents moving frequently) and "low social capital" (few opportunities to engage with organizations and community programs). No surprise—the study found "that greater opportunities for social engagement and connection...are associated with lower suicide rates."²

Certain middle-aged and older men are at higher risk for suicide than other groups. Why? Psychologist Thomas Joiner suggests one possible reason: "...it is the tendency of this group in particular not to replenish their social connectedness as they age. U.S. men in general, and white men in particular, seem to form some close friendships in childhood and early to late adolescence, but the forming of new and deep friendships in adulthood is relatively rare."³

Thomas Joiner also argues that two of the main reasons why people start to think about suicide are not feeling a sense of belonging, as well as feeling like a burden to others.

So what about you? Or your neighbor, coworker, friend, relative, or loved one? If you feel isolated, or you notice others who are isolated—reach out! Invite someone. Get involved. Whether it be church, a bowling league, a fantasy football league, connecting to your local VFW post, or just some neighbors having a cookout—making connections can save a life.

¹Joiner, Thomas & Hollar, Daniel & Orden, Kimberly. (2006). On Buckeyes, Gators, Super Bowl Sunday, and the Miracle on Ice: "Pulling Together" is Associated With Lower Suicide Rates. *Journal of Social and Clinical Psychology—J SOC CLIN PSYCHOL.* 25. 179-195. 10.1521/jscp.2006.25.2.179.

²Steelesmith DL, Fontanella CA, Campo JV, Bridge JA, Warren KL, Root ED. Contextual Factors Associated With County-Level Suicide Rates in the United States, 1999 to 2016. *JAMA Netw Open.* 2019;2(9):e1910936. doi:10.1001/jamanetworkopen.2019.10936

³Joiner, T. (2005). *Why people die by suicide.* Harvard University Press.

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).



Employee Opioid Drug Use

Supervisors have an obligation to respond to a positive workplace drug test for opioids in a legal and appropriate manner. When a job applicant or employee tests positive for opioids, supervisors should give the individual an opportunity to provide information about the test result and whether it was caused by the lawful use of opioids, i.e., prescription drug use.

The U. S. Equal Employment Opportunity Commission (EEOC) has provided guidance for employers regarding the use of opioids by job applicants and employees. The EEOC defines opioid use to include prescription drugs like morphine, oxycodone, hydrocodone, codeine, and meperidine as well as illegal street drugs like heroin.

Americans with Disabilities Act

It is important for supervisors to understand that applicants and employees who either now, or in the past, have *lawfully* used prescription opioid drugs, are in treatment for opioid abuse, or are in recovery from opioid addiction (but not currently illegally using opioids), may be covered under the Americans with Disabilities Act (ADA). Lawful use of opioids also includes opioids prescribed as directed by a Medication Assisted Treatment program.

The ADA is designed to prevent employers from asking questions about an applicant or employee's disabilities. The law prohibits companies from screening applicants based on disabilities, including the disability of being a recovering or recovered addict.

Additionally, under the ADA, employers cannot disqualify prospective employees from a job because of the current, lawful use or past use of opioids. If an applicant or employee tests positive for opioids, it is important to engage in the interactive process on an individual case-by-case basis. A workplace drug test is not considered a medical examination under the ADA and therefore does not have the same restrictions as alcohol tests. Certain qualifying questions can be asked of applicants and employees regarding drug test results.

Supervisors should consider asking applicants and employees if they are taking any medication that might result in a positive test before the test is administered. It is not permissible however, to ask what condition or conditions are being treated by the prescribed medication. If supervisors do not ask about prescription drug use *before* the test, additional questions of *all* employees/applicants should be asked when a test is positive to avoid singling out individuals (an ADA violation).

Reasonable Accommodation

If a supervisor believes that an applicant or employee's opioid use, history of opioid use, or treatment for opioid addiction could interfere with the safe and effective performance of their job, the company may be required to provide reasonable accommodation for the applicant/employee. However, the employer would only have to make the reasonable accommodation if doing so would not cause an undue hardship on the business and would eliminate the safety concern(s). Also, a company is never required to lower performance or production standards, eliminate fundamental duties of a job, pay for work that is not performed, or excuse illegal drug use in order to make a reasonable accommodation.

Keep in mind also that when a supervisor notifies an employee about concerns regarding the employee's opioid use, or history of use, it is then the employee's responsibility to ask for a reasonable accommodation if he or she wants one.

Some examples of reasonable accommodations are:

- Job Restructuring
- Modified Work Schedules
- Policy Changes
- Reassignments
- Flexible Leave Policies

If it can be proven that there is a direct threat (a significant risk to the health or safety of others) that cannot be eliminated by a reasonable accommodation, this may be accepted as an employer's defense in dealing with substance abuse issues.

The determination that an individual with a disability poses a direct threat must be based on an individualized assessment of the employee's present ability to safely perform the essential functions of the job. In determining whether an individual would pose a direct threat, the factors to be considered include:

- the duration of the risk,
- the nature and severity of the potential harm,
- the likelihood that the potential harm will occur, and
- the imminence of the potential harm.

Evidence used in making the determination may include information from the employee, including the individual's experience in previous similar situations, and the opinions of doctors, rehabilitation counselors, or physical therapists who have expertise in the specific disability or who have direct knowledge of the individual.



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People at risk of developing an alcohol use disorder can be identified using a Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach.
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Information in this newsletter is based on research conducted by the National Institute on Drug Abuse (NIDA). NIDA's mission is to lead the nation in bringing the power of science to bear on drug abuse and addiction.

Reasons for Drug Use

Research has shown that people generally take drugs to either feel good (i.e., sensation seekers or anyone wanting to experiment with feeling high or different) or to feel better (i.e., self-medicators or individuals who take drugs in an attempt to cope with difficult problems or situations, including stress, trauma, and symptoms of mental disorders).

How Drugs Affect the Brain

Drugs exert their effects largely on the motivation and pleasure pathways of the brain which makes people feel good or feel better. Often, the chemical structure of drugs is similar to brain chemicals or neurotransmitters. Similarity in structure allows them to be recognized by neurons and to alter normal brain messages. For example, dopamine is a brain chemical involved in many different functions including movement, motivation, reward—and addiction. Nearly all drugs of abuse, directly or indirectly, increase dopamine in the pleasure and motivation pathways, and in so doing, alter the normal communication between neurons.

Chemical Messengers

The brain consists of billions of neurons, or nerve cells that communicate via chemical messages. The

soma, or cell body, is where neurotransmitters are made. Extending outward from the cell body are dendrites, which receive information from other neurons. When the cell body is sufficiently stimulated, an electric pulse called an action potential is generated and subsequently travels down the axon of the cell to the terminal region of the cell. Fast transmission of this electrical message is aided by an insulator material covering the axon called myelin. Once the impulse reaches the nerve terminal, neurotransmitters, such as dopamine are released into the synapse or gap between neurons. These chemicals can then attach to receptors located on the dendrites of neighboring neurons, thus transmitting information from one cell to the next within the brain and other parts of the body. Some axons can travel a long distance, extending all the way from your brain to your toes!

When a signal comes down the axon, dopamine is released into the synapse. It then crosses the synaptic cleft to the second neuron, where it binds to and stimulates dopamine receptors, generating a signal in the second neuron. The dopamine is then released from the receptor and crosses back to the first neuron where it is picked up by dopamine transporters (reuptake molecules) for re-use. Eating something that you enjoy or being stimulated in other ways can cause dopamine levels to increase.

What Happens When a Person Takes Drugs?

When someone takes a drug such as cocaine, the cocaine attaches to dopamine transporters and blocks dopamine from being taken back up by the first neuron. Thus, dopamine can continue

to stimulate (maybe over-stimulate) the receptors of the second neuron because it remains in the synapse for a longer period of time. This duration of stimulation and amount of dopamine in the synapse is far greater than what normally occurs when a person engages in an enjoyable activity and is what produces cocaine's intense euphoria and potential for abuse.

Almost All Drugs of Abuse Increase Dopamine Neurotransmission

All drugs of abuse have different mechanisms of action. However, they all increase activity in the brain reward pathway by increasing dopamine neurotransmission. It's because drugs activate these brain regions—usually more effectively and for longer periods of time than natural rewards—that they have an inherent risk of being abused.

Dopamine is an important brain chemical in drug abuse and addiction, but other brain systems and brain chemicals are also involved. Serotonin and glutamate neurotransmitter systems, for example, are among those affected. These neurotransmitters are important regulators of mood, sleep, learning and memory, and more.

Brain Pathways Affected by Drugs of Abuse

The dopamine and serotonin pathways are two brain systems affected by drugs of abuse. By altering activity in these pathways, abused substances can influence their function. Dopamine neurons influence pleasure, motivation, motor function, and saliency of stimuli or events. Serotonin plays a role in learning, memory, sleep, and mood.

Drug Abuse Changes the Brain

Prolonged drug abuse changes the brain in fundamental ways that reinforce drug taking and lead to addiction. These changes are difficult to un-do and may last a long time. Drug abuse changes both the structure of the brain and its functioning. Research in humans and in animal models demonstrates that repeated exposure to drugs of abuse alters brain function and behavior. Therefore, early intervention is key—before brain changes take hold and drug abuse becomes compulsive.

Exposure to some drugs of abuse can change the structure of neurons in the brain. Stimulants like amphetamines can alter the structure of neurons. The effects of these brain changes include impaired mental and motor functions, such as memory deficits and slowed motor reactions.

Research has identified a number of brain circuits that are affected by drug abuse and addiction. Drug use impacts brain circuits that underlie feelings of reward, learning and memory, motivation and drive, and inhibitory control. Addiction is a complex and chronic disease of the brain with many contributors to its expression in individuals.

The Importance of Prevention

Research shows that brain development continues throughout adolescence and into early adulthood. Because addiction is a developmental disease that usually begins in adolescence (for example, 67 percent of those who try marijuana for the first time are between the ages of 12 and 17), prevention efforts are therefore of primary importance—to stop drug abuse before it ever starts.



The Most Abused Drug

Did you know that alcohol is the single most used and abused drug in the United States? Almost fourteen million Americans *abuse* alcohol or are alcoholics. That's one out of every thirteen adults.

More people over the age of 12 have used alcohol in the past year than any other drug or tobacco product, and alcohol use disorder is the most common type of substance use disorder in the country.

The widespread social acceptance of using alcohol in America leads many people to deny their addiction, but alcoholism is a progressive disease that always worsens over time if alcohol use continues.

Workplace Costs of Alcohol Abuse

The costs to businesses in lost productivity, accidents, health insurance costs, and employee tragedies are enormous. Multiple studies estimate losses to U.S. companies of between \$30 billion and \$70 billion per year. These associated increased healthcare costs, along with the accumulated negative impact on the bottom line, is passed along to all of us.

It is important then for supervisors to develop a better awareness of the problems surrounding

alcohol abuse in the workplace. Millions of employees at companies all across America engage in risky drinking habits that result in workplace accidents and lead to alcohol addiction, and supervisors need information on how to recognize alcohol-related problems and where to go for assistance.

Supervisor Responsibilities

While supervisors are not expected to be able to diagnose alcoholism in an employee, supervisors are responsible for the day-to-day monitoring of the behavior and work performance of workers. Supervisors must also implement corrective measures and take disciplinary actions when employee performance issues arise, especially if/when workplace safety is threatened.

At times, it may be obvious that alcohol is what's causing an employee's conduct, productivity, performance, or absenteeism problems. Sometimes, an employee will admit to being an alcoholic, or it will become evident because the employee is drunk at work or has been arrested for DUI. These are crucial times for supervisors to intervene, hold the worker accountable, and motivate him or her to seek help. Making an employee aware that his job is on the line and that he must get professional help and improve performance is the most effective way to get an alcoholic to deal with the problem.

Other times, it might not be so obvious that alcohol abuse is the underlying issue. Many employees are highly functional alcoholics and can substantially do their job for years before a precipitating event reveals the problem.

Supervisors should always be alert to the possibility of underlying alcohol addiction by being on the lookout for leave and attendance problems, performance and productivity difficulties, relationship complications with coworkers, and physical/emotional indicators. Not any one of these categories of challenges alone means that an employee is an alcoholic, but if there are numerous performance and conduct problems within each, it is time to make a referral to the company Employee Assistance Program (EAP), or a professional counselor for an assessment so that the employee can receive the help needed.

Getting Help for Employees with Alcohol Use Disorder

Employee Assistance Programs deal with all kinds of problems and provide short-term counseling, assessment, and referral of employees with alcohol and drug abuse problems, emotional and mental health problems, marital and family problems, financial problems, dependent care concerns, and other personal problems that can affect the employee's work.

When a supervisor refers an employee to the EAP, a counselor will meet with the employee, assess or diagnose the problem, and if necessary, refer the employee to a treatment program or resource. With the employee's

permission, the EAP counselor will keep the employee's supervisor informed as to the nature of the problem, what type of treatment may be needed, and the progress of the person in treatment. Before releasing this information, the counselor will need a signed written release from the employee which would state what information may be released and to whom it may be released. The EAP counselor will also monitor the employee's progress and will provide follow-up counseling if needed.

Supervisors should be aware that alcoholism is a serious disease that rarely resolves on its own. Alcoholics seldom stop drinking and stay sober without outside assistance and some kind of outside pressure.

Employees who are suffering from alcohol addiction need compassionate help from their employer. When a supervisor makes a mandatory referral to the EAP that is tied to an individual's continued employment, it sends a message that while the company is willing to help that person get assistance, the employee is ultimately responsible for his or her own performance, rehabilitation, and recovery.

After the initial treatment program, the employee may be in follow-up counseling and treatment for an extended period of time, possibly up to a year. This will most likely consist of outpatient counseling, AA meetings, and follow-up sessions with the EAP counselor. It can be very beneficial at this time for supervisors to schedule a back-to-work conference with the employee, the EAP professional, and other interested parties.