



Ulliance ^{25th}

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LIFE ADVISOR BULLETIN



THE LEGAL SUBSTANCE

The opiate epidemic continues to make national headlines. Medical marijuana cards continue to challenge workplaces in terms of their policy and procedure initiatives. New and different types of synthetic drugs cast their allure on young people. But what about that mind-altering, psychoactive substance that is perfectly legal to use and may even be sold in your local grocery store?

Except for a brief period in the early twentieth century known as the Prohibition Era (1920-1933), alcohol has been and remains a legal substance in the United States. It is a legal substance in most other countries as well. Used to enhance joyous social occasions, as well as a fundamental part of certain religious rituals (for example, the wine used for communion during Christian worship), alcohol has been a part of human culture for thousands of years. Individuals who develop a dependence on alcohol have been with us just as long.

HOW DOES ALCOHOLISM DEVELOP?

There are many different theories about the root cause of alcoholism. Some believe it is genetic, while others believe dependency on alcohol is the result of a pattern of behavior established over time. Conversations around the cause of alcoholism often become something of a "nature versus nurture" debate – that is, are alcoholics "born" or "made"?

It is perhaps most useful to consider alcoholism a disease — a chronic, often relapsing brain disease that causes compulsive drinking despite harmful consequences to the drinker and those around them. Nevertheless, there are differences between an individual suffering from full-blown alcoholism versus the "problem drinker."

The Impact Alcohol Has on the Workplace

More than 14 percent of Americans employed full or part-time report heavy drinking, which is defined as five or more drinks on five or more days in the past 30 days.

According to a national survey conducted by the Hazelden Foundation, more than 60 percent of adults surveyed know people who have gone to work under the influence of drugs or alcohol.

It is estimated that alcoholism causes more than 500 million lost workdays each year.

Twenty percent of workers and managers across a wide range of industries and company sizes said a coworker's on or off-the-job drinking threatened their productivity and safety.

In contrast, employers with longstanding programs report better health status among employees and family members and decreased use of medical benefits by these same groups.

Research has demonstrated that alcohol and drug treatment pays for itself in reduced healthcare costs that begin as soon as people begin recovery.

Source: National Council on Alcoholism and Drug Dependence

HOW DOES ALCOHOLISM DEVELOP? (CONT.)

It may be useful for the problem drinker to discuss with a therapist their past family history and to identify their own personal triggers which may activate the desire to drink. Some problem drinkers report being able to identify the “source” of their problem, and once this is addressed, the desire to drink subsides.

But for those for whom the desire to drink continues unabated, despite therapy, despite pleas from loved ones, despite negative consequences, and despite one’s own earnest efforts to stop, it may be time to consider other options.

TREATMENT FOR ALCOHOLISM

A common, recommended practice for individuals who self-disclose a problem with alcohol or who test positive for alcohol following reasonable suspicion is a mandated referral to the EAP. A dedicated Ulliance Account Manager can assist in this referral process.

An EAP therapist can assess an individual for substance use and make appropriate recommendations based on the clinical assessment. Depending on history and severity, an individual who has a problem with alcohol may be treated within the EAP or referred outside of the EAP to a higher level of care, up to and including residential inpatient treatment.

In a typical residential treatment setting, individuals reside on the premises of the facility and adhere to a rigorously structured schedule of activities to include group and individual treatment sessions, as well as psychoeducation on the effects of alcoholism and addiction. Many treatment facilities will incorporate the family at some point, but it is standard practice that the patient’s contact with the outside world be very limited for the duration of treatment. It is not uncommon for treatment facilities to prohibit cell phones, computers, tablets, and other electronic devices. This is so that individuals can concentrate their full efforts on the recovery process.

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RECOVERY IS A LIFELONG PROCESS

Unlike other medical conditions, addiction and alcoholism are not “cured” following successful completion of treatment. Recovery is a lifelong process which involves continued maintenance and vigilance on the part of the individual recovering from alcoholism.

Individuals in recovery maintain their sobriety in several different ways. They may seek periodic therapy. They may be actively involved in their church and/or spiritual practices. They may participate in regular alumni meetings at the treatment facility they attended.

Some individuals in recovery have found that speaking to others with similar struggles helps to support their own recovery. For this reason, peer support groups like Alcoholics Anonymous remain extremely popular. There are no dues or fees for Alcoholics Anonymous either, so attending meetings is completely free.

WHAT IS ALCOHOLICS ANONYMOUS?

The preamble of Alcoholics Anonymous states: “Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for A.A. membership is a desire to stop drinking.”

Alcoholics Anonymous, also known as “A.A.”, was founded in 1935 by Bill W., a New York stock analyst, and Dr. Bob, a physician from Ohio. The two men had struggled independently with alcoholism throughout their lives. They discovered through a happenstance meeting that by talking through their problem with one another, the desire to drink subsided.

Bill W. and Dr. Bob, along with the other early founders of A.A., developed the 12-step program of recovery and eventually co-authored the Big Book of Alcoholics Anonymous, the text used by A.A. members as an integral part of the recovery process. It is estimated that as of 2016 there were approximately two million members of A.A.

WHAT ARE A.A. MEETINGS LIKE?

You may have heard that A.A. teaches or offers classes on alcoholism and recovery. It would be more accurate to say that A.A. provides member-run meetings, which are often centered around a particular topic (such as “how to stay sober during the holidays”) or a study of A.A. literature (passages from the Big Book might be read and commented on by attendees).

Meetings typically last one hour. There are different meeting formats and types of meetings. For example, there are closed meetings (only individuals with a desire to stop drinking may attend) and open meetings (open to anyone). There are speaker meetings and AA literature meetings. While most A.A. meetings are open to members of either sex, there are also some men’s-only and women’s-only meetings. Meetings can take place in churches, community centers, hospitals, prisons, treatment facilities, or even an individual’s home.

For a list of meetings in your area, visit aa.org or contact your dedicated Ulliance Account Manager who would be happy to help you find a list of meetings in your company’s area. We would also encourage you to make a meeting list available in discreet areas (break rooms, restrooms, locker rooms), where employees can grab a list if they desire to do so.

MYTHS ABOUT A.A.

A common misconception about A.A. is that it is a religion or a religious-based program. While it is true that the Big Book talks about the need for a higher power, and A.A. meetings often begin and end with a group prayer, Alcoholics Anonymous is not a religion, nor is it affiliated with any religious group. However, spirituality is a guiding principle of the A.A. philosophy, so it would be accurate to say that A.A. is a spiritual program.

It is also important to remember that Alcoholics Anonymous is not professional treatment, nor is it associated with any treatment center or treatment modality. It is a peer support group run by members only and it is entirely self-sustaining through its members' contributions. The sixth tradition of A.A. states quite clearly: "An A.A. group ought never endorse, finance or lend the AA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose."



IS A.A. THE ONLY WAY?

While we believe Alcoholics Anonymous to be effective for many individuals struggling with alcoholism, A.A. and its supporters certainly do not have a monopoly on recovery. In fact, depending on clinical assessment and recommendations, A.A. attendance may not be recommended depending on an individual's history, severity, and cultural background.

Self-Management and Recovery Training (SMART) peer support group is an alternative to A.A./12-step programs. SMART considers itself a science-based program of recovery. Face-to-face SMART recovery meetings vary based on location. However, there is a thriving online recovery community that can be accessed through the SMART recovery website (smartrecovery.org). Additionally, for females struggling with alcoholism, there is Women for Sobriety (womenforsobriety.org), another alternative program to the A.A./12-step model with a thriving online support community.

WHAT CAN MANAGERS DO?

1. **Educate yourself on the disease of alcoholism and relevant treatment strategies.**

Want to know more about alcoholism as a brain disease? Curious about the levels and intensiveness of treatment for alcoholism? Contact your dedicated Ulliance Account Manager for additional information and resources in these two areas.

2. **Promote a culture of recovery in your workplace.**

This can be done immediately and at little to no cost. Consider printing local peer support meeting information and displaying this in discreet areas (break rooms, restrooms, cafeteria) for employees to grab. Encourage your employees to take advantage of the Employee Assistance Program through Ulliance – make sure EAP information is available for employees in these discreet areas as well.

3. **Be clear and precise in your policy and procedures regarding alcohol and substance use in the workplace – and make sure your employees are aware of the most current policy revisions.** Ulliance recommends an annual review of your policy and procedures. If you have a "Zero Tolerance" policy for alcohol and/or drug use in the workplace, be sure to define what "Zero Tolerance" means. If any changes are made, be sure to provide copies to all employees and obtain a signed receipt of acknowledgement stating that each employee has read and understands the current policy.



What about friends and family?

AlAnon is a mutual support program for people whose lives have been affected by someone else's drinking. By sharing common experiences and applying the Al-Anon principles, families and friends of alcoholics bring positive changes to their individual situations, whether or not the alcoholic admits the existence of a drinking problem or seeks help.

Visit al-anon.org for more info.

Ulliance can help. The Ulliance Life Advisor benefit is available not only to employees, but to their families as well. This includes spouses, children, and legal dependents. If you would like to speak with one of our trained professionals, please call 877.912.2733 today.

If you think you have a problem with alcohol, or if someone's alcohol use is impacting your life, please call 877.912.2733 and speak with a Life Advisor Consultant today.

24 hours a day, 7 days a week, 365 days a year

877.912.2733
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