

Employer/Employee Considerations Regarding Possible Addiction

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Objectives

- Difference Between Addiction & Dependence
- At Risk Employees
- PMP Prescription Monitoring Program
- Employee Assistance (EAP) & Treatment Programs

Important Considerations

- Disease
- No Boundaries
- Wide Impact
- Help is available

Dependence

- The National Institute on Drug Abuse defines dependence as, “a state in which an organism functions normally only in the presence of a drug.” Drugs disrupt the balance of chemicals in the brain. The brain adapts by changing its natural chemical production. As it adapts, it becomes more tolerant to the substance.

Dependence Factors

- Psychological vs. Physical
- Other elements that Influence Dependence
- Examples
 - Commonly used substances
 - Medications

Substances/Medications

- Heroin
- Cocaine
- Tobacco
- Barbiturates
- Alcohol
- Benzodiazepines
- Amphetamines
- Cannabis
- Ecstasy
- Ritalin/Attention problems
- Anti-anxiety
- Anti-depressants
- Sleeping – Ambien
- Opiates – Pain
- Anti-psychotic

Dependence vs. Addiction

- The American Society of Addiction Medicine (ASAM) defines addiction as:
 - A -
 - B -
 - C -
 - D -
 - E -

Dependence vs. Addiction

- Dependence can occur without addiction, but may lead to addiction.
- Substances or Activities cause changes in brain chemistry in the pleasure pathway can lead to dependence.
- Once established, a person doesn't feel "normal" unless they engage in the behavior every day.

Dependence vs. Addiction

- Addiction is marked by a **change in behavior** caused by the **biochemical changes** in the brain after continued substance abuse.
- **Substance use becomes the main priority** of the addict.

Common Terms

■ **Tolerance –**

■ **Withdrawal –**

■ **Triggers –**

■ **Cravings –**

Dependence vs. Addiction

- Withdrawal symptoms
- Physical Dependence
- Psychological Dependence
- Drug-seeking Behavior

Addiction is a Brain Disease

- Chronic
- Primary
- Progressive and potentially fatal
- Relapsing disorder
- Compulsive
- Physical, psychological, social harm
- Continued use despite harm caused/denial is key

Implications for Treatment

- Dependency –
- Addiction –
- Adjunct therapies –
- Treatment Programs/Levels of Care –

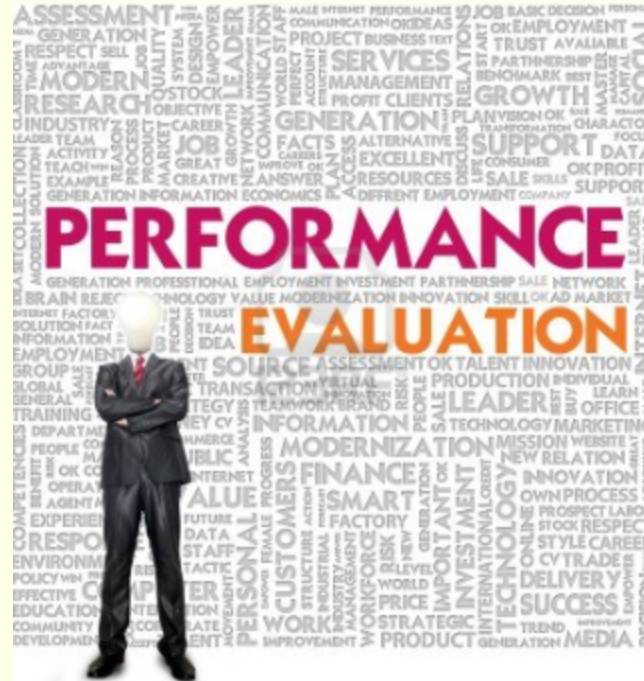
Treatment/Levels of Care

- Detox – Hospital/Outpatient
- Inpatient/Residential
- Intensive Outpatient/MAT
- Extended Outpatient
- Continuing Care
- Aftercare
- Alumni
- Family Programming
- Mental Health Counseling



Questions

Identifying At Risk Employees



Identification of At Risk Employees

- Performance -
- Behaviors -
- Personality -
- Relationships -
- Dress/Presentation -
- Health -
- Accidents/Injuries -

Possible Employer Interventions

- Informal –
- Referral –
- Formal –
- Management Referral to EAP -
- Corrective Action/Performance Contract -

EAP

- **Provide a formal assessment or refer out to have a Drug/Alcohol Evaluation** completed and make recommendations to the employee based on outcome.
- **Non-biased** third party who can meet with employee and talk with supervisor to see what the performance issues are, and assist with a plan to solve the problems.
- **Act as a mediator** between the employee and employer to evaluate/plan and intervene.

EAP

- **Provide guidance** to the supervisor – talk through options prior to corrective action.
- **Available for employers** in a variety of capacities (e.g. counseling, referrals, psychological first aid, workplace trainings, and crisis management).



Program Overview

Prescription Monitoring Program

PMP Overview

According to the Department of Health, the Prescription Monitoring Program (PMP) **began in 2007** as a mechanism to **improve patient care** and to **stop medication misuse** by collecting the dispensing records for several scheduled narcotic drugs (Schedule II, III, IV and V) and to make the lists available to physicians, dentists, nurse practitioners, pharmacists and other providers to assist in patient care and medication treatment planning.

PMP Overview

Since 2007 the program has undergone several revisions and updates resulting in:

- All states now have PMPs –
- Registration –
- Outpatient pharmacy reporting –
- An electronic database –
- HIPAA rules apply to the PMP –

PMP Overview

- Database searching –
- Fill history –
- Reports on past/current prescriptions –
- Outpatient prescriptions only –
- Physician DEA # reports –
- Access by other states –

PMP Resources

- <https://pharmacy.iowa.gov/>
- <https://pharmacy.iowa.gov/prescription-monitoring-program>
- <https://nursing.iowa.gov/practice/arnp-role-scope/iowa-prescription-monitoring-program-pmp>
- https://pharmacy.iowa.gov/sites/default/files/documents/2018/04/narxcare_user_guide.pdf

Employee Assistance Programs

- Internal vs. External
- Per Capita vs. Fee for Service or some Combination
- Varied Number of Sessions per Employee and Family Members (Phone/In-Person)
- Employee Orientations
- Workplace Trainings
- PFA Psychological First Aid or CISD Critical Incident Stress Debriefing

Employee Assistance Programs

- Management/Formal Referrals
- Supervisor Trainings
- Monthly Newsletter or Other Materials for Employees
- Health/Wellness Interface
- Drug Free Workplace Trainings

UnityPoint Health Programs

- Powell CDC – Lutheran Hospital Campus
700 E University – 4 Mid
Des Moines, IA 50316
515-263-2424
- Employee Assistance Program
1301 Pennsylvania Ave, Suite 305
Des Moines, IA 50317
515-263-4004