

Addressing Addictive Behaviors in the Workplace

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INTRODUCTION

There has been much discussion about, and confusion regarding, the term “addiction.” It has been popularized in songs such as “I’m addicted to you” by Shakira. As of November 3, 2015, Shakira’s hit song had close to 152 million hits on YouTube, with 409,049 likes and only 23, 711 dislikes. Clearly, for her many followers, addiction has a positive connotation. Addiction is the craving for, and compulsive use of, substances or behaviors. It has become the norm for many in our society.

Substance abuse, both licit and illicit, is epidemic in the United States. The National Council on Alcoholism and Drug Dependence (NCADD) (2015) estimates the total overall cost of substance abuse in the United States to be in excess of \$600 billion per year, including productivity and health- and crime-related costs. This includes approximately \$193 billion for illicit drugs, \$193 billion for tobacco, and \$235 billion for alcohol. Forty million Americans aged 12 and over are addicted to alcohol, nicotine, and other drugs, while another 80 million Americans are risky substance users, that is, they use drugs in ways that threaten public health and safety (Casacolumbia, 2012). Tobacco use is the leading preventable cause of premature death in the United States. More deaths are caused each year by tobacco use than by HIV, illegal drug use, murders, alcohol use, suicides, and motor vehicle injuries combined (Hanson et al., 2012). In 2014, an estimated 66.9 million people were current users of a tobacco product, including 55.2 million cigarette smokers. The good news is that there was a downward trend across all age groups in tobacco use and cigarette use compared to prior years (SAMSHA, 2015a). Driving under the influence of alcohol has devastating consequences. In 2013, 10,076 people were killed in alcohol-impaired-driving (BAC of .08 or higher) crashes, accounting for 31% of the total motor vehicle traffic fatalities in the United States; one traffic fatality every 52 minutes is caused by drunk driving (National Center for Statistics and Analysis, 2014). The estimated tangible economic cost of alcohol-impaired driving crashes was \$49.8 billion in 2010; when intangible quality-of-life costs (from severe injury or death) were added to the total, alcohol-impaired-driving costs in 2010 were an estimated \$206.9 billion (National Center for Statistics and Analysis, 2014).

The National Survey on Drug Use and Health (NSDUH), a major national source of statistical information on the use of illegal drugs, alcohol, and tobacco by the U.S. civilian, non-institutionalized population, obtains information on marijuana, cocaine, heroin, hallucinogens, and inhalants, as well as the nonmedical use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives. The most commonly used drug (other than caffeine) was alcohol, with current use reported by 134.0 million (56.4%) Americans 18 years and older. Of the adult drinkers, 58.5 million (24.6%) reported binge use of alcohol, and 16.2 million (6.8%) reported heavy drinking (SAMSHA, 2014). For the same time period,

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an estimated 24.6 million Americans aged 12 or older—9.4 percent of the population—reported that they had used an illicit drug in the past month. The most commonly used illicit drug was marijuana, followed by nonmedical use of prescription drugs such as opioid pain relievers, stimulants used for ADHD, and benzodiazepines for anxiety or insomnia. The increase in illicit drug use (up from 8.3 percent in 2002) reflects a rise in the use of marijuana. In 2014, 4.2 million Americans met clinical criteria for Marijuana Use Disorder in the past year—more than twice the number who were abusing/dependent on prescription pain relievers (1.9 million), and more than four and a half times the number abusing/dependent on cocaine (913,000) (SAMSHA, 2015a). Illicit drug use was highest among individuals in their teens and twenties, and was increasing among individuals in their fifties and sixties (SAMSHA, 2014).

In 2014, 79% of people admitted to publicly funded substance abuse programs used alcohol as their substance of choice, while 32.9% used an illicit drug. There was overlap between the two categories, as 12.1% of individuals had problems with both alcohol and an illicit drug. There was a downward trend among young adults aged 18-25; for adults 26 and older, the rate was stable, with no significant change (SAMSHA, 2015a). Table 1 shows the percentage of admissions to publicly funded substance abuse programs by age for the year 2008:

Addiction is found among all races and socioeconomic backgrounds. For that reason, addiction has been called “an equal opportunity affliction” (Hanson et al., 2012). Table 2 shows the racial breakdown of admissions to publicly funded substance abuse programs for 2008.

According to NSDUH, in 2013, an estimated 22.7 million Americans (8.6 percent) needed treatment for abuse of drugs or alcohol, but only about 2.5 million people (0.9 percent) received treatment at a specialty facility (SAMSHA, 2014). The NSDUH survey respondents were asked why they did not seek treatment. Table 3 shows the top five barriers to getting treatment for addictive behaviors, as reported by NSHUD (SAMSHA, 2014):

Addictive behaviors in the workplace pose an increasingly serious problem, costing employers approximately \$81 billion per year in workers’ compensation, medical costs, absenteeism, lost productivity, and employee turnover (NCADD, 2015). Alcoholism can affect any industry, but has highest prevalence in the following industries:

- Food service
- Construction
- Mining and drilling

Table 1. Percentage of admissions to publicly funded substance abuse programs by age, 2008

Percentage of Admissions	Age Group
14.8	25-29
14.4	20-24
12.6	40-44
11.7	35-39
11.5	45-49
11.3	30-34
10.4	50-59

Source: National Institute on Drug Abuse. (2011). Drug Facts: Treatment Statistics.

Table 2. Percentage of admissions to publicly funded substance abuse programs by race, 2008

Percentage of Admissions	Race/Ethnicity
59.8	White
20.9	African-American
13.7	Hispanic origin
2.3	American Indian or Alaska Native
1.0	Asian/Pacific Islander
2.3	Other

Source: National Institute on Drug Abuse. (2011). Drug Facts: Treatment Statistics.

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