

Stanford Help Center

Alcohol and Drug Abuse Prevention at Stanford Information for Faculty and Staff

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Substance Abuse and Dependence

Using substances to modify mood or behavior is generally regarded as normal and acceptable in our society. Many people drink coffee or tea for the stimulant effects of caffeine, or engage in the social drinking of alcohol. Certain drugs may be used medically to relieve tension or pain or to suppress appetite. When usage becomes excessive—or when the symptoms and behavioral changes associated with regular use of these substances becomes maladaptive—substance use becomes substance abuse or dependence.

Substance abuse—the misuse of alcohol and legal drugs or the use of illegal drugs—is by far the predominant cause of premature and preventable illness, disability, and death in our society. Five to ten percent of American adults have a serious alcohol problem, and one to two percent have a serious problem with illegal drugs; many other abuse prescription drugs. Two to five times more males than females are heavy drinkers or drug abusers, and alcohol and drug abuse affect an estimated 15.5 million Americans. When the effects on the families of abusers and the victims of intoxicated drivers are considered, such abuse affects millions more.

Abuse and Dependence

Substance ABUSERS have difficulty controlling their use of alcohol or drugs. They become intoxicated on a regular bases—daily, every weekend, or in binges—and often need the drug for normal daily functioning. They may try to stop using the drug but fail, even though they know its use interferes with their family life, social relationships, and work performance, or that it causes or aggravates a psychological or physical problem.

Substance **DEPENDENCE** includes all the symptoms of abuse, but with additional features that develop after a period of consistent use of the substance: (1) Tolerance: the abuser constantly needs more for the same effect;(2) Withdrawal symptoms after stopping the use of the substance (these can include agitation, physical trembling, sweating, high blood pressure, and nausea or vomiting); (3) Severe impairment; continuing to use the drug despite serious ill effects; (4) Increased loss of control over usage; (5) Preoccupation with the drug to the exclusion of other pleasures and activities.

Causes of Substance Abuse

Society has, in the past, viewed alcoholism and drug abuse as a sign that a person lacked discipline or morality. Current research has shown however, that the causes of substance abuse are multifaceted, involving psychological, environmental, biological, and cultural factors. Treatment of substance abuse and dependence includes a variety of therapies geared toward abstinence and designed to approach the illness from all vantage points.

How Do I Know if I Have a Problem?

If you are unsure whether you have a problem with alcohol or drugs, the following survey is a useful guideline. One positive response suggests a problem with your usage; two or more positive responses indicates probable substance abuse or dependence.

1. Have you ever felt the need to cut back on your drinking or drug use?
2. Have you ever felt annoyed by someone criticizing your drinking or drug use?
3. Have you ever felt bad or guilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover?

Effects in the Workplace

In addition to the damaging effects on health, family, and personal functioning, drug and alcohol problems may influence work performance and professional relationships. The impact on productivity, morale, and career development can be significant, both for people with a problem and for those who work with them. The following list includes signs and symptoms that employees with substance problems may exhibit on the job.

Excessive absenteeism and/or tardiness

- Frequent absences on Mondays or Fridays
- Prolonged lunch hours

Declining or impaired productivity

- Steady decline in work quality or quantity
- Missed deadlines
- Frequent errors

Poor concentration and confusion

- Memory lapses
- Lack of attention to detail
- Difficulty following through on tasks

Avoidance of responsibility for one's actions

- Blaming other or outside events for problems or mistakes
- Giving implausible excuses for not getting the work done properly
- Refusing to discuss problems

Poor working relationships

- Increased irritability and impatience
- Hypersensitivity to real or imagined criticism
- Complaints from co-workers about work quality, timeliness, or attitude

Persistent mood swings

- Periods of depression, anger, or rage
- Outbursts of inappropriate anger, tears, or laughter

High accident rate

- Accidents causing injuries to self or others and/or damage to equipment

Poor personal appearance

- Deteriorating dress habits and personal cleanliness
- Smell of alcohol on breath

What Supervisors Can Do

A supervisor can help by directly addressing work performance problems with an employee. Supervisors should leave the diagnosis of alcoholism and drug addiction to the professionals; many signs and symptoms of alcoholism can be caused by other problems, and a misdiagnosis can be harmful. It is important, however, to be alert to patterns of impaired work performance that might indicate that an employee is experiencing personal difficulties that require professional assistance. It is essential to

let the employee know what is expected, and to suggest that the employee see professional help if the problems are serious. Supervisors are responsible for implementing the controlled substance and alcohol policy of the institution they work for; they are urged to consult with their employee relations representative or with the Stanford Help Center for advice on issues regarding substance abuse in the workplace.

What Friends, Family, and Co-Workers Can Do

Family, friends, and co-workers can unwittingly become "enablers" to the substance abuse—that is, they can shield and protect the abuser from experiencing the full impact of the consequences of abuse. For example, a family member might call in to work to report that someone is sick when the real problem is a hangover. A co-worker might cover up for an abuser's mistakes, or might do part of the abuser's work for him. A friend might laugh at a person's account of his or her weekend binge, rather than expressing concern and pointing out the problem. Substance abusers often need to "hit bottom" or experience the painful consequences of their behavior before they decide to seek help. Those close to substance abusers can help most by refusing to make excuses for, cover up for, or protect the abuser, and by expressing concern and suggesting professional help. They may themselves benefit from counseling or support groups such as Al-Anon.

Finding Help

There are many resources available for individuals who are concerned about their alcohol and drug use, as well as for those whose lives are being affected by someone with a substance abuse problem. All employees enrolled in the health benefit plans of Stanford University, Stanford Health Services, Lucile Packard Children's Hospital, and SLAC have insurance coverage for the treatment of substance abuse. Contact your benefits department for specific information about your coverage.

The Stanford Help Center is an employee assistance program that provides free confidential counseling, assessment, and referral to all faculty, staff, and their immediate family members. The Stanford Alcohol and Drug Treatment Center offers program for both inpatient and outpatient treatment.

There are also numerous self-help and twelve-step groups, such as Alcoholics Anonymous, which meet regularly in the local area and are open to anyone seeking assistance with drug or alcohol problems. For assistance with locating the right resource, you may contact the Help Center, your physician, or the resources listed below.

Substance Abuse Resources

Counseling and Referral:

Stanford Help Center

650-723-4577

<http://www.stanford.edu/dept/helpcenter/>

United Behavioral Health

(for all university employees with medical benefits)

1-877-504-4477

<http://www.ubhonline.com>

Merit/Magellan Behavioral Health

(For hospital employees with CIGNA PPO Health Plan,
all others contact your HMO primary care physician)

1-800-889-3992

<http://www.magellanassist.com/>

Twelve Step Programs

Alcoholics Anonymous

650-342-2615

408-374-8511

<http://www.alcoholics-anonymous.org>

Al-Anon

650-873-2356

408-379-1051

<http://www.al-anon-alateen.org>

Stanford University Policy on Controlled Substances and Alcohol

http://adminguide.stanford.edu/23_6.pdf