

An EFAP Newsletter for Human Resource and Occupational Health Professionals, Program Administrators, Supervisors, and Key Personnel



## **Uncovering Hidden Addictions**

## What do you know?

If you were asked to think about what someone with addiction might look like, the image you might find yourself conjuring may closely resemble a largely produced stereotype forged by popular TV and Cinema. In some instances, we may envision teenagers, where experimentation with a surprisingly wide variety of drugs and alcohol is seemingly rationalized as a rite of passage. Additionally and all too familiar are images of celebrities whose lives were cut short by serious and harmful addictions.

Mainstream and social media profile stories of the pervasiveness of the opioid crisis forward, sharing the tragedies that are happening in many communities as fentanyl-laced pills are traded on the street. Legalization has opened up new difficulties related to accessibility and normalization of use that is still being worked through after decriminalization. Furthermore, alcohol continues to be one of the most frequently abused and easily accessed addictive substances.

Beyond the multiple stories focused upon drug and alcohol addiction, there's an undercurrent quietly growing in frequency and severity. It has to do with hidden addictions and it's a phenomenon that's happening to people who don't necessarily fit the moulds that have been cast for addiction.

The reality is that anyone at any age can become addicted.¹ People who are community leaders. People who work in health care. People who work in education. People who are retired. People who are our friends, neighbours, co-workers and our employees. In many instances these individuals don't fit the stereotypical portrait of an addict. As personal, societal and professional challenges rise, many individuals may find themselves demonstrating addictive characteristics tied to several addiction types including substance and behavioural. Often behavioural addictions remain unknown or hidden as they typically do not receive the same profile as a substance addiction.



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#### So, when is it addiction?

Addictions are repeated behaviours that give someone feelings of fulfillment, but over time have negative consequences for the person's mind, body and overall well-being. They are difficult to control and are often associated with excess. Addiction is both psychological and behavioural. Addictions are characterized by craving, compulsion, and an inability to stop using the addictive substances, whereas behavioural addictions are those not involving substances.

Eventually, the gratification usually associated with the addiction might level off, and the addicted person may try to figure out new behaviours to achieve a higher level of fulfillment, all while attempting to avoid negative results. Through the process of developing addictions, over time, the behaviours will likely become the central focus of the person's existence.

Sometimes, hidden addictions are not as obvious, and it takes more effort to understand what has transpired and why someone is experiencing the related symptoms.

#### What kinds of addictions can people have?2

Here is a listing of addictions including but not limited to those listed below. The categories below may be surprising:

#### **Substance Addictions**

1. Drugs (both illicit and prescription), and alcohol

#### **Behavioural Addictions**

- 1. Eating disorders or food-related
- Technology/communications and/or internet or video game
- 3. Gambling
- 4. Working
- 5. Sex and/or social group-related
- 6. Physical attractiveness-focused and/or cosmetic surgery
- 7. Exercise-related
- 8. Spiritual obsession
- 9. Shopping
- 10. Risky behaviour and/or thrill/adventure seeking
- 11. Hoarding (collectibles)

While there is a tendency to naturally associate drugs and alcohol with severe addiction, a scan of these categories shows that there are many unique challenges associated with behavioural addictions. Interestingly enough, some of the language used today to describe people's behaviours can diminish the severe nature of addiction itself. For example, you might hear someone speaking of their "shopping addiction" almost playfully, in a social setting, as they attempt to make a self-deprecating statement. In some instances, individuals may use humour to divert attention from, or to mask feelings of shame associated with their addiction or might not be aware of their addiction. It's important to note, that use of humour in these scenarios does not mean the individual has an addiction.

### Why do addictions develop?

Addictions arise when people are feeling exceptionally vulnerable. It's important to note that they don't develop overnight, but rather more in terms of a process.

The following symptoms may reveal characteristics of a hidden addiction:

- compulsive thought patterns that are repeated to perform the addictive behaviour.
- developing a tolerance which precipitates an increase in level of engagement with the addictive behaviour; and or substance.
- experiencing withdrawal symptoms (discomfort upon abrupt termination of an addictive behaviour).<sup>2</sup>

Although addiction is unpredictable as to who it will affect, there are some biological, psychological and environmental factors that may contribute to someone being at an increased risk.<sup>3</sup>

Scientists have found associations between vulnerability and a gene variant that creates dopamine receptors in the brain. There have also been studies that have examined variations in liver enzymes that can influence someone's alcohol use. Additionally, much has been studied about the effects that trauma and abuse can have on the brain, making those individuals suffering from trauma and abuse more susceptible to substance abuse as a coping mechanism.<sup>3</sup>

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## Why do people hide their addictions?

A person can use conditioned responses and coping mechanisms to try and hide their addictions. There are many reasons why people hide their addictive behaviours, especially when they have reached a point where they feel out of control.

### · Fear of losing their jobs

All employees regardless of position, but especially those individuals with safety sensitive roles or those entrusted with social responsibility or public facing positions, face the daunting prospect of revealing their addiction(s).

#### • Potential embarrassment or shame

Though the addicted employee was trying to keep their behaviours hidden, once revealed, they could feel immense embarrassment and may face judgement from their peers and/or community. It's essential that employee confidentially remains a primary focus when approached for support and/or assistance.

#### • Potential impact and effects on relationships

The longer the process of developing severe addiction takes, the more it wears on relationships with friends, family and co-workers. Others may notice a retraction from social situations or interactions. Perhaps the stress of the addiction and secrecy is making the person react shortly with their spouse and children. Perhaps their job performance has declined and productivity is suffering. In short, the addiction may have reached a point where the person feels that they are on the verge of losing everything.

# What are some indicators to watch for that might reveal hidden addictions?

Hidden addiction is a puzzle. Often, when the condition is revealed those close to the person wonder how they could have missed the signs. The fact is that addiction is not clear cut, especially if the addicted person intends to keep it secret or is genuinely unaware that they have a problem.

While you should pay attention to all behavioural changes, here are four indicators that you may be able to observe in the workplace that could help to reveal hidden addictions:

#### 1. Absenteeism

Have you noticed a decline in attendance or increasing use of sick leave? Is the employee arriving much later than

is customary, or taking prolonged breaks? These may be indications of addictive behaviours.

#### 2. Excuses

Have you noticed overly elaborate explanations being offered when you check in about completion of projects, tasks or other work related duties?

#### 3. Irresponsibility and recklessness

Has the employee stopped performing specific time-sensitive aspects of their job functions? Are they making careless mistakes that have significant repercussions?

### 4. Lack a limitation/filter in social settings

If the employee is having difficulty regulating themselves in a social or team situation, and those behaviours are not typical of the individual.



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# What should you do if you think someone might be struggling with an addiction?

As a leader or manager, you know what an employee's usual performance and behaviours look like. When you notice something is off, it could be affecting the business negatively. Having a conversation about changes in behaviour that you've observed is a good starting point. Since hidden addictions are even more challenging to deal with, seek support from qualified resources including your EFAP provider who can provide support and guidance when dealing with addiction in the workplace. It's essential not to pass judgement and to ensure that the employee's confidentiality is maintained throughout the process.

Be aware that inaction on your part may have an effect not only on the employee, but your team, working group and the organization. This could be evident in diminished productivity, an increase in workplace accidents and general distractions.

Keep in mind that addiction has a widespread effect on families. The changes in behaviour you've observed in your employee may actually be a response to a friend or family member's addiction. Do not jump to conclusions.

As a key employee and/or leader, reminder yourself of your obligation to help maintain the employee's dignity, privacy and confidential nature of your observations. Recovery from addiction can be fraught with stigma and employees could face discrimination from co-workers. In every situation, communications must be private and respectful.

If you or someone you know is struggling with an addiction, seek advice and support from a qualified medical professional, your primary care physician, or refer to the resources available through your EFAP provider.

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