



THE HOPE HOUSE

GUIDE

Understanding **ALCOHOL ADDICTION**

A GUIDE FOR HR PROFESSIONALS



ELIMINATING THE STIGMA

Stress is on the rise and as a result, HR professionals are witnessing a precipitous rise in alcohol addiction within the workforce. Because alcohol abuse may be considered a disability in the workplace, HR professionals walk a fine line between representing their company and the employee. Reasons for not addressing the issue(s) include fear of potential repercussions or reprisals and worries that approaching an employee about addiction could result in their resignation.

Results compiled from surveys conducted by The Hope House, an executive rehabilitation center located in Scottsdale, Ariz., of more than 800 professionals across industries show the majority of employees do not feel safe asking an HR professional for help with alcohol addiction. When asked if training would be helpful to support employees through addiction, **94.8% of HR professionals stated they would benefit from more training.**

CREATING ALLIANCES

Looking beyond the employee handbook and the onboarding process, HR professionals can proactively facilitate these offerings by creating alliances with a trusted Employee Assistance Program (EAP) and partnering with an accredited addiction rehabilitation center. In cases where a company has a documented alcohol policy combined with an EAP program or a partnership with a rehabilitation provider, HR is 5-15% more likely to approach an employee who might be suffering from addiction.

UNDERSTANDING ALCOHOL ADDICTION

Alcohol, a clear and colorless liquid, is a classified depressant of the central nervous system. As the most used substance in the United States, alcohol is largely normalized. Many seeking a respite from intense pressure and life's ever-present unknowns turn to alcohol for a quick release of pleasure chemicals throughout the body.

While this coping mechanism can initially help dull the pain of isolation, overwhelm, and burnout, prolonged drinking can permanently change/alter the brain's pleasure and reward circuit—creating the need for ever-increasing amounts of alcohol to achieve similar results.

Alcohol is rapidly absorbed through the stomach and small intestine into the bloodstream, but the liver can only metabolize alcohol in small amounts at a time. The metabolic rate of alcohol absorption is unique to the individual and is dependent on a number of factors including the amount consumed, the alcoholic content, and one's personal body chemistry.



DETERMINING THE ROOT OF ALCOHOL ADDICTION

Alcohol addiction can strike any race, gender, profession, or age. Signs of addiction may present themselves in many forms with attributes unique to a person's genetics, brain makeup, and environment.

Experiences of stress, trauma, mental health issues, unsatisfactory life experiences, and outside forces are just a few of the possible triggers. The National Center for Drug Abuse Statistics (NCDAS) found **45.7% of adults blame increased stress as a reason for drinking more.** NCDAS cites **6.7% of all adults will develop Alcohol Use Disorder.**

AVOIDING ESCALATION INTO ADDICTION

When abused, alcohol use creates a heavy toll on familial relationships, leading to verbal or sexual assault, escalation of marital conflict, and the potential to jeopardize a career. In the U.S., it's estimated 88,000 people die each year from alcohol-related deaths, 10% of children live with a parent abusing alcohol, and 20% of college students meet the criteria for Alcohol Use Disorder.

Risk of addiction depends on how much, how often, and how quickly an individual consumes alcohol. Genetics, mental health, family history, trauma, and drinking at an early age can all increase the likelihood of dependence on the substance with the spectrum of Alcohol Use Disorder ranging from mild or moderate to severe.

DETERMINING THE DIFFERENCES

Alcoholism | The Centers for Disease Control (CDC) define alcoholism, also known as alcohol dependence, as a chronic disease associated with the experience of withdrawal symptoms, loss of control, or alcohol tolerance. Alcohol dependence is considered a “severe” form of Alcohol Use Disorder. Because of this, alcoholism necessitates medical intervention to overcome addiction.

Alcohol Use Disorder | Considered a disorder of the brain, Alcohol Use Disorder is a medical condition characterized by an impaired ability to stop or control alcohol abuse despite adverse social, occupational, or health consequences. The disorder can encompass what is also referred to as alcohol abuse, alcohol dependence, alcohol addiction, or alcoholism.

Alcohol Abuse | The CDC defines alcohol abuse as the consumption of alcohol that can put the user at increased risk of consequences. Alcohol abuse may or may not lead to alcoholism and is therefore considered a “mild” Alcohol Abuse Disorder. Individuals exhibiting alcohol abuse should be closely monitored for severe signs of alcoholism.

Binge Drinking | The CDC defines binge drinking as a pattern of consumption that brings a person’s blood alcohol concentration (BAC) to 0.08 g/dl or above. Binge drinking is a common and sometimes deadly form of alcohol abuse, but many individuals taking part in binge drinking are not necessarily considered to be an alcoholic. Occasional binge drinking or alcohol abuse may or may not determine if a person is dependent on alcohol and should be monitored accordingly.

High-functioning Alcoholic | The Hope House defines a high-functioning alcoholic as an individual who presents a pattern of alcohol abuse that presents little interference with social, professional, or personal obligations. Symptoms may be similar to Alcohol Use Disorder.

A study from the National Institutes of Health (NIH) found functional alcoholics make up nearly 20% of alcoholics. Attempts to reduce alcohol consumption may result in withdrawal syndrome with accompanying symptoms of anxiety/nervousness, depression, fatigue, irritability, mood swings, inability to think clearly, sweating, headache, insomnia, and/or loss of appetite.



DEFINING INFLUENCES OF ALCOHOLISM

GENETICS

While there is no gene for alcoholism, genetics do play a role. These genetic traits determine an individual's response to alcohol and the resulting propensity for alcohol abuse, including the risk for Alcohol Use Disorder. Alternatively, other genes also make an individual less likely to abuse alcohol.

ENVIRONMENTAL

The propensity for alcohol abuse includes traumas experienced in the form of adverse life events, leading to an influential risk of early exposure to alcohol. Adverse Childhood Experiences (ACEs) can harm the brain and thusly increase the risk of alcohol abuse.

PSYCHOLOGICAL FACTORS

Mental health issues are a common risk factor for alcohol addiction. These factors can include, but are not limited to, anxiety disorders, depression, bipolar disorder, obsessive compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). In some cases, alcohol abuse may initially begin as a form of self-medication.

DUAL DIAGNOSIS

Medline Plus, a division of the U.S. Department of Health and Human Services National Institutes of Health, defines dual diagnosis as having both a mental disorder and an alcohol or drug problem. The dual condition can occur together frequently and interactions of the two conditions can worsen one or both issue(s).



Finding a DIAGNOSIS

Assessments for alcohol addiction will help determine if an individual needs to detox prior to entering an addiction treatment center. Treatment can include, but is not limited to, individualized care, evidence-based therapies, medication-assisted treatment, and/or alumni support.

- 1. MEET WITH A MEDICAL PROFESSIONAL**—This could be a general practitioner, mental health professional, or an addiction treatment specialist.
- 2. COMPLETE A SELF-EVALUATION**—Individuals collaborating with a medical professional will likely be asked to answer a self-evaluation to determine time spent drinking, amounts of alcohol needed to achieve a desired effect, withdrawal systems, and an assessment of alcohol-induced problems.
- 3. UNDERGO MEDICAL EXAMINATIONS**—These assessments may include psychological and physical evaluations to diagnose specific symptoms and check for the potential of co-occurring mental health disorders (dual diagnosis).



CREATING SUCCESSFUL OUTCOMES

The Hope House tracks outcomes and measurements at discharge and via follow-up contacts with all alumni clients. The Hope House tracks multiples categories of measurements and outcomes including Against Medical Advice (AMA) rates to ensure clients remain sober and active in treatment, admit and discharge suicide risk assessments, admit and discharge cravings assessments, admit and discharge recovery skills assessments, and discharge confidence in sobriety assessments. While these statistics are important to our data tracking, client aftercare and well-being checks via phone form a complete painting of the measurements and outcomes for The Hope House's residential treatment facility.

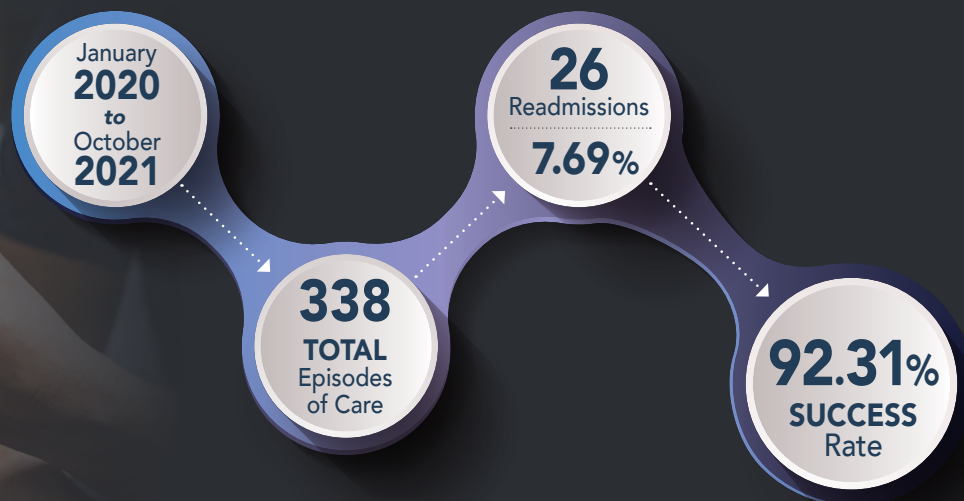
The most recent well-being alumni checks from October 2021 confirmed that **more than 92% of alumni are currently maintaining sobriety**, with **more than 100 individuals being sober more than 365 days**, and many of them **continuing their Medication Assisted Treatment (MAT)**.

Additionally, **only 7.69% of The Hope House's census from January 2020 to October 2021 are readmissions**. The clinical, medical, and case management staff are motivated to provide all the tools, resources, and appointments necessary to encourage reintegration into everyday life while keeping the frequent touch points with doctors, therapists, and peer support individuals for long-term sobriety.



The OUTCOMES

The Outcomes are particularly satisfying to the licensed staff who has significant industry experience and understands the typically low recovery rates in substance abuse and behavioral health.



FORMS OF ALCOHOL

Ethyl | Alcohol in its only consumable form. This is typically produced through the fermentation process of starches, yeast, and sugar and is often mixed with other ingredients to define flavor and taste. The level of pure alcohol will vary depending on the application.

Isopropyl | Alcohol that is typically mixed with water for use as a rubbing alcohol antiseptic. Isopropyl alcohol is present in aftershave, hand lotion, and in other cosmetic applications.

Methyl | Also known as methanol, methyl alcohol is used as a solvent in the manufacture of plastics, polyesters, and other chemicals.



ALCOHOL CONTENT of Popular Drinks

12 oz typically contain

5% alcohol



BEER

5 oz typically contain

7% alcohol



WINE

1.5 oz typically contain

40% alcohol



DISTILLED SPIRITS
(gin, rum, vodka, etc.)

8 oz typically contain

7% alcohol



MALT LIQUOR
(lager, ale, etc.)

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