Please stand by for realtime captions.
Hello, we are going to ask the captioner to please begin broadcasting.
Okay. If the captioner -- okay. Thank you. If you can stand by, we will start at two minutes after the hour.
This meeting is now being recorded.
Hello, this is your moderator. We have a quick announcement to let you know you are in the right place. We are still gathering for today's webinar. We will start at two minutes after the hour, so please stand by.
Hello, this is Jeannie, your moderator. We will get started in a couple of minutes. If you can please standby, we will get started soon. We still have people gathering.
Hello, this is Jeannie. We will get started. Welcome to today's webinar. Substance misuse: the facts, the myth, the solution. I will be your moderator today. We will introduce our guest speakers, Peggy and Alicia soon. Before I do that, I would like to go over a few tips to help those of you who are new to the conferencing tool. Below the PowerPoint is captioning for people with hearing impairments and that will be available throughout the presentation. Please use the Q&A pod for any questions or comments. Click the callout icon on the right to send your question or comment. Speakers will answer questions at the end of the webinar. Below the Q&A is a handout with copies of today's presentation, which you can download several times. Once you download the handouts, you can decide which version is appropriate for you. A certificate of completion will also be available at the end of the webinar. Click on the document to highlight it, then go to the bottom and click on download files. This will generate a new window to open, which might be minimized. Just open that window and follow the directions. You can view this presentation in full screen mode by clicking that full-screen button. It is the icon with the four arrows. While you are in full screen, you cannot use the Q&A or participate in questions. So click that full-screen button again to regain use of those features. This webinar recording will be on the website in three weeks. If he standby, I am going to start recording and then we will introduce our speakers. Welcome to substance misuse, the facts, the myths, the solutions. My name is Jeannie and I am your moderator today along with Melanie. I would like to introduce our speakers, Peggy and Alicia. Peggy has been with Magellan 29 years and is a clinical social worker, a certified employee assistance provider and substance abuse professional. She previously worked in disaster relief and services to military families and veterans with the American Red Cross and case management at the care unit hospital. Peggy has held multiple roles at Magellan , including clinical intake, affiliate management, quality improvement, and workplace support services. Alicia has been with Magellan 17 years and is a clinical social worker, certified assistance provider and substance abuse professional with 29 years experience in the field of addictions and mental health. She is also a faculty member for the master of social work program at St. Louis University. Welcome Peggy and Alicia. Peggy, I will turn it over to you now.
Can you hear me?
I can.
We do not see the screens.
Okay. We are on your objective slide.
Okay. Thanks for the opportunity to provide this webinar today. Our objectives with you are to learn current substance use and abuse facts in the U.S., including the opiate crisis, receive information on lesser-known, commonly abused substances. Hear the latest treatment trends, including community level actions having positive impact. I think I may have a problem, now what? I think

someone I care about has a problem, now what? Finally, we will talk about receiving sober support resources for families, friends, and employers impacted by the use of those who abuse substances. Clearly, substance issues are a national problem, a community problem and for many, a personal problem. We will break down the beliefs and miss beliefs starting with looking at myths. We also cannot see the screen, we are just seeing a black screen. I will assume you all can see the myths.
I am going to pull over the poll question and I will go through that.
Great.
We are going to have this question for you, so the question reads indicate which of these are a myths and select as many as you like and the response options are substance problems do not happen to good people, addiction is a choice, faith can fix addiction, better parenting would have prevented addiction, you cannot have fun sober, they can stop if they want to, it is all in willpower. So you are indicating which of these are myths. The responses are coming through. It looks like they are starting to slow down a little bit, so I will go ahead and broadcast of the answers and I will talk about those.
I can see the broadcast. I can see that people are making selections. I can see the percentages.
I have broadcasted those if you want to go ahead and let me know when you are ready to remove the poll.
I think we can leave it up for another moment so everybody can see. What I will do is start looking at each of the myths . You all obviously feel that these myths all appeared to be myths for most people . We are going to start with substance problems do not happen to good people. In fact, substance issues can affect anyone. It does not distinguish who can be genetically predisposed to developing addiction. Addiction is a choice. Addiction is a condition that if one is predisposed, it is a powerful force and will always win when presented with choice. It is a compulsion that without appropriate treatment cannot be arrested. Faith can fix addiction. Faith alone cannot fix addiction. Faith can be a positive contribution to sobriety as a sober resource and it is essential as a component of treatment and long-term sobriety. Faith as a loan tool does not result in sobriety. And recovery, faith is trust in something greater than the person, which does not necessarily need to be a DD. Better parenting would have prevented addiction. Ask any parent who has a child if they could have seen the problem coming or if they could have prevented or controlled it and the answer would be no. Parents are the greatest support and they end up afraid. You cannot have fun sober. Initially, it may feel this way to someone who may have only been involved with non-sober people as their support network and activities that involve using. Treatment of substance problems involve developing new sober supports and activities that contribute to feeling good, being with others and that will result in the person feeling fulfilled socially. They can stop if they wanted to. As above in the myth addiction is a choice, if one could stop, they would have. Once addiction sets in, it becomes a physical need, a preoccupation with making oneself feel better and only the substance can create that. It becomes a cycle. Now we can move to the next slide. We will look at current substance use and abuse facts in the U.S. In 2015, over 27 million people reported current use of illicit drugs or misuse of prescription drugs. Nearly 67 million people reported binge drinking in the prior month. The estimated yearly economic impact of alcohol misuse is 249 billion and 193 billion for illicit drug use. Just so that you know what is covered under economic impact, that is accidents, vehicle accidents, loss of employment and income, cost of treatment, cost of physical recovery, cost related to death and cost of legal fees. Alcohol

misuse contributes to 88,000 deaths yearly. In 2014, there were 47,000 overdose deaths with 28,000 from being from opiate overdose. That includes prescription pain relievers and heroine. More than any year on record. Substance misuse disorders cost more than $400 billion annually in crime, health, and lost productivity. It is important to note that this is based on evidence-based information that is researched and documented. Material is based on research over the last few years as those outcomes are just now being reported. The references are from reliable sources with consistent reporting. Information gathered may come from mortality data from death certificates, first responder statistics, geographical data as well as prescription data information. We can go to the next slide. Alcohol remains the number one substance, the focus we are going to have on the next few slides. We will start with marijuana. As you can see, cannabis continues to be the most commonly used substance next to alcohol. Many states are working to legalize form additional use despite serious implications. There are short-term memory and learning impairment, impaired focus and coordination, there is an increase in heart rate. It may increase the risk of psychosis. When regular use begins in teenagers, research suggests addiction is more likely in adulthood. Heavy use that starts in teenagers is linked with a lower adult IQ. Another point to consider before we look at medical marijuana is for alcohol, there are breathalyzers and blood screens to determine the level of intoxication that would be considered impaired. In cannabis, there are no measures for impairment other than to confirm there is a level. States that have legalized this do not have tools to measure what the line is of intoxication. In looking at medical marijuana, there are drugs to treat pain and nausea that are already prescribed. There is one drug called X which has been approved, which is for the severe form of epilepsy. There are others, which are synthetic based. Scientists continue to investigate the medicinal properties of cannabis, such as CBD and cannabis oils. For FDA approval, evidence is insufficient. States where medicinal use is legalized are in conflict with federal laws and there is no level of intoxication established to measure those thresholds. Although many have called for the nationwide legalization of marijuana to treat medical conditions, the scientific evidence is not sufficient for the marijuana plant to gain approval. First, there are not enough clinical trials showing that marijuana benefits outweigh the risks. The FDA has conducted studies. Sometimes that would be hundreds of thousands of people to accurately assess the benefits. To be considered a legitimate medicine, a substance must have measurable ingredients that are consistent from one unit to the next, such as a pill or injection. This allows doctors to determine the dose and frequency. Its use as a medicine is difficult to evaluate. While the debate about state law versus federal law could be an entire webinar that we could devote to a there is no state that has federal approval for use. People who carry medical cards for use are still in violation of employer policy. Marijuana remains a substance. Now we are going to talk about the lesser-known substances. While marijuana maintains the status of the most commonly used illicit substance, there are others that have increased in popularity. Bath salts, while it has been in the news appears to have less of a presence due to availability. K2 refers to a wide variety of mixtures that produce experiences similar to marijuana. Of the illicit drugs most used by high school seniors, spice is second only to marijuana. It is sometimes called synthetic marijuana, but this is a misperception. Labels on spice products often claim that they contain natural psychoactive material taken from a variety of plants, however, chemical analyses showed their active ingredients are synthetic cannot Benoit compounds. Poison control centers report a variety of K2 symptoms,

including rapid heart rate, vomiting, agitation, hallucination, raised blood pressure and reduced blood supply to the heart and sometimes heart attacks. Recently, it was able to be purchased at places like gas stations or head shops. Law enforcement continues to address the availability and legality of its being for sale. It can easily still be purchased on the Internet. Then we have Purple Drank or Sizzurp. That is soda that has been mixed with prescription strength cough syrup. These syrups are available by prescription only. Users may also flavor the mixture with hard candies. Drinking this combination has become increasingly popular among celebrities and youth in several areas of the country. Sedation and euphoria are the primary features. Symptoms include anxiety, yawning, loss of appetite, cramps and diarrhea. Then we have rubber tripping, Skittling and Triple C. These are commonly abused over-the-counter drugs, which include cold medicines containing DXM. Products containing DXM can be sold as cost syrups and pills and they are frequently abused because they are easy to get. It is easy to obtained by walking down the local pharmacy. Because it does not contain Sudafed, it is not regulated. Wax is a marijuana concentrate that has become increasingly popular on college campuses over the last five years. And has also been found in the possession of students at the high school level and it is referred to as weed wax. Dabbing, Dobbs, or hash oil. That explains the slang term. A sticky syrup like substance that is robust enough to hold its form on a flat surface after it has cooled, it is typically yellow and may be kept on wax paper or kept in small containers. It is derived from marijuana plants, but can have up to eight times the concentration of THC compared to the things people typically smoke. They will become a custom to smoking wax and they will be dissatisfied with marijuana because their tolerance will be increased. Regular users who have stopped smoking wax have also experienced withdrawal system -- symptoms. With wax, this is the longest we see people being able to accomplish a clean screen. Of course, then there is a bang, -- vaping. people can walk up and down the street and they would use it and you would never know. We can go to the next slide. We are going to take a look at the opiate crisis. Over prescription of powerful opioid pain relievers beginning in the 1990s led to rapid escalation of use and misuse by a broad demographic of men and women across the U.S. This led to a resurgence of heroin use, as some transitioned to using the cheaper street cousin of expensive opioids. The number of people dying from opioid overdoses sword, increasing nearly fourfold between 1999-2014. In 2016, 11.8 million people misused opioids. Of those, 6.9 million were prescribed hydrocodone, 3.9 million were prescribed oxycodone, and 228,000 were prescribed fentanyl. 2.1 million have an opioid use disorder, yet only one in five or so's assessment of those received special treatment. About 80% of the globe full opioid supply is consumed. We will take a poll.

It reads I, or someone I know have been impacted by the opioid crisis. The results are coming in. They are being broadcasted. It looks like about, it is almost split, but about 55% say yes.

Okay. Thank you for answering and I was surprised, I thought it would be more that would either have been directly impacted or know someone who has been impacted, but that is good for those who have not been impacted. I recently saw an article about the research study that was done over the years 2006 and 2015 that determined that nearly 30% of the U.S. patients prescribed opioids in the last decade had no recorded pain diagnosis. Two thirds of those people did report a pain diagnosis, 5% reported a cancer diagnosis, but 28 and half percent had no diagnosis that would have supported why they would have been prescribed. In 2016, the Surgeon General sent letters to every prescribing clinician in the country requesting that they assist with the crisis by changing their approach

to pain management, educating themselves on opiate use disorders and becoming knowledgeable in evidence-based addiction treatment. In 2017, 8.9%, there was an average drop in the number of prescriptions for opioids filled by mail-order pharmacies. All 50 states and the District of Columbia had declines of more than 5%. That topped 10% in 18 states including all of New England and other states hit hard by the epidemic, such as West Virginia and Pennsylvania. So we do see that just that one letter going out did have an impact on how physicians were prescribing. It appears that in terms of prescription, there is more medical awareness and we are seeing fewer referrals for prescriptions. It continues to be a serious problem and for some that have access to prescriptions, they no longer can get those and they have moved onto the streets or they have moved onto heroine. Speaking of heroin, it is a drug made from morphine, a natural substance taken from various poppy plants grown in the southeast Asia. Although general population use is low, the numbers of people using heroin has been steadily rising. From 2010 to 2016, heroin related deaths increased more than five times. In 2016, about 948,000 Americans reported using heroin within the last year, largely young adults. In 2010, manufacturers introduced OxyContin making it more difficult to inject. By 2012, a study revealed many users had switched to heroine. From 2015, death rates increased by nearly 20% with about 15,500 people dying in 2016. In 2016, males had the highest heroin death rate at 15.5 per 100,000, which was an increase of over 17,000 from 2015. Heroin use has been increasing in recent years. Some of the greatest increases have occurred in demographic groups, which have historically low rates with heroin use. Then Methamphetamine had a heyday and then it diminished, but even though it has faded, it is back. We are seeing it. In 2005, Congress passed, Methamphetamine asked, which limited sales to 7.5 grams and required pharmacies to track sales. In 2006, federal data showed that the number of Methamphetamine labs dropped significantly as well as prosecutions. Shortly after, drug traffickers found new ways to produce Methamphetamine and the use began to increase. The estimated number of users rose from 314,000 to 569,000. Nationally, nearly 6000 people dried from abuse. In 2015, that was a 200% increase from 2005. It has definitely risen. The deaths attributed to stimulants increased. Fatal overdoses involving Methamphetamine more than doubled . At this point, I will turn it back to you before we turn over to Alicia.

Before we shift gears, we will do our last poll. If you could pull that up. Do you feel addiction is a disease, yes or no? I will wait for people to answer. It looks like it is slowing down a bit and it looks about 82% of our lenders! Listeners feel it is a disease. 18% say no. If you can remove that and move to the next slide, we are going to talk about addiction. Addiction is a broad term that encompasses a variety of compulsive behavior. In terms of sustenance use, we typically use the label substance use disorder. That can have an severity of mild, moderate, severe or in remission. We talked earlier about myths, which include items such as addiction is a choice, they can stop if they want to, it is a matter of willpower and hopefully, these next slides will help provide you of better understandings about the progression from use to misuse to addiction. Addiction is a chronic relapsing brain disease. It is characterized by compulsive drug seeking and use despite harmful consequences. It is considered a brain disease because drugs change the brain. They change its structure and how it works. I cannot stress this enough, addiction is a disease, not a choice.

Brain imagery shows addiction severely alters areas critical to decision-making, learning, memory and behavioral control. These brain changes can be long-lasting and can lead to harmful behaviors seen in people who abuse alcohol or drugs. Substance use disorders are shaped by biological genetic psychological

behavioral stress and environmental factors. According to the American society of addiction medicine, addiction is a primary chronic disease. Dysfunction in these circuits leads to the characteristic biological, psychological, social and's virtual manifestations that we see. This is reflected in an individual pathologically pursuing reward and release by the substance use and other behaviors. Addiction is characterized by the inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death. Now we are going to talk about the cycle of involvement. How do you get there? This shows the cycle of involvement highlighting the progression from nonuse to potential addiction. As you can see, use is divided into two categories, a problem to solve and a disease to conquer. Progression can be in the early, middle, or late stages with more pronounced or severe symptoms being present as the disease progresses. Some users never progress beyond an occasional, recreational, or social user. Once the person is a more regular user and the reason for use is for physical, emotional, or spiritual relief, the closer the user is to moving into addiction. Now we are going to talk about the different kinds of cycles. We have used, which is limited or the consequence, we have risky use and here is where you might be using it in high risk situations and you are starting to see folks have the early stages of consequence to their use. Finally, all the way to a substance use disorder. This is where it has progressed to the point that they need diagnostic criteria for a disorder. The disease is present and the user likely has a variety of consequences across a broad structure from -- spectrum of life. Let's start with use. The initial decision to take alcohol and drugs is mostly voluntary. Almost all substance use starts with experimentation, curiosity and peer pressure. We perceive that alcohol and other drug use helps us feel good, feel better or do better. Not everyone who uses becomes at the did, however, progression to addiction is unpredictable. Many variables, such as genetics, environmental factors, trauma, brain chemistry, behavioral issues to name a few can increase a person's risk for developing a substance use disorder. The stigma comes in the first bullet point. The person makes an initial decision to use. The thing I can say about this is very few people if any use or experiment with substances with the intentions of becoming at the did. We move from use to risky use. Risky use is really any type of use that is inappropriate to time, place, or amount. You are starting to see the initial stages of consequences. You are starting to see these be a parent. It could be that first DUI. It could be the beginning stages of work performance issues. There could be some relationship dysfunction you are starting to see. Folks might be having major accidents. When someone is engaging in risky use, you are starting to see consequences. Finally, we land on substance use disorders. Defined in the DSM-V, which is the manual of mental disorders is a cluster of cognitive, behavioral and physiological symptoms indicating an individual continues using the substance despite significant problems. So you are seeing loss of control over the use of the substance, continuing to use the substance despite negative consequences, the development of tolerance, cravings and withdrawal and I am going to define those. Tolerance is the physical aspect of addiction. A person has developed tolerance when their body no longer responds to the original dose requiring a higher dose to get the effect they initially experienced. This is why you see people who maybe started off doing a small amount of their substance and they need many times as much to

experience the same effect. Withdrawal happens when the person discontinues use and there are mental effects ranging from mild to life-threatening. These may occur when the person stops using the substance and each substance has its own symptoms that are specific to the drug. Finally, craving is the uncontrollable desire to use the drug despite consequences. That last piece is that you are seeing an impact on relationships. Let's talk about what we do, what are the latest trends and treatments. Peggy provided a variety of statistics around the opioid crisis. For opioid use disorder, scientific research has established that pharmacological treatment also known as medication -assisted treatment not only increases retention and treatment programs, but decreases drug use, disease transmission, and criminal activity. I will not go over all of these medications, but you can see there is a list of medications. A couple I want to point out is Narcan. This is the drug that can treat someone with a drug overdose. 70% of reversals are peer administered. What that means is that the person is using and that person is the person that saves their life with Narcan. We can get the medication without a prescription. These other medications, Vivitrol , these are medications that are used to help with withdrawal management. One of the most difficult things for someone who has an opioid use disorder is you get a very serious sickness when you are in withdrawal and these are all medications that can help with the symptoms so the person can move towards abstinence. I will talk about harm reduction. Harm reduction incorporates a spectrum of strategies from safer use to manage use to abstinence. It is addressing abuse. Harm reduction to man's that policy is designed to serve drug users, so there is no real universal definition or formula for implementing harm reduction. I am betting that many of you have seen some of these in action. I will name a few types of harm reductions. Usually largest cities, syringe exchange, Narcan access, which is that medication that reverses opioid overdose, helping people with daily needs, disease management and testing, wound care, housing, referral to treatment, withdrawal management, outreach and peer education, and the one you are aware of is impaired driving programs. All of these are forms of harm reduction. The goal of harm reduction is to reduce harm if the individual is not ready to consider abstaining. Studies show that harm reduction not only preserves life, but it reduces the transmission of infectious diseases including STDs, HIV and hep C. It reduces crime and it reduces the public's exposure to drug paraphernalia. Just taking treatment in a nutshell, the rule of thumb is the best results for treating disorders are when a multidisciplinary approach is taken, which includes a variety of evidence-based behavioral therapeutic interventions, variety of treatment interventions, intensive outpatient services, residential care, and detoxification services. A variety of treatments are used to address the wide range of needs including, but not limited to counseling and group therapy, education, family work, sober support facilitation, spirituality, dental healthcare, and legal needs. There are a variety of interventions that can help the person achieve a goal. There is no one-size-fits-all and decisions an individual needs should be made in partnership with treatment providers. On this slide, we are talking about I think you have a problem, now what? The main motivator is the acceptance that there is a problem. One of the most difficult challenges an individual can reconcile for themselves is that they have a problem. Someone who has a problem is often last to know. They may have suspected, but the acknowledgment comes about in uneasy ways, typically there are serious consequences and major life areas, so legal issues, that might be where someone has gotten a DUI or an arrest for disorderly conduct, theft or possession, school problems, grades are going down, less attention to studies,

increased activities, social problems, separation, divorce, parental conflict. Fewer activities with friends, work problems, you may be seeing attendance issues, performance problems, lower productivity and a myriad of health problems ranging from high blood pressure to Gastro intentional -- other disorders. Usually one or more of these factors are the prompt for the person to begin considering making change around their substance abuse. Many people feel relief when they acknowledge there is a problem. They are typically the last to know and usually out of options if they have tried their own way to stop. Involving a trusted friend, family member, or seeking the guidance of the counselor builds an accountability. Getting an assessment can be as easy as picking up the phone or accessing assessment options online. Assessing your EAP or insurance services to help you understand the resources in your home community. Following the recommendations of treatment and aftercare involved the willingness to be cooperative. Ongoing sober support is critical. Treating a substance use issue often involves changing social activities, groups of friends, and coming events where checkers could be a problem. With time, the benefits of the care will be obvious and generally, the individual is able to clearly state the problems that got them into care. On the flip side is I think I know someone that I care about has a problem, now what? The primary thing to remember is that you cannot fix their problem. The person using substances must come to a place that they are ready to get care. Loved ones and family members can be ace high casualty to the substance problem that is important and they should also get their own support. Hitting support of a counselor knowledge and disorders is really important and it is important to remember that not all counselors have a skill set and working with disorders. There are support groups that are available in most areas. Meeting list can be accessed online. Typically, what these are our 12 to -- twelve-step meetings and they are gatherings of people who have all been affected by someone who is struggling with substance abuse. Hitting support through your clergy, educating yourself about enabling behaviors, the goal is caring support with boundaries. Going over sober supports for people who are trying to get sober, when a person has a substance use disorder becomes sober it is recommended they maintain involvement in supports. Alcoholics anonymous, all of these are twelve-step groups in the community and they are usually an hour-long and these are gatherings of people who are struggling with or recovering from substance use disorders. And is twelve-step recovery program, you get a sponsor to help you work the 12 steps. There are also groups called celebrate recovery, which our church sponsored, having sober friends. It is imperative in recovery that one must change the faces and places. Sober activities, more time with sober friends will open up the activities that do not involve triggers and I cannot stress enough that changing people and places are key. Substance use problems will always be a part of our culture and will continue to impact our families, social contacts and workplaces. We hope this webinar presentation has given you some current information and resources and I will turn it back over to Jeannie to talk about your EAP.

Thank you for such an informative presentation. I know you guys are the experts when it comes to this topic. We are going to have time for questions, but before we get there, I want to remind everyone about your EAP program. Is here for you. It is here for your family members. We are all going through that daily jackal and we may hit that wall where we struggle and no matter where you are in your journey, there are times when help can go a long way. We are a community of experts to support you confidentially. We are all to support you in living your best life. You can access our services by calling your company's specific 800-number or the web if you do not know your web address, reach out to your HR

department for assistance. Peggy and Alicia, I will turn it back over to you for questions.
Thank you. I see there are a few questions here and one of the questions is I would interpret disorder as being different than disease, do you consider all to be interchangeable terms?
When we are talking about addiction or substance misuse, we are referencing a medical condition. That is what addiction is considered. We use the words interchangeable, disease, condition -- you are correct. We are using them interchangeably and as long as we are referencing it as a medical condition that has the same components of any disease, that is what the treating community and through the years of much trial and error, treating it as a disease leads us to the most successful outcome. I hope that answers your question.
The question I see is are the opioid medications for withdrawal a long-term solution? No medication is a solution. Medication assistant treatment should be done in partnership with a variety of other treatment intervention that we talked about, the group, the individual, the family worked. But these medications are not typically offered in the short term. Most of the medications that I have seen, the person could be on them for a month or years. These are decisions that are made with the individual doctor and it is important with any medication that you would be taking for any kind of disorder or disease that discussions are made around coming off medications and what is the safest way to do that. It does not necessarily mean that person would be on them for a lifetime, so I have experienced people who have been on withdrawal or replacement medications for a significant amount of time because that is what works for them. I think one of the things that I had said is there is no one-size-fits-all. Whatever works for that individual to get their life on the place that is best for them, these are just the many tools that are available. I hope you answer that question.
I can take this question, when can you make participation mandatory? I am assuming that is coming from an employer contact and what we would do is we would reference you to your policies and see what qualifies someone to be mandated into a referral. The EAP program has a product where we provide mandatory referrals, so you can go on to our website that Jeannie will mention as we close and go into the managers section for references for how to initiate a mandated referral with our program.
Do we have time for another question?
We do.
I am seeing a theme in several questions that are around how to approach a family member or what if a family member refuses treatment. This goes back to that difficult place that someone you love is making choices that are potentially dangerous that are putting themselves at risk and from a good place, we want to get them engaged in care. My advice would be to contact your EAP number four confidential consultation to talk about your specific family member, what options might be available to them and also, how to get support and having a family member who is making these choices. I know that is more of a global answer to the question, but I am seeing so many of them, that I want to make sure that folks know that they can call the one 800 number 24 seven. You can really dive into the specifics of what your family member is facing and what your options are.
I will piggyback onto that as well by saying the sober resources such as alcoholics anonymous, there is a program, it is for family members. That is a free resource. You can Google where the meetings are and go from there.
Thank you guys. We are about out of time. I think there is a number of questions

here. So time is limited today, but please reach out to your EAP and give us a call. We can provide an individualized consultation. If you are not familiar with your number, your HR department can assist you and you can log onto our website and there is a lot of information there that Peggy mentioned earlier. If you are not sure about some of those referral options that Peggy talked about, then you can also call your 800-number and ask for your workplace support team and they can provide that assistance. So we have our exit question pulled up here and it reads please rate your overall satisfaction with today's webinar. Very satisfied, satisfied, dissatisfied, very dissatisfied. If you want to register your vote, click that button to the left and your vote is received. You only need to vote once. I want to thank everyone for attending today's call and taking time out of your day to attend on such an important topic. I want to thank Peggy and Alicia for not only their time today, but all the countless hours they spent preparing today's presentation for you with the latest fax on substance misuse, issues, and that is no small thing. Let me also mention the certificate of completion. That is also available to download. You just click on that document to highlight it and go to the bottom of the pod and click on download files. Thank you for your time today and this concludes our webinar. [Event concluded]