

HABIT OR ADDICTION: WHAT'S THE DIFFERENCE?

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Thank you all for joining us today for Habit or Addiction: What's the Difference. I'd like to now introduce our presenter, Sally Koesterer: Sally Koesterer is a licensed clinical social worker and certified employee assistance professional who is licensed in the states of Missouri and Colorado. She has over 27 years of clinical experience counseling individuals, couples, and families in a wide range of settings. She utilizes trauma informed therapy, motivational interviewing, mindfulness and cognitive behavioral therapy and as is trained in EMDR. She works with substance abuse, relationships, trauma, anxiety and depression. She currently provides consultation and counseling to federal employees and their family members. And with that, I'll turn it over to Sally to begin the presentation.

Thanks so much, Tammy. Hi everyone. Thanks for joining today. We have a pretty full plate, so I am going to dive right in. Today we will discuss what the difference is between a habit and an addiction and how any substance or behavior that is pleasurable can become an addiction. Our hope is to expand our view of habits and gain clarity on when those habits can become detrimental to our health, like when our habits go beyond what is good for us, and start to become addictions. It is important to be aware of the science before it becomes out of control. It is also good to understand a wide range of addictive behaviors and what they all have in common. So in reviewing our objectives for today, we're going to start the presentation with a broad definition of habit and addiction. And the characteristics associated with substance abuse addiction. Then we will move beyond alcohol and drugs to other addictive behaviors. We have the understanding that many individuals suffer from more than one addiction and they may abuse a variety of substances or engage in a combination of addictive behaviors. Finally, we will cover the stages of change and review practical steps needed for an individual to walk through their own recovery process. So we are going to dive right in. We will look at the definition. Oxford languages defines a habit as something that you do often, almost without thinking, and especially something that is hard to stop doing. So habit can be something as simple as biting your nails, shaking your leg when you're nervous, maybe repeating a phrase, or even eating the same thing for breakfast every morning. It can also be a drink with dinner or dessert at night. Habits can be natural and helpful in creating routine. It is really nice not to think about what you have to eat for breakfast. It is one less decision we have to make for that day. Addiction is very different. The American Society of addiction medicine defines addiction as a treatable chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and the individuals life expenses. People with addiction use substances and engage in behaviors that become compulsive. They will continue, despite the harmful consequences. The good news is prevention efforts and treatment approaches for addiction are generally just as successful as for any other chronic disease. As you can see from the definition, one thing that separates a

habit from an addiction is that substance use and compulsive behaviors continue despite harmful consequences. In essence, the habits of behavior we develop by frequent repetition. So we do it over and over's to the point where we don't have to think about it, like brushing her teeth in the morning and drinking coffee. An addiction is a compulsive need for a certain thing or a substance. When deprived, it causes an uncomfortable effect. Habit can be controlled or modified with some effort. Addiction cannot be controlled. It requires professional help for modification. Additionally, habits can be positive or negative. They usually don't affect mental ability or memory. So like brushing our teeth, that is a positive thing we do every morning. Addictions are almost universally negative. They have inherent risk and they can affect your mental ability, memory, and impulse control. Bear with me. I'm switching of the slides here. Okay. So we are not going to talk about the path from habit to addiction. It is gradual and progressive. Nobody becomes addicted overnight. Not all habits lead to addiction, but some might. For example, a person has a habit of shopping once a week. They could increase their spending and time spent shopping to the point of financial ruin. Clearly, that's a harmful consequent. On the other hand, a person that eats oatmeal for breakfast every morning is not at risk of significant harm. So let's distinguish a little bit more between habit and addiction. Only behaviors or substances that excite or have the potential of creating pleasure in the reward center of our brain can become addictive. What does that mean? Let's look at addiction from the brain's point of view. This will help us understand the physiology piece. Our brain is generally required to be healthy , but it also responds differently to different activities and substances. One of the key elements of addiction is when we are addicted to a particular substance or behavior, our brain is found to produce dopamine. Dopamine is our natural feel-good chemical. What is most interesting is that your brain might produce dopamine when you shop, while my brain definitely will not because I don't like shopping. But this is what makes each of us unique. We don't all get excited about the same things. However, in order for a substance or activity to become addictive, dopamine receptors have to be activated. Here's an example. Maybe you have heard of or even experienced an exercise high. That is something happens when you exercise regularly. Some people get so used to the feeling produced by endorphins that they start to feel like they need to exercise the feel-good, both physically and psychologically. And for some, that lift from working out is a great motivator and nothing more. Addiction begins when someone is compelled to keep doing that behavior despite its harmful consequences. This typically happens when a person's other coping skills are limited or not working. The substantive behavior becomes their coping mechanism. It becomes their way to calm and soothe themselves. Addiction rarely occurs in a vacuum. People who are most susceptible are those who have a very challenging time regarding their emotional state. When they find something that consistently suits them, in the absence of being able to soothe themselves on their own, they turned more and more to that behavior. The behavior that starts as a way to find comfort and turns into a compulsion. Instead of getting a little bit of soothing, the person now needs to do the behavior or consume that mood altering substance to feel normal. Let's circle back to habits. They clearly don't always lead to addiction. The tipping points are what we just discussed. Originally, the person who reaches for a drink to relax her place a few computer games is not addicted. Over time, it may or not become something that consumes their thoughts. It may or may not end up feeling like they need to do it to get through their day. For some of us, there may be factors that make us more susceptible, like a strong genetic disposition or past trauma or

just things going on in our life that are really painful, like grief. So the next thing I want to do is take a poll. Bear with me. I'm not the best at moving through slides, apparently. Okay. We are going to put up a list of different substances and behaviors and I want you to pick the ones that you think would be pleasurable for the brain. And you should see that on the right side of your screen. Yes. The poll is now open, everyone. You have about 15 seconds left to complete it. And I don't know, but you might have to scroll down to see the whole list. We have alcohol, drugs, tanning, massages, gambling, reading a good book, shopping, eating, feeling a cool breeze, pornography and sex, social media, talking with friends, and cuddling up in a blanket.

Okay. We are getting a lot of responses. Keep them coming. We have about seven seconds until the poll closes. Then I will put up the results. Okay, just one second while I put up those results.

The suspense is killing me.

Okay. Now they should be showing.

All right. So lots of people chose alcohol and drugs. Massages. Pretty much everything on the list, as you can see, is pleasurable. Right? And again, thanks so much for participating. But while they are mostly pleasurable, we hardly hear of anyone getting addicted to reading a good book. So there is little inherent risk of harm to reading. But also, while we enjoy some of these activities, they don't set off that reward pathway in the brain that causes the relief release of dopamine. As with anything, there are exceptions to the rule. I saw a show about a woman who was addicted to having her hair dryer turned on next to her while she slept. That is an outlier for sure. There are some behaviors that are very predictably addictive. Now we are going to look at how a behavior or substance use could move from habit to addiction. Sorry. Wrong slide. All right. We are going to use alcohol as an example here. You may be interested in knowing that if there were two independent studies done of 20 or more drugs and alcohol was rated the most harmful in both analyses. It is also one of the most common addictions. Stage one is experimentation. What does that look like? Well, think back to when you are an adolescent or when you are introduced to alcohol. Were you underage? Was there. Pressure involved? Often, this is a time of experimentation. Adolescents and adults for any number of reasons may drink just to see what it is all about. And some may drink to excess, but this time of experimentation is usually just that. The drinker wants to see what alcohol is like. Some people will drink and decide it's not for them. Others will continue. The person who once experimented may enjoy drinking and find that as an adult, they start going to happy hour on a regular basis. This is when you see regular use begin. It is a behavior that is appropriate to time and place. Someone may have a cocktail at happy hour or a glass of wine at dinner. But over time, something once considered recreational facility can become a routine. In some cases, having a nightly glass of wine with dinner might morph into having several glasses, or adding a cocktail to the pre-dinner routine. The user may find that life isn't as comfortable or satisfying without the substance. For example, going to a concert without drinking might be considered boring. So where do we draw the line? It behavior can be labeled as abuse when it leads to a problem for yourself or others. Whether that's relational, occupational, financial, legal, or health. An individual may recognize the problem at this stage and make changes to prevent the behavior from impairing their life. So, for example, once the

person starts to notice they are feeling more sluggish in the morning and they are not as productive or collaborative at work, they decide that a glass of wine maybe isn't the best thing for them. They restrict to Friday and Saturday night. This person has strong coping skills. Maybe they have meditation or work out. Maybe they have a good supportive partner and they told him they want to cut back on drinking and their partner says hey, I'll join you in that goal. However, if the person ignores the problem, or maybe doesn't recognize it, the abusive problematic behavior may become what we would describe as an addiction. The behavior pattern in which the activity takes priority over the behaviors that used to hold value. A person might sense drinking is in the best thing for them, but they don't know any other way to manage their stress, or maybe they are social drinkers and the temptation is there and it is present all the time. No matter the consequences, such as calling out sick, or having marital issues, the person continues to drink, and they even increase their drinking. Addiction sometimes evolves even further into something we call dependence. That can be divided into two categories. Physical or psychological. With respect to drugs and alcohol, the physical dependence is marked by serious consequences that ensue when you stop using and as a result, a person has to be monitored medically to safely quit. Although psychological dependence doesn't entail medical need, it can be just as strong. The hallmark of psychological or emotional dependence is the belief that one needs to keep indulging in the substance or behavior in order to function, regardless of the consequences. Okay. Let's see if I can get this slide thing right. There we go. So we are going to shift our focus now and talk a bit about behavioral addiction. We are all used to the idea of gambling, sex addiction, and even gaming addiction. These are what we call behavioral addictions. We will talk about an example in just a moment. The central feature of behavior addiction is failure to resist an impulse to perform an act that is harmful to the person or others. Every behavioral addiction is characterized by a recurring pattern that is repetitive and interferes with their daily functioning. In this respect, behavioral addictions resemble substance abuse disorders. Individuals with substance addictions report difficulties in resisting the urge to use drugs. Individuals with behavioral addictions report the same inability to resist engaging in the behavior. Whether it's a behavior or a substance, there is a typical cycle that occurs with engagement and addiction. So let's take someone who is incredibly stressed. Maybe work has been tough. Maybe they have been having marital issues. Maybe they have lost a loved one recently. It is really uncomfortable to be stressed and worried or sad. So someone who enjoys gaming might experience something like this. After a fight with a spouse, they feel frustrated and discontent, so they decide after work when I get home, I'm going to play Fortnite for an hour to relax. The next day, they start fantasizing about getting him to play that game. They visualize how nice it is going to be and what a relief it is going to be to get online with their friends. The fantasizing then turns into an obsession and how much better they will feel after they play. The person might notice their spouse feeling more alienated, but they will tell themselves, well, this is just more of the same relationship problems we have been having. At this point, they are engaged in the addiction. An hour after work isn't going to be enough. They now need more and more playtime to have that same level of relief. They might play all the way until bedtime with hardly a break for dinner. They might miss important events, like a child soccer game. They feel it is justified. At this point, they have lost control. They cannot stop the behavior, even when they want to stop. Psychological dependence has developed. All night gaming is not something they find they can stop, even if they are staying up late. They are oversleeping in the morning. Maybe

their boss has approached them about coming in late and not being fully present. Maybe the spouse has asked for separation. Regardless of whether it is behavior or substance, at this point, feelings of remorse, guilt, and shame develop. Enough consequences have occurred to give this individual pause. And the person begins to recognize the pain they have caused themselves and others and yet, they still continue the same behavior. They may begin to make promises to stop or resolve the change. They might say tomorrow is another day. I can do this. I can get through the day without a game. They may even manage to stop playing for a few days or a week, but they feel really uncomfortable because they don't have other coping skills developed for support. And after a period of abstinence without prevention or treatment, that pain gets to the point where they are back in that frustrated state. They begin fantasizing again, and soon, they will relapse and start playing the game reflexively. It makes total sense how a pattern like this can develop. Now that we have an idea of what that path is to addiction, let's talk about the most common behaviors that lead to addictions. Elicit and illegal drugs are often what come to mind when we hear the word addiction, but for our purposes, we are going to focus on legal substances, mostly because of their prevalence and impact on people, but also for the purposes of time. As we mentioned before, alcohol is one of the most common addictions. It is one of the most commonly used illegal drug. In 2010, almost 70% of Americans 18 and older reported drinking in the last year. After alcohol, marijuana is the most commonly used and abused drug. And while marijuana is considered illegal from a federal standpoint, it is now legal in many states medically and recreationally. In fact, 4.9% of Americans reported use or abuse of marijuana in 2019. As you may well know, addiction to prescription medications, specifically opiates, has been on the rise for the past decade. Opiates are particularly dangerous because of the high overdose rates. The number of U.S. overdose deaths involving any form of opioid rose from 21,000 in 2010 to 49,860 in 2019. Overdose became so common that the government now allows over-the-counter injections to stop that effect. It is called Narcan and can be taught at any drugstore. Now, opiates are legal, but they are the same type of drug as heroin. Heroin is the street drug or illegal drug. Narcan stops overdose for either. Nicotine is another highly addictive yet illegal substance. The good news is that tobacco use is steadily declining, but it is still the leading preventable cause of death in the United States. And with 4000+ chemicals in tobacco, it causes cancer and chronic obstructive pulmonary disorder. Now, while its use may be on the decline, nicotine is still quite prevalent in the form of vaping products. Now, some people use vaping as a cessation tool. And most vaping products contain nicotine. A lot of the emerging data links chronic lung disease and asthma to vaping as well. While long-term effects are not fully understood, people who vape are exposing themselves to chemicals that are probably not safe, and there were some vaping related deaths, however, that was due to vitamin E acetate, which was removed from e-cigarette cartridges in 2019. In 2013, the Surgeon General reported that e-cigarette use among high school students has increased by 900%. 40% of the young e-cigarette users had never smoked regular tobacco. That is concerning because we know in this case, they are definitely not using it for cessation. As an aside, all federal employees health benefits are required to cover tobacco cessation programs at no cost to employees, so if you're looking to try and quit smoking, if you go to opm.gov, you can find more information there. Caffeine. Caffeine is considered a drug because it stimulates our central nervous system. The good news is the World Health Organization says there is no evidence whatsoever that caffeine use has even remotely comparable physical or social consequences that are associated with serious drug

abuse. Some studies actually show beneficial effects to coffee. So if you feel like you need that coffee in the morning, you are probably okay. Just keep in mind that as with anything, too much could have a negative effect if you have problems sleeping, you probably want to get rid of the caffeine. All right. So let's move on now. Let's talk about some behavioral addiction. Gambling is different for men and women. Men tend to develop this during their teen years and women develop it later. Oftentimes, people who develop a gambling addiction continuously need more money for gambling to achieve that desired level of gambling enjoyment. In other words, they built up a tolerance, just like you would for a drug. It may get to the point that a person feels like they have to borrow, sell, or even steal to get money for gambling. It can be financially devastating. An actual return to gambling to recoup losses and they sincerely believe that is the way to get the money back. Unfortunately, it only puts them more in the hole. Compulsive sexual behavior is sometimes called hyper sexuality or sexual addiction. It is an excessive activation with sexual fantasies, urges, behaviors that are difficult to control and cause distress. It typically negatively affects one's health, job, and relationships in other parts of their life. Impulse of sexual behavior might involve a variety of what are normal expenses, but when the preoccupation is taken to an extreme, that is when it is considered an addiction. Use of pornography has been reported to have increased during the pandemic and while there is not enough studies yet, some users do believe it became maybe a safer option than in person contact. Although, remember, exposure to pornography is harmful, especially to children and youth, and it can increase the risk of addiction. Pornography can also normalize sexual violence towards women and create unrealistic expectations for intimate partners. Gaming. 20 years ago, we wouldn't be discussing gaming addiction, but with the Internet and technology, online gaming is more and more popular every day. Computers have revolutionized playing games and now, real people connect by the Internet and they are able to make human contact. This may be one reason why people are easily addicted to these games, as they substitute real personal relationships with virtual ones. Some individuals use online gaming to fill a void. Perhaps they don't feel good about themselves or they lack solid personal relationships. Or, they're just dissatisfied with life or bored. One key component that draws people in is that there's no end to the game. You can play it indefinitely. It should be noted that as a result of the pandemic, kids screen time has multiplied. In 2020, nearly half of children and teens were spending more than six hours a day online. That is an increase of 500% from 2019. In particular, again, teens are socially and mentally vulnerable to videogame addiction because their brains are still developing. Social media. Again, another one that maybe 25 years ago, we wouldn't be talking about, but it is here to stay. And it can be informative, dynamic, and fun, but like anything, it can be taken to extremes. What does it mean for an individual whose time is comprised mostly of online activities? But might it due to an individual's family time and to physical health? What messages does it send to kids? These are just examples of the ripple effect when someone takes one behavior to an extreme. I'm not suggesting that anyone listening is addicted to social media, but in terms of usage, ask yourself, how often do I turn to social media during a given day? Is it the way I destress? Do I turn to it when I'm bored? Do you turn to your phone when perhaps you might be wanting to do something else? We've all been at a restaurant and seen a family sitting together and they are all just staring at their phones. As with any of these behaviors we are discussing, I'm just asking that you check in with yourself and see how you are spending your time each day, and if it's getting in the way of doing other things you might like to do. Shopping.

Some dispute categorizing shopping as a potential addiction, but whether or not it is official, shopping addiction has similar features to other behavioral addictions. What differentiates a shopping addict to someone who just likes to shop is the high they get from actually spending money, as opposed to the act of just shopping. The element of spending is important to the process, and it is what drives the individual. It is also what creates the inherent risk. It is highly ritualized and it follows the pattern that you can see there on the slide. All parts of this process are described as pleasurable and providing relief from negative feelings. Unfortunately, the escape is very short-lived. People who are addicts will buy things that remain unused. Clothes with tags still on them. And yet, they will begin planning their next shopping spree. Food. Food addiction or compulsive overeating is very unique in that we cannot just stop eating like we can stop gambling or drinking. This addiction requires mastery over what and how much is consumed. Now, occasional cravings and eating when you are not hungry is common. However, if cravings occur frequently and you are not able to ignore them, this may be the beginning of a problem. For example, for some people, there is no such thing as a bite of chocolate. One bite turns into 20 pieces or a piece of cake turns into half a cake. Food addicts usually eat until they are overstuffed and then they feel very guilty afterwards. They're unable to stop the pattern. After repeatedly trying to stop and feeling, they may begin hiding their eating from other people. Food addiction can also turn into an eating disorder like bulimia. That is not always the case. Most treatment includes helping the addict to change their relationship to food, so that it is not sought as an escape for comfort but instead as nourishment for when they are truly hungry.

Exercise. This is definitely the most contradictory addiction because exercise is widely promoted as healthy behavior. It is beneficial for a range of ailments and mental health issues like anxiety and depression. It is even promoted as a program of recovery from other addictions. But, like other addictive substances, exercise reduces dopamine in the brain. Exercise addicts increase their amount of exercise so that they can reexperience the natural high they had previously with shorter periods of exertion. They experience withdrawal symptoms when they are not able to go back to that high level of exertion. They also may experience injuries to their body for burning more energy than they can consume. Like food addiction, exercise addiction can sometimes lead to an eating disorder or body image distortion. Let's go back to American heritage dictionary for this definition. Of workaholic. It is defined as a compulsive and unladen need to work. It is an addiction that society rewards. Workaholics are admired and rewarded for their long hours and achievement. It can hide an individual's anxiety. As with other addictions, workaholic denial and destructive behavior can persist, despite feedback from loved ones or deteriorating relationships. Workaholics may have difficulties maintaining relationships or taking care of their health. Diane facile, author of working ourselves to death talk about three stages of work addiction. The first stage is a busy worker. They tend to take on more work than can be done realistically. They put in long hours. They just can't seem to find time to take days off. The middle stage, the person's relationships suffer as they become distracted and emotionally unavailable. They may have problems sleeping and are usually tired. And their weight may increase or decrease. In the late stage, individuals may have serious physical or emotional problems. all right. So let's shift gears from looking at work as an addiction to the overall effects of addiction on the workplace. Any addiction is going to have an impact on the workplace and you can see the list there on the slide. It causes problems not just for the individual and his or her family or community, but the organization where they are employed. You may notice someone at work

that seems fatigued, taking a lot of bricks. Maybe they missed work or come in late. This causes coworkers to have to pick up extra work and in turn, that causes resentment. The manager has to devote extra time to disciplinary action and even when the employee is present, the quality of their work may not be acceptable. They might be distracted. There may be safety risks that could make the workplace liable. Someone operating heavy machinery. According to a 2018 survey, abuse of tobacco, alcohol, and illicit drugs cost our nation more than 740 million dollars annually in costs related to lost work productivity in healthcare. The impact on productivity is likely impactful. All right. So we have covered a lot. From the difference between habit and addiction to substance abuse and various behavior addictions, so we are going to change our focus now to the process -- excuse me, we are going to change your focus to the stages of change and how we know we are ready to change, and then after that, we will discuss relapse, which is an inevitable part of recovery, then we will end on how we can support ourselves and support others with addiction. So what are the stages of change and how do we move from problematic behavior to recovery? To talk about this, I'm going to go back to our example of alcohol. In the precontemplation phase, the person isn't even considering change yet. It may play out something like this in your mind. Yeah, I have a drink to relax. Maybe it is two or three, but at this stage of my life, that is normal and should be expected. I can stop anytime I want. But I don't want to. I sleep better and it's fun to drink with my friends. They're not even thinking about changing. In contemplation, they are beginning to consider change. It might look something like this. I overslept again today. I feel pretty bad from this hangover. I think I might go home. I shouldn't do this anymore. It's starting to cause problems for me. Besides, my partner is getting on my case about it. So they are just beginning to think maybe this isn't a great idea. They are contemplating a change. Moving into preparation, they actually begin to make plans to address the issue. So the thought process might be I wanted to go to that event yesterday and I missed it. I really let people down. I should tell my family and friends I need some help. I'm afraid I can't do this on my own. It's really getting out of control. I think I'm going to look up an AA meeting near me. So they are starting to make plans to change. In the action phase, they actually begin to take the corrective action. So they may say I called the EAP. I have an appointment to see a counselor. I'm going to my first AA meeting tomorrow. I can't continue like this. It's time to put a stop to it, and I know I need help. In the maintenance phase, the person just continues the actions that have reduced the problem. So it may sound like I have six months of sobriety. I sought counseling. I have a great support system through AA. I go to meetings a couple times a week and I feel great. I haven't been late or missed work in a long time. Everything is coming together. So I used alcohol as the example, but you can use the stages of change for any addictive situation. Now, let's talk a little bit about relapse. Relapse is a hallmark of addiction. It is common and it is expected. People who are attempting to overcome addiction will likely go through one or several relapses. This information isn't to scare anyone, but rather to help. Accepting that relapse is a normal part of recovery is more helpful to the person who is struggling. It is not to say that relapse shouldn't be taken seriously, but it shouldn't derail someone or stop them on their recovery journey. For example, one study showed that it may take up to 30 attempts before a person is able to quit smoking for good. Problem gamblers had the highest rate of relapse among all various addictions within estimated 90% relapse during the first year of recovery. And there is evidence that 90% of alcoholics are likely to experience one relapse over the four-year period following their treatment. So what is the thought process in relapse? It

might be something like this. I've been doing really great. It's been months since I've been on Instagram. It's okay for me to get back on. I deserve it. I've been feeling a little down and bored. I remember how fun it was to look at all my friends posts and follow influencers. Besides, I can stop any time. I have complete control over this. For many people, relapse can be brief. They already have the awareness, resources, and support. They know what actions are needed to stop behavior. They also now have the knowledge that in fact, they can quit. They might remember all the benefits they experience when they were not engaged in the addictive behavior. So let's turn now to what we do if we are concerned about a loved one who has addiction. First and foremost, remember, addiction is a disease. It is not a moral failing. When talking to your loved one, you want to focus on the behavior as the problem, not the person being the problem. Never ignore it, as this could be interpreted as approval or it could even be enabling. Just remember that the problem is not going to disappear on its own. Understand that the person may be very guarded or defensive, but regardless, be firm. Let them know that while you care for them, you will not tolerate them using, but you will help them in any way you can if they want to stop. Remember that natural consequences are often the best teachers. For example, you might not want to financially support a habit that has become extreme or bail someone out of jail if they got themselves in trouble. Refusing to support a habit or behavior means that the individual may suffer some pain or an unpleasant outcome. If the consequence isn't life-threatening, that kind of expense could be life-changing for the addicted individual. People rarely change unless there is some sort of discomfort. This is also a good point when you can suggest to the loved one that they seek professional evaluation and treatment. Have the information for treatment ready so that when you're loved one is open, you can act quickly. It may be easy for a loved one to hear feedback about a problem from a professional rather than a family or friend did let your family or your friend know how things might be better for them if they are free of their behavior. Make recovery attractive. Offer the person something to dream about. Something they can look forward to. It is more likely to happen if they choose recovery. For example, you could help them cut late how much money they will save if they control their gambling or smoking, and offer to do something special with them if they reach six months without gambling or smoking. You may want to research the treatment and intervention options available in your community. Have a plan in place so when the person is ready for help, you are ready to act. They also want to direct them to their employee assistance program. Most employers have some sort of program that is free and confidential, and if it family member you're concerned about lives with you, that individual is eligible to use the EAP as well. So in summary, if you're struggling with an addiction, or concerned that a habit that you have is routed to addictive territory, take care of yourself. Get healthy, positive support from others. Do not rely on support from someone who is unable to give it to you right now. Consult the EAP. Access support groups. Talk to a counselor or spiritual adviser in the community. There are many support groups for those suffering from a loved one's addiction as well. If you're the friend of the loved one of someone suffering, gain knowledge. Do some reading. Take care of yourself physically, emotionally, socially, and spiritually. This frees you from feeling responsible from the person addicted. It allows them to get help for themselves and not from you. And of course, it is, if the strategies we talked about today are not enough, remember, the EAP is a free and confidential resource. It is available to you 24 seven by phone, TTY, and online. This is just a partial list of resources we compiled. The full resource list will be emailed out to you guys within 24 hours of today's webinar. The groups listed below are self-

supporting and typically what that means is there is no cost to attend, but members might donate a few dollars at each meeting to help with expenses. Having support from people who are on the same path and attempting to quit a behavior or substance can be really helpful. These groups usually have a program of recovery they follow and literature available. Before we get to the Q&A part of the webinar, I want to hand this back over to Tammy, and she is going to tell you little bit more about how to contact the EAP.

Great. Thank you so much, Sally, for that wonderful presentation. If you would like more information on this or other health and wellness topics, please give us a call or visit us online at foh4you.com. The EAP is available 24 hours a day, seven days a week, to help with personal and work related issues. Before we start the Q&A portion of today's session, I would like to remind you again that we will be recording -- that you will receive the recording link and transcript, a copy of the slides, resource head out, certificate of attendance via email sent 24 hours after this webinar. While today's content will also be available in about one to two weeks. Finally, when you exit, you will see a satisfaction survey, where you can let us know about your experience with us today and provide any additional feedback that you may have. We do read your comments and use them to make improvements and adjustments. And it looks like we do have some time for questions. So if you have something you would like to ask, please type it in the Q&A panel and send it to all panelists. Before I get to that, I'm going to go ahead and put the slide back on the resource slide, just in case anyone would like to see that. Again, this is just a partial list of resources. You will receive the full list and email that you receive later. Okay. Sally, it looks like the first question we have is how do I talk to my brother who has a drug issue about going to treatment?

Okay. Well, thanks Tammy. Ask for submitting the question. The way to begin any conversation is always to start with conveying care for the person. You are going to want to pick a time when you know you're going to have privacy and you won't be interrupted. And if it can be in person, that would be great. Like I noted in the webinar, half the treatment options available prior to talking to them. If your brother is interested, you can act on those options. But starts the conversation with care. Let him know you love him and be specific. Bring up what you love about him. Why you want him to be happy. Highlight how his life is going to improve if he gets help. And then, note your concern. Tell him the changes you have seen in him. Ask him if he is ready and willing to get help, and if he is, wonderful. Bring out the information on the treatment, and see if he is able to go to a facility that day. If he isn't, let him know your boundaries. For example, if he has been borrowing money, or if you have been giving him a place to live, let him know that while you love him, you will be unable to provide this help while he is using. Let him face some of those consequences for continuing to use.

Great. Thanks, Sally. We have a question about AA. Does AA have an online support group and do they require a donation?

Yes. AA offers many online groups. They didn't used to, but after the pandemic, they began doing that. And I always tell people, try at least six different meetings. Find one that fits you. You may not like the first meeting you go to, so just keep looking. If you try six and you don't like it,

then maybe try smart recovery instead. At these meetings, there are no dues or fees for membership, but it is common for group members to maybe give a couple of dollars per meeting to help with expenses. If you are not in a place where you can contribute, the members completely understand. There is no obligation.

Hey, Tammy, this is Cynthia. Maybe we're having some difficulties with our audio. Are you there, Tammy?

Yes.

Okay. All right. I can hear you now.

Did you hear the question?

No.

I'm sorry. Maybe I had it on mute. I apologize. Let me ask that question again. Sally, someone is saying that when someone is addicted to crack and has stopped, can they still drink alcohol or indulge in marijuana? They're saying that they thought you had to stop everything because you are a poly addict. Do you have some information on that?

Sure. So yes. The recommendation is that if you have had substance use disorder that you discontinue use of all addictive substances. Now, like we mentioned in the webinar, people often have cross addictions. If they quit one thing in an effort to find coping skill that suits them, they might begin reaching out for other substances. It is not typically a good idea. What ends up happening is within a short time, the new substance they have chosen, they go down that same path, where they use more and more and it begins to cause problems. So the short answer is you are correct. If you have a substance abuse addiction, it is recommended to refrain from any addictive substances.

Thank you, Sally. Next question is, this person says they have a family member who is going through this and she has a partner who is living with substance abuse addiction. They are both deaf. How can they find resources and support for people who are deaf and hard of hearing? Would you have any resources regarding that?

You know, that is a really great question. As far as hearing impaired specifically, I do not. But what I will say is that there are meetings that are closed-captioned, and that people can join who are deaf. What you would want to do is go on to AA.org, contact the national central services, and ask them for a list of the closed-captioned meetings available. Or whatever the addiction, whether it's alcoholics or narcotics anonymous, whatever the case may be, contact that national service center, and they will be able to get you the list that you need.

All right. Great. And here is a great question. What is the difference between Al-Anon and Alcoholics Anonymous?

Great question. Al-Anon is for family members and friends who have a loved one that is addicted to substances. So you may have heard, you know, addiction is a family disease. If dad is drinking or using drugs, the whole family is affected. So the spouse might want to go to Al-Anon, and that is where you can learn steps and tools for dealing with having a loved one's addiction. There is also Alateen . That is for young people's. If that is an alcoholic and a child needs support on how to deal with that, that is a support group for teens.

Great. And what about, what can a supervisor do if one of the staff members is exhibiting addictive behavior and performance has deteriorated?

First and foremost, call the EAP and do a consultation with one of the folks on the line. That way, you can go into all of the specifics, you know, outlining if the performance is bad, what the steps are that can be taken. And I think that rather than digging into the dirt on that one, if you call us, we can give you some really specific guidance about your particular employee.

All right. Excellent. And we are going to do one more question. For those that have mental issues as well as addiction, it is extremely difficult to help. Any suggestions?

Well, you bring up another good point. The reality is that most people who have addictions, not all, but most have comorbid conditions, whether it is anxiety, depression, posttraumatic stress, that is very frequently the situation. So getting sober is kind of that first step. Getting rid of the alcohol, the drugs, or the addiction to shopping, or whatever the case may be, that is the first step. But after that, they want to address the underlying issue that caused the discomfort that they needed to get away from. So seeking out counseling, for whatever that particular condition is is going to be key to their ongoing recovery.

Great. And let's go ahead and do just one more. This person is wondering. How many relapses are normal? Is there any number for that?

You know, there really isn't. Here's the thing. I think of recovery as a lifelong process. So if a person gets sober young, let's say they are 25, and they live to be 80, you know, they may relapse a few times along the way. There's no set number of what is normal, but it should be expected that it may happen. If only 10% of people who have a gambling addiction, for example, can stay away from gambling in the first year that they are attempting to recover, that gives you an idea that, you know, it's going to happen. What I tell people who relapses get back to whatever they were doing before, but also review what else they need because typically, if you are relapsing, something extra needs to be added in. You know, maybe they have been going to meetings, but they need an antidepressant. You know, they have an underlying depression. Maybe they need an exercise program. You know, to really feel healthy physically. Maybe they need more social support. They need to spend more time with other sober people. You can always look back prior to the relapse and say hey, these things are working. These things are great. What else can I add to bolster this or what were the triggers so I can be aware of those in the future and have a plan in place so I don't drink again or don't use.

Thank you, Sally. We are going to go ahead and conclude our webinar for today. Some of the questions that were coming in were very specific, and some we didn't have a chance to get to. So if you have something specific or have any additional concerns, please go ahead and call the EAP to speak with one of our consultants, who can help you with your specific situation. I would like to thank Sally Koesterer again for presenting today. And we thank you for taking the time to be here. And please join us again next month for our webinar, Your Social Security Toolbox: The Mechanics of Maximizing Benefits. That is going to take place on October 13th. I hope you have a wonderful rest of your day. [Event concluded]