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- Previous experience in public administration, teaching, virtual care, and as a labour leader
- Past president of Doctors of BC (2020-21)

Joined TELUS Health in 2022

- Oversees mental health clinical teams across TELUS Health
- Contributes mental health thought leadership and health systems strategic advice





Objectives

People with substance use challenges are still people

Gain a deeper understanding of the signs, symptoms, and consequences of employee substance use and addiction.

- Learn practical techniques for early identification, intervention, and supporting recovery.
- Take away new skills for managing this critical issue in your workplace.



Work-related contributors to substance use risk

- high stress
- low control
- low job satisfaction
- long hours or irregular shifts
- fatigue
- monotonous work
- isolation
- lack of opportunity for promotion
- poor or irregular supervision
- access to substances



Signs of substance use in the workplace

- 1. Personality change
- 2. Difficulty staying focused and paying attention
- 3. Poor or uncharacteristic performance
- 4. Frequent time off or unexplained absences
- 5. Decline in personal appearance and hygiene
- 6. Significant weight change



Substance 'toxidromes' (negative effects of substances)

Category	Examples	Examples of General Effects
Alcohol	beer, wine, spirits	impaired judgement, slowed reflexes, impaired motor function, sleepiness or drowsiness, coma, overdose may be fatal
Benzodiazepines	medication for sleep disorders, seizures, anxiety disorders (including panic attacks)	confusion, dizziness, drowsiness, memory loss, slurred speech, muscle weakness, and loss of coordination and balance. It may also include delusions, hallucinations, sudden anxiety, euphoria, restlessness, agitation
Cannabis	marijuana, hashish	distorted sense of time, impaired memory, impaired coordination
Depressants, including Opiates	sleeping medicines, sedatives, some tranquillizers, morphine, heroin, codeine, fentaryl, some prescription pain medications	inattention, slowed reflexes, depression, impaired balance, drowsiness, unconsclousness, coma, slow breathing, nausea and vomitting, restricted pupils, overdose may be fatal
Hallucinogens	LSD (lysergic acid diethylamide), PCP (phencyclidine), mescaline, magic mushrooms (active ingredients psilocybin and psilocin), salvia	inattention, sensory illusions, sweating, dizziness, sleeplessness, hallucinations, confusion, discrientation, psychosis, decreased coordination and weakness
Inhalants	hydrocarbons, solvents, gasoline, paints, thinners, dry cleaning fluids	intoxication similar to alcohol, dizziness, headache, and stimulants leads to weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, depression
Nicotine	cigarettes, chewing tobacco, snuff	initial stimulant, later depressant effects
Stimulants	cocaine/ crack, amphetamines/ methamphetamines, MDMA (3,4- methylenedicxymethamphetamine)	elevated mood, overactivity, feeling of more energy and self- confidence, panic, anxiety, paranoid thinking, tremors, dizziness, violent behaviour, rapid or difficulty breathing, sleeping changes, depression, extreme changes in mood, etc.



Myths & Facts About Problematic Substance Use & Addiction

 Myth: Problematic substance use is a 'bad habit', and is the result of moral weakness and a lack of personal self-control.

Fact: Problematic substance use is attributable to a variety of factors such as genetic susceptibility and social circumstance.

Fact: Like diabetes or heart disease, addiction is a chronic, life threatening medical disease. People with an addiction are dependent on the substance.

Myth: People who use substances problematically or have an addiction simply lack the willpower to stop using these substances.

Fact: The majority of people need structured, professional help to address substance use issues.

 Myth: People with problematic substance use issues 'look' like street addicts, homeless, etc.

Fact: People with problematic substance use issues often do not stand out in their physical appearance and commonly look well kept (e.g., proper hygiene, etc.) and look like everyone else.

4) Myth: Treatment is not effective since relapse is so common.

Fact: Relapse is often considered part of the recovery process, rather than an indicator of treatment failure. For example, smoking research shows it takes an average of 10 quit attempts before success³⁰. Remember, addiction is a chronic disorder and there are many 'triggers' in a person's life and environment which may result in a relapse episode.

Substance use myths

From Atlantic Canada Council on Addiction



Myths & Facts About Problematic Substance Use & Employment

1) Myth: People experiencing problematic substance use don't want to work.

Fact: Like other people, many people experiencing problematic substance use issues are interested in working and find that work is a good reason or a motivator to address their problematic substance use.

 Myth: Work is too stressful for people experiencing problematic substance use issues.

Fact: As with other members of our community, work improves selfesteem, adds a sense of purpose, and contributes towards recovery in positive ways for many people with substance related disorders.

 Myth: People experiencing problematic substance use benefit from extensive pre-vocational assessments and work readiness programs before further employment options are pursued.

Fact: The best predictors of employment success for people experiencing problematic substance use and co-occurring mental illness are expressed interest in working and previous employment history. Past problematic substance use is **not** a consistent predictor of employment success or failure.

 Myth: People who are able to recover from substance related disorders are always at significant risk for relapse.

Fact: Relapse of a substance related disorder is always a possibility, but employment may protect people from relapse. Employment is associated with continued recovery and relapse is associated with unemployment, housing instability, and loss of social supports.

 Myth: People who abuse/use substances problematically lack good working skills.

Fact: Many people with substance related disorders have a variety of interests, employment histories, and core work skills that may be valuable in any job.

Substance use myths

From Atlantic Canada Council on Addiction



Substance Use and the Workplace: Supporting Employers and Employees in the Trades

TOOLKIT





Updated, June 2022



In the midst of change, what doesn't?

It's about **people** and **relationships**









What makes people happy

What do people regret

What defines a life well lived



THANK YOU

