

## **AODGGA SUPERVISOR PRE-READ SUPERVISOR PRE-READ**

### *Alcohol, Other Drugs, Gambling and Gaming Awareness (AODGGA) Supervisor Training*

#### **Introduction**

The Supervisor pre-read material is required reading to reinforce the learning and skills you will acquire during the AODGGA Supervisor Training Course. You can also refer to this material as you take action to create an addiction free workplace. These materials also serve as an ongoing reference point and information tool during the AODGGA Supervisor Training Course.

The AODGGA Supervisor Training requires the participants to be familiar with the following.

#### **COURSE OBJECTIVES**

1. Recognize the signs and symptoms of alcohol, other drug use, gambling and gaming;
2. Apply DND policies on alcohol, other drugs, gambling and gaming;
3. Understand the role of the supervisor in promoting an addiction-free work environment, and
4. Develop strategies to support an addiction-free work environment.

If received electronically, print and review this document prior to attending the AODGGA Supervisor Training. It includes information that will be referred to during the workshop.

#### **AODGG ST SUPERVISOR PRE-READ ADDICTIONS AWARENESS AND PREVENTION DEFINITIONS**

NOTE: The “Diagnostic and Statistical Manual of Mental Disorders,” published by the American Psychiatric Association (DSM-IV), and the Diagnostic and Statistical Manual of Mental Disorders – 5 th Edition 2013 (DSM-V) are the “dictionaries” for substance use problems.

**Addiction:** Drug addiction is a complex disorder influenced by genetic, social, psychological and environmental factors. It includes one or more of the following behaviours; lack of control over drug use, compulsive drug-seeking behaviour, and continuous use despite the harm that the drug is causing, and craving. Addiction does not always include physical dependence. (Drugs: Know the Facts, Cut Your Risks,)

**Binge:** [binge drinking] consists of five or more drinks in a row for men, four or more in a row for women.

**Culture:** or environment consists of unspoken beliefs, values and traditions common to a group of people where controls and behaviours are reinforced and encouraged, and which are censored.

**Enabling:** “consists of [organizational and/or individual] ideas, attitudes, and behaviours that unwittingly allow or encourage alcohol, other drugs, and/or gambling to continue... by preventing the person from experiencing the consequences of their behavior.”

**Gambling:** risking something of value when there is an element of chance associated with the outcome.

**Gaming:** Playing electronic games (e.g., World of Warcraft, Halo, Diablo, Minecraft, Killzone, Tomb Raider, 2 nd Life, The Sims, etc.)

**Harm Reduction:** “Harm reduction is any program or policy designed to reduce drug-related harm without requiring the cessation of drug use.” Harm reduction is applied at all levels and all stages of use.

**Internet Addiction:** Any online-related, compulsive behaviour which interferes with normal living and causes stress on family, friends, loved ones, and one’s work environment.

**Tolerance:** “Requiring a markedly increased dose of the substance to achieve the desired effect or a markedly reduced effect when the usual dose is consumed.”

**Withdrawal:** “Symptoms initiated by a decline in blood or tissue concentrations of a substance”. Depending on the substance, withdrawal symptoms may cause a person to show moderate to intense physical, emotional and behavioural changes and/or symptoms.” Most individuals with withdrawal have an urge to re-administer the substance to reduce the symptoms.”

### **Why do people become involved with alcohol, other drugs, gambling and/or gaming?**

People use alcohol and/or other drugs to alter how they feel although the reasons vary depending on the situation and/or the individual.

- Happy feeling
- Experimentation
- Coping
- Self confidence
- Energy
- Escapism
- Social acceptance
- Boredom
- Numbing
- Relaxing/sleep
- Socially comfortable
- Peer pressure
- Rebelliousness
- Curiosity

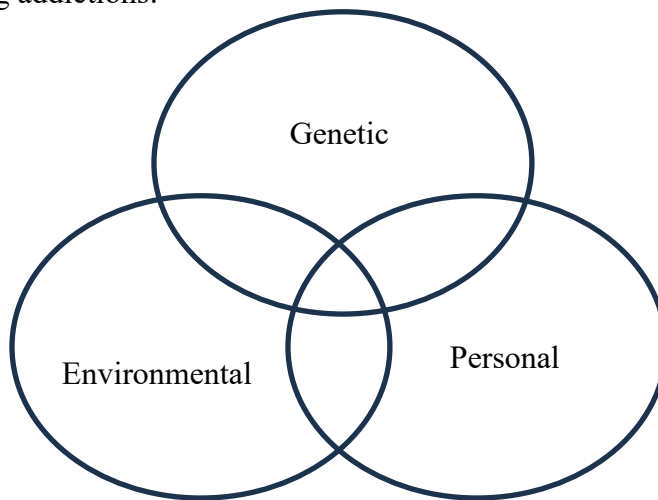
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## **Causes**

Alcohol and other drug use, as well as gambling and gaming are behaviours that affect each person in different ways, for different reasons.

The causes of substance use problems and gambling/gaming addiction are varied. Over the years, we have come to understand that there are several reasons why someone may use alcohol, other drugs and /or gamble excessively. Several risk factors can influence substance use problems and gambling/gaming addictions:



**Genetic factors:** family history of substance use problems or a history of mental health concerns such as depression, anxiety, PTSD, etc.

Genetic predisposition to drug dependency...links between mental health problems and drug dependencies.

**Environmental Factors:** workplace stress, culture or high demand with no control, etc.  
CAF members complained of work overload and low morale.

- **Environmental stress** is linked to twice as many substance use problems.
- **Workplace stress** linked to high demand and low control.
- 40% of CAF members attribute stress to the **work environment**.

**Personal Factors:** Poor coping skills, low self esteem, impulsive decision-making, unrealistic demands on self or others, weak social network, etc.

- Certain characteristics put a person at greater risk of becoming drug dependent.
- Being “bottled up” emotionally is a personal risk factor!

**Sources:** (Health Canada, 2000); (HLIS, 2004); (HLIS, 2008/09, p. 61).

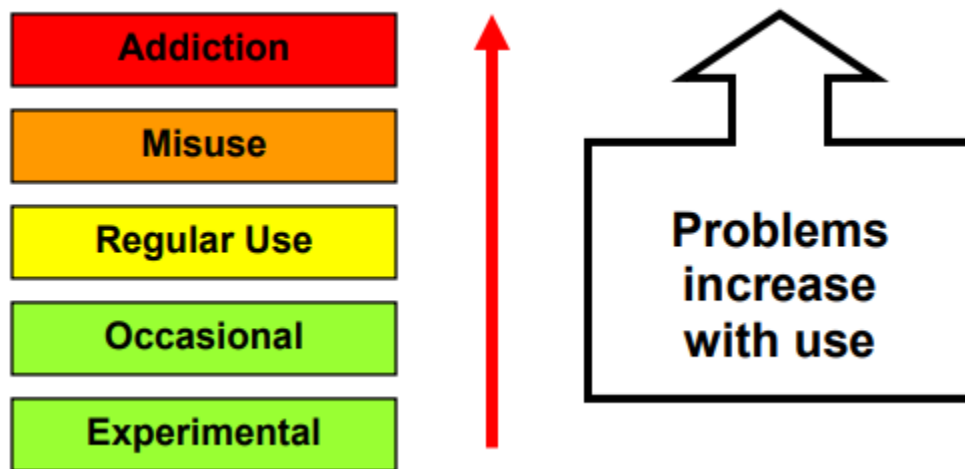
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## **ADDICTION**

Addiction affects both the Mind and Body. Addiction is sometimes referred to as “dependence.” When it comes to substance use, there are two kinds of dependence:

- Physical dependence a state in which the body has become used to the presence of the drug and shows symptoms of withdrawal when the drug is no longer consumed (e.g., when you stop using your body still craves it).
- Psychological dependence: identified by non-physical symptoms such as emotional and mental preoccupation when the consumption of the drug ceases or is reduced (e.g., the person spends most of their time thinking about the next time they will use).

### **The Continuum of Addiction**



The addiction process occurs over time. Most people begin using substance out of curiosity, by experimenting. This can move into more occasional use with few consequences. Over time, however, this occasional use can become more regular and the user is more likely to begin experiencing negative consequences. As use increases, it starts to interfere with normal life which can lead to misuse, then perhaps addiction.

**Source:** Understanding Addiction, Centre for Addiction and Mental Health, 2002  
([http://www.camh.net/pdf/english\\_understand\\_addiction.pdf](http://www.camh.net/pdf/english_understand_addiction.pdf)).


**Did you know:** Studies have found that 1 in 5 drug users experience problems associated with their drug use, while 1 in 10 experiences serious problems!

**Notes:**

## General Signs of Addiction

Signs of addiction vary widely, depending on the problem and the person. It is important to note that many people use substances without ever encountering addiction problems. Generally, addiction occurs when it: affects mental and/or physical health; involves breaking the law/policies; threatens financial stability; harms relationships and friends; interferes with work. Certain signs indicate a person may need to employ some additional coping strategies or seek assistance to maintain mental fitness. Problems increase and functioning decreases as mood, attitude, sleep, physical symptoms, social behaviour and substance use, and gambling behaviours move from green to red in the Mental Health Continuum Model.

## Mental Health Continuum Model

HEALTHY	REACTING	INJURED	ILL
			
Normal mood fluctuations Calm and takes things in stride	Irritable Impatient Nervous Sadness Overwhelmed	Anger Anxiety Pervasively sad Hopeless	Angry outbursts and aggression Excessive anxiety/panic attacks Depressed Suicidal thoughts
Good sense of humour Performing well In control mentally	Displaced sarcasm Procrastination Forgetfulness	Negative attitude Poor performance/ workaholic Poor concentration/ decisions	Over insubordination Can't perform duties, control behaviour or concentrate
Normal sleep patterns Few sleep difficulties	Trouble sleeping Intrusive thoughts Nightmares	Restless disturbed sleep Recurrent images/ nightmares	Can't fall asleep or stay asleep Sleeping too much or too little
Physically well Good energy level	Muscle tension/ headaches Low energy	Increased aches and pains Increased fatigue	Physical illnesses Constant fatigue
Physically and socially active	Decreased activity/ socializing	Avoidance Withdrawal	Not going out or answering phone
No/limited alcohol use/ gambling and/ or gaming	Regular, but controlled alcohol use, gambling and/ or gaming to cope	Increased alcohol use/ gambling and /or gaming – hard to control with negative consequences	Frequent alcohol , gambling and or gaming use – inability to control with severe consequences

Notes:

## **Warning Signs for Substance Use**

Physical signs don't necessarily mean that a person is abusing drugs; they can be an indicator of another problem (e.g., physical health conditions such as diabetic and insulin shock, increased stress, life transitions, etc.). But, they are definitely a warning that something is wrong.

## **Is Something Wrong?**

### **Emotional Changes**

- sudden unpredictable mood swings
- extreme depression or elation
- anger
- remorse
- apathy
- guilt
- belligerence

### **Physical Signs**

- fatigue
- weight loss
- blood shot eyes
- flushed
- loss of appetite
- insomnia
- shakes
- memory blackouts
- impaired judgement

### **Behavioural Changes**

- changes in personal appearance or hygiene
- over-reaction to implied or real criticism
- diminished alertness
- increased confusion
- changes in social interaction
- frequent trips to washroom/water cooler

**Clinical Diagnosis of Alcohol Use Disorder is determined by:**

At least two of the following characteristics occurring within a 12 month period

- Unintentional overuse
- Time spent in activities necessary to obtain, use and recover from effects
- Cravings or strong desire to use
- Recurrent use causing failure to fulfill work/home obligations
- Social or interpersonal problems caused by effects of use
- Reduction/abandonment of important social, occupational or recreational activities
- Recurrent use in physically hazardous situations
- Continued drug use despite major drug-related problems
- Tolerance
- Withdrawal
- Persistent desire or efforts to cut down or control drug use

**Source:** American Psychiatric Association, DSM-V. p. 490.

**Withdrawal**

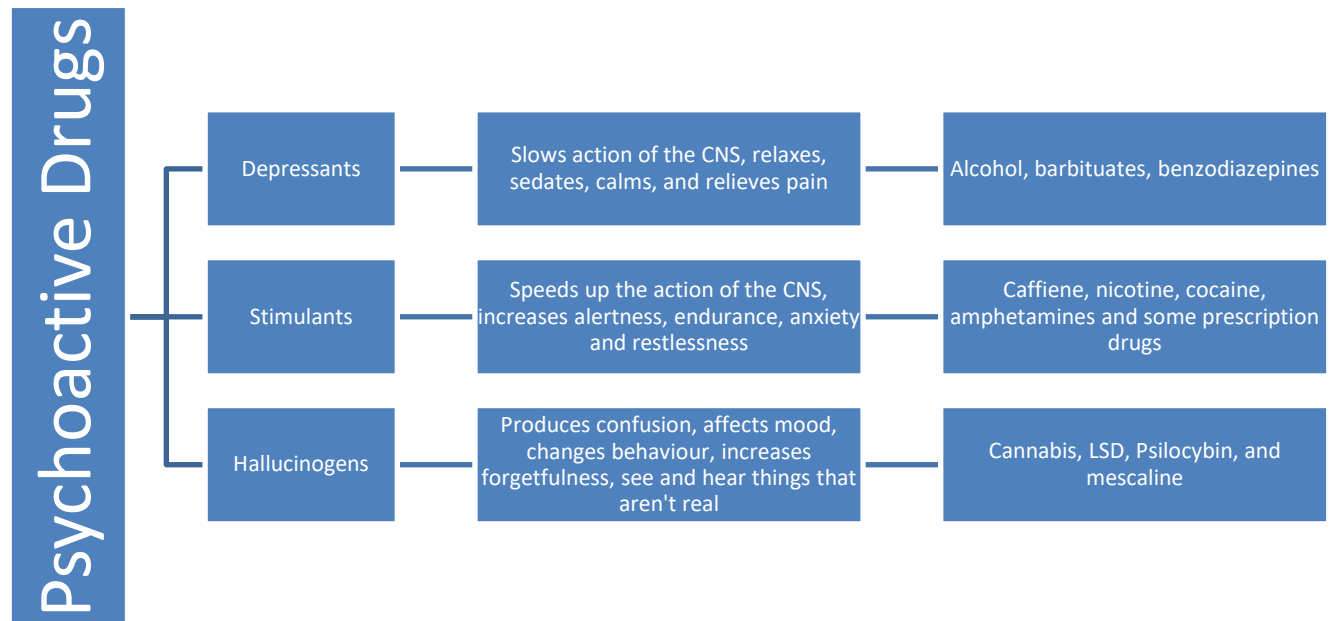
When a drug is abruptly removed or dose is significantly decreased, withdrawal occurs.

Withdrawal symptoms are generally the opposite of the drugs' effects; the unpleasantness of withdrawal may be so severe that the individual may use the drug again just to avoid or relieve symptoms.

**Types of Psychoactive Drugs**

"Psychoactive drugs" are the most generally used category of drugs. These drugs are used to "alter our mood, perception and consciousness" and are substances which make a person feel, think, perceive or behave differently than they would if they were not using the substance. 10.

The three main categories of psychoactive drugs include both legal and illegal drugs, as shown on the following diagram:



\*CNS = Central Nervous System

### **Alcohol and the CAF**

#### **Did You Know?**

- 94.2% of CAF personnel drink alcohol.
- 18% of CAF personnel reported exceeding the alcohol intake guidelines of chronic risks effects.
- 43% of CAF personnel reported exceeding the alcohol intake guidelines for acute effects.
- Using the WHO's AUDIT scale, 19.9 % of CAF members overall scored in a range indicating harmful alcohol consumption

**Source:** HLIS 2013/14

### **Other Drugs and the CAF**

#### **Did you Know?**

- 12% of CAF personnel reported using drugs for non-medical purposes.
- Most commonly reported drug used was marijuana or hashish with 3.9% of CAF personnel.
- Other drug use reported was sexual enhancers (3.4%), barbiturates (1.1%), and opioids (1.0%).

**Source:** HLIS 2013/14

### **Other Drugs and the CAF**

#### **Did you Know?**

- The two most commonly used non-prescription medications by CAF members were pain relievers (76.4%) and cough/cold remedies (62.7%).

**Source:** HLIS 2004

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## **Drug Effects**

Whether legal or illegal substances and aside from the actual properties of a drug and how they interact with the brain, other factors may determine how much impact a drug will have on a person:

- How much is taken;
- How quickly it reaches the brain;
- How fast it is absorbed; and
- How quickly it metabolizes or leaves the body.

This information is true for all illegal or legal types of drugs (e.g., depressants, stimulants or hallucinogens), whether smoked or “snorted”, taken as pills, injected or drunk, whether prescribed or over-the-counter.

## **Alcohol**

### **Alcohol and Stress Does stress influence drinking?**

Research indicates that stressful events may profoundly influence the use of alcohol. People may drink to cope with certain stressful feelings such as financial, employment, occupational, and marital stressors.

The more severe and chronic the stressor, the greater the risk for misuse of alcohol. However, there are other factors that come into play in determining whether or not an individual will drink in response to stress. These include genetic variations or family history, usual drinking patterns or expectations regarding the effect of alcohol, the intensity or type of stressor as well as their sense of control over it, and the lack of alternative resources.

Overall, alcohol is not a very effective method of stress management. There are many other, more effective ways of dealing with stress including exercise, rest, meditation, and talking to a helping professional.

## **Binge Drinking**

Binge drinking consists of heavy consumption of alcohol (i.e., five or more drinks in a row for men, four or more in a row for women) over a short period of time. Binge drinking is popular in several countries worldwide and overlaps with social drinking because it is often a social behaviour. The degree of intoxication varies between and within various cultures.

Most binge drinkers are not familiar with the risks associated with binge drinking.

### **Risks of Binge Drinking**

Sources: (Stolle, M.; Sack, PM.; Thomasius, R., 2009).

[http://www.chooseresponsibility.org/alcohol\\_adolescents\\_and\\_adults\\_c/](http://www.chooseresponsibility.org/alcohol_adolescents_and_adults_c/)

- induces immediate and repeated insults to the brain
- cognitive impairments and possible irreversible brain damage
- increases the risk of alcohol induced psychiatric disorders
- induced psychiatric disorders faster, more severely than chronic “non-stop” drinking (alcoholism), due to the neurotoxic effects of the repeated rebound withdrawal effects
- believed to increase impulsivity due to altered functioning of brain circuits
- increases the risk of stroke by 10 times
- higher rate of sexually transmitted diseases associated with binge drinking
- binge drinkers tend to have delayed auditory and verbal memory and deficits in executive planning function and episodic memory; impairments in spatial working memory and pattern recognition tasks also have been found in heavy binge drinkers
- increased risk of cardiovascular problems and mortality
- heavy, regular binge drinking is associated with adverse effects on neurologic, cardiac, gastrointestinal, hematologic, immune, musculoskeletal and organ systems

### **Social and Economic Costs of Binge Drinking**

- Affects work and/or family life
- Purposeful drinking = intoxication
- Major public health issue
- Economic costs and social harm
- Often done in groups
- Increased disease burden
- Common in males and young adults
- Heavy health risks
- Can last over hours or up to several days
- Long-term effects of alcohol misuse

### **Notes:**

## **Gambling**

**Gambling** involves any gaming behaviour involving the risking of money or valuables on the outcome of a game, contest or other event. The outcome of the event depends partially or totally on chance.

**Problem gambling** can occur when any type of gambling disrupts or damages mental or physical health, school or employment, personal or family relationships, or financial or legal status.

**Pathological gambling** is persistent and recurrent, a type of “maladaptive” gambling behaviour that disrupts personal, family or vocational pursuits. This diagnosis is not made if the gambling is better accounted for by a manic episode.

**Source:** (CCSA's National Policy Working Group (NPWG), 2004); [www.ccsa.ca](http://www.ccsa.ca)

## **Additional reasons why people gamble**

Gambling is a form of entertainment and the thrill of winning “big” along with the risk taking release chemicals similar to drugs in your system, making you want more. For some people, however, gambling can become an addiction. The urge to continuously gamble despite harmful negative consequences (also known as ludomania) can seriously affect a person’s life: problem gambling can have social, emotional, family and economic costs. Severe problem gambling (pathological gambling) is often seen as a common impulse control disorder yet people who suffer from a “gambling addiction” exhibit many similarities to those who have substance addictions.

## **Types of Gambling**

- Lotteries
- Lottery tickets and scratch tickets
- Raffle tickets
- Sports betting (bookies)
- Sports pools (e.g. hockey pool at work)
- 50:50 draws
- Bingo Video lottery terminals (VLT's) and slot machines
- Cards and craps
- Horse races
- Internet gambling
- Casino-style gambling

## **How do you know the person has problematic gambling issues?**

### **Warning Signs – Gambling**

- A gambling problem can grow or intensify rapidly.
- Financial difficulties related to gambling may present as a problem almost immediately.
- The person may gamble to make money or to make ends meet, gambling more and more money.
- Other addictions such as smoking and/or substance abuse may develop or worsen.
- Eventually, the problem gambler's reasoning skills diminish.

### **Clinical Diagnosis of Gambling Disorder is determined by:**

At least four of the following characteristics occur within a 12 month period.

- Need to gamble with increasing amounts of money to achieve the same excitement
- Restlessness or irritability when attempting to cut down or stop gambling
- Makes repeated efforts to control, cut back, or stop gambling
- Preoccupied with gambling (past experiences, planning the next venture, thinking of ways to get money)
- Gambles as a reaction to feelings (stress, guilt, anxiety, depression)
- "Chases" losses and returns after losing money
- Lies to conceal the extent of involvement with gambling
- Has jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling
- Desperate financial situations causes the person to rely on others to provide money

**Source:** American Psychiatric Association, DSM-V, p. 585.

### **Differences Between Gambling and Other Addictions**

- No substance taken into the body
- More likely to be a "hidden" problem
- Physical symptoms not immediately obvious
- Illegal activity usually non-violent
- More likely to have thoughts of suicide

## **Gaming vs Internet Gambling**

Gaming also has non-gambling definitions. The word “gambling” has negative connotations so many people use “gaming” as a euphemism for internet gambling. For example, “computer gamers” are persons who enjoy electronic games but these people are not necessarily “gamblers” as they usually do not bet money on these games. However, when the electronic gaming behaviour is excessive, it can be perceived as an addiction, a need to constantly “get better” and compulsively purchase high-performance expensive electronic equipment and computers in order to play these games as effectively as possible.

## **Signs of gaming addiction**

Dr. Mark Griffiths, professor of gambling studies at Nottingham Trent University's international gaming research unit, has extensively researched addictive behaviour. In his view, gaming addiction occurs when someone's behaviour meets the following six criteria:

1. **Salience:** Gaming becomes the most important activity in a person's life, and dominates their thinking, feelings and behaviour. Even if the person is not gaming, they will be thinking about the next time they can play.
2. **Mood modification:** This refers to the subjective experiences someone feels through gaming, e.g. a buzz, a high or a sense of escape.
3. **Tolerance:** The amount of game-playing has to be increased, for the person to get that mood-modifying 'buzz' or 'high'.
4. **Withdrawal symptoms:** These can be unpleasant emotions or physical effects, that are experienced by the person when game-play is stopped or reduced (e.g., the shakes, moodiness and irritability).
5. **Conflict:** This can take place in the form of conflict between the gamer and the people around them, conflicts with their job, school life, social life or other interests, and conflict within themselves.
6. **Relapse:** The tendency for old game-playing patterns to return after a period of abstinence or control.

## **How Is Video Game Addiction Like Other Addictions?**

Video game addictions are similar to other addictions in terms of the amount of time spent playing, the strong emotional attachment to the activity, and the patterns of social difficulties experienced by gaming addicts. As with other addictions, gaming addicts become preoccupied with game-playing, and it disrupts family and other areas of life, such as school. The younger children begin playing video games, the more likely they are to develop dependence-like behaviors.

As with other addictive behaviors, there are a range of different responses to the activity. While some gamers feel unable to reduce the time they spend playing, others do not experience cravings if they are unable to play.

The three key elements of pathological video gaming are:

1. withdrawal symptoms when not gaming;

2. a sense of loss of control over gaming; and
3. harmful consequences of prolonged gaming.

“People affected by this pathological behaviour suffer negative consequences personally and interpersonally - it can damage relationships, careers, sleep, and health more broadly.” (Dr. King, University of Adelaide)

Game Addiction raises problems in daily life by causing drop of grades, estrangement in personal relations in real life and conflicts between family members due to one's excessive enthusiasm toward Internet, especially the online games.

Notes:

## **Harm Reduction**

**Definition:** “Harm reduction is any program or policy designed to reduce drugrelated harm without requiring the cessation of drug use.” Harm reduction is applied at all levels and all stages of use.

- Harm reduction approaches aim to reduce the adverse health, social and economic consequences of alcohol, other drugs, gambling and gaming without necessarily requiring abstinence.
- Goal is to reduce harms to the individual and the community.
- Examples include designated driver programs, responsible hosting and serving policies, etc.

Note: harm reduction approaches do not take away personal responsibility for and consequences of alcohol and other drug use and involvement with gambling and gaming, nor is it synonymous with legalization.

*“There is evidence that programs that reduce the short and long-term harm to substance users benefit the entire community through reduced crime and public disorder, in addition to the benefits that accrue from the inclusion into mainstream life of previously marginalized members of society. The improved health and functioning of individuals and the net impact on harm in the community are notable indicators of the early success of harm reduction.” (CAMH, 2000)*

## Canadian Guidance on Alcohol and Health



## It's time to pick a new target

What will your weekly drinking target be?



### Tips to help you stay on target

- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.

### Aim to drink less

Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

#### Here is a good way to do it

Count how many drinks you have in a week.



Set a weekly drinking target. If you're going to drink, **make sure you don't exceed 2 drinks on any day.**

#### Good to know

You can reduce your drinking in steps!  
Every drink counts: any reduction in alcohol use has benefits.

## A standard drink means:



**Source:** Canada's Guidance on Alcohol and Health | Canadian Centre on Substance Use and Addiction (ccsa.ca)

## These Guidelines Do Not Apply When...

- Operating any kind of vehicle, tool, or machinery
- Taking medications / other drugs that interact with alcohol
- Engaging in sports or other potentially dangerous physical activity
- Making important decisions
- Working
- Pregnant, planning to be pregnant, or before breastfeeding
- Responsible for the care or supervision of others
- Suffering from a serious physical illness
- Suffering from mental illness or alcohol dependence
- **Low-risk does not mean no-risk.**

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Remember, if you choose to drink:

- Drink with meals and not on an empty stomach;
- Have no more than two standard drinks in any three-hour period;
- Alternate with caffeine-free, non alcoholic drinks, and
- Avoid risky situation and activities.

### **Men vs. Woman – Why the Difference?**

Women generally have less body water than men of similar weight which means they reach higher concentrations of alcohol in their blood after consuming equal amounts of alcohol. Also, an enzyme called alcohol dehydrogenase, which is found in the liver and is responsible for breaking down alcohol into its non-active (or non-intoxicating) form, appears to be less active in women. Aside from these effects, women are generally more susceptible to many forms of alcohol-related organ damage.

*Women are more susceptible to developing alcohol hepatitis and dying from cirrhosis of the liver after ingesting less alcohol over shorter periods of time than men.*

### **Tips for Responsible Use of Prescription and Over-the-counter Drugs**

- Consult with your pharmacist on possible side effects of any prescription medication.
- Read the directions on your prescription drug package and over the counter purchases so that you are aware of any side effects as well as the maximum dosage that is safe to take.
- Watch for expiration dates on your medications.
- Do not exceed the recommended amounts.
- Medications not requiring a doctor's prescription can be harmful if not taken properly and have side effects.
- Many medications warn of contraindications (drug interactions) that may be harmful (e.g., alcohol, caffeine, grapefruit juice, herbal remedies).
- A component of grapefruit juice blocks a liver enzyme responsible for metabolizing certain drugs, thereby increasing drug levels.
- Most medications warn against taking it with alcohol, since alcohol is also a "depressant" and the two in combination could cause heart failure.
- Advise your supervisor if you think the side effects of any prescription or over the counter medication may jeopardize safety and require accommodation.

### **Tips for Responsible Gambling**

- **Set a money limit.**  
Decide how much money you can afford to lose before you play. When you have lost that amount of money, quit. If you win – enjoy, but remember it won't happen most of the time.
- **Set a time limit.**  
Decide how much time you can afford to spend gambling. When you reach that time limit, stop gambling.
- **Balance gambling with other activities.**  
It's important to enjoy other activities so that gambling doesn't become too big a part of your life.
- **Always gamble with money that you can afford to lose.**  
Gamble with money that you set aside for fun, like going to the movies or going out for drinks. Never use money that you need for important things like rent, bills, tuition, etc.
- **Don't think of gambling as a way to make money.**  
The bottom line is that gambling establishments like land-based casinos and online gambling sites are set up to take in more money than they pay out. This means that over time, you will lose more money than you win. And, remember it's not just casinos. All forms of gambling have the same principle – the vast majority of people lose so that a very small minority can have big wins. Virtually all people with gambling problems hold the false expectation that they are the ones who will be the big winners. That belief feeds the problem.
- **Never chase losses.**  
If you lose money, never try to get it back by going over your limit. This usually leads to even bigger losses.
- **Don't gamble when you are depressed or upset.**

It is hard to make good decisions about gambling when you are feeling down.

- **Gambling and alcohol are not a good combination.**  
Gambling under the influence is common, but it generally leads people to make bad decisions that they regret later.

### **Tips For Responsible Gaming**

- **Set a time limit.**  
Notice what you do when you come home from work or school.
- **Make sure you address other responsibilities in your life.**  
Make a list of things to do. Write down everything that has to be done during your day and list them in order of importance. Look at the list every day and follow it. Cross off each of as you take care of them. Remember to make the list to suit you and your life.
- **Let others know what your limits are.**  
Tell the people you're playing with that you're going to stop at a certain time. You might be tempted to ignore the fact that you've played for more time than you'd like, or you may not even realize how long you're playing, but others may help to remind you.
- **Balance gaming with other activities in your life.**  
Try finding something else you like to do. It could be from drawing to running with your dog. This helps keep your mind off gaming.
- **Be aware of your emotions.**  
It is hard to make good decisions about gaming when you are feeling depressed or upset.

### **Tips For Responsible Online Gambling**

- Parents – keep your password safe.
- Use software to block access to gambling sites from minors.
- Look for sites with options where you can set your own spending and session limits.
- If you are having a problem, request to be self-excluded from the site.

## **Impact of Addictions – Compounding Reasons (Military)**

Many work-related reasons are unique to the military and can even compound drug and alcohol use:

- stress – demands, pressure, type of work
- extremes in ups/downs of workloads related to deployments
- changes in supervisors
- lack of control (real & perceived)
- boredom – too little challenge
- poor communication
- resentment – no recognition
- availability of alcohol/drugs
- shift work
- drinking culture
- office, base/wing celebrations and parties

## **Deployment Stress**

Multiple deployments during a relatively short period of time as well as the things that a soldier experiences during deployment can be significant contributing factors to addiction problems. Among the Regular Force members who were surveyed in 2000, those who have been deployed three or more times during the past ten years report a higher incidence of mental health problems. “The highest reports of experiencing sadness, nervousness, and restlessness most of the time come from those who have been deployed three or more times during the past 10 years.” (HLIS, 2000, p. 26).

## **Notes:**

## **Impact of Addictions in The Workplace**

- 1. Job Performance:** productivity is reduced by as much as 25% when an employee is under the influence of alcohol or other drugs!

- Missed deadlines (improbable excuses)
- Periods of high and low productivity
- Diminished morning performance
- Difficulty with complex assignments
- Increased errors, conflict and isolation
- Personnel turnover (e.g., loss of experienced employees/corporate memory)
- Poor public image
- Severance, recruitment and orientation costs
- Disruptive behaviour, declining work relationships, pilfering and vandalism.

Overall cost of substance abuse in Canada in 2002 was estimated to be \$39.8 billion!

### **4 Major Categories of Costs**

- Productivity loss \$24.3 (61%)
- Direct health care costs 48.8 billion (22%)
- Direct law enforcements costs \$5.4 billion (14%)
- Other direct costs \$1.3 billion (3%)

**Source:** <http://ftp.rta.nato.int/public//PubFullText/RTO/MP/RTO-MP-HFM-205///MP-HFM205-03.doc>

\*Presenteeism: a new term coined to describe reduced productivity caused by substance use, stress or other mental health problems.

- 2. Health and Safety:** Substances, in general, impair perceptual and motor skills, attention, decision-making, and slow down response times. (Coombs, McAndrews, 1994).

Did you Know:

- 23% of CAF personnel reported having worked with a member known to be taking drugs in-garrison or on exercise in the past 12 months.
- Of the CAF personnel who have been deployed 4.7% reported that they felt unsafe because someone they were working with was taking drugs. Source: HLIS 2013/14

### **3. Absenteeism and Benefit Costs**

Of the various impacts of workplace substance abuse, absenteeism is the best documented. The following statistics are based on a summary by the International Labour Organization (ILO) of numerous international studies.

1. Absenteeism is two to three times higher for substance users.
2. Substance users take three times more sick leave and file five times as many disability claims.
3. 4 million workdays are lost each year in Alberta due to substance use and gambling problems.

**Sources:** International Labour Organization, “Drug and Alcohol Abuse- An Important Workplace Issue,” In Focus Programme on Safety and Health at Work and the Environment. [www.ilo.org/public/english/protection/safework/drug](http://www.ilo.org/public/english/protection/safework/drug). Substance Use and Gambling in the Alberta Workplace, 2002. \$\$\$

#### **4. Liability**

Legislation pieces also apply to the area of substance use: under provincial OH&S legislation, an employer must ensure a safe workplace free of hazards. This includes ensuring that all employees are “fit for duty.” With Bill C-45, employers, including individual supervisors, can be held criminally liable for neglecting to address a workplace hazard (facilitators may want to obtain a copy of their provincial health and safety legislation for further information). Under federal and provincial Human Rights Legislation, an employer has an obligation to assist an employee with an alcohol or drug dependence problem up to the point of “undue hardship.” Undue hardship is determined by two criteria: safety and cost.

#### **Definitions:**

**Bona Fide Occupational Requirement (BFOR):** underwrites the employer’s right to terminate an employee for alcohol or drug use in order to maintain designated safety-sensitive positions free from the influence of alcohol or other drugs and where keeping the employee would create significant safety and/or financial concerns.

NOTE: The safety-sensitive and confidential nature of CAF positions justifies a zero tolerance policy towards illegal drug use and strict guidelines concerning the use of alcohol, cannabis and medications.

**Common Law:** besides the various pieces of legislation and past court proceedings, “Common Law” requires employers to exercise a “Duty to Care” for their employees.

**Duty to Care:** where employers must make every “reasonable” effort to ensure the safety and welfare of their employees.

**Provider’s and Occupier’s Liability:** under provincial liquor licensing legislation, an employer can be held liable for providing and serving alcohol, as well as for any injuries that occur on their premises. There have been a number of lawsuits in recent years influencing organizations to take extra precautions when hosting special events.

NOTE: obtain a copy of your provincial legislation concerning alcohol service.

**Sources:** (Solomon, R., Dingle, G. et al, 2006) ; Solomon, R., Dingle, G. et al (2006) ; Pamphlet: Sobering Thoughts on Safe Partying: A guide to Avoiding Legal Liability (Second Edition); <http://www.madd.ca/english/research/liability.html>

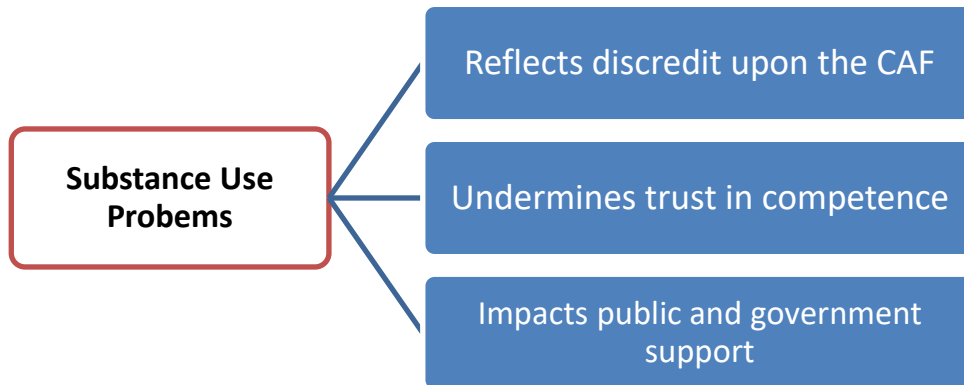
For the Provincial Acts concerning the control of Alcohol see:

[http://www.abc.ca/en/Business\\_Insurance/Risk\\_Management/Liquor\\_Liability.asp#4](http://www.abc.ca/en/Business_Insurance/Risk_Management/Liquor_Liability.asp#4)

<http://www.justice.gc.ca/eng/dept-min/pub/c45/> 5.

**5. Public Image of the CAF**

A high-profile incident could affect the public's trust and support, which could, in turn, have an impact on the federal government's support and funding.



**Notes:**

## **Organizational Culture**

Supervisors are an essential link in the prevention of substance misuse, recognizing existing substance misuse and addiction issues. Supervisors are also required to recognize and respond to alcohol, other drugs, and gambling problems among their members, and to intervene according to CAF procedures and DND policy. Awareness of administrative recourse and taking appropriate action are key elements in prevention along with the following policy and procedures.

### **Aide Memoire for the Supervisor's Role in Dealing with Alcohol Misuse and Illicit Drug involvement (A-MD-050-AAP/AG-003 DPHP 2012):**

A guide for supervisors to follow when substance misuse is suspected or encountered in the workplace. Five steps to address substance misuse: when the immediate supervisor notices a pattern of deteriorating work performance or unacceptable behaviour, he or she should commence the five-step process to resolve the subordinate's shortcoming.

\*This course and tool describes a generalized approach to dealing with substance use and misuse. For specific questions relating to cannabis refer to the DAOD 9000-UCCM Use of Cannabis by CAF Members and other resources which will be provided in the course.

#### **5 Step Process**

- 1.** Recognition
- 2.** Documentation
- 3.** Interview
- 4.** Referral to MO
- 5.** Follow-up

**Appropriate Administrative Measures** may be initiated at the same time while going through any of the 5 steps.

**Notes:**

## **Are You an Active Listener?**

Score yourself on the 25 active listening skills that follow.

- If you usually practice the skill in question, score yourself with a “2”.
- If you sometimes practice the skill in question, score yourself with a “1”.
- If you seldom practice the skill, give yourself a “0”.

Be honest with yourself – no one is looking over your shoulder.

- \_\_\_ 1. Before I begin a sensitive discussion, I make at least some “clearing-the-decks” gesture, such as removing the papers I’m working on from my desk.
- \_\_\_ 2. If I expect the conversation to be lengthy, I offer coffee or water to my discussion partner.
- \_\_\_ 3. I sit near the speaker and directly face them.
- \_\_\_ 4. I listen for subtle changes in inflection and tone of voice to understand the speaker’s feelings.
- \_\_\_ 5. I gaze at my partner during discussion but avoid impersonal or “cold” staring.
- \_\_\_ 6. I don’t offer opinions or judgments on the issues at hand, at least until the discussion is over.
- \_\_\_ 7. I use gestures of understanding – like nods of the head – when my partner makes points that seem important.
- \_\_\_ 8. I don’t succumb to distractions, such as ringing telephones or activity in the hallway, while listening.
- \_\_\_ 9. I maintain a relaxed posture during the conversation, regardless of the content of the discussion.
- \_\_\_ 10. Although I might jot down an occasional word or phrase, I avoid writing extensive notes during the conversation.
- \_\_\_ 11. I restate the speaker’s key thoughts in my own words from time to time.
- \_\_\_ 12. I ask questions to clarify facts and understand the feelings of the speaker.
- \_\_\_ 13. I avoid expression irritation at any poor speech patterns or hesitancy the speaker might exhibit.
- \_\_\_ 14. I use the speaker’s name occasionally.
- \_\_\_ 15. I let the speaker “get off the topic” during a sensitive discussion if they wish.
- \_\_\_ 16. I listen carefully for signs of emotion in the speaker’s voice.
- \_\_\_ 17. My demeanor appropriately complements the speaker’s demeanor. For instance, if the speaker is upset, my posture and gestures are reassuring.
- \_\_\_ 18. I resist the temptation to finish the speaker’s sentences or draw out conclusions before they offer them.
- \_\_\_ 19. I speak slowly and in a relaxed manner.
- \_\_\_ 20. I avoid distracting gestures, like looking at my watch or at papers piled up on a nearby table.
- \_\_\_ 21. I acknowledge the speaker’s feelings and thank them for sharing.
- \_\_\_ 22. If the speaker asks me a question, I answer simply, directly and non-judgmentally.
- \_\_\_ 23. I’m not afraid to say “I don’t know” if I can’t offer a firm answer to a problem or question.
- \_\_\_ 24. I periodically ask the speaker if I’m understanding their message properly.

\_\_\_ 25. I help the speaker bring closure to the conversation by forging mutual conclusions or observations.

Now, give yourself a score by totaling the numerical value of all your answers.

- If your total score is **40 or above**, congratulations! You're a good conversation partner and practice active listening skills quite effectively.
- If your total score is **between 30 and 39**, you're probably familiar with active listening techniques, and you may well use them, but additional practice of these all-important communication skills won't hurt.
- If your total score is **below 30**, don't fret. You can increase your awareness of communication techniques, as well as your ability to be an effective listener.

**Source:** Unknown

**Notes:**

## **Communication Skills**

Skills associated with active listening are particularly important when confronting someone about their behaviour and/or job performance. Use of these skills will help to defuse emotional arousal in the other parties, and will help to provide the information everyone needs to effectively resolve the situation. Implicit in every intervention is the ability to communicate to others that you are concerned about their feelings and needs, and that you want to hear their view of the situation and their ideas for solutions.

### **Attending Body Language**

It is important to use attending body language when listening. This includes facing the other person, using non-threatening body language, utilizing a soft gaze versus eye contact, and maintaining an open posture, while respecting personal space. The use of a supportive stance/body position is also important.

### **Reflection of Feeling**

In Reflection of Feeling, the goal is to identify the essence of the individual's feeling, and to formulate and express a response that indicates that you understand, using your own words.

### **Paraphrasing of Content**

In paraphrasing, the interviewer's goal is to determine the basic message in the individual's statement or expression, and to concisely re-phrase it.

### **Summarizing: Feelings and Content**

It is important to reflect back to others what you hear them saying about both facts (content) and feelings. This communicates to them that you are listening, and gives you a chance to ensure that you are hearing them correctly.

- "You are really angry because you can't get to sleep."
- "You think that Mr. Jones hit you to get revenge."
- "You were embarrassed because your supervisor might have heard what I said"

### **Feedback and the Impact on Others**

To communicate effectively we must let the other person know how we are responding to what they are saying. It is important to take responsibility for our feedback using "I" messages to state how we are feeling or what action we think needs to occur.

- "I start feeling defensive when you say I'm stupid."
- "I agree with you on that part."
- "I could hear what you need to tell me better if you would speak more quietly."

### **Probing**

The goal in Probing is to direct the individual's attention inward and to explore their situation (using open-ended questions). This can help the individual focus their attention on a feeling/content area, and enhance their understanding of the situation or feeling.

## **Interview Tips**

### **How to Confront**

The successful resolution of a work performance problem requires certain attitudes and interviewing skills on the part of the manager/supervisor.

Here are a few basic points to keep in mind when confronting an employee with a work performance problem:

- establish the level of work performance you expect;
- record all absenteeism, poor job performance, incidents, etc.;
- base the confrontation on job performance and be specific about attitude, behaviour, missed assignments, etc.;
- use only factual information;
- try to get the employee to acknowledge the work performance problem;
- set up a plan for improvement; — get a commitment from the employee and monitor it
- be firm, but fair, but tell the employee you are there to help (try to establish a trusting relationship);
- be honest, don't hedge, speak with authority;
- be ready to cope with the employee's resistance, defensiveness and even hostility;
- don't diagnose the cause of the problem (this is not your job);
- don't make value judgements;
- don't make idle disciplinary threats; and
- never ask the employee why he or she does this or that (generate excuses), but try to get them to explain the situation their own words.

**REMEMBER:** Accept the responsibility of intervening, and don't be afraid to get involved. Also, remember that it is highly probable that an employee's work performance will improve if they are confronted constructively and consistently. It is a fact that the situation will get worse if the employee is ignored or just warned occasionally.

### **Culture and Change**

Culture is an important element when addressing AODGGA issues in the military.

There are four principles to keep in mind when changing a culture:

1. Change strategies must be comprehensive. Superficial changes that may appear significant and make one feel good in the short-run. However, they will make little difference in the long-run.
2. Most change occurs incrementally (in baby steps) and not with one single intervention.
3. Leadership-focused change by persons having the greatest impact on the individual; the Unit Supervisor is in a position to recognize the early warning signs of addiction and mental health problems, including stress.
4. Make it a people-centered change by taking into account people's emotions and involving their input.

Principles of Change	Steps You / Unit Members Can Take
comprehensive	<ul style="list-style-type: none"> <li>• move beyond lip service</li> <li>• ensure adequate supports are available</li> <li>• effect long-lasting and far-reaching changes incremental</li> </ul>
incremental	<ul style="list-style-type: none"> <li>• progressive steps – one change at a time</li> <li>• multiple interventions over time</li> </ul>
leadership-focused	<ul style="list-style-type: none"> <li>• discourage the culture of heavy drinking, drug use or gambling</li> <li>• sustain the availability of support network</li> <li>• intervene early and not enable behaviour</li> <li>• set example of following the Canadian Guidance on Alcohol and Health</li> <li>• choose alternative activities to mess parties (sponsoring but not hosting events)</li> <li>• know your allies (information and treatment personnel and services) • control the stressors and the pace of change that may occur</li> </ul>
people-centered	<ul style="list-style-type: none"> <li>• embrace the change that is necessary to promote AFL</li> <li>• provide support throughout the change process</li> <li>• education: the reasons behind the change</li> <li>• education on alcohol and drugs</li> <li>• recognition of new bases of liability/defendants</li> <li>• sobriety checkpoints, server intervention</li> <li>• social marketing</li> <li>• price and availability of alcohol in messes</li> <li>• alternative transportation</li> </ul>

**Substance Use, Gambling, and Gaming ... Over to you!**

**COMPLETE PRIOR TO THE SUPERVISOR TRAINING**

As a Supervisor, what are the challenges you face with regard to alcohol, other drugs, gambling and/or gaming in the workplace?

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What are your expectations for the training?

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**Notes:**