

December 2, 2013

## **“High-functioning addicts”: intervening before the facade crumbles**

As allegations of Toronto Mayor Rob Ford’s drug and alcohol use hit a crescendo, Canadians are asking tough questions about how much is too much when substance use and workplace responsibilities collide.

For his part, Ford has repeatedly denied having an addiction. In an interview with AM640 News, he argued, “If I’m an addict, I could not show up to work every single day.”

Experts warn, however, that many people with addictions continue to perform at work.

So-called “high-functioning addicts” exist across all sectors, and workplaces aren’t intervening early enough, which puts those who have addictions at a higher risk of physical and psychological harm, experts argue.

“The job is always the last thing that goes,” says Dr. Steven Melemis, a physician in Toronto who specializes in addiction. “A [person with an addiction] knows you need your job first and foremost to continue with your addiction.”

With time, however, one’s work also suffers, which is why Melemis prefers to say “currently functioning addict.”

Signs seen in the workplace are “just the very tip of the iceberg,” says Rick Csiernik, a professor of social work at King’s University College in London, Ontario. Yet supervisors and colleagues tend to “turn their backs” to what is going on under the surface unless the person stops fulfilling job requirements, he says.

Dr. Peter Butt, chair of the physician health program committee at the Saskatchewan Medical Association, suggests that the notion of the high-functioning user should be debunked. “It means we’re purely looking at function through the window of their workplace ... [addiction] takes a terrible toll on peoples’ families and on children in particular,” he says.

In addition, whether someone who is abusing alcohol or substances is “high-functioning” often depends less on the individual and more on whether

family, friends and colleagues accommodate the addiction, explains Melemis. When those with addictions “hit bottom,” it may not be because their lifestyles have radically changed but “because the people around them are just fed up.”

Indeed, a lot “depends on whether your loved ones have cried uncle,” says Ann Dowsett Johnston, author of *Drink: The Intimate Relationship Between Women and Alcohol* and a former “high-functioning alcoholic.”

But it’s possible to treat the “functioning addict” before the facade crumbles, and addiction specialists say workplace health programs should take a more proactive approach, says Butt.

“Most people enter treatment in a manner that is perhaps coerced. It’s because of what’s happening in their relationship, or because of their health or because of legal consequences,” he explains. “[Workplace managers] can bring the bottom up by forcing people to have that conversation sooner.”

Melemis says he helps “currently functioning addicts” become aware of the negative consequences by asking introspective and open-ended questions. For example, rather than simply asking if the addiction is negatively affecting their relationships (which many deny), Melemis will say something like, “Tell me about the last time you used alcohol or did cocaine and you came home late. What was that conversation like?”

Dowsett Johnston, who started drinking between three and five glasses of wine in the evenings shortly after becoming the vice-principal of development and alumni relations at McGill University in Montréal, Quebec, checked herself into a rehabilitation program before any of her colleagues knew of her drinking problem. She says workaholism and addiction often go hand in hand for the “functioning addict,” who may misuse alcohol or substances in an attempt to relieve the stresses of juggling work and home life.

“The more professional, the more educated the woman, the more likely that she is to drink, and drink daily,” she says.

While “functioning addicts” are found in every sector, certain substances tend to be associated with particular professions. For example, high-adrenalin investment bankers have long had a reputation for using cocaine. But the most common “work drug” is prescription medication, says Butt. “Plenty of people who are addicted to tranquilizers or pain pills continue to function in the workplace.”

The performance of someone with an addiction tends to vary, though, depending on the time of day. “Often you can tell because they can’t function well in the morning. They arrive very late for work,” says Dowsett Johnston.

Csiernik worries that cutbacks to management and employee health programs, combined with increases in telework and informalized labour, means employers aren’t as attuned to these and other signs of addiction as they should be. “We need workplace health programs that are proactive as opposed to reactive.” — Wendy Glauser, Toronto, Ont.

DOI:10.1503/cmaj.109-4667