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## Alberta Addiction Services and Delivery Models

### Background

Alcohol and other drug addictions are complex social problems with far reaching consequences for the individual and those involved in that individual's life, including employers in the province of Alberta. According to the *Costs of Substance Abuse in Canada 2002* study, abuse of tobacco, alcohol and illegal drugs cost Canadians about \$40 billion. The cost to Alberta was \$4.4 billion. Once addicted persons are commissioned for treatment often what occurs is those individuals don't reach a proper state of recovery due to flawed processes, including high wait times and a lack of proper follow-up. Since employers play a vital role in the lives of many addicted individuals, there is an opportunity for equipped employers to play a key role in increasing full recovery rates by structuring comprehensive aftercare programs for those requiring assistance.

### Funding deficit and the impact of wait times

In the province of Alberta there are currently 332 residential in-patient treatment beds available with an average wait time anywhere from six to eight weeks. This capacity proves to be insufficient and result in a situation where the cost that is saved by reducing the addictions portion of Mental Health and Addictions budget and capacity, far out-weighs what is perceived to be saved.

During the wait time of six to eight week, it is very difficult for employers to engage employees, especially if the employee is unable to work (safety sensitive work-sites). As the affected individual waits to be treated, the impact of the wait time culminates and the situation often gets worse. If the wait is too long, often the affected individual gets frustrated and quits without having obtained proper treatment, and goes on to continue the cycle with another employer.

In addition to attrition, short-term disability costs are also an issue. With fewer beds and longer wait times, short-term disability costs (whether self insured or third party insured) will invariably go up. Since most short-term disability plans wrap around the employee's access to medical employment insurance, there is also a prolonged draw on and cost to employment insurance. Furthermore, the wait period also has negative impacts on employers and co-workers of the organization and often results in lost productivity for the company, decreasing morale amongst co-workers and escalating recruitment and training costs of hiring a replacement.

Reducing the Mental Health and Addictions Services budget for drug and alcohol related-issues does not make addiction related problems disappear, and does not make the system any less expensive. Costs are downloaded onto business, families, insurance plans, health

and welfare benefits and employment insurance. In addition, this redistribution of responsibility does nothing to address the core issue of insufficient capacity and long wait lists to access residential treatment services in Alberta and creates substantial costs for employers when they encounter persons with addictions working for their organization.

### **Adjusted Funding Arrangements**

To access a bed, traditionally each agency contracted with Mental Health and Addictions Services to be funded on a percentage basis, depending on the extent and nature of the addiction programming provided.

However, in 2009, the funding arrangements for treatment beds between Addictions Services and provider agencies in Alberta were adjusted resulting in Addiction Services now having to buy the corresponding percentage of bed capacity. This arrangement creates a disservice in that it results in an immediate reduction in funded treatment bed capacity in the province, at a time when more capacity is required. This also stands true on an individual basis in situations when clients who would on their own accord want access to a treatment bed also face this capacity problem and may also have to find a funder. Member employers of the Edmonton Chamber of Commerce have experienced situations where those with addictions have secured employment on a safety sensitive work site for the sole purpose of accessing the employer funding available for treatment, counseling and aftercare. In the mean time, they are creating a safety risk (given their condition) to themselves and those around them.

In surveying the cost to employers and insurance plans, it is clear that when purchasing non-funded treatment capacity, the costs are significantly higher, starting at \$6,000 for basic treatment, in comparison to \$850 for a funded bed. For many smaller employers, this cost would be prohibitive to engaging in an accommodation process.

### **Assessment Models**

There are two main schools of thought in the treatment of addiction. One is often referred to as the harm reduction approach and the other is referred to the abstinence based or medical model approach. Each philosophy has advantages, depending on the circumstances.

With the harm reduction approach, clients are encouraged to regulate their substance use in an effort to reduce the harm that use of the substance brings to the individual's major life-areas. With this model the client is engaged at the stage of acceptance they are at. If it is discovered that the person is indeed addicted, what often occurs is the attempts to regulate the substance use fail and the person continues to cause harm to his/her major life-areas while the counselor attempts to move the individual towards complete abstinence, often unsuccessfully. The harm reduction approach does not subscribe to an abstinence model, nor does it subscribe to any form of return-to-work and follow-up drug and alcohol testing.

Under the medical model, the individual is assessed with well-established diagnostic tools. If the individual is determined to be dependent and/or addicted, abstinence is recommended. In addition, for the purpose of monitoring the abstinence requirement, a regime of follow-up testing for a finite duration of time may also be recommended as a measure to support the individual in recovery and to map a framework under which the employee may be re-deployed to the workplace with his/her conditions. What results is an

objective and measurable path that forms the basis for employers to engage in accommodation.

Addictions and Mental Health Services only uses a harm reduction approach for assessing individuals, often will not make a diagnostic comment and refrains from contemplating alcohol and drug testing as a tool for monitoring for compliance. Addictions and Mental Health Services appear to be alone in their approach as generally speaking, the preponderance of the medical community subscribes to the medical model and most employers are held to the medical model standard wherein addiction is seen as a disease that employers must accommodate. As well, substance abuse and dependency are included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) hence well recognized. Also, the medical model approach is most consistent with the standard to which employers are held by the Human Rights Commission which views addiction as being a disability and a medical condition and is a particularly appropriate model for employees engaged in safety sensitive positions in the workplace.

It is recognized that individuals who participate in treatment without follow-up accountability frameworks in place return to old patterns of behaviour 75 per cent of the time, whereas those with comprehensive aftercare support are 75 per cent more successful in maintaining a state of recovery. In Alberta, employers are at a disadvantage when faced with having to rehabilitate addicted employees since assessment recommendations do not outline specific, concrete steps for employers to follow in supporting their employees and monitoring them to ensure on-going compliance with an alcohol and drug work rule.

## **Recommendations**

### **That the Government of Alberta:**

- Increase capacity and corresponding funding levels for residential in-patient addictions treatment beds to open-up access and reduce wait times to funded residential treatment facilities;
- Reinstatement of funding formulas for residential treatment facilities to the formulas used prior to the 2009 amendments such that Mental Health and Addictions Services are funded on a percentage basis, depending on the extent and nature of the addiction programming provided;
- In cases where an individual is referred for addictions assessment by an employer with aftercare programs in place, align assessments with a medical model using an abstinence based treatment and aftercare plan that supports a regime of follow-up alcohol and drug testing.