

## “High-functioning addicts”: intervening before trouble hits

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



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**Suspected drug or alcohol problems among employees tend to go unaddressed until job performance suffers.**

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.”

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.

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