A New Era of Substance Use Health: Moving Beyond Outdated Models

by | **Terri-Lynn MacKay, Ph.D.**

The conversation around substance use is shifting from an illness-focused to a wellness-focused approach, calling for a new strategy in employee benefits. The author explores ways employers and plan sponsors can incorporate proactive approaches and essential resources into substance use health.

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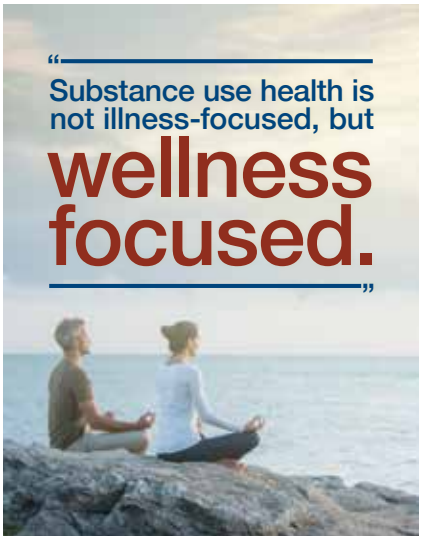
Now, as a mental health professional with a 9:30 p.m. bedtime, my lifestyle is a far cry from my 20s, which was often a hazy adventure of late-night drinking with friends. Thinking back, it seems nauseating (and often was), yet I never gave a second thought to the health consequences of putting saccharine poison in my body. At that time, moderation and responsible drinking were not on my radar.

As an aside, the generation before mine would not hesitate to drink *while* driving. It was not uncommon for my dad to balance a six-pack of beer on the dash while driving down country roads. Alcohol used to be thought of as fairly benign to our health and social systems. Society has come a long way since then.

When I say poison, I am not being dramatic. Alcohol is a group one carcinogen and appears three times in this list (acetaldehyde, alcohol and ethanol). It is causally linked to seven different types of cancer. For context, asbestos, arsenic, tobacco and coal also appear on the carcinogen list. The health risks related to alcohol start to increase at any intake over two drinks per week.



Relatedly, a burgeoning of the non-alcoholic and sober curious movement has taken hold. It is no longer thought that martini yoga is a healthy way to get your stretch on. Young people are drinking less and starting to question whether they want alcohol in their lives. A recent study found that 67% of those between age 18 and 22 had not drank in the past week, compared to 54 percent of the population overall.[1] A study conducted by Leger found that 22% of Gen Z respondents said they never drank alcohol, compared to just 12% of Millennials.[2] This trend is evident in both data and my professional experience, and it has paved the way for a crucial evolution in how substance use is approached.

Substance Use Health

It is unclear if this shift in alcohol use comes from more prevalent research showing alcohol's harmful effects or from other social factors. The change may be driven by several factors: a more virtual social scene (with fewer house parties), a greater focus on well-being, or a rejection of the traditional sobriety/problem-drinking dichotomy. Whatever the cause, this shift matters because the conversation is finally expanding to include substance use health (SUH) rather than focusing solely on substance use disorders (SUD). SUH includes multiple ideas.[3]

- Substance use impacts both physical and mental health.
- People can use substances in a way that reduces the risk of consequences.
- Health systems should support people who use substances across the spectrum of use.
- Abstinence as the gold standard outcome is outdated and not inclusive for meeting people where they are.
- Functional impairment (i.e., having problems in your work or social life) should not be the threshold for getting support.

Just as the conversation has shifted from talking about mental illness to mental health, a similar evolution is now happening with substance use. SUH is not illness-focused, but wellness-focused. It is essential to implement a corollary change to approach substance use in the benefits space.

Takeaways

- Alcohol, a group one carcinogen, is causally linked to seven cancers. Health risks from alcohol increase with more than two drinks per week.
- Young people are drinking less and questioning alcohol's place in their lives. It's unclear whether this shift stems from research on alcohol's harms, a focus on well-being, social factors or a rejection of the traditional sobriety/problem-drinking divide.
- Formal treatment is often the only option from employers or insurers, fueled by the belief that severe addiction requires intensive support. Early intervention for a broader group, however, could help prevent issues before they escalate.
- Employer-sponsored dry or damp months lead to a lasting reduction in substance use among participating employees. Benefits include weight loss, better sleep and mood, and higher energy levels, among other improvements.

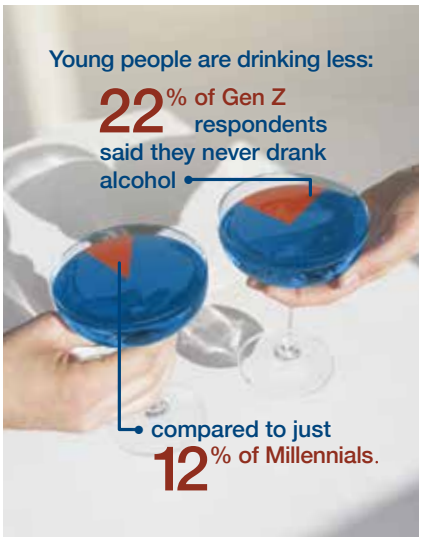
From Disability Management to Substance Use Health

Most employers only think about substance use when a struggling employee comes to the attention of a supervisor or manager. The traditional conversation has been around identifiable employees, crisis care, disability management, safety sensitivity and return to work. Resources for these individuals are essential and undisputed. However, there is often little consideration given to:

- The individual who has three glasses of wine every night after their kids go to bed (high-risk drinking)
- The individual whose doctor informed them that they are at higher risk of breast or colon cancer because of substance use
- The individual who drinks four to five drinks on Saturday night (binge drinking)
- The individual who routinely has a few drinks or hits of cannabis, which negatively impacts their sleep.

It is unlikely that any of these people would come to the attention of an employer or even reach out to an employee and family assistance program (EFAP). In a recent report that looked at why people do not reach out for treatment, the number one reason was because they feel like they should be able to handle it on their own.[4] Even among those with a diagnosed SUD, only 1% are reaching out for help.[5] Why is this issue not being effectively addressed?

The answer may be that many people are reluctant to engage in formal treatment, yet this option is often the only resource provided by employers or insurers. The idea that people have to hit rock bottom, be at a high severity threshold or be addicted perpetuates monetary allocation to high-level severity and more intensive support options. But what if intervention could occur earlier for a broader range of the population, reducing the risk of problems in the first place?



The Benefit of Risk Reduction

Early intervention is often seen as an appealing concept but not fiscally viable. With limited budgets, employers are inclined to allocate funds to those at the highest level of need.

Here's an example of an early intervention for alcohol use, a focus rarely prioritized by employers despite its effectiveness as a risk reduction strategy. I'm highlighting alcohol use because it costs employers more than any other substance use, including tobacco, cannabis, opiates or cocaine.[6]

When an employer actively engages in a dry or damp month (e.g., Dry January, Sober October), participating employees will see a reduction in substance use that lasts up to 12 months.[7] They will experience weight loss, better sleep, improved mood, higher energy levels, increased physical activity, better diet, decreased cancer-related growth factors, reductions in insulin resistance, improved blood pressure, reduction in liver fat and improved blood sugar.[8] As a mental health professional, I can think of no other single intervention that would have as significant an impact in such a short period of time.

While those who struggle with substance use at the highest levels contribute to costs, the sheer prevalence of binge drinking among average consumers makes it the largest driver of alcohol-related expenses, both epidemiologically and for employers.[9]

Imagine a typical workplace. Statistically, nearly half of the employees who drink are engaging in binge drinking. What might seem like a harmless weekend activity is responsible for a staggering 77% of the costs associated with alcohol use. These costs primarily stem from lost productivity (44%) and health care expenses (28%). This isn't about a small group of individuals struggling with severe addiction; it's about a significant portion of the workforce who could benefit from support in cutting back.

And yet, these individuals—the ones driving the majority of alcohol-related costs—are not reaching out to traditional support programs like EFAPs. This is a seldom-heard story, but it's one that has a profound impact on our workplaces and should factor into resource allocation.

Do People Want to Reduce Their Substance Use?

They really do. A recent study found that 41% of adults want to reduce their

alcohol consumption to save money, improve physical and mental health, and lose weight. Younger generations are even more likely to want to live an alcohol-free or low-alcohol lifestyle (61%). People are becoming more aware of how alcohol impacts them, from sleep to depression.

A quick search of the most shared podcasts from 2022 shows that Andrew Huberman's episode about how alcohol impacts the body, brain and health was the most shared episode on Apple out of 150 million episodes that year (second highest by some reports . . . but the point stands). Forbes reports that 35% of U.S. adults participated in a dry challenge in 2022, compared to 21% in 2019.[10] That is a large increase in one year. Other markers include the valuation of the no- and low-alcohol industry ($11 billion), the hashtag sobercurious, and TikTok videos that address reducing consumption. As a substance use professional, I have never seen anything like this shift in my 20-year career.

Now the benefits space needs to catch up with the trends. Having a one-size-fits-all solution is no longer meeting the needs of the population and does not value the idea of SUH. What does catching up look like? It looks like:

- Providing risk reduction resources for the entire population vs. just those who come to the attention of employers
- Providing a range of resources for the population that includes low-barrier options such as self-directed or coach-assisted solutions
- Capitalizing on the sober curious movement by encouraging employees to engage in Dry January, Sober October and the like
- Understanding that substances impact health (e.g., cancer, heart disease) and mental health (e.g., low mood, poor sleep, stress response), even at low levels of consumption
- Acknowledging that a comprehensive mental health solution must include dedicated substance use resources
- Knowing that investing in risk reduction will have a return on investment.

Most importantly, it recognizes that everyone uses something external to cope with the ups and downs of life, whether that be food, social media, television, pornography, alcohol, cannabis or other available stimuli. Historically, individuals who use substances have been labeled as diseased, weak, stigmatized and othered. It's time to view these coping responses as part of a spectrum rather than a dichotomy of those who have a problem and those who don't. This approach calls for resources that support everyone, regardless of where they fall on that spectrum.

BIO

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Endnotes

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