

WARM

ADDICTION:

Data, Treatment & Workforce Implications

*Building Recovery-ready Organisations:
Inclusion Beyond Stigma*



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MISUNDERSTANDING?

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Misconceptions

Myths

**Addiction
& Recovery**

False Beliefs

Poorly Understood

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SPECTRUM

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Substance Use

Addiction

Prevention

Treatment

..... ***Habits & Risks***

(EXTREMELY) SUMMARISED DEFINITIONS

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The 4 C's of ADDICTION

- 1 Cravings
- 2 Loss of Control
- 3 Compulsion
- 4 Use despite Consequences

RECOVERY

***'Voluntarily-sustained control
over substance use which
maximises health & wellbeing'***

UK Drug Policy Commission Recovery
Consensus Group (2008).

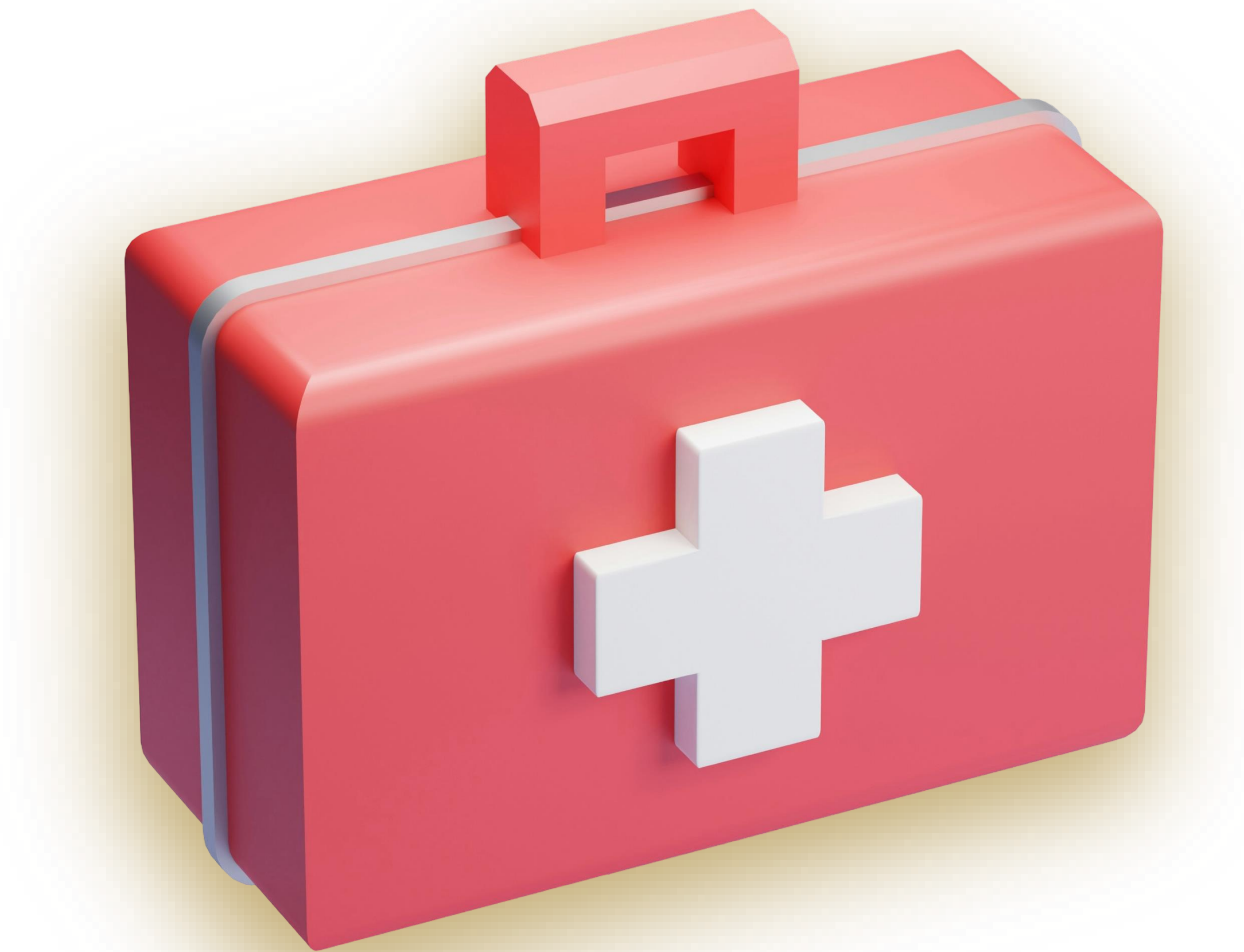
(THE ONE TAKEAWAY)

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Addiction is a:



CHRONIC



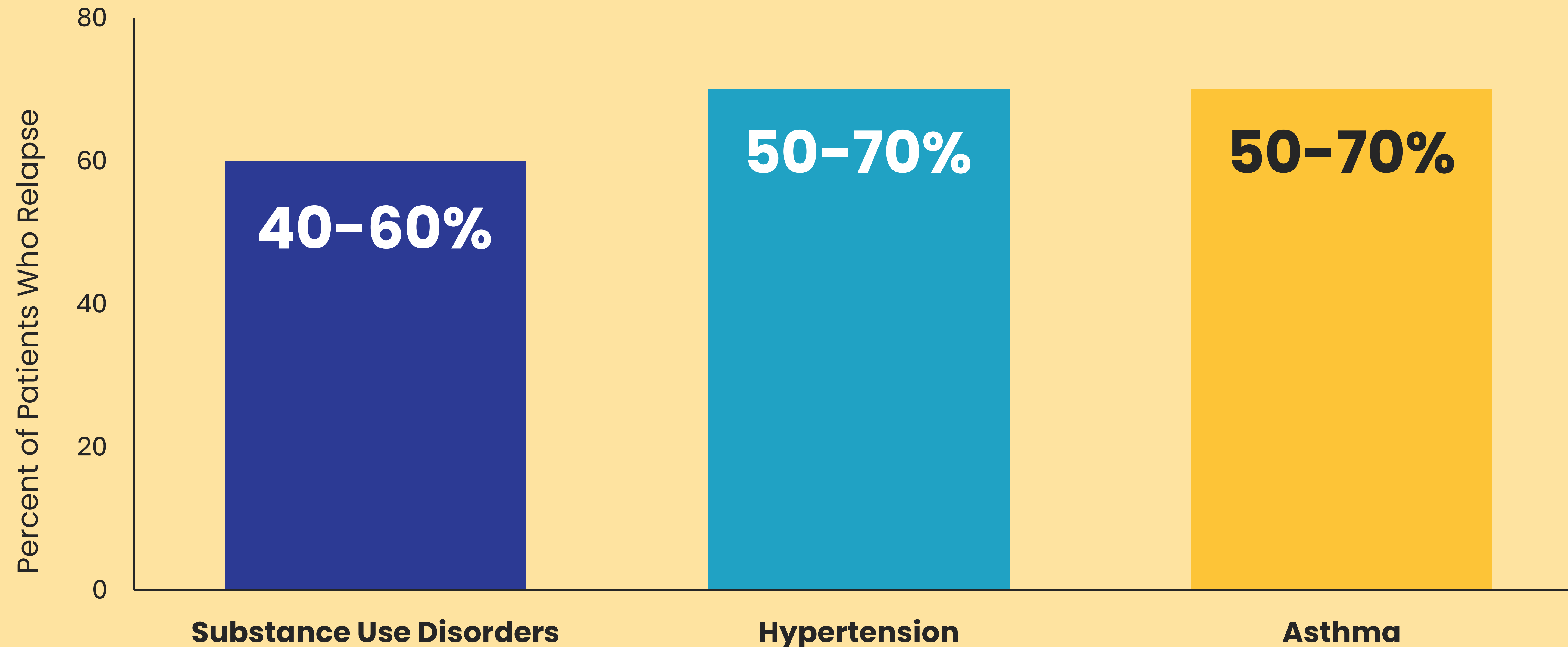
HEALTH
CONDITION



that is TREATABLE

COMPARISON OF RELAPSE RATES BETWEEN SUBSTANCE USE DISORDERS & OTHER CHRONIC ILLNESSES

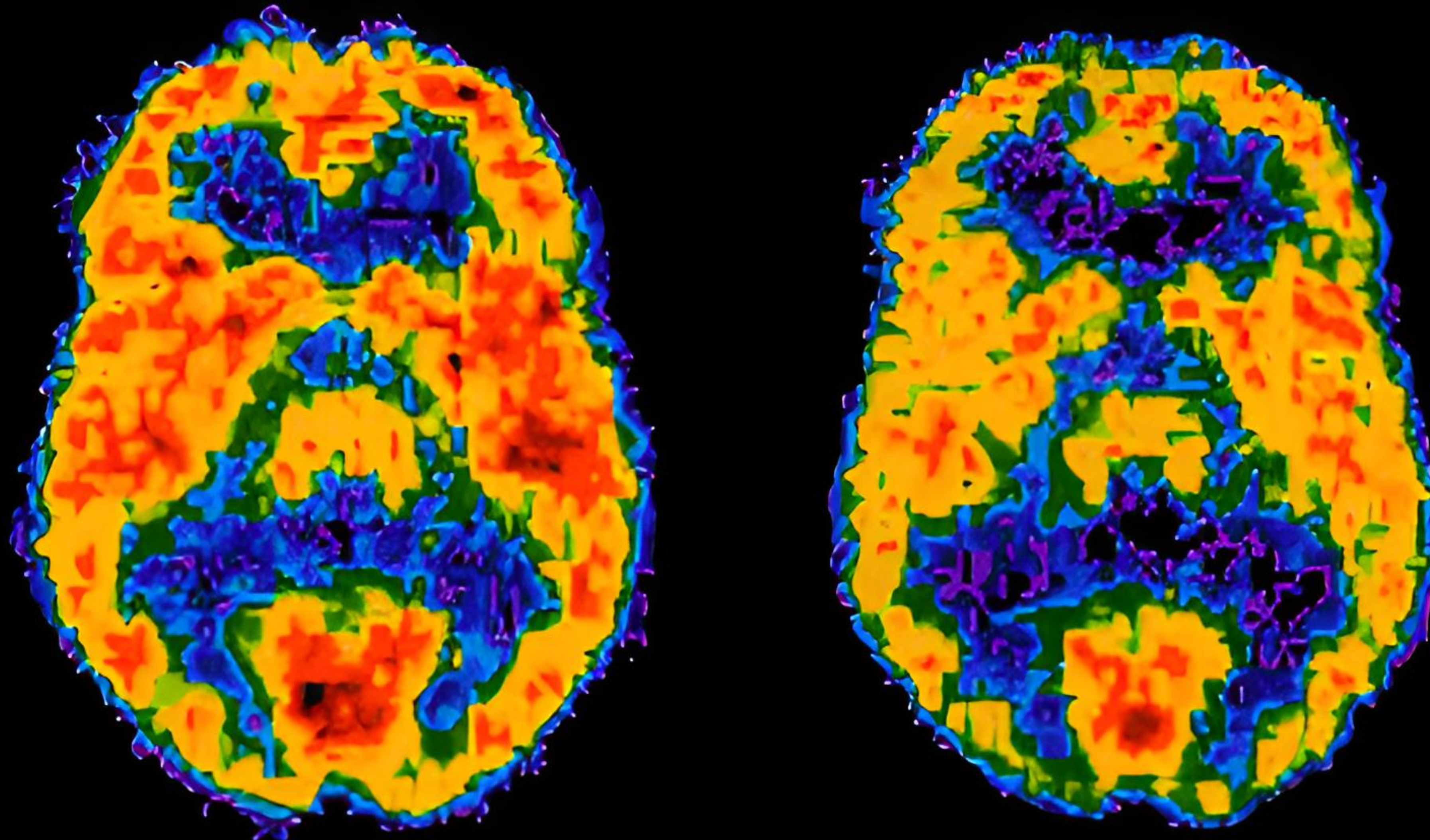
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JAMA, 284:1689-1695, 2000.

Control

Cocaine

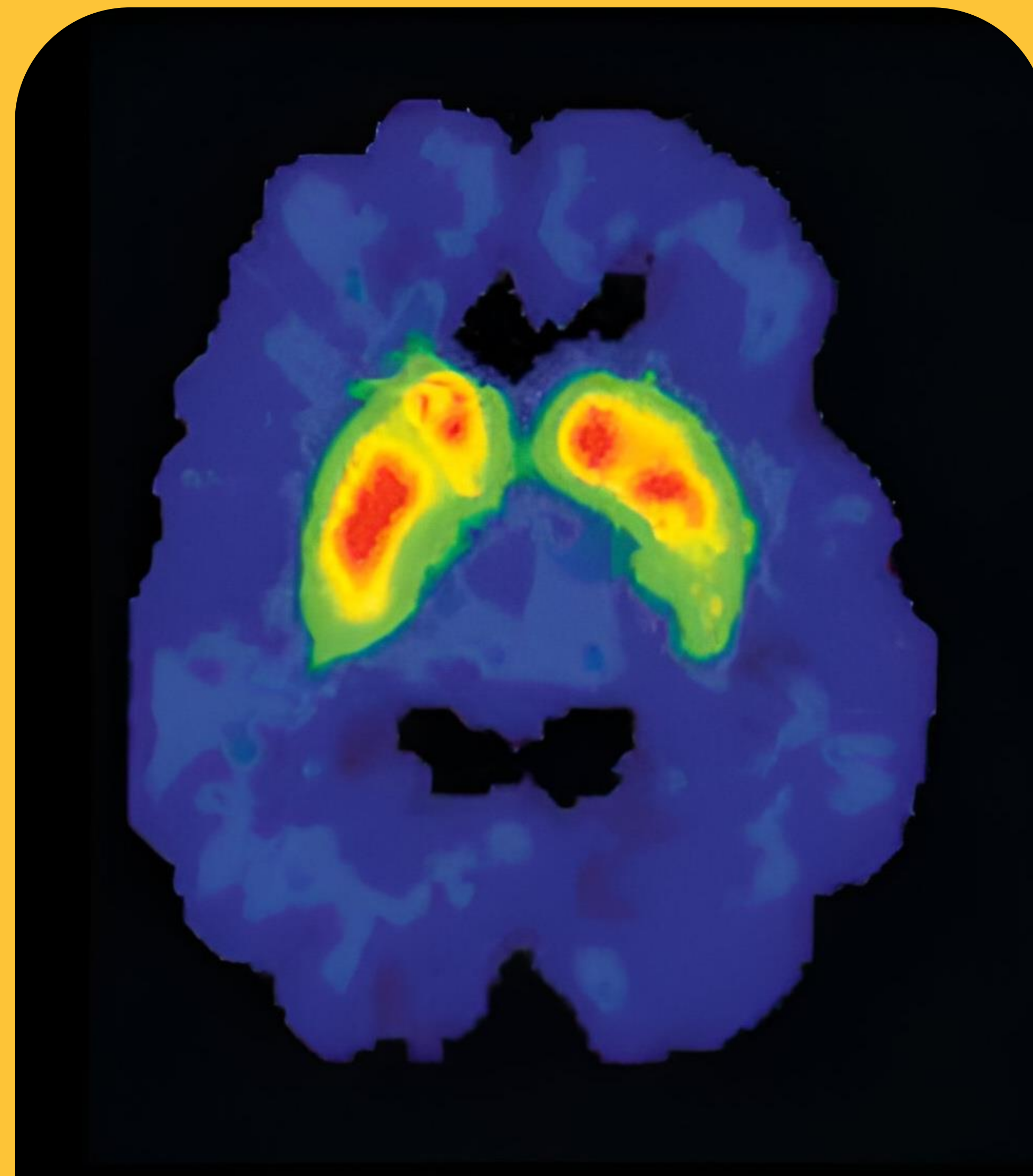


PET SCAN:

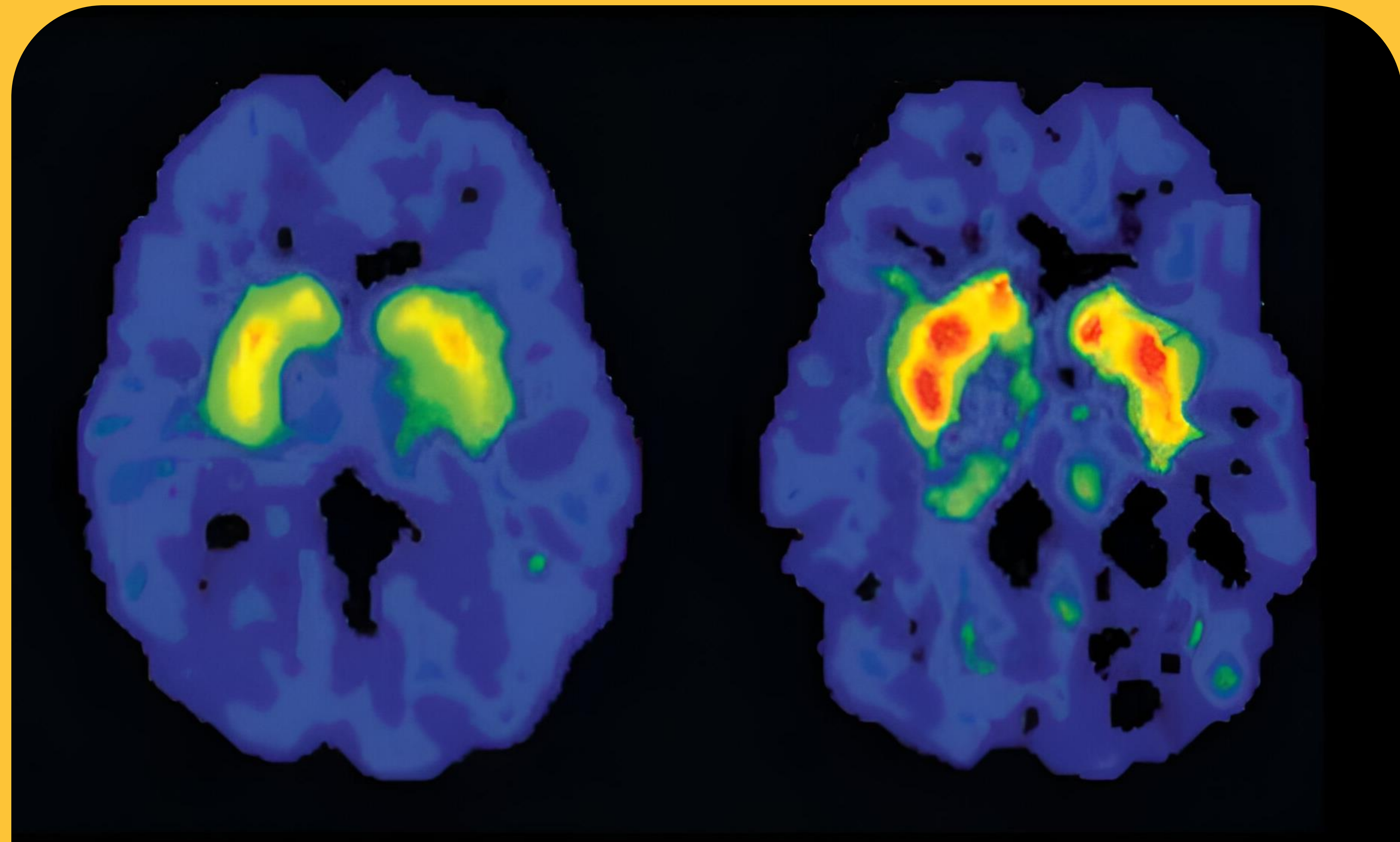
The right scan shows the brain of an individual with cocaine use disorder. Compared to the control on the left, the PET image on the right shows a lower concentration of red appearing on the scan, indicating a lower glucose concentration and less neural activity. Glucose is an important fuel source in the brain, and changes in glucose concentration and overall brain activity interferes with many of the brain's normal functions.

BRAIN RECOVERY WITH PROLONGED ABSTINENCE

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**HEALTHY
CONTROL**



PATIENT WITH METHAMPHETAMINE USE DISORDER

1 Month of Abstinence | 14 Months of Abstinence

Source: recoveryanswers.org

WIDESPREAD & HARMFUL

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Addiction Healthcare Goals, Office for Life Sciences 2025:

- ❖ The health and wider societal costs to society in England of illegal drug use is approximately **£20 billion** per year, with the harms from alcohol use estimated to cost over **£27 billion**.
- ❖ 5,000 UK **deaths** annually due to drug misuse. In addition, there are over 10,000 annual UK deaths from alcohol.
- ❖ 600,000 **dependent** on alcohol in England.

Major treatment GAP + Majority of people with a SUD are in employment =
**EMPLOYERS AS AN OPPORTUNITY FOR PEOPLE
TO ACCESS SUPPORT EARLY.**

(COSTLY) TABOO SUBJECT

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17 million working days lost per year due to alcohol-related sickness.

(Association of Directors of Public Health)

57% admit to having struggled with some form of addiction.

(BUPA)

£7.3 billion of costs to employers due to lost productivity, absenteeism and accidents.

(Institute of Alcohol Studies)

45% of those struggling would not disclose an addiction, and **43%** have avoided seeking help for fear of workplace consequences.

(BUPA)



SUPPORT IS AVAILABLE

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Employers to act as

FACILITATORS

WE ALREADY...

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Offer EAPs



Refer to specialist
treatment

LEADERSHIP, COLLABORATION, ACCOUNTABILITY

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EDI MATTERS

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Specifics to minoritised groups
(LGBTQ+, neurodivergent employees, ...)

- ❖ Less likely to **disclose**.
- ❖ More likely to face **barriers** to support.
- ❖ More vulnerable to **disciplinary** action.



WHAT SHOULD WE DO?

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Nothing?

Training?

Ban Alcohol?

Policies?

Test?

Punish?

#1 = TALK and DE-STIGMATISE

- **NHS — Drug addiction: getting help**

<https://www.nhs.uk/live-well/addiction-support/drug-addiction-getting-help/>

- **Talk to FRANK**

<https://www.talktofrank.com/>

- **Alcohol Change UK**

<https://alcoholchange.org.uk/>

- **Drinkaware**

<https://www.drinkaware.co.uk/>

- **GamCare**

<https://www.gamcare.org.uk/>



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