

Substance Abuse, Health Problems, and Sleep

EAPs can help educate employers and employees about the importance of sleep and its links to health and substance abuse problems.

by Mary Hill, LCSW, CEAP

Many of us are sleep deprived and do not make getting enough restful sleep a priority. Roughly 75 percent of adults experience sleep problems at least a few nights each week, according to the National Sleep Foundation. Overall, at least 40 million Americans suffer from chronic sleep disorders.¹

Sleep problems have a substantial impact, not just on individuals but on the businesses that employ them. On average, 62 percent of working adults who responded to a recent survey (n=3,948) are getting no more than six hours of sleep each night, significantly less than the typical adult nightly requirement of seven to nine hours.²

The consequences of sleep deprivation are significant: morale and work relationships suffer, while absences, insurance claims, and errors and accidents increase. Consider the following:

- Between 10 and 20 percent of shift workers report falling asleep on the job.³
- Inadequate sleep and sleep disorders are estimated to cost Americans more than \$100 billion annually in lost



Mary Hill is regional manager of Health and Performance Solutions at ValueOptions and is responsible for supporting the company in the delivery of workplace-based services. She has been involved in the EAP

field for 14 years. She can be reached at mary.hill@valueoptions.com. She would like to acknowledge Wendy McMillan, LPC, CEAP, and Sandy Werner, manager of Health and Performance Solutions Communications at ValueOptions, for their contributions to this article.

productivity, sick leave, medical expenses, and property and environmental damage.⁴

- Tragedies such as the Exxon Valdez oil spill⁵ and the NASA Challenger shuttle explosion⁶ have been linked to fatigue-related human error.

Although the news media have reported extensively on sleep issues, most of us don't appreciate the consequences that sleep deprivation has on our productivity at work, our health, our sense of well-being, and our relationships. In addition, many lack an understanding of the impact that mental health disorders, substance abuse, and medical problems can have on sleep—and vice versa.

Employee assistance professionals have an opportunity to make a meaningful and measurable contribution to organizational and personal well-being by recognizing and addressing the impact of sleep problems on individuals and employers and the link between sleep and behavioral health and medical problems. At Owens Corning, for example, EAP staff have studied and taken action on this issue to protect the workforce, especially vulnerable shift workers.

"Sleep deprivation has been compared to having symptoms of intoxication," says Christopher Pawson, manager, EAP/Behavioral Health & Life Balance Solutions for Owens Corning. "It's time to step up our awareness and actions to address these concerns."

THE BENEFITS OF SLEEP

Individuals differ in their requirements for sleep, but most adults need about seven to nine hours of sleep per day. Good sleep involves moving through the

full sleep cycle, which typically lasts 90-100 minutes, at least three times.

"This is approximately three to five hours of restorative, deep sleep with the right amount of REM sleep for memory consolidation," explains Nerina Ramlakhan, director of Equilibrium Solutions. "However, stress, stimulants (caffeine and alcohol, in particular), and the information overload that is part of today's driven lifestyle can compromise the quality of this sleep, resulting in an increased demand for sleep. The key issue is to have *efficient* sleep rather than a certain number of hours of sleep."

There are five stages of sleep in the sleep cycle, each of which offers a different restorative value.⁷ Because sleep debt is cumulative, the consequences of insufficient sleep are compounded when an individual continues to experience difficulties with sleep.

SLEEP, HEALTH, AND SUBSTANCE ABUSE

Sleep and sleep problems are closely affiliated with medical disorders and can influence the experience of a medical disorder.⁸ Consider the following:

- Alzheimer's disease, stroke, cancer, and head injury all have sleep disturbance as a core symptom.⁹ Drugs used to control these diseases may also induce sleep disorders.¹⁰
- Sleep loss may have an adverse impact on our immune and endocrine systems and can contribute to serious illnesses such as obesity, diabetes, and hypertension.¹¹
- Evidence shows an association between short-term sleep loss and cardiovascular disease, including increased blood pressure and higher risk of stroke.¹²

- People with sleep apnea, a common sleep disorder, are at increased risk of high blood pressure as well as sudden death from cardiac causes during the night.¹³ The disorder can also increase the risk of memory problems, weight gain, impotency, and headaches.¹⁴
- Patients who have difficulty sleeping will be more aware of pain and may have increased requests for relief through pain medications.¹⁵

Just as sleep problems can negatively affect medical ailments, sleep is integral to our body's recovery when illness occurs.¹⁶ Improved management of sleep problems will raise the health and quality of life in individuals with physical disorders.

A growing body of evidence also suggests that sleep disturbances can be a symptom or risk factor for mental health or substance abuse issues. Researchers are beginning to more closely examine the relationship between these pervasive and widespread concerns. Consider these examples:

- **Sleep problems and mental illness:** A large number of mental illnesses may cause sleep problems such as insomnia or hypersomnia. These illnesses include adjustment disorders, bipolar disorder, generalized anxiety disorder, panic disorder, personality disorders, schizophrenia, and somatoform disorders.¹⁷
- **Insomnia, depression, anxiety, and substance abuse:** Patients with persistent and untreated insomnia are at two to ten times greater risk for a new onset or recurrent episodes of major depression. There is also compelling evidence that insomnia is a risk factor for the development and/or recurrence of anxiety disorders and substance abuse.¹⁸
- **Sleep disorders and substance abuse:** Research shows that the impact of being awake more than 24 hours produces impairment equal to a blood alcohol concentration (BAC) of 0.10 percent, which exceeds the threshold for qualifying as legally drunk in most states.

Richard Currey, in his article "Sub-

stance Abuse and Sleep Disorders: A Toxic Brew,"¹⁹ characterizes the two conditions as creating "a classic vicious circle in which each condition is exacerbated by the other." Currey references a study (Teplin 2006) confirming that the majority of people with substance abuse issues report insomnia-related symptoms and that the use of any single substance or combination of substances is clearly associated with an increase in sleep problems. He also notes that "the links between drug abuse, alcohol abuse, and insomnia are complicated by comorbid psychiatric issues such as anxiety or depression."

A sleep assessment is an important piece of an overall assessment by an EA professional. The sleep assessment should evaluate the client's current sleep habits and identify any disturbances and/or sleep debt.

The symptoms of sleep deprivation can mimic those of impairment due to drug or alcohol use as well as signs of a mental health disorder. These symptoms include racing thoughts/visual distortion, irritability, slurred speech, short-term memory loss, loss of balance, difficulty concentrating, and an increased risk of accidents.

These similarities in symptoms make it increasingly difficult to treat the core issue and challenge EA professionals to address the detrimental impact of sleep deprivation on an individual's health and functioning. The bottom line is that, regardless of whether sleep problems precede or follow a mental health or substance abuse issue, the sleep disturbance needs to be addressed. Even if

it is not the primary problem, it may exacerbate and/or compound the symptoms of an already complex diagnosis.

WHAT EA PROFESSIONALS CAN DO

A sleep assessment is an important piece of an overall assessment by an EA professional. The sleep assessment should evaluate the client's current sleep habits and identify any disturbances and/or sleep debt.

An EA professional can also help clients understand the links between sleep behavior and mental and physical health. Specifically, he or she can help clients with sleep problems in the following ways:

- Providing information about sleep hygiene (see the accompanying sidebar);
- Helping implement a personalized healthy sleep program. The EA professional can help clients commit to their program, overcome obstacles, tap their support network, and locate additional resources.
- Offering assistance in reducing stress. Because problem sleepers often report that high levels of stress disrupt their sleep²⁰, an EAP should assist clients in understanding the nature and origins of stress, recognizing the sources of stress in their lives, and developing a strategy to manage stress more effectively.
- Assisting with referrals when indicated. The EA professional should facilitate effective treatment linkages if there are any signs of a sleep disorder or if mental health, substance abuse, or physical health problems are interfering with sleep.

In addition to helping individual clients, EA professionals can assist work organizations. In particular, EA professionals can do the following:

- Assist employers in developing policies that support a rested workforce.
- Provide consultation around supporting the needs of shift workers. (I recommend all EA professionals read Stanley Cohen's article, "The Real Cost of Sleep Debt," which appeared in the *Journal of Employee Assistance* in the 4th quarter of 2005.)

- Train supervisors to identify symptoms of fatigue and equip them to respond.
- Encourage employers to ensure that their benefit plans cover treatment for sleep disorders.
- Promote the utilization of work/life resources.
- Promote the EAP as a resource for employees with concerns related to sleep, stress, work/life balance, and related issues.

Improved management of sleep problems will raise the health and quality of life of all individuals and especially those with substance abuse or mental or physical health issues, as these concerns often go hand in hand. EA professionals can play an integral role in assessing, educating, and referring their clients to appropriate resources. They can also help expand employers' awareness of inadequate sleep as a health, safety, and productivity concern and support the creation of policies and programs that promote good sleep. ■

Notes

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- 2 ValueOptions membership survey. July 2008.
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- 5 National Transportation Safety Board. 1990. *Grounding of the U.S. Tankship Exxon Valdez on Bligh Reef, Prince William Sound near Valdez, Alaska, March 24, 1989*. NTIS Report Number PB90-91 6405. Washington, D.C.: National Transportation Safety Board.
- 6 Report of the Presidential Commission on the Space Shuttle *Challenger* Accident. 1986. Vol. 2. Appendix G: Human Factors Analysis. Washington, D.C.: U.S. Government Printing Office.
- 7 *Why We Nap: Evolution, Chronobiology, and Functions of Polyphasic and Ultrashort Sleep*. 1992. Edited by Claudio Stampi, M.D., PhD. Birkhauser Verlag AG.
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- 12 Rosansky, S.J., S.J. Menachery, D. Whittman, and J.C. Rosenberg. 1996. The relationship between sleep deprivation and the nocturnal decline of blood pressure. *American Journal of Hypertension*, 9(3): 1136-1138.
- 13 Gami, A.S., D.E. Howard, E.J. Olson, and V.K. Somers. 2005. Day-night pattern of sudden death in obstructive sleep apnea. *New England Journal of Medicine*, (352): 1206-14.
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- 17 Your Total Health. 2008. *Sleep and Mental Illness*. Your Total Health: A Service of NBC and iVillage.
- 18 Perlis, Michael. 2004. *Ask the Sleep Expert: Sleep Hygiene, Insomnia and Mental Health*. Washington, D.C.: National Sleep Foundation.
- 19 Currey, R. 2008. Substance Abuse and Sleep Disorders: A Toxic Brew. *Social Work Today*, 8(4): 14.
- 20 "How did you sleep last night?" 2008. *Consumer Reports*, September, 12-13.

Healthy Sleep Basics: A Client Education Tool

Daily routines/habits

- Develop a regular sleep schedule and stick to it, even on weekends.
- Avoid napping in the late afternoon or evening.
- Establish a bedtime ritual—something relaxing, such as taking a bath, that signals the body that it's time to wind down and get ready to go to sleep.
- Go outside every day for 30 minutes. Daylight helps regulate daily sleep patterns.
- Regular physical activity is important, but avoid vigorous exercise in the hours before bed. Practicing yoga or another relaxing exercise before bedtime may be helpful.
- Take breaks during the day.
- Avoid eating large meals for at least 2-3 hours before going to bed. Monitor any dietary changes you make (such as introducing spicy foods) that seem to affect your sleep.
- Don't drink alcohol in the late evening. Alcohol may help a person get to sleep, but it can disrupt sleep later.
- Avoid caffeine for several hours before bedtime.
- Avoid nicotine products; nicotine is a stimulant.
- Don't drink excessive amounts of fluid late in the evening. This can help avoid frequent waking to urinate.
- If your client has been in bed for 20 minutes and still cannot sleep, he or she should get out of bed and do something relaxing until feeling sleepy, then go back to bed.
- If your client suspects that a medication is affecting sleep, he or she should consult a doctor.

Sleeping environment

- Make sure the bedroom is dark, quiet, cool, and comfortable.
- Remove distractions such as televisions or computers.
- Make sure the bed and pillow are comfortable.