

## The Four C's of Addiction

The four C's model is a simple approach to determine if someone is dealing with an addiction:

### 1. Compulsion

Compulsion refers to the intense and unmanageable urge to use the substance of choice. In general terms, compulsive behavior is an intense, overwhelming drive to behave in a certain way. Attempts to abstain from the habit can cause extreme anxiety which impacts on other behaviours.

### 2. Craving

Resulting from both psychological and physical dependence on the drug, there is an intense urge to fuel the addiction. This becomes as unrelenting as hunger or thirst, mirroring a physical need which feels essential for survival. This urge often presents as agitation, an inability to relax or sleep and a decreased desire to eat food.

### 3. Consequences

Continued use of the substance results in destructive consequences which become obvious to the person. Consequences of addiction extend beyond the addict's own physical and mental health and may include problems with interpersonal relationships and problems with employment as well as legal and money difficulties.

### 4. Control

An inability to set limits and exercise restraint is the loss of control. At the beginning stages of addiction, a person may try to reduce their usage or cease using completely however this is very difficult to maintain or re-establish when the lack of control stage of addiction is reached.

## How might an opioid use disorder present during the management of a claim?

There are several different scenarios where an opioid use disorder may impact claims management, for example:

- When an unrelated, comorbid opioid use disorder impacts the insured person's recovery and return to work
- When the inability to work, the reason for work cessation and the current disability **is** the opioid use disorder
- When the opioid use disorder is consequent upon treatment of the claimed condition– such as an insured person using prescription opioids to battle a pain condition and subsequently becoming dependent

## Why is it important to identify that there is an opioid use disorder when managing a claim?

- Attempting to manage a Disability Income claim without all the facts will be difficult
- It is important to understand all factors, medical and non-medical which may impact on your claimant's functional recovery
- An addiction impacts the way a person thinks, feels and acts – knowing there is an addiction present will help you navigate challenges
- You will need full awareness of all considerations and potential barriers before you can assist with recovery planning and support
- Treatment for their disabling/claim condition is likely to be less effective while the addictive behavior continues
- Often there can be stigma and even shame attached to addiction - understanding the claimant's difficulties and building trust will enable you to have open conversations
- Whether your claimant recognizes their addiction and the need for treatment is important to know – remember it will be extremely difficult for them to change their behavior without appropriate support

## Approaching your claimant's treating medical team for a report?

If you are managing a Disability Income claim for an insured client, you may be considering approaching their treating medical practitioner for a medical report to help you manage their claim.

What are some of the things you should consider if an opioid use disorder is indicated?

Navigating the insurance claims process can be a source of stress and anxiety, particularly for a person with an addiction. It will be important to gain buy-in from the claimant and their treaters if an insurer-supported rehabilitation plan and return to work is to be successful.

Next follow a series of questions that case managers may wish to draw upon when requesting a treating doctor report.

**NOTE:** It will always be paramount to consider the specific details of the case you are managing and to tailor your request appropriately. The below are suggestions which you may find helpful, but are in no way intended to be adequate and/or appropriate for every situation:

1. To what degree do you think your patient may have become dependent upon opiate or other medications?
2. To what extent is your patient aware that he/she may be dependent, and do they demonstrate concern about that?
3. What types of discussions have you had or are you aware other doctors have had with the patient regarding their dependency. What was the outcome of these discussions? Please provide details of these conversations and any resulting actions?
4. Is dependence a focus of treatment? If so, please detail treatment approaches tried, currently in use, and those being considered? If the dependency is recognised but is not being treated, please tell us why?
5. Has a rehabilitation focused multidisciplinary CBT intervention been considered? What was the outcome? If this is not being considered, please detail why this is not appropriate for the patient?
6. What factors have been identified as contributing to the patient's opiate use, and how are these underlying factors being addressed?
7. Has the patient been made aware that observed evidence shows that prolonged use of these drugs, especially at higher doses, can actually negatively impact persistent pain?
8. Has the patient been made aware of the harmful systemic effects of these drugs when used over the longer term (e.g. hyperalgesia, endocrinopathy, osteopenia/osteoporosis)?
9. Is the patient's medication regime asserting an adverse impact on cognitive function, energy levels and commitment to rehabilitation?
10. How is the medication asserting a restriction on work capacity (please provide specific examples e.g. is driving or machinery use impacted)?
11. We know the beneficial role that meaningful work plays in a patient's overall recovery. Is it your opinion that the patient understands this? How has this influenced motivation towards vocational return?
12. In your opinion, when would it be appropriate to commence a vocational rehabilitation program for this patient?
13. Are you aware of any other factors which impede the provision of optimal care and/or attainment of an optimal outcome in this situation?