

Overview:

Substance abuse occurs whenever a chemical is ingested or injected inappropriately. For some such chemicals, alcohol for example, there is no specific set level of consumption that is unanimously considered either as an “acceptable level of consumption” or “abuse”. An individual’s biochemical and psychological make-up, as well as the attitudes or expectations of a given culture and how those relate to the particular chemical, often lead to different definitions and opinions as to acceptable levels of consumption of a particular chemical. Such views change over time as do the laws and also life underwriting.

Psychological dependence or physical addiction to a specific chemical typically develops as the result of regular usage of that chemical over time. The individual’s reaction to the chemical depends on how, how much, and how often the chemical is administered.

Some occasional users of a specific chemical never become addicted. These individuals may never be “discovered” as substance abusers by society. Many others, on the other hand, develop a certain like for the particular chemical and continue to use it, often on an increasing frequency and/or with increasing dosages or in combination with other chemicals. Over time such individuals “get caught” and a record, consisting of DUI, DWI, or drug related charges, is established. Some individuals view this “getting caught” as a wake up call and seek whatever treatment program appeals to them. Some of these individuals are “cured” as a result. Others seek treatment but may not find the type of program that helps them. Some of them will end up “cured”; some will relapse; and for others treatment does not work at all. Still others deny their abusive use of a substance and thus are likely to continue the abuse which will often lead to all kinds of medical, social, business, and family problems.

Impact on Life Underwriting:

Of great concern to a life underwriter for many individuals who are considered to be substance abusers is the *risk of accident*. Research leaves no doubt that events such as motor vehicle and industrial accidents, as well as suicide and crimes, including theft, arson, and homicides, all have a high correlation with substance abuse. Thus, evidence of substance abuse in combination with hazardous occupations or avocations may require a very high rating or declination.

Similarly, underwriters will view the use of *illicit* drugs less favorably than the abuse of commonly available chemicals, such as alcohol. An issue frequently encountered in life underwriting is the occasional use of marijuana. While by itself the occasional use of this chemical is not a concern to many experienced underwriters, it is the *way in which this substance is obtained* that is of some concern. An underwriter will wonder to “what part of town” the proposed insured must travel to in order to this chemical and with what “elements of society” the proposed insured must interact with regularly to get it.

Additionally, the mortality and morbidity risks associated with substance abuse include not only the cumulative physical deterioration and organ damage, but often also include some degree of associated psychiatric disturbance. An underwriter will be concerned with any underlying psychological condition, such as depression or bipolar disorder, that may have led to substance abuse in the first place.

The greatest challenge for the life underwriter in underwriting substance abuse is the fair accumulation of “real” evidence. It is frequently impossible to document the “real” substance abuse history. Any source of such information may be unreliable. Impaired risk underwriters will give greater weight to evidence developed by what are commonly considered “reliable sources”, such as trained investigators, current laboratory findings, driving/aviation/criminal records, as well as APS data. Additional laboratory screening for abusive chemical consumption is routine. These tests focus on certain liver enzyme levels (GGTP, SGOT, SGPT) and screen for “excessive” alcohol use (Carbohydrate Deficient Transferrin - CDT marker, which can be triggered at levels as low as 2-3 drinks per day for several days in a row). Hepatitis screens are often requested, especially for former IV drug users.

The most ideal risks are those individuals who accepted the fact they had a problem and sought proper treatment for the condition five or more years ago. Key to favorable life underwriting would be the resolution of any underlying difficulties that lead to the substance abuse, such as resolving marital or work related conflicts. A strong cover letter (by the proposed insured and/or the agent) explaining the circumstances of past use, as well as why these issues are no longer a concern, together with a documentable stable work history and family history, continued attendance in treatment programs such as AA, in addition to normal lab studies and a good driving record can help reassure an underwriter that the proposed insured is truly cured and unlikely to relapse. A standard (or possibly even preferred) offer is possible if the abusive behavior is in the distant past – typically five years or more. A minimum wait of 1 or 2 years post the date of last substance use is required with most carriers before offers of insurance are made. Please call us with details about your substance abuse case so that we can negotiate with several carriers for the lowest possible premiums. SB 05/24/2001

DRUG USE QUESTIONNAIRE

Agent: _____ Phone: _____ Fax: _____

Proposed Insured Name: _____ M F Date of Birth or Age: _____
 Face Amount: _____ Max. Premium: \$ _____/year UL WL Term Survivorship
 Do you currently smoke cigarettes? Y N If no, did you ever smoke: Never Quit (Date): _____
 Do you currently use any other tobacco products (e.g. nicotine patch, cigars, pipe, snuff, Nicorette gum...): Y N
 If Yes, please provide details: _____
 When did you last use any form of tobacco: _____ (Month) _____ (Year) Type used last: _____

(1) Do you presently use any drugs other than those prescribed by a physician or those available over the counter?

Yes No If no, date of last drug use: _____ If yes, please complete table:

Type	Usual Quantity	Frequency of Use	How taken? IV?	Dates: From - To

(2) Did you ever use other drugs or more drugs than you currently use? Yes No If yes, please complete table:

Type	Usual Quantity	Frequency of Use	How taken? IV?	Dates: From - To

(3) Are you currently attending meetings of A.A. or similar recovery groups? Yes No Dates: _____

(4) Have you ever been treated for excessive drug use? Yes No If yes, please provide details: _____

_____ Date(s): _____

(5) Did you have any legal troubles because of drug use? Yes No If yes, please provide details: _____

_____ Date(s): _____

(6) Have you ever experienced any of the following? If yes, please provide details below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Psychological Disorder | <input type="checkbox"/> Emotional Disorder |
| <input type="checkbox"/> Delirium Tremens | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Protein or Blood in Urine | <input type="checkbox"/> Liver problems | <input type="checkbox"/> Other serious medical condition (discuss below) |

(7) Please provide any additional helpful information: _____



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