

How Businesses Can Help Workers With Substance Use Disorders

Substance use disorders continue to affect millions of Americans, most of whom are employed either full or part time. Of the 20.2 million adults classified with dependence or abuse in 2005, 15.5 million (or 76.7 percent) were employed.¹ While treatment for substance use disorders is cost effective and beneficial to the person in need,



At age 56, I began my road to recovery. This was after drinking myself out of my family, my home, and my profession as a petroleum geologist and exploration manager. I had to begin a new life, and though

the road seemed long and hard, I knew I was still young enough at heart. Surrounding myself with those in recovery, I set out to help make changes in the workplace, not only to support a drug-free workplace, but also to help those who are struggling to re-enter a life of recovery to find help. Working minimum-wage jobs and with a student loan, I returned to college and began working my way up again. By the time I turned 62, I was employed as an employee assistance professional, beginning my profession at an age that others are retiring! I am now able to help more people in recovery to reach new goals. As for me now, I am reunited with my loving family, remarried to my wife, and have become a drug-free workplace consultant and substance abuse professional. At 76 years, I'm living life to its fullest and enjoying recovery.

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if left untreated, these disorders can negatively impact all aspects of business, including financial losses, absenteeism, and the morale of other employees.² Fortunately, there are steps businesses can take to help improve their bottom line and, more importantly, their employees' lives.

A **substance use disorder*** involves the dependence on, or abuse of, alcohol and/or drugs, including the nonmedical use of prescription drugs. Substance use disorders can affect people regardless of their age, race, ethnicity, class, employment status, or community.³ Therefore, like other chronic physical and mental disorders, substance use disorders are medical conditions that can be treated effectively.^{4, 5}

Employers should learn about substance use disorders so they can help their workers and families get the **treatment*** best suited to their needs. Doing so makes good business sense. By taking the initiative to encourage managers and employees to get treatment and find a path to **recovery***, employers can promote increases in employee performance, motivation, and morale, while simultaneously boosting customer satisfaction and financial savings.⁶ This document will equip companies with the knowledge and tools to provide an alcohol- and drug-free workplace.

The Value of Investing in Treatment

Investing in treatment has many financial benefits to the economy, businesses, and perhaps most importantly, to the person in recovery. Research shows that substance use disorders are medical conditions that can be effectively treated, just as many illnesses are treatable.^{7, 8}

A major study published in 2000 in the *Journal of the American Medical Association* is one of several that demonstrate the effectiveness of treatment for substance use disorders. The study found that treatments for drug use disorders are just as effective as treatments for other chronic conditions, such as high blood pressure, asthma, and diabetes.⁹


* See "Glossary" at the end of the document for definitions of highlighted and starred terms.

Treatment significantly helps people in the workplace. Reported job problems, including incomplete work, absenteeism, tardiness, work-related injuries, mistakes, and disagreements with supervisors, are cut by an average of 75 percent among employees who have received treatment for substance use disorders.¹⁰ Employees seeking treatment can do so without interfering with their ability to perform their jobs. Intensive outpatient programs are effective and allow workers to stay on the job, while seeking treatment outside of work.¹¹

Many studies show a positive return on investment when money is spent on treatment. Research suggests at least a 2:1 benefit-to-cost ratio, with other studies allowing for a return of \$7 for every dollar spent on treatment.^{12, 13} Another study discovered that employers can receive a benefit-to-cost ratio of 26:1 from investing in programs for their employees. A peer-based prevention program—focusing on changing attitudes about substance use disorders and training workers to recognize and intervene with coworkers who have a problem—and random testing was associated with an approximate one-third reduction in injury rates, avoiding an estimated \$48 million in employer costs in 1999.^{14, 15}

While the return on investment varies from state to state and program to program, evidence supports the overall cost savings and positive financial gain for employers from investing in the treatment of people with substance use disorders. *Ensuring Solutions to Alcohol Problems*, an organization working with business leaders on treatment issues, offers an online tool that assists employers in determining the return-on-investment ratio when investing in alcohol screening and treatment for employees. This tool, titled The Alcohol Cost Calculator for Business, is available online at www.alcoholcostcalculator.org/roi/.

Treating an employee's substance use disorder actually costs employers less than replacing the employee entirely, particularly for high-level professional employees. Replacing a professional employee can cost an employer from one to two times the person's annual salary. These costs can include recruitment, advertising, reviewing applications, travel, relocation, and human resources staff time. However, these costs *do not* include the potentially priceless loss of company and trade knowledge that workers would take with them if they lost their jobs due to a substance use disorder that could be treated.¹⁶



I started my organization to inform people about alcoholism and drug addiction through theater. All the young professional actors in the troupe are clean and sober, and all the plays over the years have been developed from their experience, strength, and hope. After each performance, the players tell their real stories: we have been privileged to put a face on recovery for over 50,000 people each year for the past 22 years. My own story, which once seemed so ordinary to me—a story of closet drinking, nightly blackouts, and endless promises to quit—became the basis for the first play, still performed today; it tells a timeless story of addiction and the hope and reality of recovery.

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Employers that offer adequate health care coverage that provides workers access to treatment programs save money. A Substance Abuse and Mental Health Services Administration (SAMHSA) study on substance use disorders and insurance benefits found that covering mental health and/or substance use disorder treatment at the same level as other medical care in private health insurance plans that strictly manage the offering would only increase family insurance premiums by less than 1 percent.¹⁷ This cost would certainly be offset by the benefit-to-cost ratio of treatment estimated at 26:1.¹⁸

Untreated Substance Use Disorders Cost the Workforce

Despite the positive outcomes stemming from the treatment of substance use disorders, treatment costs continue to hinder access for many of those in need. Combined data from 2004 and 2005 state that among people who needed treatment for a substance use disorder, didn't receive it at a **specialty facility***, and felt they needed it, 35 percent said they did not receive it because of cost or insurance barriers.¹⁹ In fact, nearly 44 percent of people who received alcohol or illicit drug use treatment in the past year paid at least a portion of the cost with their own savings or earnings, more than any other reported source.²⁰

At some point, all businesses, regardless of their size, may need to confront the substance use disorder of an employee.²¹ For companies to effectively address these issues in their workplaces, it is important to understand the prevalence of addiction, its large financial ramifications, and its effect on individual employees, including those who have a family member experiencing a substance use disorder.

Substance use is widespread in our nation's workforce. For example, in 2005:

- Most **binge and heavy alcohol users*** were employed. Among the 52.6 million adult binge **drinkers***, 42.1 million (or 80 percent) were employed either full or part time. The situation is similar for heavy drinkers. More than 12 million (or nearly 81 percent) of the 15.4 million adult heavy drinkers were employed.²²
- Of the 17.2 million illicit drug users aged 18 or older, nearly 13 million (or nearly 75 percent) were employed either full or part time.²³

Substance use disorders can lead to absences in the workforce and cause financial strain through increases in health care costs for other illnesses directly related to dependence. For alcohol alone, the total economic costs in 1998 were estimated to be \$184.6 billion, which includes the cost of medical consequences, lost earnings linked to premature death, lost productivity, motor vehicle crashes, crime, and other social consequences.^{24, 25} For drug use disorders, the economic costs in 2002 were estimated at \$180.9 billion, demonstrating a 5.3-percent increase in average costs per year from 1992 through 2002. This value includes the use of resources to address health and crime consequences and the loss of potential productivity from disability, death, and withdrawal from the workforce.²⁶

The largest component of the cost of substance use disorders is the **loss of productivity*** and its impact on businesses. In 2002, drug use disorders alone contributed to a loss of productivity amounting to \$128.6 billion based on work in the labor market and household production that was never performed, but could reasonably be expected to be performed if it were not for drug misuse.²⁷ Alcoholism alone is estimated to cause 500 million lost workdays annually.²⁸

Health care costs increase for people with substance use disorders and contribute to our nation's ongoing struggle with rising costs in the health care system. In 2002, health-related costs were projected to total \$16 billion for drug use, representing an increase since 1992 of \$5.1 billion.²⁹ The health care costs for businesses include \$37 billion due to premature death and \$44 billion due to illness.³⁰

The substance use disorders of family members also trickle down to affect workers. In a Hazelden Foundation survey, 36 percent of employed adults said they had noticed that their coworkers have been distracted or less productive at work because of a substance use disorder within their family. Out of people who were coping with the addiction of one of *their own* family members, 42 percent said they have been distracted or less productive at work. Those who are affected report these distractions as:

- Having their mind wander away from work tasks to thoughts of the family member with the substance use disorder
- Missing deadlines or noticing that their work and attendance generally suffered
- Experiencing errors in judgment that otherwise would not have occurred
- Using work time to make many personal phone calls related to the problem
- Forgetting safety or security procedures required by the job³¹

In 2005, as many as 74 percent of Americans said that addiction to alcohol had some impact on them at some point in their lives, whether it was their own personal addiction, that of a friend or family member, or any other experience with addiction.³² These statistics underscore that substance use disorders are widespread, are costing employers financially, and are impacting the lives of countless hard workers.

Tools for Employers and Employees

Investing in treatment is a cost-effective, financially responsible, and compassionate method to provide employees with a safety net and acknowledge that they are important contributors to the workforce. The question remains, how can *you* invest?

Companies can prevent people from engaging in alcohol and/or drug misuse, help employees overcome substance use disorders, and encourage more people who are unable to receive treatment due to financial burdens to use existing (or future) company resources. Following are some tools for employers to improve their working conditions and properly address substance use disorders.

Drug-Free Workplace Initiatives

A drug-free workplace is one that is free of the health, safety, and productivity hazards caused by employees' misuse of alcohol and/or drugs. To achieve such an environment, many employers develop drug-free workplace programs.³³

A comprehensive drug-free workplace program typically includes five key components: **a drug-free workplace policy***, **supervisor training***, **employee education***, **employee assistance programs***, and, in some instances, drug testing. Although employers may choose not to incorporate all five components, the U.S. Department of Labor (DOL) recommends that all be explored when developing a drug-free workplace program. Research shows that implementing more components will lead to a more effective program. However, since every business and work environment is unique, there is no single right way to establish a program.^{34, 35}

Some states have workers' compensation laws, which provide discounts to organizations that have drug-free workplace programs that incorporate certain components, and as part of this process, may provide official drug-free certification. For more information about these programs, contact your state's Department of Labor's Workers' Compensation division using the online directory at www.dol.gov/esa/contacts/state_of.htm. Furthermore, certain federal and state laws may impact how drug-free workplace programs (especially those including drug testing) are administered. More information about these laws can be found on the DOL's Working Partners for an Alcohol- and Drug-Free Workplace Web page at www.dol.gov/workingpartners.



I wasn't done yet! I was having a great time in my cocktail dresses and business suits, drinking to excesses at cocktail parties and thinking I had arrived. I had my first taste of cocaine with a coworker after work to celebrate a successful business deal and spent the next months chasing that first high and being disappointed over and over again. Because I have multiple sclerosis, that's what saved me from going where I really wanted to go, since that disease kept stopping me dead in my tracks every time I reached a limit. I just kept trying to fill that hole inside and avoided knowing the real me and feeling my true feelings at all costs! I didn't know I was hurting my children, my friends, my relationships, and most of all, myself. I thank God that He saw fit to use my daughter and a man I was dating to help snap me out of my denial. Today, my life isn't a lie...I am truly having fun, married to someone who's been in recovery for 14 years, and enjoying a close relationship with my 24-year-old daughter who lives in another state. My 19-year-old son is still living at home and finally learning what having his mother being fully present in his life means.

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Recovery Advocate

After implementing a comprehensive drug-free workplace program in response to a workers' compensation discount law, a contracting company in Florida saved \$100,000 on workers' compensation premiums in just one year, and also experienced increased productivity, reduced absenteeism, and fewer accidents.³⁶

For additional assistance in developing your own drug-free workplace program, the DOL's Working Partners program has a Web tool called the Drug-Free Workplace Advisor Program Builder, available at www.dol.gov/workingpartners, which can help you learn how to create your own program.

Employee Assistance Programs

An employee assistance program (EAP) can help people find a treatment program and provide confidential problem identification, short-term counseling, and follow-up services to help resolve the problem.³⁷

People who are provided EAPs by their employers, as well as additional information and written substance use policies, are less likely to abuse illicit drugs than those who are not.³⁸ In addition to creating noticeable health improvements among employees and their families, EAPs are financially practical. In 1996, the average total cost of an EAP was \$45.50 per employee.³⁹ These costs compare favorably to the expenses of recruiting and training replacements for employees who might have been forced to leave their positions—about \$50,000 per employee at a large corporation, such as IBM.⁴⁰

With an EAP program, not only are the financial benefits evident, but your employees will also notice a substantial difference. Companies across the board will see less absenteeism, fewer accidents, decreased use of medical and insurance benefits, savings in workers' compensation claims, and fewer grievances and arbitrations.⁴¹

Black & Veatch Corporation, a global engineering, construction, and consulting company, centers its drug-free workplace program on employee education, drug and alcohol testing, and EAP services. Black & Veatch also provides Web-based drug and alcohol awareness training to all professionals, as well as classroom instruction on the signs and symptoms of substance abuse and how to make referrals for supervisors of high-risk operations, such as construction.⁴²

EAPs are a cost-effective, simple, and effective support network to offer employees. Small businesses can make them available by creating a consortium with other companies or by working with a local business or trade association to start an EAP for its membership. They are also an important tool to help combat addiction and its ramifications in the workplace.

Health Care Coverage

Whether an employee was referred to treatment through your company's EAP or through another source, offering private health insurance plans that cover treatment for substance use disorders is important. While providing extensive coverage might be challenging in today's economic climate, studies have consistently shown that investing in treatment offsets any costs and that integrating treatment for substance use disorders with medical treatment can actually cut the cost of medical treatment in half.^{43, 44, 45}

A landmark study spanning 14 years at a Midwest manufacturing plant revealed that workers and their families had lower health care costs when they were offered treatment for alcohol use disorders. After 6 months, offering treatment for alcohol dependence had begun to reduce the company's health care costs by as much as 55 percent. Even 3 years later, the employer continued to see a substantial return on investment, with the health care costs of people who received treatment 24 percent lower than the health care costs of people not treated for their alcohol dependence.^{46, 47}

For more information on health care coverage and insurance issues related to substance use disorders and treatment, please consult the "Insurance Providers: Offering Cost-Effective Treatment" document in this planning toolkit.

Make a Difference During *Recovery Month* and Beyond

This September, *National Alcohol and Drug Addiction Recovery Month (Recovery Month)* will be celebrated by hundreds of organizations and communities around the country to highlight the value of investing in treatment for substance use disorders. As part of *Recovery Month* 2007's theme, "*Join the Voices for Recovery: Saving Lives, Saving Dollars,*" take the following steps with your company to contribute to the effort:

- 1. Develop or expand your drug-free workplace and include an employee assistance program.** Using the resources provided in this document, begin your planning to develop or add to a long-term, comprehensive drug-free workplace and assistance program. This will help your employees establish a common ground, as well as provide you with an opportunity to enhance your working conditions.
- 2. Hire people in recovery.** By showing your support for people in the recovery community and investing in their careers and futures, you will help your existing employees understand that treatment and recovery do not have to take people out of the workforce.

3. **Educate your employees.** By conducting seminars and disseminating information to your employees, you can give them and their families an opportunity to learn something about the signs and symptoms of substance use disorders. Make certain that all employees are aware of any substance use policies, assistance programs, or drug testing procedures that exist in the company.
4. **Share the wealth.** Whether you are a small, mid-size, or large business, try to make a financial donation to local organizations that are planning *Recovery Month* events—or hold one of your own. When sponsoring a *Recovery Month* event or supporting an organization that works toward helping those with substance use disorders, you are showing that you are a generous member of the community and that you believe in a supportive work environment for people in recovery.

For more resources that can help employers and employees, please consult the “Workplace, Labor, and Insurance” section in the “Additional Resources” brochure in this planning toolkit, or visit the *Recovery Month* Web site at www.recoverymonth.gov. For additional *Recovery Month* materials, visit www.recoverymonth.gov or call 1-800-662-HELP.

Glossary

Much has been written about substance abuse, dependence, and addiction; many studies have used different terminology to explain their findings. To foster a greater understanding and avoid perpetuating any stigma associated with these conditions, the phrase “substance use disorders” is used as an umbrella term to encompass these concepts.

Below you will find extensive definitions of substance use disorders, other terms that are highlighted throughout this document, and additional concepts that you may find useful. Unless otherwise noted, more detailed definitions and criteria can be found in the **2005 National Survey on Drug Use and Health: National Findings** at www.oas.samhsa.gov/nsduh.htm.

Substance use disorders – Substance use disorders involve the dependence on or abuse of alcohol and/or drugs. Dependence on and abuse of alcohol and illicit drugs, which include the nonmedical use of prescription drugs, are defined using the American Psychiatric Association’s criteria specified in the **Diagnostic and Statistical Manual of Mental Disorders**, 4th edition (DSM-IV). Dependence indicates a more severe substance problem than abuse; individuals are classified with abuse of a certain substance only if they are not dependent on it.⁴⁸

Treatment – Treatment is a path of recovery that can involve many interventions and attempts at abstinence. It is offered in different settings, and types of treatment greatly depend on the substances misused, as well as a person’s individual needs and characteristics. Treatment is offered in residential and outpatient programs and can include counseling or other behavioral therapy, family therapy, medication, or a combination of services.^{49, 50, 51} For more information, please refer to “A Guide To Treatment: Methods To Help People With Substance Use Disorders” in this planning toolkit.

Recovery – Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life. Individuals from the recovery community and treatment-related service providers developed this definition through the National Summit on Recovery process sponsored by the Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Center for Substance Abuse Treatment (CSAT).

Binge use – Binge use of alcohol is defined as drinking 5 or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.⁵²

Heavy use – Heavy use of alcohol is defined as drinking 5 or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on 5 or more days in the past 30 days. Heavy alcohol users also are considered binge users of alcohol.⁵³

Drink – For the purposes of some of the research provided in this document, a “drink” is considered a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it.⁵⁴

Loss of productivity – This is a loss that represents work in the labor market and household production that was never performed, but could reasonably be expected to be performed if it were not for drug misuse.⁵⁵

Specialty facility – Specialty facilities include alcohol or drug rehabilitation facilities (inpatient or outpatient), hospitals (inpatient services only), and mental health centers.⁵⁶

Drug-free workplace policy – An organization’s drug-free workplace policy is the backbone of a drug-free workplace program and is often where the “rules” of the company’s stance on alcohol and drug use are written.⁵⁷

Supervisor training – After developing a drug-free workplace policy statement, an organization should train those individuals who supervise others. Training supervisors is an integral part of every drug-free workplace program. Supervisors should be provided with basic information about the drug-free workplace program and their role in its implementation.⁵⁸

Employee education – Employee education targeting all employees—not just supervisors—runs through the organization’s drug-free workplace policy, describes the impact that substance use disorders have on the workplace, and gives factual information about substance use disorders, signs, and symptoms.⁵⁹

Employee assistance program (EAP) – An EAP is a confidential worksite-focused program designed to assist in the identification and resolution of productivity problems associated with personal problems, such as substance use disorders.⁶⁰

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