

# Issue Brief #12 For Employers

## What You Need to Know About Substance Abuse Treatment

*This brief could save your company money and takes less than 2 minutes to read!*

Seventy-six percent of people with drug or alcohol problems are employed<sup>1</sup>, and substance abuse costs the nation's economy an estimated \$276 billion a year.<sup>2</sup> Because the majority of the costs come from lost work productivity and increased healthcare utilization, employers have a major stake in ensuring that their employees get appropriate treatment.

### WHY PROMOTE TREATMENT?

- ◆ **Reduce turnover costs:** Replacing an employee costs from a few thousand dollars for an hourly worker to as much as \$100,000 for a top executive. This does not include the loss of institutional knowledge, service continuity, and coworker productivity and morale that can accompany employee turnover.<sup>3</sup>
- ◆ **Reduce healthcare costs:** Excessive substance use can complicate existing health conditions and can lead to addiction to drugs or alcohol. Research shows that healthcare savings from investing in substance abuse treatment can exceed costs by a 12 to 1 ratio.<sup>4</sup>
- ◆ **Improve productivity:** Research indicates that substance abuse treatment improves work performance and productivity while reducing interpersonal conflicts and drug- and alcohol-related accidents.<sup>5</sup>

Outpatient treatment is the most common form of substance abuse treatment. With outpatient treatment, participants continue living at home and working while receiving counseling, social skills training, and case management services.<sup>7</sup> Treatment may consist of attending individual or group counseling sessions for an hour or two each week, or it may involve longer, more intensive blocks of treatment during the day, evening, or weekend. Treatment can last 90 days or more, with intensity usually declining over time.<sup>8</sup>

Inpatient substance abuse treatment programs address addiction to drugs or alcohol, including severe substance use disorders that require detoxification or that co-occur with serious medical or psychological conditions. This type of program may last from a few days to a month or more and involve round-the-clock care in a residential setting such as a rehabilitation center or hospital. Medical professionals provide substance use education; individual, group, or family therapy; life skills training and other services that address patients' medical, emotional, and/or behavioral problems.<sup>9</sup>

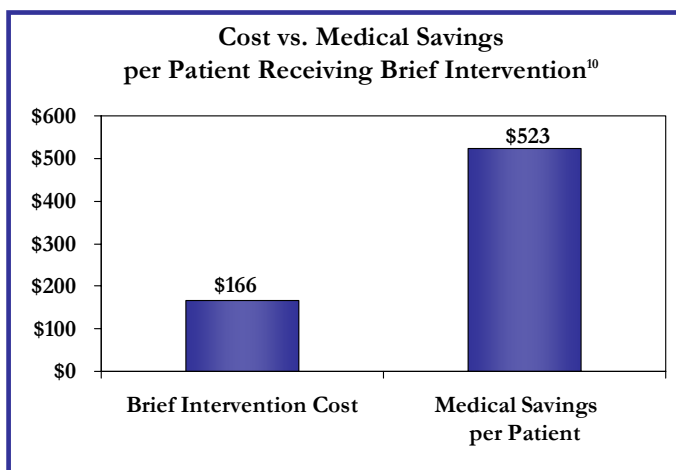
### Identifying Substance Abuse Problems

Before workers can receive the treatment they need, they must be identified as having problems with drugs or alcohol. Physicians and other health professionals can offer confidential screening to determine whether an employee has a substance abuse problem. After a problem is identified, the individual and the healthcare professional must determine the appropriate treatment.

### Treatment Options

Treatment options generally include brief intervention,\* outpatient and inpatient treatment, medication and self-help. One study found that heavy drinkers who received brief intervention over a 2-month period had significantly fewer accidents, hospital visits, and other events related to problem drinking during the following year. **The cost for each brief intervention was \$166 per patient; the medical savings were \$523 per patient.**<sup>6</sup> (See chart).

\*Brief intervention is a systematic, focused process that relies on assessment, client engagement and rapid implementation of change strategies. It aims to investigate potential substance abuse and motivate an individual to begin to do something about it. The goal is to reduce risky substance use before the individual becomes dependent or addicted.



### Medications

Clients may also be prescribed medications to help with withdrawal symptoms, prevent relapse, or prevent cravings for drugs. Medications are used after detoxification and in conjunction with other interventions. Medications used to treat substance abuse include acamprosate and disulfiram for alcohol addiction; and methadone, naltrexone, LAAM (l-alpha-acetyl-methadol) and buprenorphine for opioid addiction.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment  
[www.samhsa.gov](http://www.samhsa.gov)

Outpatient treatment minimizes an employee's time away from work; costs less than inpatient treatment; and can motivate people to change their behaviors, thereby reducing the risks and negative consequences associated with substance abuse.<sup>11</sup>

### Self-Help Groups

Most people have heard of Alcoholics Anonymous, Narcotics Anonymous and other such peer support groups, which are based on a 12-step model of recovery. Some people have learned to cope with substance use problems successfully through these groups alone. However, research indicates that formal treatment as described above, supplemented by voluntary participation in a peer support group, produces better outcomes than self-help groups alone.<sup>12</sup>

### FAST FACTS

- ◆ About 63% of people with substance abuse problems receive outpatient treatment, which minimizes time away from work and costs much less than inpatient treatment.<sup>13</sup>
- ◆ Brief intervention among heavy drinkers in one workplace study yielded a three to one return on investment (See chart).<sup>14</sup>
- ◆ Providing comprehensive substance abuse health benefits costs just \$.06 more per member than imposing a \$10,000 limit on those benefits.<sup>15</sup>

### EMPLOYER'S ACTION AGENDA

- ◆ Offer employees health insurance that provides comprehensive benefits for substance abuse treatment, including therapy, medications, and recovery support.
- ◆ Require that health plans mandate physicians to screen patients for substance abuse.
- ◆ Ensure that company wellness or Employee Assistance Programs\* include substance abuse screening, education, and support for recovery.

\*Employee Assistance Programs (EAPs) are designed to help identify and resolve productivity problems affecting employees who are impaired by personal concerns. EAPs come in many different forms, from telephone-based services to on-site programs. Face-to-face programs provide more comprehensive services for employees with substance use disorders, including screening, treatment referrals and follow-up care.

### For More Information

- National Institute on Alcoholism and Alcohol Abuse, [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Institute on Drug Abuse, [www.nida.nih.gov](http://www.nida.nih.gov)
- Substance Abuse and Mental Health Services Administration, [www.samhsa.gov](http://www.samhsa.gov)
- Drug-Free Workplace Program, <http://www.workplace.samhsa.gov/>
- National Institute on Alcohol Abuse & Alcoholism, <http://www.niaaa.nih.gov/>

### References

- <sup>1</sup> SAMHSA, Office of Applied Studies, *National Survey on Drug Use and Health 2005 and 2006: Table 5.8A*. Rockville, MD, 2007. <http://oas.samhsa.gov/2k6/2k6nsduh/tabs/Sect5peTabs1to13.pdf>. (Accessed 5-7-08).
- <sup>2</sup> Harwood, H., Fountain, D., & Livermore, G. (1998). *The Economic Costs of Alcohol & Drug Abuse in the U.S. 1992*. Rockville, MD: National Institute on Drug Abuse and National Institute on Alcohol Abuse and Alcoholism. <http://www.nida.nih.gov/economiccosts/index.html>. (Accessed 5-9-08).
- <sup>3</sup> F. Leigh Branham, "Six Truths about Employee Turnover," NY: American Management Association. <http://www.nichebenefits.com/Library/sixtruths.pdf> (Accessed 5-19-08).
- <sup>4</sup> NIDA, *Principles of Drug Addiction Treatment: A Research-Based Guide, FAQ11*. Bethesda, MD, 1999. <http://www.nida.nih.gov/podat/PODAT6.html#FAQ11>. (Accessed 5-9-08).
- <sup>5</sup> M.F. Fleming, M.P. Mundt, M.T. French, L.B. Manwell, E.A. Stauffacher, K.L. Barry, "Benefit-Cost Analysis of Brief Physician Advice with Problem Drinkers in Primary Care Settings," *Medical Care*, (2000): 7-18.
- <sup>6</sup> *Ibid.*
- <sup>7</sup> SAMHSA, Office of Applied Studies. (2006). Treatment episode data set (TEDS). Highlights—2004. National admissions to substance abuse treatment services. Rockville, MD: Author. <http://www.dasis.samhsa.gov/teds04/tedshigh2k4.pdf>. (Accessed 5-23-08).
- <sup>8</sup> NIDA, National Institutes of Health. (1999). *Principles of drug addiction treatment: A research-based guide*. Bethesda, MD: Author. <http://www.nida.nih.gov/PODAT/PODATindex.html>. (Accessed 5-23-08).
- <sup>9</sup> Walsh, D.C.; Hingson, R.W.; Merrigan, D.M.; Levenson, S.M.; Cupples, L.A.; Heeren, T.; Coffman, G.A.; Becker, C.A.; Barker, T.A.; Hamilton, S.K.; McGuire, T.G.; & Kelly, C.A. A randomized trial of treatment options for alcohol-abusing workers. *New England Journal of Medicine*. 1991; 325(11): 775-782. <http://pubs.niaaa.nih.gov/publications/aa17.htm>. (Accessed 5-23-08).
- <sup>10</sup> M.F. Fleming et al., (2000). *Op cit.*
- <sup>11</sup> NIDA, 1999, *Op. cit.*; and SAMHSA, The ADSS Cost Study: Costs of Substance Abuse Treatment in the Specialty Sector. Rockville, MD: June 18, 2004. Author
- <sup>12</sup> Walsh, D.C.; Hingson, R.W.; Merrigan, D.M.; Levenson, S.M.; Cupples, L.A.; Heeren, T.; Coffman, G.A.; Becker, C.A.; Barker, T.A.; Hamilton, S.K.; McGuire, T.G.; & Kelly, C.A. "A randomized trial of treatment options for alcohol-abusing workers," *New England Journal of Medicine*. 1991; 325(11): 775-782. <http://pubs.niaaa.nih.gov/publications/aa17.htm>. (Accessed 5-30-07).
- <sup>13</sup> SAMHSA, Office of Applied Studies. (2006), *Op. cit.*
- <sup>14</sup> M.F. Fleming et al., (2000). *Op cit.*
- <sup>15</sup> R. Sturm, W. Zhang, and M. Schoenbaum, "How Expensive Are Unlimited Substance Abuse Benefits Under Managed Care?" *Journal of Behavioral Health Services & Research*, 26:2, (May 1999), pp. 203-210.

