

Drug and alcohol problems in the workplace cost American employers billions of dollars each year.¹ Understanding the impact of substance abuse on the workplace—and the benefits of facilitating workers' access to treatment—can help employers build a healthier workforce and a healthier bottom line.

Substance Abuse Imposes Significant Burdens on the Workplace

While some of the costs associated with employee drug or alcohol problems are easy to quantify, others are much harder to measure. All, however, are real.

- ◆ **Healthcare costs are excessive.** Healthcare costs for employees with alcohol problems are twice as high as those for other employees.²
- ◆ **Risk increases.** People who abuse drugs or alcohol are three and one-half times more likely to be involved in a workplace accident, resulting in increased workers' compensation and disability claims.³
- ◆ **Other workers suffer.** Fourteen percent of employees in one survey said they had to re-do work within the preceding year because of a co-worker's drinking.⁴

SMALL INVESTMENTS CAN YIELD BIG SAVINGS

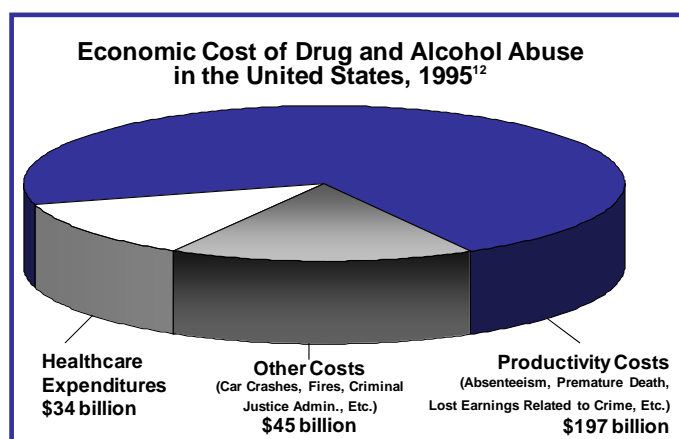
- ✓ Xerox workers who participated in a wellness program and limited their alcohol consumption enabled the company to reduce its costs for both healthcare and health insurance over four years, achieving a **five to one return on investment**.⁵
- ✓ One company found that workers who used its Employee Assistance Program (EAP)* for help with mental health and substance use problems had fewer inpatient *medical* days than those who participated only in the company's medical insurance plan. In addition, **the company averaged \$426,000 in savings each year on mental health and substance abuse treatment as a result of employees' participation in the EAP**.⁶
- ✓ Research has shown that **savings from investing in substance abuse treatment exceed costs by a ratio of 12 to 1**.⁷

- ◆ **Employed relatives pay.** More than half of working family members of alcoholics report that their own ability to function at work and at home was negatively impacted by their family member's drinking.⁸
- ◆ **Absenteeism increases.** Alcoholism is estimated to cost 500 million lost workdays annually.⁹
- ◆ **Employment is less stable.** Individuals who are current illicit drug users are more than twice as likely (12.3 percent) as those who are not (5.1 percent) to have changed employers three or more times in the past year.¹⁰

Investing in Treatment Can Save Employers Money

Every employer has a major stake in promoting employee access to substance abuse treatment. That's because:

- ◆ 76 percent of people with drug or alcohol problems are employed.¹¹



- ◆ Substance abuse can exacerbate existing health conditions and increase the risk of developing a host of other illnesses, including cancer, heart disease, and gastrointestinal disorders.¹³

By promoting substance abuse education and access to treatment in the workplace, employers can realize many money-saving benefits:

- ◆ Reduced absenteeism and job turnover;
- ◆ Improved worker productivity and job performance;
- ◆ Reduced healthcare costs; and
- ◆ Fewer workplace accidents and disability claims¹⁴

STEPS TO A HEALTHIER WORKFORCE

- ✓ Initiate an Employee Assistance Program that includes confidential substance abuse screening,** education, treatment referral, and recovery support.
- ✓ Develop a policy for dealing with substance abuse in the workplace: at a minimum, provide training for supervisors in recognizing and dealing with drug or alcohol problems and support treatment for and recovery from substance use disorders.
- ✓ Offer employees health insurance that provides comprehensive benefits for substance abuse treatment, including a broad range of service options, such as therapy, medications, and recovery support.
- ✓ Be sure that health plans require their physicians to screen patients confidentially for substance use problems.
- ✓ Support drug-free workplace policies.

***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.

****Confidential screening** for substance use disorders by trained and experienced clinicians involves the use of standard protocols to determine whether an individual may be abusing substances. Screening identifies the need for, but does not substitute for, a complete assessment. Screening is not the same as drug testing that is done either prior to employment or randomly during the course of employment.

For More Information

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

References

- 1 H. Harwood, D. Fountain, & G. Livermore, *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, 1998. <http://www.nida.nih.gov/economiccosts/index.html>. (Accessed 5-9-08).
- 2 Schneider Institute for Health Policy, Brandeis University, *Substance Abuse, The Nation's Number One Health Problem*, Princeton, NJ: Robert Wood Johnson Foundation, February 2001: 70.
- 3 US DHHS, SAMHSA, 1999 *National Household Survey on Drug Abuse*, Rockville, MD: US DHHS, 2000.
- 4 T.W. Mangione *et al.*, "New Perspectives for Worksite Alcohol Strategies: Results from a Corporate Drinking Study," Boston, MA: *JSI Research and Training Institute*, 1998.
- 5 S. Musich, D. Napier and D.W. Edington, "The Association of Health Risks with Worker's Compensation Costs," *Journal of Occupational and Environmental Medicine*. 43, 6: 534-541 (June 2001).
- 6 T.C. Blum and P.M. Roman, "Cost-Effectiveness and Preventive Implications of EAPs," U.S. DHHS, SAMHSA, Pub. No. RP0907, 1995.
- 7 National Institute on Drug Abuse, *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).
- 8 Al-Anon Family Groups, Inc., "1999 Al-Anon/Alateen Membership Survey and Al-Anon Membership Assessment Results: Final Report," March 2000.
- 9 U.S. DHHS, SAMHSA, *Worker Drug Use and Workplace Policies and Programs: Results from the 1994 and 1997 National Household Survey on Drug Abuse*. Rockville, MD: U. S. DHHS, 1999. <http://www.oas.samhsa.gov/NHSDA/A-11/TOC.htm>. (Accessed 5-23-08)
- 10 S.L. Larson, J. Eyerman, M.S. Foster, and J.C. Gfroerer, *Worker Substance Use and Workplace Policies and Programs*. Rockville, MD: SAMHSA, OAS, 2007). <http://www.oas.samhsa.gov/work2k7/work.htm#6.1>. (Accessed 5-16-08).
- 11 SAMHSA, Office of Applied Studies, *National Survey on Drug Use and Health 2005 and 2006: Table 5.8.A*. Rockville, MD, 2007. <http://oas.samhsa.gov/nsduh/2k6nsduh/tabs/Sect5peTabs1to13.pdf>. (Accessed 5-7-08).
- 12 Chart: Harwood, Fountain, & Livermore, 1998. *Op Cit*.
- 13 Ensuring Solutions to Alcohol Problems, analysis of 2001 National Household Survey on Drug Abuse data from SAMHSA, 2002. Washington, DC: DHHS.
- 14 SAMHSA, CSAT, "Substance Abuse in Brief: Effective Treatment Saves Money," Rockville, MD: SAMHSA CSAT, January, 1999.

