

The Impact of Substance Abuse on the Workplace

Use of alcohol or other drugs can have a profound impact on both your personal and work life. When someone you care about is abusing a drug, it is difficult to watch this individual destroy relationships and job security. It can be risky to bring these issues to someone's attention, but it may also be what this individual needs to make changes to his/her life.

A substance abuse problem can have a significant effect on a workplace. According to the Hazelden Foundation, an addiction-recovery service, one-third of employees thought a co-worker's job performance was affected by drug or alcohol abuse.

Co-workers may feel compassion for the individual and cover for him/her, but ultimately they may resent this person. Interestingly, co-workers are not likely to bring up the subject with the individual. In fact, Hazelden reported that fewer than one in five had discussed the problem with the employee and his or her manager or supervisor.

This doesn't mean that supervisors don't have a clue what's going on. More than 60% of HR professionals surveyed believe addiction significantly affects employees in their workplaces – citing absenteeism and reduced productivity (“Workplace Addiction Survey”, Hazelden, 2004).

Indeed: The National Institute of Health estimates that alcohol use ALONE costs companies \$27 billion annually in lost productivity, with some estimates even higher. Alcohol and other drugs also have a significant impact on family members. For instance, the family of an alcoholic employee use *10 times* as much sick leave as families in which alcoholism is *not* present.

Prescription Drug Abuse

As if traditional alcohol and other drugs aren't tough enough problems in the workplace, “prescription drug abuse is the biggest issue facing

employers” (McCabe and Mangrum, 2013). The following are some reasons why prescription drug abuse is so prevalent:

❖ **Prescription drugs are plentiful.** Like over-the-counter (OTC) medications, prescription drugs are easy to obtain. Many teens, for instance, raid adults' medicine cabinets in order to get high. Simply put, these drugs have widespread availability and easy access.

❖ **Online access is widespread.** Legitimate online pharmacies operate much like traditional drug stores in which drugs are dispensed only on receipt of a valid prescription from a physician. However, illegal Internet pharmacies allow unscrupulous buyers and users to purchase controlled substances for unlawful purposes. The problem has gotten worse. A joint investigation by the National Center on Addiction and Substance Abuse (CASA) and Beau Dietl & Associates (BDA), found that nearly half (49%) of websites required only an “online consultation” to purchase drugs.

❖ **Accessibility drives illegal parties.** With medicine cabinets and homes, and Internet drug sites only a mouse click away, it isn't difficult to host or attend drug parties. In drug, or “pharming” parties, users bring drugs from home and trade or share with friends to get high and experiment with other substances.

❖ **Users think intentionally abusing medications to get high is “safer” than using illegal drugs.** Young people in particular don't understand the danger in abusing OTC or prescription drugs. Respondents to a nationwide Partnership for a Drug-Free America survey said they believe there's “nothing wrong” with using Rx medications without a prescription “once in a while.”

❖ *More than half (55%) of respondents do **not** agree that using cough medicines to get high is risky.* “When these medications are used for anything other than their intended purpose, they can be every bit as dangerous as illegal street drugs,” stressed Dr. Michael Maves, executive vice president and CEO of the American Medical Association.

❖ *Prescription drugs may serve as gateway drugs for other illicit substances.* Teens, for example, who abuse prescription drugs are *twice* as likely to use alcohol, *five* times as likely to use marijuana, and *21 times* as likely to use cocaine.

Painkiller Abuse

Among prescription drugs, painkiller abuse is a particular problem. Prescription painkiller overdoses killed nearly 15,500 people in the United States in 2009 – more than three times the 3,000 people killed by these drugs in 1999. In 2010, about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year.

The problem is also taking hold at treatment centers. At Hazelden’s facility for young adults and adolescents in Plymouth, Minnesota, 15% of patients sought treatment for painkiller addiction in 2001 – compared to 41% in 2011.

Signs & Symptoms

Despite the problems that drug use can cause in the workplace, there remains a surprising lack of information about steps that can be taken to help resolve the situation. For instance, more than half (54%) of respondents to the previously mentioned Hazelden survey reported not knowing how to identify addiction.

Work performance, *not* the clinical diagnosis of a drinking or other drug abuse problem, is the responsibility of the manager or supervisor. A key part of every supervisor’s job is to remain alert to changes in employee performance and to work with the employee about any performance issues that he/she may be experiencing.

The following signs and symptoms should only be considered as guidelines to a possible drug problem – *not* as proof. Conclusions should be based on *facts*, not assumptions.

Performance

- Increase in mistakes or inconsistency in quality of work;
- Poor concentration;
- Decrease in productivity;
- Increased absenteeism;
- Unexplained disappearances from work;
- Poor judgment; and
- Increased risk taking.

Behavior

- Financial problems;
- Avoiding family, friends, and co-workers;
- Complaints about personal problems;
- Deterioration in personal appearance;
- Changes in attitude;
- Borrowing or stealing money from friends or co-workers;
- Vague physical complaints; and
- Association with known drug users.

Accessing Treatment

Even if the individual and his or her supervisor are aware of a substance abuse problem, directing the employee into treatment is yet another obstacle. More than one third (36%) of respondents to the Hazelden survey said they don’t know how to obtain treatment. This is surprising since most (89%) of respondents to the survey believe that addiction treatment programs are effective in helping employees overcome addiction.

What can be done to help bridge this gap? The following are some suggestions:

❖ *Don’t assume that the individual will seek treatment.* Surveys reveal that many employees won’t seek treatment on their own. One possible reason lies in the fact that men typically derive a great deal of their self-esteem from work. As a result, many men will try to keep any work-related problems a secret. Therefore, it’s important that employees recognize that help is available. Ask something like: “*Can I tell you about EAP benefits?*”

❖ *Increase management awareness.* Do managers or supervisors understand that EAP is available to help employees with addiction problems? Tell them what the EAP is about and how it can help.



❖ **Use absenteeism as an opportunity to speak with the employee.** Since absenteeism is common among addicted employees, take advantage of this opportunity to confront the individual in a straightforward, yet caring manner. Ask questions such as: “*You don’t look well. Are you seeing anyone about it? Your productivity is down. This is serious.*”

❖ **Convey the benefits of treatment.** Some managers believe it’s easier in the long run to terminate an addicted employee as opposed to getting them treatment. In reality, treatment can actually *save* companies money. The Chevron corporation estimates that it *saves \$10* for every dollar it spends to treat employees with substance abuse problems. (**Editor’s note:** Additional examples of the benefits of treatment are provided in the cover article in this month’s *EAR*.)

❖ **Use confidential screening and assessment.** Hazelden has resources that can help, such as its free www.aboutmydrinking.org screening tool. There are also other Screening, Brief Intervention and Referral to Treatment (SBIRT) modules available to help people confront their drinking or drug use and get the help they need. (**Editor’s note:** Other “practical steps” for EAPs are listed in this month’s *EAR*.)

About SBIRT

Screening, Brief Intervention and Referral to Treatment (SBIRT) uses a brief, valid, scientific screening (five minutes or less) to identify if and to what degree the behavior places an employee at risk for negative consequences. Depending on the results, a practitioner provides health education, simple advice, motivational counseling, assistance with an action plan, and a referral for treatment if needed.

While not intended as a treatment for dependence, SBIRT can modify the incidence of risky substance use and help overcome the ambivalence that keeps many people from making desired changes. Dozens of well-controlled research studies have demonstrated the substantial impact of simply asking a brief set of questions about drinking practices (for example) and providing immediate brief counseling.

Empirical support exists for SBIRT in medical settings, but it remains largely underutilized in workplace settings even though, in 2007, the American Medical Association determined that SBIRT is a unique, effective health care procedure and approved new billing codes for SBIRT services. Analysis of 2009 data collected by the National Business Coalition on Health found that more than 85% of health plans pay physicians and other health care providers for SBIRT services (George Washington University, unpublished findings).

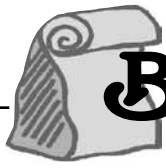
EAPs are finding that SBIRT is useful for workers seeking help for workplace stress, emotional and family problems, and other EAP counseling services. Employers could gain more value if they demand, expect and monitor their EAP’s provision of SBIRT for their employees.

The Brief Intervention Group (BIG) Initiative is a campaign to make SBIRT the routine practice of EAPs across the U.S. and Canada. In large pilot projects associated with the BIG Initiative, EAPs implementing SBIRT saw increased rates of detecting abuse problems from less than 7% of EAP cases to 18% to 24% of cases. Were this practice implemented across the EAP industry, each year as many as 1.2 million workers with alcohol or drug problems would be identified, treated, and sustained in recovery.

Summary

Companies shouldn’t take these findings as a mandate to delve into the private lives of generally productive employees. However, the fact remains that substance abuse has a huge impact on individuals’ lives and companies’ bottom lines. Companies that haven’t addressed the issue need to do so, and businesses that have should reassess what they’re doing to ensure that their programs and policies are working. In either case, the EAP is in a perfect position to assist. ■

Additional sources: National Institute on Alcohol Abuse and Alcoholism and Robert Wood Johnson Foundation; Eric Goplerud, director of Ensuring Solutions to Alcohol Problems; and Center on Addiction and Substance Abuse at Columbia University.



Educate, Communicate & Safeguard

What else can be done to help prevent adults and youth from developing a substance abuse problem? The following are some recommendations:

❖ **Keep current on drug trends.** Family members, co-workers and managers alike should not assume that drug abuse just involves using alcohol or marijuana. Educate yourself about the other drugs that people are abusing. The current over-the-counter (OTC) and prescription drug abuse trends can only be reversed through education and awareness.

❖ **Safeguard the home.** Take steps to keep prescription and OTC drugs out of reach. Easily accessible medicine cabinets invite trouble. Limit access by locking them. Keep close track of all meds used in the home. Closely monitor medications.

❖ **Encourage physicians to protect prescriptions.** Pill counts are sometimes used when abuse is suspected. Visit a local pharmacist after a certain time period with the prescribed bottle to ensure that the correct number of pills remains. Another method is to encourage physicians to help prevent forgery. Writing out dosages in words can help prevent abuse. That's because it's much easier to add a zero to the number "10" to make it "100" than it is to alter the word "ten" to turn it into "hundred."

❖ **Recognize the key indicators of illegal online pharmacies.** Internet pharmacies operating illegally generally speaking: do not require a prescription issued by a physician; is not a participant in an insurance plan and requires all payments by credit card or money order; does not ask how to contact your physician; and

advises to have drugs sent to post office boxes or other locations. If you utilize an online pharmacy and uncover red flags like these, contact the authorities.

❖ **Educate youth.** At Hazelden's facility for young adults and adolescents in Plymouth, Minnesota, 15% of patients sought treatment for painkiller addiction in 2001 – compared to 41% in 2011. Help curb this dangerous trend by teaching teens about the dangers of abusing drugs. Explain that when prescription medications, for instance, are not used for sickness and administered by a qualified and licensed health care professional, the impact on the person can be deadly. Tell them that mixing drugs with other substances is very dangerous, as some people have allergic reactions when chemicals are mixed together. Encourage local schools to incorporate prescription and OTC drug abuse into their alcohol and other drug prevention programs.

❖ **Remember that parents are the number-one deterrent to a teen's decision to use ANY drug.** Don't make discussions mere lip service. Kids who *really* learn about the risk of drugs in the home are up to *50% less likely* to use drugs. Talk with them early and often. *Really listen* to their concerns, and let them discuss what's on their minds. Otherwise, they'll get their "facts" from someone else, and a golden opportunity to steer teens onto a positive path in life will be lost. ■

Sources: Center on Addiction and Substance Abuse at Columbia University; "Youth Risk Death in Latest Drug Abuse Trend," USA Today, 2003; and Teen Drug Abuse (www.teendrugabuse.us), sponsored by Teen Help: Schools for Troubled Teens. Call 1-800-637-0701.