Reducing the Risks of Substance Abuse

Addicted workers pose risks not only to firms that serve the public, but also to employers that can’t afford to lose otherwise able employees.

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Substance addiction is an equal opportunity destroyer. The heavy toll of substance abuse swings wide and far across all cultures and socio-economic brackets. No career, occupation, or work environment is immune to the problems associated with drug and alcohol abuse.

Because substance abuse negatively affects work productivity, job performance, and customer service, it’s an issue businesses can ill afford to ignore. This is especially true in professions where employees who are addicted risk jeopardizing not only their own safety, but that of co-workers and the public. The police officer carrying a firearm, the airline pilot flying a 747, the truck driver operating an 18-wheeler, the attorney zealously defending a client, or the fork-lift operator handling machinery.

Although substance abuse costs American businesses in excess of $100 billion annually, most alcohol and drug users claim their habits don’t affect their job performance. But the facts demonstrate otherwise. Anywhere from one-third to one-half of all workers’ compensation claims, for example, are related to substance abuse in the workplace. In addition, substance abusers are a third less productive than non-abusers, 2.5 times more likely to be absent eight or more days a year, incur much higher medical costs (300 percent higher), and file three to five times as many workers’ compensation claims.

Notwithstanding these statistics, employees who abuse alcohol and drugs frequently manage to retain their jobs long after performance problems become evident. Addicted employees often are among the best and brightest workers, possessing unique charms and special abilities. They frequently are high producers whose addiction has remained overlooked and untreated for years. They are trusted professionals serving in all walks of life—as researchers, professors, doctors and nurses, attorneys and judges, politicians, and pastors. Initially they are star performers, but over time their behavior and productivity decline.

More than 50 years ago, The Big Book of Alcoholics Anonymous commented on the remarkable ability of substance abusers to retain their jobs in the face of declining performance:

"Nearly every modern employer feels a moral responsibility for the well-being of (the alcoholic) and ... because of the employee’s special ability or of his own strong personal attachment to him, the employer has sometimes kept such a man at work long beyond a reasonable period."

Today, replacing an addicted professional can cost an organization $200,000 in recruitment expenses alone. Investment in treatment and recovery makes good business sense and is a win-win prospect for all.

Employee assistance programs are in a better position to help businesses manage the organizational risks associated with substance abuse when they are familiar with the policies of the employer and have intake and confidentiality statement materials tailored to fit the business mission of the organization. This not only helps the employer’s bottom line, it secures the continued necessity of the EAP role.

**AN UNCOMFORTABLE DILEMMA**

The employee assistance field has evolved significantly since the 1940s, when the "Thundering Hundred" began an occupational labor movement focusing primarily on the alcoholic employee. The EAP of today may look quite different than it did then, with external providers, telephone-based triage, contracted mental health services, and responsibility for issues ranging from depression to stress to child and elder care. Still, the problems of employees who are addicted to alcohol and other drugs remain steadfast, so the need for EAPs who are trained to provide traditional core services remains essential.

An EAP is faced with an uncomfortable dilemma when a client voluntarily discloses information about substance use, especially if the employee works in a job that has the potential to jeopardize public safety. For example, a self-referred nurse may seek help through her EAP and, during the course of the interview, disclose symptoms consistent with DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Vol. IV) diagnostic criteria for a substance abuse disorder.

Unlike an EA professional, a traditional mental health provider usually is not trained to recognize an obligation to
the organization (in this instance, a medical center responsible to the public for safety). Additionally, a clinician trained in a mental health treatment model may not be familiar with an employer’s policies. In this example, a clinician providing EAP services to the hospital may be very skilled at assessment and treatment, but may not feel any responsibility to discuss this with the hospital’s Human Resources Office. The focus may be on establishing a therapeutic relationship and helping the nurse obtain the treatment needed to address the addiction.

Additionally, a contracted provider may not have intake forms or confidentiality statements that assist with defining the need for disclosure under such circumstances and may not be aware of the hospital’s policies surrounding addictions. Consequently, there may not be a referral to the nurse’s professional advocacy organization. The hospital, not having knowledge of the event, may not monitor or support the recovery efforts of the nurse upon her return to the workplace following treatment. As a result, the mental health professional’s efforts to assist this nurse may ultimately set her up to lose her license.

An EAP, as a sanctioned agent of the work organization, serves two clients—the employee and the employer. Ideally, this dual responsibility is communicated to an employee from the outset, beginning with the initial intake form. The intake form must clearly outline the terms and limits of confidentiality, spelling out that in cases of danger to self or others, suspicion of child or elder abuse, or any situation that severely jeopardizes public safety, client confidentiality will not apply. Before the client signs the form, an EA professional should review the form with the client so the client understands what steps will be taken in the event that any of these confidentiality limitations occur.

**FINDING A BEST PRACTICE MODEL**

People with substance addictions who are employed have better odds of recovering because they have something to lose—their job (and the status that goes with it), their marriage, their family, or their children. Fear alone, however, is not enough to achieve and maintain sobriety. The individual must embrace the tenets of recovery: external and internal accountability.

EAPs can increase the odds of recovery through monitoring, drug testing, referral to professional advocacy groups, and proper communication with the employer. Job performance provides a yardstick to measure recovery from substance addiction. Some occupational support programs boast recovery rates as high as 85 percent. There is no single occupational program that is appropriate for all organizations in helping eliminate the risks posed by employees who are actively addicted. Each program should be tailored to the needs and circumstances of the individual company. In addition to a competent EAP, there are several components a comprehensive workplace program should contain that can maximize recovery success:

1. **Clear organizational human resources policies regarding impairment and substance use by employees.** One of the most important tools for addressing addiction is a solid policy that explains the problem, offers treatment as a proactive alternative, provides definitions, and outlines consequences. The policy should be clearly stated, enjoy leadership buy-in, and provide for EAP assessment, referral, and monitoring utilizing a non-judgmental yet organizationally sanctioned procedure (e.g., Duke University’s policy).

2. **Policies regarding alcohol at company sponsored functions.** Allowing alcohol to be served at company-sponsored events can pose legal risks for an organization. This doesn’t mean that responsible use must be prohibited, but it does suggest the need for safeguards against serving alcohol to minors and paying particular attention to those who leave a sponsored function and appear to be under the influence.

3. **Professional standards.** Many professions (attorneys, nurses, physician social workers, and psychologists, to name a few) outline ethical standards for practice that address addiction and other performance impairments.

4. **A competent initial assessment.** An independent assessment conducted by a professional with expertise in addictions and occupational psychology is often helpful and adds credibility to the process.

5. **Quality treatment.** Professionals are more likely than other clients to regard treatment as a form of punishment, so they often need a longer-term treatment model to break through their denial and their tendency to intellectualize. Quality treatment can save their careers, not to mention their lives.

6. **Advocacy.** Professional advocacy programs sponsored by state licensing boards are important partners in recovery.

7. **A continuum of care.** A formal document outlining required meetings, screenings, and treatment provides external accountability until the addicted individual internalizes a recovery lifestyle.

8. **Consistent messages.** Communication via the EAP between the employer, the employee, and involved advocacy groups is imperative to avoid splitting and compliance lapses.

9. **Leadership sanctions and a supportive workplace.** The work unit must be receptive to the transitions and lifestyle changes the post-treatment employee is making. This means supporting any restrictions and making attendance at 12-step

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The most statistically significant findings revealed that employee perceptions of FRD decrease markedly in organizational cultures that support work-life balance. Although EAPs have not traditionally provided organizational development (OD) services, research findings on FRD suggest EAPs are in a key position to partner with employers to develop their organizational cultures. EA professionals should partner with employers to do the following:

- **Conduct a SWOT analysis of work-life benefits.** Analyzing the strengths, weaknesses, opportunities, and threats of the existing work-life benefits program is an important first step. For example, does the work-life benefits program consider the needs of all employees? Do all employees feel comfortable using the benefits?

- **Perform a work-life culture assessment.** Conducting an assessment to determine how informal workplace practices may conflict with formal workplace policies that support work-life balance is an important second step. For example, are there "unwritten rules" that prevent work-life balance, such as expecting employees to prioritize work over their personal life or using "face time" as an indicator of productivity? If so, develop action plans to manage these informal policies.

By understanding this research, EA professionals have an opportunity to partner with employers, develop innovative coaching and training sessions for managers, strengthen the role of organizational development in EAP services, and showcase their unique talents for protecting employers from the risks posed by FRD. In so doing, EAPs can create a healthier, more effective, and more efficient workplace for all employees and lower the risk of productivity loss and increased disability and workers' compensation claims.

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meetings possible within work schedule constraints.

Substance abuse impairs work performance and can pose significant legal risks to employers and the public they serve. Timely and effective treatment can save a career (and even a life) and reduce organizational risks. An EAP can play a valuable role in reducing risk by supporting recovery in the workplace and helping maintain the safety compliance protocols of the organization.

References