A CRISIS IN PLAIN SIGHT:

TOOLS FOR MITIGATING THE OPIOID AFFECT IN THE WORKPLACE

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THE IMPACT OF THE OPIOID EPIDEMIC – AND WHAT EMPLOYERS CAN DO ABOUT IT

By Michael Botticelli

The opioid epidemic has hit the building trades in Massachusetts like a tidal wave. In the construction industry, the opioid death rate is six times the average rate for all Massachusetts workers. This is a massive problem, but it's not limited to this industry – it's affecting industries across the state and the country. That said, there are steps that everyone, and particularly construction companies and subcontractors, can take right now.

The Impact of the Epidemic on the Country, the State, and the Industry

In the United States, the epidemic has been spreading geographically and throughout all demographic groups. One of the most definitive ways of measuring the impact of the epidemic is through overdose deaths, and according to the Centers for Disease Control, drug overdoses killed over 70,000 Americans in 2017. This means more Americans have died of overdoses than those who have died of guns, car crashes, or HIV/AIDS in any given year. It means that more Americans have died of overdoses than all US military casualties in the Vietnam and Iraq wars combined. 66% of those deaths involved a prescription or illicit opioid like heroin and fentanyl. Overdose deaths increased in all categories of drugs examined for men and women, people ages 15 and older, all races and ethnicities, and across all levels of urbanization.

Massachusetts has been one of the most affected states, with 2,227 deaths in 2016. This number makes Massachusetts one of the top ten states with regards to overdose deaths. furthermore, the impact of the epidemic isn't limited to a small group of people; a majority of Massachusetts residents know someone addicted to opioids, and over a quarter know someone who died from an overdose.

And although many in the state are affected, there are some industries that see higher rates of addiction and overdose. Within the construction industry, the opioid death rate is six times the average rate for all Massachusetts workers. Construction and extraction workers accounted for almost a quarter of all opioid-related deaths among the working population from 2011 to 2015.

The Impact of the Epidemic on the economy

The epidemic has also hurt the economy. One estimate put the national economic costs of the opioid epidemic at $504 billion as of 2015, or 2.8% of the GDP. The majority of these costs are due to nonfatal consequences like healthcare spending, criminal justice costs, and lost productivity due to addiction and incarceration. The other 27% of costs are attributed directly to overdose deaths, and the lost potential earnings. Princeton Economist Alan Kruger suggests that the epidemic accounts for a 20% decline in labor force participation among men.

In Massachusetts, calculations from the Massachusetts Taxpayer Foundation puts the cost of lost productivity and wages at over $70 billion since 2000, averaging $7 billion in slowed economic growth for the past five years. The Foundation report found that opioid use disorder has kept 32,600 people in Massachusetts from participating in the workforce over the last 7 years. Given other economic factors like an aging workforce and low unemployment, the impact of this lost productivity is particularly problematic. And the epidemic hasn't just led to unemployment. Among the employed, the epidemic has had a major impact. 143,000 people reported pain reliever misuse, causing an average of 18 more days off of work.

What Your Company Can Do

As massive as these problems might seem, the personal and economic costs of addiction are not inevitable. Addiction can be treated effectively, and people can and do achieve long-term recovery. Addiction is a medical condition that impairs health and function and is characterized by the prolonged, repeated misuse of a substance. It is a chronic disease---like diabetes, hypertension and asthma. And like those other chronic diseases, addiction can be managed successfully. In fact, most people who get into and remain in treatment stop using drugs.

At Boston Medical Center (BMC), we have long history of caring for those with addiction. Over the last 25 years, BMC has become one of the most comprehensive and

influential centers for addiction treatment in the country. And in 2017, we launched The Grayken Center for Addiction with a generous gift from the Grayken family – the largest private gift in the US in the last decade in the addiction field.

From the start, we thought about how to help the greatest number of people. We knew that people in every industry were affected – including healthcare. One of our first acts was to look at our own employees and try to understand how they were impacted by the epidemic, and how we could help. We found that almost a third of BMC's employees had an immediate family member who had experience with a substance use disorder. We also found that a majority of those surveyed did not know what mental health and/or substance use treatment services their health insurance covered. And many were afraid to speak to a manager about their concerns due to their desire for the information to stay confidential and their fear of missing out on possible career advancement.

We knew that we had to do something to address these problems. And more than one thing – we had to try many different strategies to reduce stigma and fear, and increase the awareness of the help that was available, that employees just didn't know about.

To address stigma, we did a few things. Our CEO signed a letter from NAMI Massachusetts (the National Association of Mental Illness), pledging to be a CEO Against Stigma. We developed the "Words Matter" pledge, outlining how certain words (addict, abuser) can actually hurt the chances that a person with a substance use disorder can recover, and shared it with all our employees, in every department. Each September, we celebrate Recovery Month on campus, handing out the Words Matter pledge as well as resources about various types of substance use treatment we offer, and essential human resources information.

And our Human Resources department led the charge on helping our employees understand how to navigate the care system. They worked to help employees understand their coverage, and provide the support they needed. This included expanding our care navigation services for employees, developing a mental health and addiction resource guide with specific information, offering a group for family members dealing with a loved one with addiction. They worked to make sure our drug and alcohol policies were clear and centered around employees' health. And furthermore, they made sure to share this updated information and support with all new employees at their orientation.

In the process of developing this multi-faceted approach, we realized that what we learned, and the programs and policies that we developed, could be helpful to other organizations. We created a free online Employer Resource Library (bmc.org/library), with the tools and resources that employers can use to address the impact of substance use disorders in their own organization. On the site we offer 25 downloadable tools, in five key categories – from working with managers to developing policies and practices.

Two of the most important areas that employers can address are reviewing your benefits and creating a more open, stigma-free culture. Contracts for health benefits should ensure that employees are offered high-quality, evidence-based treatment, particularly medications for addiction treatment. The Massachusetts Health Policy Forum put forward recommendations for employers that include steps like removing co-pays and prior authorization on opioid use disorder-related medicines and counseling. Your benefits contracts should support health care providers who offer alternative pain therapies to opioids, and provide guidance to those providers. Once you have quality benefits in place, it's also up to employers to make sure that employees know about it – through regular communication and a comprehensive employee resource guide.

To reduce stigma, everyone needs to be engaged, including top executives. Leadership shapes company culture, and when CEOs and other senior leaders are clear that they support an open dialogue about mental illness and substance use disorders in the workplace, it matters. Engaging the organization on a broader scale might include an employee survey, sharing a "Words

Matter" pledge like BMC's, or providing open forums for employees to discuss their experience and their needs in regards to the opioid epidemic. This is not comprehensive, but it's a place to start. As our Senior Vice President and Chief of Human Resources Lisa Kelly-Croswell often says, "You don't have to do everything, but it's important to do something."

As we've started sharing our Employer Resource Library, we heard from individuals working at companies in many industries, hoping to address this issue. And many have taken action - Blue Cross Blue Shield of Massachusetts created an opioid overdose tool kit with naloxone to allow employers to reverse overdoses right away. Most importantly, the business community can lead by example and eliminate stigma and create recovery-friendly workplaces to encourage more people to come forward, seek help, and reclaim their lives. Some of these companies have already started engaging employees and supporting them through their experience with the epidemic. We know that we can all learn from each other, so we hope to build a community of employers exchanging ideas that will help us fight the epidemic. Despite the numbers of people affected by the opioid epidemic in every industry throughout the state, there is hope. There are things we can all do, and employers have a powerful role to play.

ADDICTION RESOURCES

Phone Helpline
Call: 844.319.5999
Text Helpline
Text: HOPEMA to 55753

Visit

graykenaddictionsupport.org

Michael Botticelli is the Executive Director of the Grayken Center for Addiction at Boston Medical Center. He previously served as the Director of National Drug Control Policy at the White House under President Obama.

DID YOU KNOW?

By joining your local association, you also belong to the Home Builders and Remodelers Association of Massachusetts as well as the National Association of Home Builders. A 3 for 1 membership.

And…..You have access to NAHB Expert Advisors who can address your specific business questions. When you become an NAHB member, you get instant access to distinguished economists, tax specialists, legal research staff, financial experts and regulatory and technical specialists. That's right, hundreds of professionals to help you and your business are a phone call away. Toll free: 1-800-368-5242 or info@nahb.org

ORGANIZATION MESSAGING

SAMPLE

CEO SAMPLE LETTER
WORDS MATTER

What we say and how we say it makes a difference to our patients with substance use disorder.

At Boston Medical Center, one of our three core values is **Built on Respect, Powered by Empathy**. It's at the foundation of our mission to provide **Exceptional Care without Exception** and our vision to **Make Boston the Healthiest Urban Population in the World.**

One area where that core value, Built on Respect, Powered by Empathy, is central to all we do is in the care we provide for our patients with substance use disorder.

BMC is widely known as a leader in the treatment of substance use disorder. Care models developed here are helping patients around the country. Our patients know that when they come to BMC they will be treated with the dignity and respect they deserve. Our leadership was recognized earlier this year with the pioneering gift we received to launch the Grayken Center for Addiction Medicine.

One way we can all continue to lead and be a model for others is by using language that de-stigmatizes the disease of substance use disorder. It means using clinically appropriate and medically accurate terminology that recognizes substance use disorder is a chronic illness from which people can and do recover, not a moral failing.

Why is this so important? Studies show that only about one in 10 people with substance use disorder get treatment and that stigma is a key barrier for many people who don't seek treatment. Studies also show that even health care professionals and the treatment decisions they make are influenced by how we talk about addiction. Using the right language has a real and direct impact on lessening stigma and on whether people with substance use disorder get the treatment they need. Understanding this, organizations including the American Society of Addiction Medicine have mounted efforts to promote the use of non-stigmatizing language.

As we celebrate National Recovery Month, I invite you to sign our BMC Words Matter pledge. It's an important step toward our goal of creating a stigma-free environment at our hospital and one more way that we can show our leadership at this critical time and our commitment to treatment and recovery for patients with substance use disorder.

Kate Walsh

Kate Walsh
Boston Medical Center President & CEO

SAMPLE

WORDS MATTER: MY PLEDGE

What we say and how we say it makes a difference to our patients with substance use disorder.

As a member of the BMC community, I believe that the language I use about substance use disorders is important. Using the right language helps decrease stigma that can prevent patients from seeking care. I pledge to treat all people with a substance use disorder with dignity and respect. I believe that words matter and I pledge to talk about addiction as a chronic illness, not a moral failing. I pledge to be a leader in reducing stigma and promoting recovery from this disease.

Full name: ______________________________

Department: ______________________________

Signature: ______________________________

Date: ______________________________

NON-STIGMATIZING LANGUAGE	STIGMATIZING LANGUAGE
• Person with a substance use disorder	• Substance abuser or drug abuser • Alcoholic • Addict • User • Abuser • Drunk • Junkie
• Substance use disorder or addiction • Use, misuse • Risky, unhealthy, or heavy use	• Drug habit • Abuse • Problem
• Person in recovery • Abstinent • Not drinking or taking drugs	• Clean
• Treatment or medication for addiction • Medication for Addiction Treatment • Positive, negative (toxicology screen results)	• Substitution or replacement therapy • Medication-Assisted Treatment • Clean, dirty

SAMPLE

WORDS MATTER

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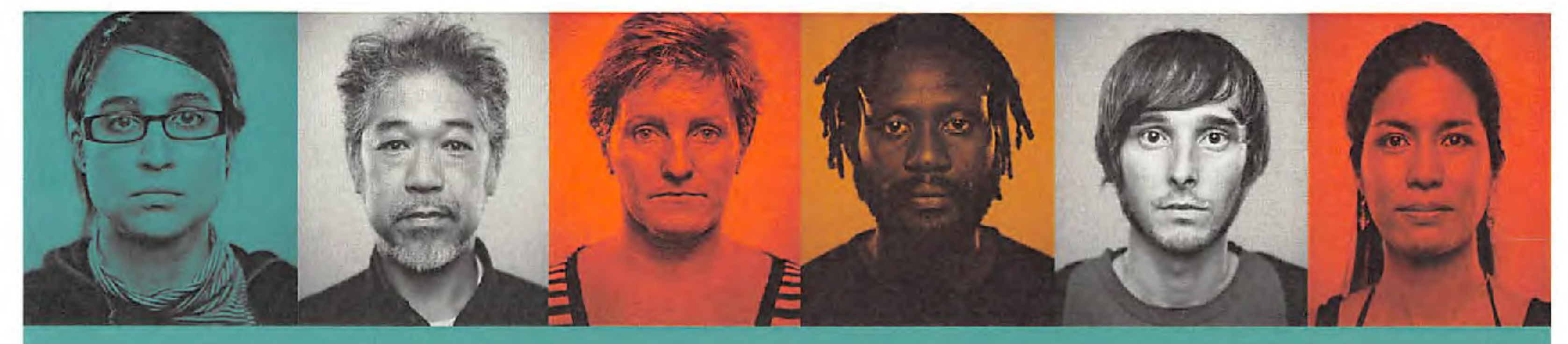

Grayken Center
for Addiction
at Boston Medical Center

BMC CARES

Rethinking Drinking | How Much is Too Much

BMC is committed to helping our employees' improve their overall wellbeing. In support of this goal, we offer tools, resources, and programs that can benefit our people and/or their families.

Being mindful of daily decisions can have a large impact on the quality of your life. Take a minute to try this alcohol screening tool to learn your risk level.

How much is too much?

WOMEN NO MORE THAN **3** DRINKS on any single DAY — NO MORE THAN **7** DRINKS per WEEK

MEN NO MORE THAN **4** DRINKS on any single DAY — NO MORE THAN **14** DRINKS per WEEK

What's your drinking pattern?

One drink consists of: 12 oz. of beer/5 fl. oz of wine/1.5 oz of spirits

Think about your typical week:

On average, how many days a week do you drink alcohol? ______

On a typical drinking day, how many drinks do you have? ______

Heavy drinking is considered as any single day you have exceeded your daily drink limit. Even one day of heavy drinking can increase your risk level.

The majority of US adults (7 out of 10) either abstain or always drink within low-risk limits. **Which group are you in?**

Drinking Amounts	% of US Population	Risk Level
Drink more than both the single-day and the weekly limits	9%	Highest
Drink more than either the single-day or the weekly limits	19%	Increased
Always drink at or less than single-day and weekly limits	37%	Low
Never drink alcohol	35%	None

When choosing to drink it is important to be aware of the risks in order to limit any potential harm.
Thinking about a change? Check out: *National Institute of Health*
www.rethinkingdrinking.niaaa.nih.gov / Mental Health and Addiction Resource Guide for Employees http://internal.bmc.org/hr

EMPLOYEE SURVEY

SAMPLE

THE GRAYKEN EMPLOYEE SURVEY

Employer Survey on Employee Support for Substance Use and Mental Health Disorders

Survey Introduction: [INSERT EMPLOYER NAME] is in the process of developing best-practices on how we can better support our employees and their family members who are experiencing mental health and substance use issues. To achieve this goal, we are conducting this confidential survey with our employees. Your participation is greatly appreciated!

Your responses to this survey will be completely confidential and anonymous. Your responses will not be associated with your name or any other identifying information.

The survey contains 9 key questions and should only take approximately 5 minutes to complete. If you have questions about this survey, please contact [NAME] at [EMAIL & PHONE NUMBER]. Thank you for your time and participation!

****

1. Have either you, your immediate family member(s) or a [EMPLOYER NAME] colleague experienced a mental health issue (such as depression, anxiety, trauma) and/or a substance use issue (such as with alcohol or other drugs)?

   Please select all that apply.

   ☐ Myself
   ☐ My immediate family member(s)
   ☐ A [EMPLOYER NAME] colleague
   ☐ None of the above

➔ *If "MYSELF" is selected...*

1a. Which mental health and/or substance use issue(s) have YOU experienced?

Please select all that apply.

- ☐ Substance use
- ☐ Depression
- ☐ Anxiety
- ☐ Trauma or post-traumatic stress disorder (PTSD)
- ☐ Other: ____________________

➔ *If "MY IMMEDIATE FAMILY MEMBER(S)" is selected...*

1b. Which mental health and/or substance use issue(s) have YOUR IMMEDIATE FAMILY MEMBER(S) experienced?

Please select all that apply.

- ☐ Substance use
- ☐ Depression
- ☐ Anxiety
- ☐ Trauma or post-traumatic stress disorder (PTSD)
- ☐ Other: ____________________

➔ *If "A [COMPANY NAME] COLLEAGUE" is selected...*

1c. Have you been concerned about any of your [EMPLOYER NAME] colleagues experiencing any of the following mental health and/or substance use issues?

If so, please select all that apply.

- ☐ Substance use
- ☐ Depression
- ☐ Anxiety
- ☐ Trauma or post-traumatic stress disorder (PTSD)
- ☐ Other: ____________________

2. Do you get your health insurance through [EMPLOYER NAME]?

☐ Yes
☐ No

3. Do you know what mental health and/or substance use treatment services your health insurance covers for you and/or your dependent?

☐ I have no idea
☐ I don't know, but I know how to find out
☐ I have some idea, but I'm not sure
☐ I know exactly what mental health and/or substance use services my insurance covers

4. How satisfied are you with your health insurance benefits for mental health and/or substance use treatment services?

☐ Very satisfied
☐ Satisfied
☐ Neutral
☐ Unsatisfied
☐ Very unsatisfied

4a. Please explain your level of satisfaction:

____
____
____
____
____

5. Since you have worked at [EMPLOYER], have you accessed mental health and/or substance use treatment services?

☐ Yes
☐ No

➔ *If YES…*

5a. How did you access these mental health and/or substance use services?

☐ Through [EMPLOYER]'s Employee Assistance Program (EAP)
☐ Through referral from my insurance company
☐ Directly through a provider
☐ Other: ______________________________

5b. Overall, how helpful were these treatment services in addressing your mental health and/or substance use issue?

☐ Very helpful
☐ Somewhat helpful
☐ Neither helpful nor harmful
☐ Not helpful
☐ Made it worse

➔ *If "NO"…*

5c. For what reason(s) you did NOT access mental health and/or substance use treatment services? Please select all that apply.

☐ Fear that my boss/supervisor would find out
☐ Fear that my family would find out
☐ Fear that I could get fired
☐ Fear that seeking treatment would negatively impact my career development
☐ Cannot get time off of work
☐ Cannot afford the co-pay
☐ Cannot afford the out-of-pocket costs
☐ My problem is not serious enough to seek care
☐ I would rather deal with the problem on my own
☐ Previous bad experience with mental health care and/or substance use services
☐ My health insurance does not cover the substance use and/or mental health services that I need
☐ I didn't or haven't needed mental health and/or substance use treatment services
☐ Other (e.g. transportation, child care, etc...)

6. Have you felt, or would you feel comfortable talking with your supervisor about a mental health or substance use issue that you are experiencing?

   - ☐ Very comfortable
   - ☐ Comfortable
   - ☐ Neutral
   - ☐ Uncomfortable
   - ☐ Very uncomfortable

➔ *If "UNCOMFORTABLE" or "VERY UNCOMFORTABLE"...*

7a. For what reason(s) would you NOT feel comfortable speaking with your supervisor about mental health and/or substance use issues?

Please select all that apply.

- ☐ Fear that I would get fired as a result
- ☐ Fear that I would lose career advancement opportunities
- ☐ Fear that my issue would not stay confidential
- ☐ Other: ______________________________

➔ *If "COMFORTABLE" or "VERY COMFORTABLE"...*

7b. For what reason(s) would you feel comfortable speaking with your supervisor about mental health and/or substance use issues?

Please select all that apply.

- ☐ My supervisor has explicitly said that employees should come to them if they are experiencing a mental health or substance use issue
- ☐ My supervisor is kind and understanding
- ☐ I do not believe there would be any negative consequences to telling my supervisor
- ☐ Other: ______________________________

7. How much do you agree or disagree with this statement: [EMPLOYER NAME] provides a supportive environment for employees who want to seek help for mental health and/or substance use issues.

   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Neutral
   - ☐ Disagree
   - ☐ Strongly disagree

8. Which statement do you think best characterizes the culture surrounding mental health and/or substance use issues at [EMPLOYER NAME]?

   Please select all that apply.

   - ☐ My colleagues and supervisors would support me
   - ☐ I hear negative comments from my colleagues about people with mental health and/or substance use issues
   - ☐ Seeking help would negatively impact my reputation and/or career
   - ☐ Seeking help would result in being terminated from my current position
   - ☐ Other: ____________________

9. Please provide any other information you would like to share about mental health and/or substance use services, access to resources, culture, etc... at [EMPLOYER NAME]?

____
____
____
____
____

DEMOGRAPHICS

1. What is your age in years?

   ☐ 18-24
   ☐ 24-34
   ☐ 35-44
   ☐ 45-54
   ☐ 65+

2. Please specify your race (e.g. Asian, Pacific Islander, Black, African American, Hispanic or Latino, etc...): ______________________________

3. Please specify your ethnicity (e.g. Chinese, Haitian, Italian, Nigerian, etc...)

4. Please specify your gender identity:

   ____

5. Please specify your sexual orientation:

   ____

6. What is your marital status?

   ☐ Single, never married
   ☐ Married or domestic partnership
   ☐ Divorced
   ☐ Separated
   ☐ Widowed

7. Are you the primary caregiver and/or guardian for any children and/or adults?

   ☐ Yes
   ☐ No

   ➔ *If "YES"...*

   Please specify the number of children and/or adults for whom you are the primary caregiver: ____________

8. Which best describes your position at [EMPLOYER NAME]?

☐ [Use position categories that make sense for your organization. E.g. "Administrative," "Sales," "Executive Leadership," "Finance," etc…]
☐ [Position category]
☐ [Position category]
☐ [Position category]
☐ [Position category]
☐ [Position category]
☐ [Position category]

9. Please specify your current hours of work at [EMPLOYER NAME]:

☐ Regular day shift
☐ Regular evening shift
☐ Regular night shift
☐ Rotating shift
☐ Other: ______________________________

MEDICAL BENEFITS

SAMPLE

BENEFITS COVERAGE QUESTIONNAIRE

This document is a guide for you as an employer to use to ensure your employees and their family members are receiving comprehensive and affordable health insurance coverage for the treatment of Substance Use Disorders (SUD).

This document discusses the following list of benefit coverage and criteria. It can be used to frame discussions with your insurance carrier to ensure your plan is providing appropriate levels of coverage.

1) Mental Health Parity
2) Medication Coverage
3) Ease of Access
4) Reporting

Mental Health Parity

The Mental Health Parity Act (MHPA) is legislation that was signed into United States law on September 26, 1996 that requires annual or lifetime dollar limits on mental health benefits to be no lower than any such dollar limits for medical and surgical benefits offered by a group health plan or health insurance issuer offering coverage in connection with a group health plan.

To ensure your plan(s) comply with this Act, we suggest you ask your insurance provider:

- Is there parity in the Plan between coverage for mental health/substance use disorders and the medical/surgery benefits? If not, what is the difference?

Medication Coverage

There are various FDA approved medications used in treating substance use disorders, which have been shown to be more effective for sustaining long term addiction recovery than treatment without medication.

To evaluate the Medication for Treatment (MAT) of SUD coverage under your plan, we suggest you ask your insurance provider:

- Is cost sharing (copayments/coinsurance/deductibles/etc.) waived for any prescriptions treating SUD? (both injectable and oral)
- Is there member cost sharing for an office visit for the purpose of medication distribution?
- Do you waive prior authorization requirements for MAT?
- In addition to covering Nurse Practitioners and MDs, do you cover services provided by Registered Nurses for MAT distribution?
- Please differentiate what drugs/services are covered under the medical plan vs. the prescription benefit.
- Please provide the member cost share for both a 30 day and a 90 day supply SUD medications (i.e.: buprenorphine, methadone, disulfiram, acamprosate, naltrexone)

Ease of Access

Ensuring your plan members can easily access the necessary treatment is essential in working towards recovery.

Examples of questions to ask your insurance provide include

- Do you cover services (such as assessments, medication distribution) and office visits provided by Certified Addiction Nurse Care Managers (CANCM)?
- Do you provide guidance and assistance around quality, reputation, and appropriateness for patients who may seek to live in a "sober house"?
- Do you cover visiting Addiction Nurse Care Managers for home visits post discharge? If so, what are the condition/limits?
- What Disease/Care Management programs do you have in place for the various substance use disorders? (tobacco, alcohol, opioids, marijuana)
- Denied Services for SUD:
  - What are the main/typical reasons services for the treatment for SUD are denied?
  - Can you describe the member appeal process?
  - Is there a person at the Plan who can assist a member through the appeal process? If so, what is their contact information?

Reporting

In order to monitor the care of your employees and their dependents, it is important that your health insurance carrier can provide comprehensive reporting services.

We recommend inquiring about the following reports:

- The number of employees and dependents diagnosed with SUD, by substance (i.e. tobacco, alcohol, opioids, marijuana, etc.)
  - Data by substance categorized by: overall number of members with condition (broken out by subscribers vs. dependents) and total annual cost and count (broken out by pharmacy, office visit, inpatient hospitalization, group counseling, individual counseling, emergency room visit). For example:

SUD by Substance	Total	# of Subscribers	# of Dependents	Pharmacy Cost	Office Visit	Inpatient Hospitalization	Group Counseling	Individual Counseling	Emergency Room Visit	TOTAL
Opioids	#	#	#	$	$	$	$	$	$	$
Tobacco	#	#	#	$	$	$	$	$	$	$

- Claims by site of care (i.e. hospital, PCP, specialist, telemedicine)
- Identified "gaps in care" of members with SUD? (Standards of care by condition and Rx).
- What types of standard reports do you provide to help your plan sponsors monitor our members with SUD?
- Are customized reports available if a standard report does not provide this information?

If you would like a more detailed Request for Information (RFI) template to provide to your insurance provider please email the Grayken Center for Addition Grayken.Center@bmc.org

SAMPLE

CASAColumbia ADDICTION SERVICES FOR INSURANCE PLANS

CASAColumbia is a national nonprofit research and policy organization focused on improving the understanding, prevention, and treatment of substance use and addiction. They have identified a list of critical addiction-related health services to include in your insurance plans. This list is below, and the original list is available here: https://www.centeronaddiction.org/sites/default/files/files/Recommendations-for-Healthcare-Providers.pdf

In a 2013 report, *Addiction Medicine: Closing the Gap between Science and Practice*, CASAColumbia identified a list of critical addiction services that have been proven by research to effectively prevent risky substance use and treat and manage addiction. These evidence-based services are consistent with the recommendations of other leaders in this field who have reviewed the data,[23] including The Coalition for Whole Health's (CWH) *EHB Consensus Principles and Service Recommendations*,[24] which have the support of over 100 national and state-level mental health/addiction organizations.[25]

The critical addiction-related health services to include in your insurance plans are:

- **Routine Screening and Brief Intervention (SBI) in Health Care Settings, Including Primary and Urgent Care.** All patients should be routinely screened for all forms of risky substance use—including tobacco, alcohol, illicit drugs and controlled prescription drugs—at the initial visit to a primary care (including family and internal medicine and pediatric), obstetric, mental health or specialty care physician, and then routinely thereafter, and upon admission into a hospital, emergency department or trauma care center. Age-appropriate screening tools should be used. As a part of these services, patients (and their families if appropriate) should be educated about the health consequences of risky substance use, the disease of addiction and risk factors for both.

  For those who screen positive for risky substance use that does not meet the threshold of clinical addiction, a brief intervention (typically involving motivational interviewing techniques and substance-related education) is an effective, low-cost approach to reducing risky substance use.[26]

  Individuals showing signs of addiction should be referred for a full diagnostic evaluation.

- **Diagnostic Evaluation, Comprehensive Assessment and Treatment Planning.** For individuals showing signs of addiction, it is necessary to determine a clinical diagnosis including the stage and severity of the disease. If the disease is not present, they should receive a brief intervention. If the disease is present, a comprehensive assessment must be performed to evaluate co-occurring medical (including psychiatric) conditions and personal circumstances that may affect treatment success. The results of the diagnostic evaluation and comprehensive assessment create the foundation for an effective treatment plan that is individualized and tailored to the patient, identifies the pharmaceutical and behavioral therapies needed and the appropriate level/setting of care. Diagnosis and treatment planning should be conducted using standardized and validated instruments. Providing treatment, including specialty care as needed, is critical to managing the condition and preventing further health and social consequences.[27]

- **Stabilization.** As a precursor to treatment, the patient's condition should be stabilized via cessation of substance use, including medically-supervised withdrawal management (detoxification) when necessary. Stabilization alone is not treatment for addiction. After stabilization, connecting patients with services to treat and manage their addiction is a critical step in assuring that stabilization services are clinically and financially effective.

  All patients should be evaluated to: a) determine the presence and severity of withdrawal symptoms using standardized instruments, b) assess potentially complicating co-occurring medical—including psychiatric—conditions, c) detect (through the use of drug testing) any substances present or recently used in the patient's body and d) establish the patient's withdrawal history. A trained physician should determine the appropriate setting (e.g., patient's home, physician's office, non-hospital treatment facility, hospital, intensive outpatient/partial hospitalization program) for stabilization based on the results of the diagnosis and evaluation. Patients should be supported through withdrawal (with the use of medication when necessary) to re-establish a state of physiological stability. Once stabilized, all patients should receive addiction treatment immediately.

- **Addiction Treatment.** Qualified health care professionals should deliver evidence based addiction treatments, accompanied by treatment for co-occurring health (including psychiatric) conditions. Depending on the severity of the patient's disease and the general health status of the patient, the use of medications, psychosocial therapies or both in combination may be necessary. All services necessary to coordinate addiction treatment with other health care services also should be covered.

  - ***Pharmaceutical therapies.*** Pharmaceutical therapies can be an important component of addiction treatment.[28] Individual factors, including genetic and biological characteristics and environmental and psychological risk factors, may determine how effective a certain type of pharmaceutical intervention will be for an individual with addiction. All FDA-approved medications designed to treat and manage addiction should be covered within the parameters of EHB.

These medications include, but are not limited to:

1. Campral (acamprosate), naltrexone formulations and Antabuse (disulfiram) for addiction involving alcohol
2. Zyban (bupropion), Chantix (varenicline), and the five FDA-approved forms of nicotine replacement therapy (NRT), including patch, gum, lozenge, nasal spray and inhaler for addiction involving nicotine
3. Naltrexone formulations, methadone, and buprenorphine formulations (including Suboxone) for addiction involving opioids

The above medications have different mechanisms of action and should not be considered interchangeable members of the same "class." Physicians, using their clinical judgment, have the authority to prescribe medications that are not FDA approved specifically to treat addiction, just as is the case when physicians treat other illnesses; these medications should also be covered.

Benefits should include all clinical services required for patients to access the pharmacotherapies, such as physician visits for medical management of pharmaceutical therapies as well as coverage for treatment at licensed opioid treatment programs when required for access to a medication modality (e.g., methadone to treat addiction involving opioids).

- ***Psychosocial Therapies.*** Psychosocial therapies are critical components of almost every treatment regimen; when combined with pharmaceutical treatments they enhance treatment efficacy.[29] Psychosocial therapies must be tailored to individual patient characteristics, such as age, gender, and sexual orientation. Evidence-based psychosocial therapies include, but are not limited to:
  1. Cognitive-Behavioral Therapy (CBT)
  2. Motivational Interviewing (MI) and Motivational-Enhancement Therapy (MET)
  3. Community Reinforcement Approach (CRA)
  4. Contingency management/motivational incentives
  5. Behavioral couples/family therapy
  6. Multidimensional family therapy
  7. Functional family therapy

- ***Level/Setting and Length of Treatment.*** The appropriate level/setting of care should be determined by the results of a diagnostic evaluation and a comprehensive assessment, and should be documented in an individual treatment plan

  At a minimum, health plans should cover the following levels/settings of care where evidence-based services are provided:
  1. Outpatient treatment
  2. Intensive outpatient treatment
  3. Partial hospitalization
  4. Inpatient hospitalization
  5. A range of non-hospital residential treatment environments (including low intensity, high-intensity, and population specific)

The medically-indicated length of treatment varies depending on the severity and complexity of the patient's disease and other factors. Length of treatment should be flexible, contingent on periodic evaluation of the patient's progress. Blanket limitations on allowed visits or lengths of stay do not accord with best practices for treating cases of addiction that are chronic and relapsing.

States also should keep in mind that many people with addiction have co-occurring health (including psychiatric) conditions; often these co-occurring conditions must be treated concurrently for any treatment to be successful. States should include addiction treatment services and levels/setting of care that allow for concurrent treatment of all health conditions.[30]

- **Monitoring, Support and Continuing Care.** Because addiction can be a chronic, relapsing disease, monitoring, support and continued care services are essential to help the patient maintain the progress achieved during the initial phase of addiction treatment and to prevent relapse. Ongoing pharmaceutical and psychosocial therapies are often indicated to manage the disease, as for persons with other chronic conditions like diabetes or hypertension. Follow-up appointments to monitor progress and disease management services to promote patients' adherence to a treatment regimen and management of their disease contribute to positive outcomes. As is the case with other chronic diseases (e.g., various cancers), periodic revisits to monitor the patient's status and to assure that a state of remission remains (or, alternately stated, to assure that there are no early/undetected signs of relapse not well-appreciated by the patient) should be covered within the EHB.

  Benefits should include the full range of services required to manage a chronic condition, including continued pharmaceutical and psychosocial therapy services, supervised by a physician and including follow-up appointments to monitor progress; disease management services to promote patients' adherence to a treatment regimen; and case management services to connect patients with resources, including peer support (e.g., AA/NA/Smart Recovery/etc.), auxiliary services—such as legal, educational, vocational, housing, child care and family supports as well as nutrition and exercise counseling. Peer support programs, like AA and NA, are an important adjunct to treatment; however, these programs do not constitute treatment themselves.

MHPAEA applies to employment–based large group health plans and health insurance issuers choosing to provide mental health and substance use disorder coverage and requires that limitations on such benefits not be more restrictive than limitations on medical and surgical benefits. For more information go to www.hhs.gov/parity

SAMPLE DRUG AND ALCOHOL POLICY

SAMPLE

DRUG AND ALCOHOL POLICY

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides the Federal Laws and Regulations for a Drug-free workplace. See these regulations at: https://www.samhsa.gov/workplace/legal/federal-laws.

Below is a sample Drug and Alcohol policy from Boston Medical Center. Be sure to consult your legal department to create a policy appropriate for your organization.

DRUG AND ALCOHOL POLICY

Purpose:
Boston Medical Center (BMC) strives to maintain a safe, healthy and efficient environment, which enhances the welfare of our patients, employees and visitors. The purpose of this policy is to address the issue of impairment relating to the use of drugs or alcohol.

Policy Statement:
Impairment from drugs or alcohol while on the job, and on-the-job use, possession, theft, or sale of drugs or alcohol, is prohibited.

Application:
All employees
Anyone providing patient care or services at BMC

Exceptions: None

Procedure:

A. Definitions:

1. "Under the influence" means that the employee is affected by a drug or alcohol or the combination of a drug and alcohol in any detectable manner.
2. "Legal Drug" includes prescribed drugs and over-the-counter drugs that have been legally obtained and are being used pursuant to a valid prescription for the purpose for which they were prescribed or manufactured.

3. "Illegal Drug" means any drug (a) which is not legally obtainable, or (b) which is legally obtainable but has not been legally obtained. This term includes prescribed drugs not being used for prescribed purposes.

B. Alcohol

Being under the influence or in possession of an unsealed container of an alcoholic beverage by any employee while performing BMC business or while in a BMC facility/property is prohibited. Under no circumstances should anyone who delivers patient care or provides essential services be impaired when arriving to work. No alcohol shall be served on BMC property.

C. Legal Drugs

Employees are permitted to take valid prescriptions and over-the-counter medications consistent with appropriate medical treatment plans while performing BMC business. When the prescribed or over-the-counter drug therapies affect the employee's job performance, safety or the efficient operation of BMC, Occupational Medicine/Employee Health Services or the Emergency Department should be contacted to perform a fitness for duty evaluation.

D. Illegal Drugs

Participating in any way in the use, sale, purchase, transfer or possession of an illegal drug by any employee while on BMC property is prohibited. The presence in any detectable amount of any illegal drug in an employee or possession of an illegal drug by an employee while performing BMC business or while in a BMC facility or on BMC property is prohibited.

E. Disciplinary Action

Violation of this policy may result in a disciplinary action up to and including termination, even for a first offense.

F. Drug and Alcohol Screening of Employees

BMC may request testing of those employees suspected of being under the influence of a drug or alcohol. Drug or Drug Classes to be tested shall include, but are not limited to, alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, or cocaine metabolite, marijuana, opioids, methadone, methaqualone (Quaalude), phencyclidine (PCP), propoxphene (darvon), oxycontin. This screening will be conducted in the following manner:

1. BMC must have reasonable cause based on specific, observable facts to believe that the employee's faculties are impaired while on the job or while on BMC property/facilities because of the consumption of alcohol or of drugs.
2. Occupational Medicine/Employee Health Service/Emergency Department collects the specimen. The related documentation is identified numerically and not by the employee's name. The processing of the blood or urine specimen is performed by an outside laboratory and not a BMC laboratory. Breath testing for alcohol alone shall be conducted on BMC premises by BMC Staff. Results of the drug or alcohol screen are available only through the Vice President of Human Resources or his/her designee.
3. The employee shall have an opportunity to rebut, explain the test results or to refuse to be tested.

G. Procedures to be Followed Before Requesting Drug and Alcohol Screening

1. The supervisor/manager who observes or to whom it is reported that an employee may be under the influence of a drug or alcohol should endeavor to confirm the observations or report by establishing that there is reasonable cause for action which is manifested in the employee's behavior or job performance.
2. During normal business hours, the supervisor must first consult with Human Resources before initiating questioning about the use or possession,. During off-shift hours the Supervisor will contact the Off Shift Nurse Manager who will contact the Director of the appropriate department. The Supervisor must have another supervisor present (off shifts may use the Nursing Supervisor or Public Safety Supervisor) and should limit questioning to that which will determine the employee's general condition.
3. The supervisor must complete the Observation Checklist signed by both the supervisor and witness prior to requesting the employee to be present at Occupational Medicine/Employee Health Services/Emergency Department for medical assessment and obtaining of specimen.
4. If the employee then refuses to be tested, the employee should be asked to sign a refusal form, be informed that a refusal to be tested is considered by BMC to be the same as a positive result, placed on Administrative Leave without pay and told that, after further investigation, appropriate disciplinary action may be taken, up to and including termination. If the employee refuses to sign the sheet it should be noted on the form. The employee shall be offered transportation home via taxicab.
5. If consent for testing is provided, the employee should sign a form. Pending return of any test results, the employee should be placed on Administrative Leave without pay and told that depending on the results of the testing, appropriate disciplinary action may be taken once the test results are available, up to and including termination. If the test results are negative the employee will

receive back pay for the hours of Administrative Leave. The employee shall be offered transportation home via taxicab.

6. At the point that the employee has been placed on leave or suspended to await the results of the tests or because the employee has refused testing, the Vice President for Human Resources or his/her designee shall assume responsibility for the further direction of the incident. Additionally, reporting to specific regulatory boards may be required.
7. In the interests of maintaining confidentiality, management must limit the release of information regarding the application of this policy to those with a need to know, such as persons participating in an investigation or other action taken pursuant to this policy. Nothing in this policy may be construed as a promise or guarantee of confidentiality.

H. Relationship to Employee Assistance Program (EAP)

BMC maintains an outside Employee Assistance Program (EAP) which provides confidential help to employees who suffer from alcohol or drug use and other personal/emotional problems.

However, it is the responsibility of each employee to seek assistance from the EAP before alcohol and drug problems lead to disciplinary action which can include termination for a first offense. Once a violation of this policy occurs, subsequent use of the EAP on a voluntary basis will not necessarily lessen disciplinary action and may have no bearing on the determination of appropriate disciplinary action.

Should an employee choose to make known his/her decision to seek prior assistance from the EAP, this fact will not be used as the basis for disciplinary action and will not be used against the employee in any disciplinary proceeding. On the other hand, using the EAP will not be a defense to the imposition of disciplinary action where facts proving a violation of this policy are obtained outside of the EAP.

Accordingly, the purposes and practices of this policy and the EAP are not in conflict and are distinctly separate in their applications.

I. Rehabilitation

Employees may on their own volition admit to a drug or alcohol problem before job performance is affected and may be eligible to take an FMLA leave.

J. Involvement of Law Enforcement Agencies/Licensing Agencies

The use, sale, purchase, transfer, theft or possession of an illegal drug is a violation of the law. BMC will refer illegal drug activities to law enforcement and licensing and credentialing agencies when appropriate. Additionally, BMC will make other appropriate notification to licensing agencies as required for any drug or alcohol

related impairment. All referrals will be made with notification to Senior Management (appropriate Vice President and the Vice President for Human Resources).

K. Non-Employees

For non-employees who are impaired while providing care or services on BMC property, the Vice President of the area where the care or service is being provided and the Vice President of Human Resources or his/her designee shall be notified immediately. On nights and weekends, the Nursing Supervisor shall be notified immediately. Notifying these individuals does not relieve any licensed personnel of his/her separate professional reporting obligations.

Responsibility: The administration of this policy is the responsibility of each Vice President, all department heads and supervisors, administrators, and on-duty nursing supervisors working in conjunction with the Vice President for Human Resources or his/her designee.

Other Related Policies:
None

Section name and # 07 Human Resources

Policy No.: # 07.31.000
Title: Drug and Alcohol Policy

Initiated by: Human Resources

Contributing Departments: None

EMPLOYEE RESOURCES

SAMPLE

EMPLOYEE GUIDE FOR ABSENCE MANAGEMENT

Overview
Boston Medical Center (BMC) recognizes that certain conditions and circumstances may arise to cause an employee to request time off from work. To address this issue, BMC grants leaves of absences (LOA) for certain personal, medical, or citizenship responsibilities. These leaves must balance the operational needs of BMC with the needs of the employees, and follow all applicable federal and state laws.

Note: Be sure to read the policy on the leave you are approved for to fully understand the terms of the leave. Not all leaves guarantee your job upon return. If you are a represented employee, please refer to your Collective Bargaining Agreement.

BMC Offers the Following Leaves of Absence
- Family and Medical Leave (FMLA)
- Medical Leave (non-FMLA)
- Massachusetts Parental Leave
- Military Medical Leave
- Military Qualifying Exigency
- Military Deployment/Active Duty
- Military Activation (Voluntary or Involuntary)*
- Americans with Disabilities Act Leave
- Small Necessities Leave
- Domestic Violence Leave

When to Apply
The general rule is that you must apply for a Leave of Absence 30-days prior to the beginning of your requested leave date. Exceptions to this rule are made for unexpected events such as emergency surgery or illness. In those situations, you must notify your manager as soon as possible of the need for a leave and follow the application process below.

How to Apply
For all leaves, employees must submit a completed Request for Leave of Absence Form and documentation supporting the need for the leave.

Request for a Leave of Absence Form
- **First Day out of Work:** On the form you should put the first day you were not able to work your scheduled shift (not the date of illness or injury).
- **Last Day out of Work:** This is the date of the last shift you are unable to work, not the day of your return. If the last day out is unknown, such as due to an

ongoing health condition, you may put in the date of your next follow-up doctor's appointment.

- **Signatures:** both you and your manager need to sign the form. Your manager's signature only verifies that they have received the request, not that your leave has been approved.

Request for a Leave of Absence Form

The required documentation depends on which leave you are taking. Please refer to the table below.

How to Submit

The Request Form and Required Documentation may be:

- emailed to *******@***.org
- securely faxed to ***-***-****

Leave	For	Required Documentation	Give to
Medical Leave • FMLA • MMLA • Worker's Compensation	Your own serious health condition	Request for Leave of Absence Form & Certification of Health Care Provider Form	Absence Management Department
Medical Leave • FMLA	A family member's serious health condition	Request for Leave of Absence Form & Certification of Health Care Provider Form	Absence Management Department
Military Medical Leave • FMLA	Yourself, or family member	Request for Leave of Absence Form & Certification for Covered Service Member Form	Absence Management Department
Military Qualifying Exigency	Support for a covered service member	Request for Leave of Absence Form & Certification of Qualifying Exigency Form	Absence Management Department
Military Deployment/ Active Duty	Yourself	Request for Leave of Absence Form Official Military Orders	Absence Management Department and your Manager
Military Activation	Yourself	Official Military Orders *This is not treated as a Leave of Absence so only a copy of the orders is required.	Absence Management Department and your Manager

Americans with Disabilities Act	Yourself	Request for Leave of Absence Form	Absence Management Department
Small Necessities Act	Your child or elderly relative	Small Necessities Act Request Form	Your Manager
Domestic Violence Leave	Yourself or family member	Domestic Violence Act Form Third Party documentation	Absence Management Department

SAMPLE

INTERNAL RESOURCE GUIDE

Your Company's Name
Mental Health & Addiction Resource Guide
for employees

Insert image here (could be of company's core value, mission, or a general supportive image)

Insert statement of support from Senior Leadership here
(For example: "We are committed to providing an environment that is free of stigma and ensuring that our employees have the necessary resources to support their needs as it relates to mental health and substance use disorders."

Name, Title

Support Available to Employee

Employee Assistance Program (EAP) (*-***-****)**
The EAP provides employees and their families with confidential counseling and referral services for a wide range of concerns including metal health, alcohol/substance use disorder, smoking cessation, anxiety and more. They are available 24/7. You can also access their website to take different addiction and mental health assessments: **www.********.com**

Health Plan Mental Health/Substance Use Disorder Services (*-***-****)**
If you are enrolled in our group medical plan, you may visit any provider that accepts **** insurance. Referrals are not required, regardless of which plan you're on. You may also look up providers at **www.********.com** or call them directly.

Behavioral Health Services: Telemedicine (www.*********.com)**
Medical plan members can receive convenient and confidential behavioral health visits through online video chat with licensed practitioners. Conditions treated include depression, anxiety, addiction, trauma and loss. Psychology appointments with talk therapy are 25 or 50 minute sessions. Psychiatry appointments addressing biological imbalance start with a 45-minute visit, and then 15-minute follow-up visits after that. Psychiatrists can prescribe medicine as part of a treatment plan.

How to Take Time off for Treatment

Leave of Absence
You may qualify for time off from work for the treatment of mental health and/or substance use disorders on an intermittent or continuous basis.

To request time off, complete the "Leave for Employee" request packet from www.*****.org and call ******* at ***-***-****. The completed packet should be returned to the Absence Management team by email to *********@***.org** or faxed to ***-***-****. Only give your manager the request for time off form to sign. You do not need to share the reason for your leave with your manager.

Company Policies

All company policies can be found on our employee portal at *********.org/policy**.

To learn about your rights, responsibilities and our expectations for employees, please review the following Human Resources policies:

- Employee Conduct: This policy provides guidelines and examples of unacceptable conduct related to drug and alcohol use and its potential impact on your employment.
- Drug and Alcohol: This policy explains that the use of drugs and/or alcohol while on the job, working impaired, and/or possessing, selling, distributing, or diverting drugs is prohibited. It also states that if you voluntarily disclose your

substance use disorder before job performance is affected, you may be eligible for protected time off for treatment.

If you need time off for treatment or are in recovery, you have certain rights for protected time out of work or needed accommodations, as described in the following Human Resources policies:

- FMLA: This policy provides information on taking either a continuous or an intermittent leave of absence to treat your substance use disorder.
- Reasonable Accommodation: This policy states that we will make good faith efforts to accommodate the physical and mental limitations of qualified employee with a disability to enable them to perform the essential functions of their job.

Community Resources and Support Programs

There are multiple community resources and support programs that are available such as:

- Alcoholics Anonymous (**www.aa.org**), and
- Narcotics Anonymous (**nerna.org**).

Visit their websites to find a meeting location and time that works for you.

The **Police Assisted Addiction Recovery** Initiative supports local police departments as they work to support those with substance use disorder by providing them with medical assistance for people asking for help. Visit their website to see if your town participates: **paariusa.org/our-partners**.

Screening Tools

Screening tools are a quick and easy way to determine whether you are experiencing symptoms of a mental health disorder or have a substance use disorder.

Mental Health

- www.mentalhealthamerica.net/mental-health-screening-tools

Alcohol/Substance Use Disorder

- www.asam.org/education/live-online-cme/fundamentals-of-addiction-medicine/additional-resources/screening-assessment-for-substance-use-disorders/screening-assessment-tools
- alcoholtreatment.niaaa.nih.gov/FAQs-searching-alcohol-treatment#topic-what-is-alcohol-use-disorder-and-its-symptoms
- www.bmc.org/research/alcohol-treatment-research/signs-problems

Safe Disposal of Unused Medication

To prevent unused medication from getting into the wrong hands or harming the environment, it is important that you safely dispose of them. Call your local pharmacy to see if they have safe disposal receptacle for public use.

Information about drug disposal is available online at:

www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm.

Contact Us

Email:
Phone:
Address:

Insert your company's logo here

SAMPLE

SAMPLE SCENARIOS & EMPLOYEE TIP SHEET

Recurrent Tardiness:
"I used to have a glass of wine with dinner. Lately the glass has been turning into a bottle. I don't intend to drink that much, but it has happened more and more over the past few months. I am a hard-working good employee, but it's been getting harder and harder for me to get to work on time. I'm not an alcoholic, I just need to stop drinking this much. I can't lose my job. I don't know what to do."

Withdrawing from Work:
"I used to love the people I worked with. We made a great team and had each other's' back. I don't know what happened, but lately they have been leaving me out of everything. I feel like they are trying to get rid of me. I'm a really good worker. I found that taking some coke before my shift really helps me focus and concentrate. I can get so much done in such a short amount of time. I think they are jealous of me because I'm making them look bad. I love my job, but my so-called 'friends' are really irritating me and holding me back. I don't know what to do."

Less Engagement:
My 15 year old son has been playing soccer for as long as I can remember. He loves it. Last season he pulled his ACL and wasn't able to play. I've noticed his been much more withdrawn and down lately. I thought he was just missing soccer. He told me last week that he thinks he might be addicted to prescribed pain medication. He said initially it was to help with the pain, but over the past few months it has escalated to the point where he can't go without it. I've been missing work to try to find out how to help my son. There are so many options and so many appointments to take him to. I'm missing so much work, but I have to help my son. My son needs help, I need to work and I don't know what to do."

Performance Issues:
"I have been doing this job for 20 yrs. I love what I do and I am so thankful that I can work from home. I work hard and have flexible hours. Sometimes I drink during the day to take the edge off. I tend to focus better, and I'm not driving anywhere so it's fine. I make up for the time, because I work well into the night to get the job done. Lately my manager has been nit picking every little thing I do. I think he's targeting me for some reason. I don't know what to do."

Behavioral Issues:
"I have been so tired lately. I don't know what is going on, everything is just so hard. No matter how hard I work I feel like I'm not good enough and I can't keep up. I've been smoking more and more pot just to get out of bed. I used to be so good at my job and now I don't even care. I just want to go to bed and not wake up. I don't know what to do."

SAMPLE

EMPLOYEE TIP SHEET

A person who is diagnosed with a Substance Use Disorder, meaning someone who has ceased engaging in the illegal use of drugs and who is either in treatment and/or remission, is protected under the Americans with Disabilities Act (ADA). It is helpful to think of a Substance Use Disorder as any other chronic illness, such as diabetes, heart disease or cancer. If you believe you or your family member may have a Substance Use Disorder you may qualify for reasonable accommodations in order to take time off to receive treatment.

Refer to your company's Drug and Alcohol Policy:

Many questions you may have about how to take time off, job protection, confidentiality and where to seek assistance for SUD, can be found in your company's Drug and Alcohol Policy. If you are unaware of your company's Drug and Alcohol Policy, contact Human Resources and/or your Employee Assistance Program for guidance. For further information visit: https://www.samhsa.gov/workplace/legal/federal-laws#FMLA

FMLA:

In order to take time off under the FMLA, you will need a doctor to complete the medical section of the form. You will need to provide this documentation to your Leave Department, however you are not required to share your reasoning for leave and/or accommodations with your manager/supervisor.

Resources to be Aware of:

1. Available Employee Resources (EAP)
2. Family and Medical Leave Act (FMLA) - https://www.congress.gov/bill/103rd-congress/house-bill/1
3. Company leave policy
4. The contact information for the person who can assist employees in applying for FMLA

SAMPLE

FREQUENTLY ASKED QUESTIONS BY EMPLOYEES

Q. I don't feel comfortable having a discussion with my manager about my substance use issue. Can I take time off without telling my manager?

A. It is important to contact someone in your Human Resources Department and/or refer to your company's Drug and Alcohol Policy. If you qualify for medical leave, you may be able to take time off without informing your manager as to the reason why.

Q. How do I know what my organization offers in terms of time off, benefits, etc.?

A. Usually someone in your Human Resources Department will have this information.

Q. I think I might have a substance use disorder. Who can I go to with questions on how to address it without it affecting my employment?

A. If you think you may have a substance use disorder, a great resource to learn more is your Employee Assistance Program. Often times, an EAP counselor can confidentially walk you through various treatment options to determine what may be right for you.

Q. If I suspect a colleague is dealing with a substance use disorder, how should I address it with him/her?

A. As a colleague, it is not your responsibility to address a SUD with a fellow employee. If you choose to reach out to your colleague, focus on the concerning behaviors you have witnessed without making assumptions as to the cause of those behaviors. It is best not to make assumptions as to why his or her behavior has changed, but rather to respectfully remind him or her of the available resources (i.e. EAP) that may assist him or her in addressing the concerning behaviors.

Q. What will happen if I come to work intoxicated? I have an alcohol use disorder, doesn't that mean my job is protected under the ADA?

A. No. The ADA does not protect an employee who is actively using substances at work. The ADA covers an employee who has been diagnosed with a SUD and is actively in treatment and/or in recovery.

Q. A colleague came to me asking for help with a SUD. I want to keep it confidential but I don't know all the answers. Who can I go to without betraying their trust?

A. As a colleague, you are not in the position to help another employee with a SUD. If an employee discloses that he/she has a SUD, think of it as any other chronic illness and handle it as such. Refer to your company's Drug and Alcohol Policy for direction. Many companies refer employees to their EAP in such situations.

Q. Can I take FMLA to support my teenage child who is currently going through outpatient treatment for a SUD?

A. You may qualify for intermittent leave to support your child. Contact your Human Resources Department to obtain Leave of Absence information.

Q. Can I be fired for poor performance if it is the result of a SUD?

A. Yes you can be terminated for poor performance, regardless of the reason. Refer to your companies Employee Conduct Policy and Drug and Alcohol Policy.

Q. What are some of the appropriate words to use when speaking about SUDs?

A. Words matter when referring to addiction. Substance Use Disorder is a chronic illness, similar to cancer, diabetes or heart disease. When referring to someone who has a chronic illness we refer to the person as *having* a chronic illness, not *being* the chronic illness. The same holds true for substance use disorders. A person with a Substance Use Disorder is just that, a person *with* a Substance Use Disorder, not an alcoholic, addict, user or abuser.

Q. What do I say when other employees ask me where I've been if I was out due to a SUD?

A. You do not have to go into detail as to why you were not at work. You can reply with, "Thank you for your concern. I was out for personal reasons and it's good to be back." Keeping it general and vague is usually the best course of action to take.

EMPLOYEE SUPPORT GROUP

NEW EMPLOYEE RESOURCE GROUP

H.E.A.L.E.R.

Help Empower A Loved-one Enter Recovery

This ongoing skill building class for Boston Medical Center employees will teach effective and respectful behavioral and motivational strategies for interacting with loved ones with substance use disorders.

Unlike traditional approaches, this proven approach avoids detachment and confrontations with your loved ones.

The goal of the group is to:

- encourage your loved one to decrease or stop their substance use
- help move your loved one toward treatment
- take care of your own physical and mental health

Drop in sessions are available every
DAY, TIME, LOCATION

New techniques will be taught in each session, so please attend as often as you'd like.

NARCAN

SAMPLE

NALOXONE GENERAL INFORMATION AND TRAINING MATERIAL

Naloxone On-site

- **How do you obtain Naloxone?** Naloxone is available in all pharmacies across the country. Massachusetts has an open prescription, meaning layperson can go to the pharmacy and request a Naloxone prescription without needing a MD prescriber.
- **Where should they store it?** Naloxone should be stored at room temperature anywhere and can be left unattended as it has no side effects or harmful effects. It is usually packaged in a single use plastic sealed container that would need to be opened in order to access this medication.
- **Who would train the people to administer it?** Trainings are generally held by State Departments of Public Health, through hospital affiliated organizations or by MDs/pharmacists.

This message sent on behalf of Michael Botticelli, Executive Director, Grayken Center for Addiction

Dear Leaders,

BMC continues to take a leadership role locally and nationally in the fight against the opioid epidemic. In 2017, more than 2,000 people in Massachusetts died as a result of an opioid overdose, and nationally more than 64,000 died from an overdose in 2016.

Widespread distribution and administration of Naloxone has been shown to reduce overdose deaths. Earlier this month, US Surgeon General Jerome Adams, MD, MPH, put out a call to action for more Americans to carry this life-saving intervention, which is not only effective, but also safe and easy to administer after a short training.

The Grayken Center for Addiction is proud to partner with BMC Outpatient Pharmacy Department, Public Safety, Project ASSERT, and BU Internal Medicine Residency Training Program to offer Naloxone training to all staff. Please see details below about the 15-minute drop-in sessions being held on Monday, April 30.

We encourage managers to promote this training with their teams and allow interested staff to attend. Thank you.

Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers

Introduction

Opioid misuse and overdose deaths from opioids are serious health issues in the United States. Overdose deaths involving prescription and illicit opioids doubled from 2010 to 2016, with more than 42,000 deaths in 2016 [CDC 2016a]. Provisional data show that there were more than 49,000 opioid overdose deaths in 2017 [CDC 2018a]. In October 2017, the President declared the opioid overdose epidemic to be a public health emergency.

Naloxone is a very effective drug for reversing opioid overdoses. Police officers, emergency medical services providers, and non-emergency professional responders carry the drug for that purpose. The Surgeon General of the United States is also urging others who may encounter people at risk for opioid overdose to have naloxone available and to learn how to use it to save lives [USSG 2018].

The National Institute for Occupational Safety and Health (NIOSH), part of the Centers for Disease Control and Prevention (CDC), developed this information to help employers and workers understand the risk of opioid overdose and help them decide if they should establish a workplace naloxone availability and use program.

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Background

What are opioids?

Opioids include three categories of pain-relieving drugs: (1) natural opioids (also called opiates) which are derived from the opium poppy, such as morphine and codeine; (2) semi-synthetic opioids, such as the prescription drugs hydrocodone and oxycodone and the illicit drug heroin; (3) synthetic opioids, such as methadone, tramadol, and fentanyl. Fentanyl is 50 to 100 times more potent than morphine. Fentanyl analogues, such as carfentanil, can be 10,000 times more potent than morphine. Overdose deaths from fentanyl have greatly increased since 2013 with the introduction of illicitly-manufactured fentanyl entering the drug supply [CDC 2016b; CDC 2018b]. The National Institute on Drug Abuse [NIDA 2018] has more information about types of opioids.

What is naloxone?

Naloxone hydrochloride (also known as naloxone, NARCAN® or EVZIO®) is a drug that can temporarily stop many of the life-threatening effects of overdoses from opioids. Naloxone can help restore breathing and reverse the sedation and unconsciousness that are common during an opioid overdose.

Side effects

Serious side effects from naloxone use are very rare. Using naloxone during an overdose far outweighs any risk of side effects. If the cause of the unconsciousness is uncertain, giving naloxone is not likely to cause further harm to the person. Only in rare cases would naloxone cause acute opioid withdrawal symptoms such as body aches, increased heart rate, irritability, agitation, vomiting, diarrhea, or convulsions. Allergic reaction to naloxone is very uncommon.

Limitations

Naloxone will not reverse overdoses from other drugs, such as alcohol, benzodiazepines, cocaine, or

amphetamines. More than one dose of naloxone may be needed to reverse some overdoses. Naloxone alone may be inadequate if someone has taken large quantities of opioids, very potent opioids, or long acting opioids. For this reason, call 911 immediately for every overdose situation.

Opioids and Work

Opioid overdoses are occurring in workplaces. The Bureau of Labor Statistics (BLS) reported that overdose deaths at work from non-medical use of drugs or alcohol increased by at least 38% annually between 2013 and 2016. The 217 workplace overdose deaths reported in 2016 accounted for 4.2% of occupational injury deaths that year, compared with 1.8% in 2013 [BLS 2017]. This large increase in overdose deaths in the workplace (from all drugs) parallels a surge in overall overdose deaths from opioids reported by CDC [2017]. Workplaces that serve the public (i.e. libraries, restaurants, parks) may also have visitors who overdose while onsite.

Workplace risk factors for opioid use

Opioids are often initially prescribed to manage pain arising from a work injury. Risky workplace conditions that lead to injury, such as slip, trip, and fall hazards or heavy workloads, can be associated with prescription opioid use [Kowalski-McGraw et al. 2017]. Other factors, such as job insecurity, job loss, and high-demand/low-control jobs may also be associated with prescription opioid use [Kowalski-McGraw et al. 2017]. Some people who use prescription opioids may misuse them and/or develop dependence. Prescription opioid misuse may also lead to heroin use (Cicero et al. 2017]. Recent studies show higher opioid overdose death rates among workers in industries and occupations with high rates of work-related injuries and illnesses. Rates also were higher in occupations with lower availability of paid sick leave and lower job security, suggesting that the need to return to work soon after an injury may contribute to high rates of opioid-related overdose death [MDPH 2018, CDC 2018c]. Lack of paid sick leave and lower job security may also make workers reluctant to take time off to seek treatment.

Considering a Workplace Naloxone Use Program

Anyone at a workplace, including workers, clients, customers, and visitors, is at risk of overdose if they use opioids. Call 911 immediately for any suspected overdose. Overdose without immediate intervention can quickly lead to death. Consider implementing a program to make naloxone available in the workplace in the event of an overdose. The following considerations can help you decide whether such a program is needed or feasible:

- Does the state where your workplace is located allow the administration of naloxone by non-licensed providers in the event of an overdose emergency?
- What liability and legal considerations should be addressed? Does your state's Good Samaritan law cover emergency naloxone administration?
- Do you have staff willing to be trained and willing to provide naloxone?
- Has your workplace experienced an opioid overdose or has there been evidence of opioid drug use onsite (such as finding drugs, needles or other paraphernalia)?
- How quickly can professional emergency response personnel access your workplace to provide assistance?

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- Does your workplace offer other first aid or emergency response interventions (first aid kits, AEDs, trained first aid providers)? Can naloxone be added?
- Are the risks for opioid overdose greater in your geographic location? The National Center for Health Statistics provides data on drug overdose deaths in an online state dashboard. [CDC 2018a.]

- Are the risks for opioid overdose greater in your industry or among occupations at your workplace? [See MDPH 2018 and CDC 2018c.]
- Does your workplace have frequent visitors, clients, patients, or other members of the public that may be at increased risk of opioid overdose?

Review the above questions periodically even if a program is not established right away. Ideally, a naloxone program is but a part of a more comprehensive workplace program on opioid awareness and misuse prevention.

Establishing a Program

You will need policies and procedures for the program. These should be developed in consultation with safety and health professionals. Involve the workplace safety committee (if present) and include worker representatives. You also will need a plan to purchase, store, and administer naloxone in case of overdose. Additional considerations for establishing a program are described below.

Risk assessment

Conduct a risk assessment before implementing the naloxone program.

- Decide whether workers, visiting clients, customers, or patients are at risk of overdose.
- Assess availability of staff willing to take training and provide naloxone.
- Consult with professional emergency responders and professionals who treat opioid use disorders in your area.

Liability

Consider liability and other legal issues related to such a program.

Records management

Include formal procedures for documenting incidents and managing those records, to include safeguarding the privacy of affected individuals. Maintain records related to staff roles and training.

Staff roles

Define clear roles and responsibilities for all persons designated to respond to a suspected overdose. Include these roles and responsibilities in existing first aid or emergency response policies and procedures (first aid kits, AEDs, training for lay first-aid providers, and/or onsite health professionals).

Training

Train staff to lower their risks when providing naloxone. Staff must be able to:

- Recognize the symptoms of possible opioid overdose.
- Call 911 to seek immediate professional emergency medical assistance.
- Know the dangers of exposure to drug powders or residue.
- Assess the incident scene for safety concerns before entering.
- Know when NOT to enter a scene where drug powders or residues are visible and exposure to staff could occur.
- Know to wait for professional emergency responders when drug powders, residues, or other unsafe conditions are seen.
- Use personal protective equipment (PPE; nitrile gloves) during all responses to protect against chemical or biological exposures including opioid residues, blood, or other body fluids.
- Administer naloxone and recognize when additional doses are needed.
- Address any symptoms that may arise during the response, including agitation or combativeness from the person recovering from an overdose.
- Use additional first aid, CPR/basic life support measures. Opioid overdose can cause respiratory and cardiac arrest.

Prepare for possible exposure to blood. Needles or other sharps are often present at the scene of an overdose. Provide bloodborne pathogen training to responding staff members and consider additional protection, such as hepatitis B vaccination.

Purchasing naloxone

Naloxone is widely available in pharmacies. Most states allow purchase without a prescription. Choose nasal sprays or injectable forms that can be delivered with an auto-injector, a pre-filled syringe, or a standard syringe/ needle. Customize training to fit the formulation stocked at your workplace.

Consider the nasal spray formulation for its safety to lay providers and its ease of administration. Research shows that people trained on intranasal spray reported higher confidence both before and after training compared with people trained on injectable forms [Ashrafioun et al. 2016].

Stock a minimum of two doses of naloxone. Some workplaces may choose to stock more. In some cases, one dose of naloxone is inadequate to reverse an overdose. The size, layout, and accessibility of the workplace may require placement of doses in multiple locations. Consider the time needed to replace supplies when determining the number of doses to stock.

Naloxone storage

Follow manufacturer instructions for storing naloxone. Keep in the box or storage container until ready for use. Protect from light and store at room temperature (59-77°F or 15-25°C). Naloxone can expire and its potency can wane over time. Note the expiration date for timely replacement.

PPE and other equipment storage

Store personal protective equipment, such as disposable nitrile gloves, and other first aid equipment, such as a responder rescue mask, face shield, or bag valve mask (for use in rescue breathing or CPR) close to the naloxone for quick response. Include sharps disposal containers if injectable naloxone is used.

Follow-up care planning

Develop a plan for immediate care by professional healthcare providers, referral for follow-up care, and ongoing support for any worker who has overdosed. Include emergency assistance and support (i.e. Employee Assistance Program, mental health services) for lay staff responders and bystanders if necessary.

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Maintaining a program

Re-evaluate your program periodically. Assess for new risks. Plan for maintaining equipment and restocking of naloxone (including replacement of expired naloxone), other first aid supplies, and PPE.

Check for updates to procedures and guidance

Incorporate new medical and emergency response guidance regarding naloxone purchase, storage, and administration.

Training review and update

Schedule refresher training annually. Training on opioid overdose and naloxone use can be combined with other first aid/CPR training and certifications.

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Resources

Burden of opioid use

edworkforce.house.gov/news/documentsingle.aspx?DocumentID=402497

Commonly abused drugs

drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts

Confidentiality

hhs.gov/hipaa

Emergency response resources

cdc.gov/niosh/topics/emres/responders
hhs.gov/about/news/2018/04/05/surgeon-general-releases-advisory-on-naloxone-an-opioid-overdose-reversing-drug
cdc.gov/niosh/docs/wp-solutions/2010-139

Fentanyl

cdc.gov/niosh/topics/fentanyl/risk
cdc.gov/niosh/ershdb/emergencyresponsecard_29750022
cdc.gov/drugoverdose/opioids/fentanyl

Liability Issues

drugpolicy.org/sites/default/files/Fact%20Sheet_State%20based%20Overdose%20Prevention%20Legislation%20%28January%20 2016%29
shrm.org/resourcesandtools/legal-and-compliance/employment-law/pages/employers-naloxone
networkforphl.org/_asset/qz5pvn/legal-interventions-to-reduce-overdose

Naloxone

samhsa.gov/medication-assisted-treatment/treatment/naloxone
drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio
tn.gov/health/health-program-areas/health-professional-boards/csmd-board/csmd-board/naloxone-training-information
ccohs.ca/oshanswers/hsprograms/firstaid_naloxone

Naloxone access

drugabuse.gov/publications/medications-to-treat-opioid-addiction/naloxone-accessible
narcan.com/availability
getnaloxonenow.org

NIOSH resources on opioids

cdc.gov/niosh/topics/opioids
cdc.gov/niosh/topics/fentanyl

Overdose prevention

surgeongeneral.gov/priorities/opioid-overdose-prevention
surgeongeneral.gov/priorities/opioid-overdose-prevention/naloxone-advisory
cdc.gov/drugoverdose/prevention

To receive documents or other information about occupational safety and health topics, contact NIOSH:
Telephone: 1-800-CDC-INFO (1-800-232-4636)
TTY: 1-888-232-6348
CDC INFO: www.cdc.gov/info

or visit the NIOSH website at http://www.cdc.gov/niosh
For a monthly update on news at NIOSH, subscribe to *NIOSH eNews* by visiting www.cdc.gov/niosh/eNews

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MANAGER RESOURCES

SAMPLE

MANAGERS FREQUENTLY ASKED QUESTIONS

Q. I don't feel comfortable having a discussion with an employee I think is suffering from a SUD

A. That's OK. There is a good chance your employee doesn't want to have that discussion with you either. It is important, however, that you understand your company's Drug and Alcohol Policy and who to contact in your Human Resources Department if you suspect your employee has a SUD that is impacting his/her work performance. Your role is to respectfully address the work performance issues that are causing you concern, and provide the appropriate resources (i.e. contact person in Human Resources (HR) or Employee Assistance Program (EAP)) that may assist the employee in addressing them.

Q. Who can I go to with Questions on how to address an SUD?

A. As a manager, it is **NOT** your responsibility to address a SUD with an employee. That is a job for the professionals in HR and/or the EAP. If you are interested in learning more about SUDs and how it can impact employee performance please refer to our resource guide (*where in library can they go to get this information).

Q. If I suspect an employee is dealing with a Substance Use Disorder and/or has a history of Substance Use Disorder, how should I address it with them?

A. As a manager, it is **NOT** your responsibility to address a SUD with an employee. You do however want the employee to know that you see a difference in his/her work performance and that you are concerned. One way of doing this, is to clearly and specifically state the work performance issues you see (attendance, tardiness, disengagement, etc.). It is best not to make assumptions as to why the employee's behavior has changed, but rather to respectfully remind the employee of available resources that may assist the employee in addressing the performance issues (i.e. EAP).

Q. Am I allowed to discipline an employee who states that he has a SUD? Aren't they covered by the American with Disabilities Act (ADA)?

A. Yes, you are allowed to discipline an employee regardless if he is covered by the (ADA). According to the ADA, "an individual's SUD cannot be used to shield the employee from the consequences of poor performance or conduct that result from these conditions." It is important to refer to your company's Drug and Alcohol Policy, as some employers may suggest that the employee go to the EAP in lieu of or in addition to discipline.

Q. One of my employees comes into work smelling like alcohol, what should I do?

A. Refer to your company's Drug and Alcohol Policy. Depending on your industry, this answer will be different. If you don't know your company's policy, call HR or your EAP for guidance.

Q. An employee came to me asking for help with a SUD, I want to keep it confidential but I don't know all the answers, who can I go to without betraying their trust?

A. As a manager, you are not in the position to help your employee with a SUD. If an employee discloses that he/she has a SUD, think of it as any other chronic illness and handle it as such. Refer to your company's Drug and Alcohol Policy for direction. Many companies refer employees to their EAP in such situations.

Q. I have an employee that has asked to take FMLA to support his/her teenage son currently going through outpatient treatment for a SUD. What can I do to support him/her while they are out?

A. Refer the employee to HR for direction on how to take FMLA.

Q. I have to fire someone on my team who is having performance issues as a result of a SUD. How do I go about this so that it is done in a respectful and caring way?

A. Terminating someone is rarely easy. Terminating someone due to poor performance as a result of SUD is no different, and shouldn't be treated differently.

Q. If I suspect an employee is suffering from a SUD, what are some of the questions I can ask?

A. Refer to your Drug and Alcohol Policy, as the answer may change depending on industry. When in doubt it is best to focus on the employee's job performance issues that lead you to suspect that he is suffering from a SUD, and not make assumptions as to why the employee is exhibiting poor job performance. Then remind the employee of appropriate resources available to the employee (HR, EAP).

Q. What steps should I take if an employee asks for help with an SUD?

A. As a manager, you are not in the position to help your employee with a SUD. If an employee discloses that he/she has a SUD, think of it as any other chronic illness and handle it as such. Refer to your company's Drug and Alcohol Policy for direction. Many companies refer employees to their EAP in such situations.

Q. What are some of the appropriate words to use when speaking about SUDs?

A. Words matter when referring to Addiction. Substance use disorder is a chronic illness, no different than cancer, diabetes or heart disease. When referring to someone who has a chronic illness we refer to the person as *having* a chronic illness, not *being* the chronic illness. The same holds true for substance use disorders. A person with a substance use disorder is just that, a person *with* a substance use disorder, not an alcoholic, addict, user or abuser.

SAMPLE

SAMHSA'S GUIDELINES FOR SUPERVISORS (ADAPTED)

There are many personal challenges and struggles that may impact employee performance, including difficulty with health, childcare, familial relationships, transportation and finances. Managers are often unaware of these challenges until it starts to affect employee performance. It is important to understand that your role as a manager is not to diagnose and treat your employee, but rather constructively address the performance issues and offer possible solutions that may best help the employee succeed. As a manager it is important that you are prepared and comfortable to address employee performance issues in a consistent manner, regardless of the root cause. SAMHSA's Guidelines for Supervisors contains valuable information to ensure that managers are prepared to have these difficult conversations.

Contents:

1. **Know the Organization's Policy and Program**
2. **Be Aware of Legally Sensitive Areas**
3. **Recognize Potential Problems**
4. **Document**
5. **Act**
6. **Refer to Appropriate Programs**
7. **Reintegrate**

1. Know the Organization's Policy and Program

As a manager it is important that you are familiar with your organization's Drug and Alcohol policy. The more you understand your role, the more comfortable you will be managing the situation.

2. Be Aware of Legally Sensitive Areas

Some industries are required to follow federal protocols around drug and alcohol use in the workplace. It is important that you understand and be prepared for legally sensitive issues that may arise. It would be wise consult with employment attorney and familiarize yourself with the following federal laws:

- Americans with Disabilities Act (ADA)
- Family and Medical Leave Act (FMLA)

- Drug-free Workplace Act of 1988

3. *Recognize Potential Problems*

There are many instances in the workplace when a manager observes changes in his/her employee. Addressing these behaviors early on can improve the employee's chances of changing the behavior before it becomes a disciplinary matter. Potential problems you may notice include:

- Regular tardiness
- Unplanned absenteeism
- Ongoing performance issues
- Less engagement
- Behavioral concerns

Refer to Manager Tip Sheet Sample Scenarios in the Employer Resource Library for further detail.

4. *Document*

It is important to document any behaviors that an employee is demonstrating that you are concerned about. Be sure to document date, time and context. Be descriptive and factual as possible. Be sure to avoid including your opinions, thoughts and assumptions.

5. *Act*

Being prepared, knowing your role and understanding your goal when addressing performance issues with an employee can help ensure that the conversation with the employee is constructive. If possible it can be a good idea to seek guidance from your Employee Assistance Program (EAP) to help you prepare. SAMHSA suggests the following framework when having this discussion:

- Identify employee's strengths
- Clearly describe the performance issue (as documented and provide a copy for employee)
- Discuss and describe performance expectations
- Keep discussion focused on job performance/attendance
- Identify supervisory support to help the employee improve performance/attendance
- Offer referrals to EAP or other resources to address issues that are affecting performance
- Identify a time frame for another meeting to review progress

6. *Refer to Appropriate Programs*

It is helpful for you to know what benefits your company provides for its employees. Some benefits that many employers offer include: Employee Assistance Programs (EAP), Concierge Programs, Child/Eldercare Programs and Coaching Programs. This is a good time for you to give your employee various supports that might be available to the employee so he/she can improve his/her performance.

7. *Reintegrate*

SUD is a progressive, chronic disease in which many employees experience at various stages. Employers should be aware that, under limited conditions, employees with a history of substance use disorders are covered by the ADA and are afforded certain reasonable accommodations. As noted above, employers should be familiar with those provisions of the ADA. It is important that employers support their employees who are in recovery by offering the following:

- Ongoing education on SUD
- Flex work hours/work from home options to accommodate appointments
- On-site support groups for employees
- Workplace and social functions that are not held in alcohol-centric facilities

SAMPLE

SAMPLE SCENARIOS & MANAGER TIP SHEET

Recurrent Tardiness:
"Jane is a long time employee with no past performance issues. Over the past few months she has been coming in late, which is not like her. I get the feeling something is going on. I don't want to have to discipline her, but her tardiness has to stop. I don't know what to do."

Withdrawing from Work:
"Chloe is an excellent worker. When she is on, she's on. But when she's not, she can be irritable, erratic and difficult to work with. This difficult behavior used to be very infrequent, and her excellent work made up for it. But lately her work has deteriorated, and her behavior has become more and more difficult to work with. Her interpersonal skills and performance need to improve. I don't know what to do."

Less Engagement:
"Bill is a long-time employee with no past performance issues. He has been missing work frequently, randomly with very short notice over the past month. I sense that there is something going on. I don't want to have to discipline him, but his attendance has to change. I don't know what to do."

Performance Issues:
"Sally is a long-time employee with intermittent performance issues throughout her career. Over the past six months, she has been missing project deadlines and the work that she has been submitting has been riddled with mistakes. When I have approached this with her in the past she has gotten very defensive. Sally works from home with the understanding that she can be reached anytime during business hours. Last week she was unreachable for a period of 6 hours. Recently she shared that she thinks that her poor performance is due to her increased drinking. Her performance is unacceptable. I don't know what to do."

Behavioral Issues:
"I'm worried about John. He is usually so boisterous and pleasant, but lately he has been really quiet and withdrawn. He's not participating in meetings or sharing his ideas with the team. I get the sense that he doesn't like his job anymore. He's not putting the effort into his work like he used to. I can't tell if something is wrong or if he has just changed his mind and doesn't want to work here anymore. I don't know what to do."

SAMPLE

MANAGER TIP SHEET

It is important to understand that an employee's substance use disorder cannot be used as an excuse for poor performance. If an employee states that he/she is suffering from a substance use disorder, refer to your company policy to determine how to move forward and clarify options.

Identify the performance issue: see scenario page including i.e tardiness, missing project deadlines, withdrawing from work, work with multiple mistakes, less engagement, performance issues, behavioral issues and not taking responsibility for mistakes.

Know your role: It is important not to make assumptions. Try to remember that there may be a valid reason as to why there may be a performance issue (illness, transportation, family childcare). It is not your place to ask why and it's not your role to fix it for the employee. As a manager, your role is to:

1. Clearly state the performance issues.
2. Clearly state what you expect from the employee
3. Clearly state the consequences if behaviors doesn't change within a set time frame
4. Provide available appropriate resources that may assist employee in meeting the above mention expectations

Resources to be aware of:

1. Company Employee Conduct Policy
2. Company Drug and Alcohol Policy
3. Family and Medical Leave Act (FMLA)
4. Contact information for company Human Resources Department
5. Contact information for company Employee Assistance Program (EAP)