



Research Update is published by the Butler Center for Research to share significant scientific findings from the field of addiction treatment research.

RESEARCH UPDATE

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Substance Use in the Workplace

Contrary to negative and stereotyped images, the majority of people with substance use problems are gainfully employed, equating to millions of people in the workforce with problematic alcohol or drug use. These substance use problems, in turn, impact the workplace. Prevention, intervention, and treatment improve lives, productivity, and health.

Prevalence of Substance Use in the Workplace

According to the latest estimates, 62% of adults in the U.S. with substance use problems are employed full-time. Among heavy drinkers, 79% are employed full or part-time and among adults who use illicit drugs, approximately 75% are employed (SAMHSA, 2008). This translates into millions of employees who may be engaging in illicit drug or problematic alcohol use.

Rates of problematic substance use vary by occupation (Frone, 2006; Larson et al., 2007). Highest rates of illicit drug use are typically found among those in food service, construction, arts, design, entertainment, sports, and media occupations (see Figure). Similar patterns are found among those with heavy alcohol use problems (Frone, 2006b).

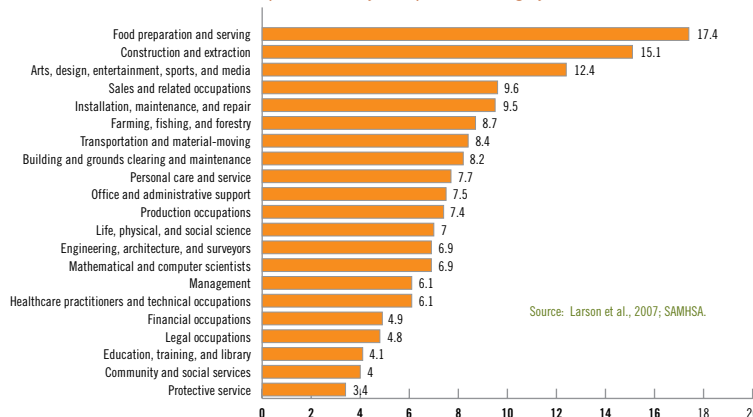
Use of substances may occur while on the job or off. Based on a national survey, Frone (2006) estimated that over 2 million Americans used illicit drugs during work hours during the prior year. Approximately 3 million workers used an illicit drug within two hours of reporting to work and over 2 million used illicit drugs during lunch breaks. Over 7% of Americans reported using alcohol during the workday and 9% reported having worked during a hangover (Frone, 2006b).

Impact on Employment Functioning

Alcohol and drug use has a negative impact on worker productivity, whether the use occurs off the job or on. A nationwide survey of over 300 human resources professionals found 67% believe substance use is one of the most serious issues they face among the workforce (Hazelden, 2007) with consequences related to absenteeism, reduced productivity, and a negative impact on their company's reputation.

Workers with illicit drug and/or heavy alcohol use have higher rates of job turnover and absenteeism compared to those with no illicit drug or heavy alcohol use (SAMHSA, 2008) and are more likely to experience job-related injuries (Spicer, Miller, & Smith, 2003). Substance use

Figure. Percentage of adult, full-time workers using illicit drugs in the past month by occupational category



THE HAZELDEN EXPERIENCE

Hazelden commissions nationwide surveys of human resource professionals to better understand the pressures companies face related to employee substance use. In addition, a research project on treatment outcomes for employees with alcohol and/or drug dependence was conducted by Hazelden staff and published in a scientific journal. The results are summarized in this issue.

QUESTIONS & ANSWERS

Question: What can an employer do to prevent substance use among the workforce?

Answer: Materials are readily available to foster a drug-free work environment. The Substance Abuse and Mental Health Services Administration offers a free Drug-Free Workplace Kit on their Web site. Organizations required to abide with the Drug-Free Workplace Act of 1988 can find additional materials through the U.S. Department of Labor's Web site.

HOW TO USE THIS INFORMATION

- **Employers:** Implement effective prevention programs at your work site. Refer employees with substance use problems to assessment and treatment.
- **Human Resource Professionals:** Encourage leaders at your company to implement prevention and intervention programs. Ask for training to identify and intervene with employees who may be experiencing substance use problems. Support treatment efforts among employees with alcohol and/or drug dependence.

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is also implicated in fatal occupational injuries with approximately 5% of toxicology reports positive for alcohol and/or other drugs (Greenberg et al., 1999).

Not surprisingly, these work-related consequences have an economic impact. For 2002, the latest year for which data are available, the Office of National Drug Control Policy (2004) estimated the economic impact of illicit drug use at \$128.6 billion dollars in lost productivity alone. Latest estimates for alcohol-related lost productivity and earnings, updated for 1998, top \$134 billion a year (Harwood, 2000).

Prevention and Intervention in the Workplace

Common workplace strategies include employee education and awareness campaigns, drug testing, and Employee Assistance Programs. While formal

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evaluations of these programs are few, a handful of studies have found positive outcomes. Workplaces with drug testing programs have 24% less drug usage than workplaces without drug testing, and employees at drug-testing workplaces are 38.5% less likely to be chronic drug users (French et al., 2004). However, the extent to which drug testing causes a deterrent effect among drug-using applicants is unknown.

Peer-based prevention programs show promise. PeerCare combines random drug testing with non-punitive reactions to those with substance use problems (Miller et al., 2007). The program reduced injury rates by one-third in a large transportation company. This equated to an estimated \$48 million in savings. The program was cost effective, as well.

Team Awareness (Bennett & Lehman, 2001, 2002; Bennett et al., 2004) and the Healthy Workplace (Cook et al., 1996, 1996b, 2004) programs also decrease alcohol use and improve functioning. These programs are delivered to employees in small group formats.

Web-based prevention programs can be helpful as well. Dumas and Hannah (2008) randomly assigned 18- to 24-year-old employees to a Web intervention, to a Web intervention plus a 15-minute motivational interview, or to a control condition. The Web intervention assessed alcohol use and provided personalized feedback on the quantity and frequency of drinking. Compared to the control condition, those assigned to the Web conditions reported substantial decreases in weekend drinking, drinking to intoxication, and consumption levels one month later.

Prevention programs like these can be helpful for the overall workforce. When specific employees experience problematic use, most are referred to an Employee Assistance Program (EAP) that typically offers assessment, brief counseling, and referral to more extensive care. Unfortunately, research data on the impact of EAPs is scarce with few studies examining substance use problems specifically (Merrick et al., 2007).

Treatment for employees with substance dependence is effective. A study by Slaymaker and Owen (2006) examined 212 full-time employees in residential treatment. Substantial improvements were made in substance use and legal, psychiatry, and family/social functioning from baseline to the 6- and 12-month follow-ups. Significant decreases were found in the percentage of the sample with unplanned absences from work during the year before treatment (78% to the one-year follow-up (30%). The number of employment problem days also dropped from pre-treatment (5.20 days) to one year (0.14 days).

An analysis of 498 outpatients found substantial reductions in absenteeism, productivity problems, and workplace conflict among those who attended at least two months of care (Jordan et al., 2008). Returns on investment were conservatively estimated from 23% among employees with an income of \$45,000 per year to 64% among those earning \$60,000 per year.

Summary

Illicit drug and heavy alcohol use is problematic among the American workforce and causes substantial consequences. Workplace prevention and intervention programs are effective in addressing substance use problems among employees. Treatment for alcohol and drug dependence is also effective in improving worker productivity and health. While few, cost-benefit studies have demonstrated an economic benefit to employers who implement programs and support treatment for employees.

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The Butler Center for Research informs and improves recovery services and produces research that benefits the field of addiction treatment. We are dedicated to conducting clinical research, collaborating with external researchers, and communicating scientific findings.

Valerie Slaymaker, Ph.D., Executive Director

If you have questions, or would like to request copies of Research Update, please call 800-257-7800 ext. 4405, email butlerresearch@hazelden.org, or write BC 4, P.O. Box 11, Center City, MN 55012-0011.



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