

Workplace Recovery Support is Evidence-Based Medicine

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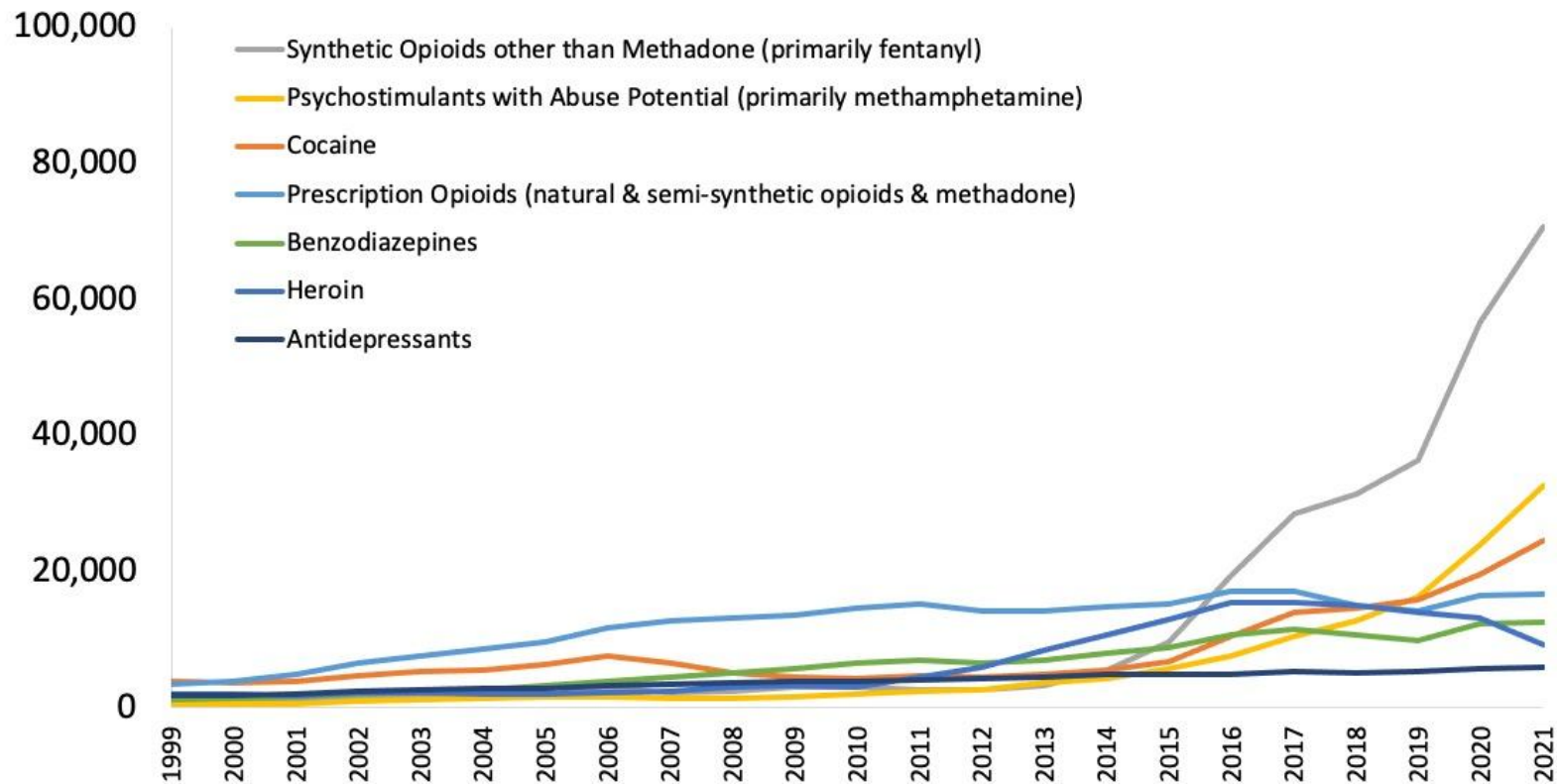
JAN 2024

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Agenda

1. Employment as a factor for sustained substance use disorder recovery: what's the evidence?
2. Best practices for workplace recovery programs
3. Resources to support programs that support people in recovery

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

Drug Use Disorder | Opioid Use Disorder | Alcohol Use Disorder in the Past Year

NSDUH asked respondents aged 12 or older about the effects of their drug or alcohol use on their lives in the 12 months before the interview.



Substance Use Disorder (SUD)

48.7 million (17.3%)

Among people aged 12 or older, about 17% had an SUD in the past year.



Drug Use Disorder (DUD)

27.2 million (9.7%)

About 1 in 10 people had a DUD in the past year.



Opioid Use Disorder (OUD)

6.1 million (2.2%)

Among people aged 12 or older with a past year DUD, a little over 1 in 5 had an OUD, or about 2% overall.



Alcohol Use Disorder (AUD)

29.5 million (10.5%)

About 1 in 10 people had an AUD in the past year.



Severity Levels in the Past Year

NSDUH asked respondents aged 12 or older about the effects of their drug or alcohol use on their lives in the 12 months before the interview.

48.7 million
More than 1 in 6
(17.3%) people aged 12 or older had a substance use disorder (SUD) in the past year.

Among people who had an SUD in the past year,

- about 1 in 5 had a severe disorder,
- about 1 in 5 had a moderate disorder, and
- more than half had a mild disorder.

Severe
10.9 million
(22.3%)

Severe

Six or more criteria for that substance were met. For SUD measures that include more than one substance, such as any SUD for alcohol or drug use, **severe SUD means that people had a severe SUD for at least one substance.**

Moderate
11.0 million
(22.6%)

Moderate

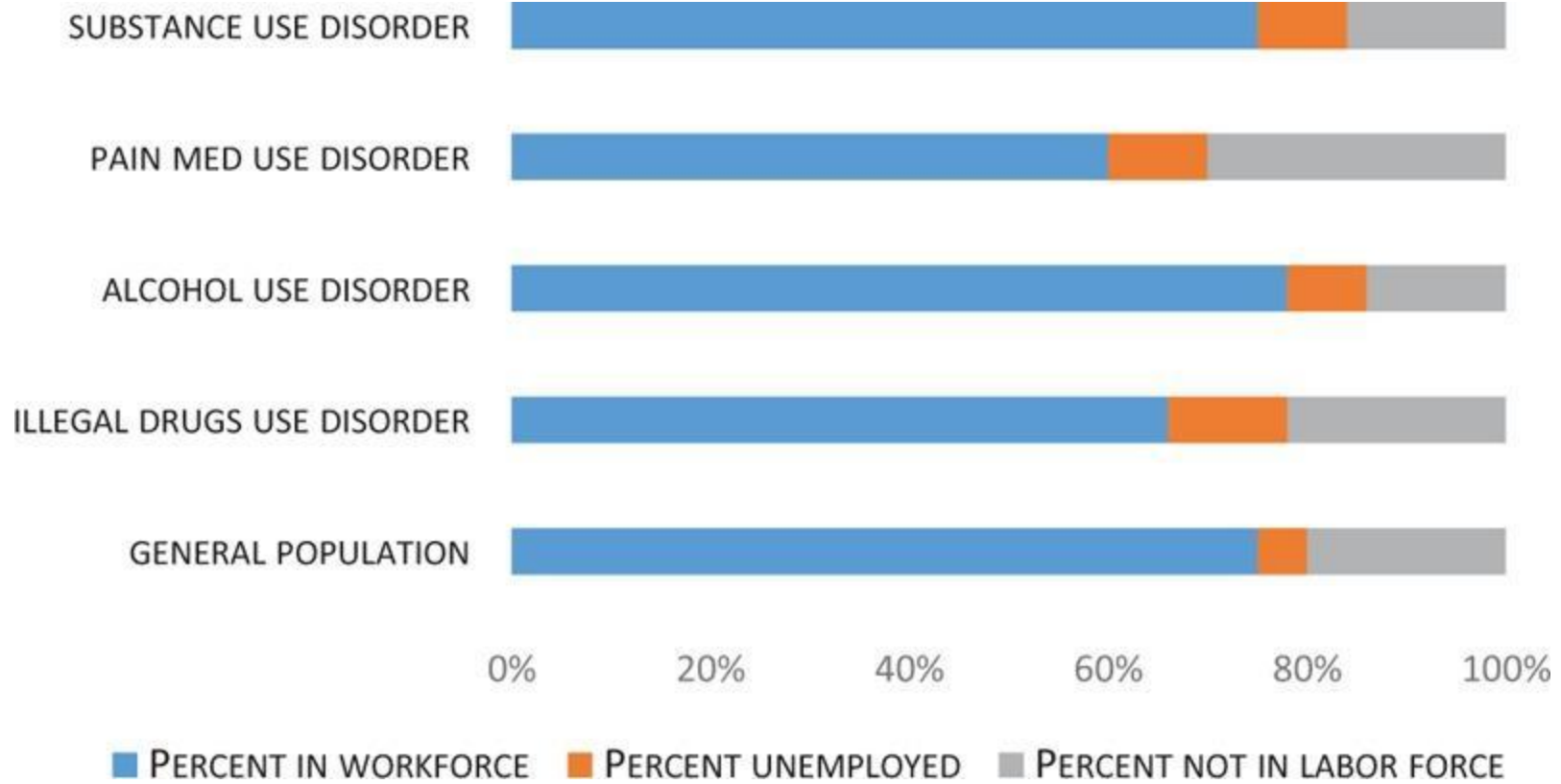
Four or five criteria for that substance were met. For SUD measures that include more than one substance, such as any SUD for alcohol or drug use, **moderate SUD means that the worst SUDs were moderate.**

Mild
26.8 million
(55.0%)

Mild

Two or three criteria for that substance were met. For SUD measures that include more than one substance, such as any SUD for alcohol or drug use, **mild SUD means that all SUDs were mild.**





Substance Use Workforce Impacts

Economic Costs

- The economic cost of drug abuse in the United States was estimated at \$193 billion in 2007,¹ the last available estimate. This value includes:
 - ❖ \$120 billion in lost productivity, mainly due to labor participation costs, participation in drug-abuse treatment, incarceration, and premature death;
 - ❖ \$11 billion in healthcare costs – for drug treatment and drug-related medical consequences; and
 - ❖ \$61 billion in criminal justice costs, primarily due to criminal investigation, prosecution and incarceration, and victim costs.

Labor Force

- In 2009, the majority (67%) of current drug users aged 18 or older were employed, either full-time (48%) or part-time (19%), with the unemployed accounting for 13% and the remaining 21% not in the labor force.²
- Among full-time workers aged 18 or older, nearly one in 12 (8%) reported past-month (current) use of an illicit drug in 2009.³ Unemployed workers were twice as likely – one in six (17%) – to report current drug use in 2009.⁴

OCCUPATION	Percent
Construction trades and extraction workers	19.0
Service occupations, except protective	15.6
Transportation and material moving workers	13.9
Installation, maintenance and repair workers	13.5
Sales occupations	13.4
Entertainers, sports, media and communications	13.0
Production, machinery setters, operators, tenders	12.9
Executive/administrative/managerial/financial	11.0
Farming, fishing, forestry occupations	10.9
Technicians and related support occupations	10.6
Office and administrative support workers	10.6
Protective service occupations	9.9
Professional (not education/entertainment/media)	8.9
Education, health and related occupations	8.0

Employment as a factor
for sustained substance
use disorder recovery:
what's the evidence?

Work! What is it good for?

- Lower rates of recurrence
- Higher rates of abstinence
- Less criminal activity
- Fewer parole violations
- Improvements in quality of life
- More successful transition from long-term residential treatment back to the community.

Association Between Automotive Assembly Plant Closures and Opioid Overdose Mortality in the United States

A Difference-in-Differences Analysis

[Atheendar S. Venkataramani](#), MD, PhD,^{1,2} [Elizabeth F. Bair](#), MS,¹ [Rourke L. O'Brien](#), PhD,³ and [Alexander C. Tsai](#), MD, PhD^{4,5}

Results

During the study period, 29 manufacturing counties in 10 commuting zones were exposed to an automotive assembly plant closure, while 83 manufacturing counties in 20 commuting zones remained unexposed. Mean (SD) baseline opioid overdose rates per 100 000 were similar in exposed (0.9 [1.4]) and unexposed (1.0 [2.1]) counties. Automotive assembly plant closures were associated with statistically significant increases in opioid overdose mortality. Five years after a plant closure, mortality rates had increased by 8.6 opioid overdose deaths per 100 000 individuals (95% CI, 2.6-14.6; $P = .006$) in exposed counties compared with unexposed counties, an 85% increase relative to the mortality rate of 12 deaths per 100 000 observed in unexposed counties at the same time point. In analyses stratified by age, sex, and race/ethnicity, the largest increases in opioid overdose mortality were observed among non-Hispanic white men aged 18 to 34 years (20.1 deaths per 100 000; 95% CI, 8.8-31.3; $P = .001$) and aged 35 to 65 years (12.8 deaths per 100 000; 95% CI, 5.7-20.0; $P = .001$). We observed similar patterns of prescription vs illicit drug overdose mortality. Estimates for opioid overdose mortality in nonmanufacturing counties were not statistically significant.

Work! Why's it so hard?

- Lack of job skills/lower education attainment
 - Poor work history
 - Poor interpersonal skills/motivation to work
 - Lack of transportation
 - Lack of childcare
 - Lack of identification such as a birth certificate, driver's license
 - Continued substance misuse/recurrence
 - Criminal history
 - Employer lack of understanding about SUD
 - Scheduling conflicts with probation and treatment
-

Work! What helps?

Treatment and Recovery support!!!

- Workers with history of SUD but no SU in 12months misses 27% LESS work than general workforce!
 - SUD in sustained recovery: 10.9days
 - General workforce: 15 days
 - Active SUD: 24.6 days
- **INSURANCE!!! MEDICAID EXPANSION!!!**
 - Needs comprehensive coverage of SUD treatment

Work! What helps?

Individual Placement and Support (IPS) is a model of supported employment based on eight principles that helps individuals work in competitive jobs of their choosing.

Therapeutic Workplace (TW) is a motivational intervention that uses access to employment and wages to promote therapeutic behavioral changes. Participants learn basic academic and data entry operating skills and then are employed in Therapeutic Workplace settings as data entry operators. Opiate- and cocaine-negative urine samples are required for daily participation. Pay rates are based on varying schedules of sustained abstinence, workplace attendance, hours worked, and productivity.

Individual Placement and Support

18-Month Follow Up

	IPS	Comparison
Competitive job obtained	60%	24% (p < .001)
Total hours worked, mean	366	84 (p < .001)
Total wages (in 2010 dollars), mean	\$3,050	\$807 (p < .001)
Ever worked ≥20 hours per week	47%	10% (p < .001)

6-Month Follow Up

	Employed	Not Employed
IPS	50%	50%
Waitlist	4%	96%

Chi-squared = 12, p < .001

6-Month Follow Up

	Employed	Days to Employment	Mean Days	Total Wages
AF plus IPS	46%	130.7	43.8	\$1,401
AF	21% p = .05	157.1 p = .02	20.7 p = .03	\$694 p = .04

Therapeutic Workplace

After 26 weeks, 80% were participating in methadone treatment; 70% at 6-month follow up.

Urinalysis During Intervention Period

	Negative Opiates	Negative Cocaine	Negative Opiates & Cocaine
A & M	65%	48%	46%
M	50%	44%	35%
W	43%	25%	21%

A&M vs M (p = .01)

M vs W (p = .03)

A&M vs W (p = .01)

A&M vs M (p = .01)

5 to 8 Year Post-Induction Follow Up

	TW	Standard Care
Average monthly income	\$1,086	\$622 (p < .001)

Substance Use is NOT rare, so...

- Promote organizational culture that acknowledges substance use and recovery
- Develop policies and identify resources that support prevention and recovery...
 - Treatment leave of absence
 - Sick time for recovery support
 - Ensure SUD treatment in benefits package
 - Recovery instead of punitive response for employee substance use

Best practices for workplace recovery programs

Integrating Services

- 1) Colocate services: clinical, case management, and employment services
- 2) If not colocated, coordinate with community orgs: share info, referrals, routine meetings
- 3) Multidisciplinary teams that include employment specialists

Planning for the Longterm

EMPLOYEE SUPPORT

1. Pre-plan for return to use
2. Problem solve work tasks issues
3. Transportation
4. Interpersonal issues
5. Job skills training and career development

EMPLOYER SUPPORT

1. Pre-plan for return to use
2. How to support employees
3. How to recognize someone who is struggling
4. Design policies for employee time off (based on cost effectiveness over hire/train new employee)

Address Criminal Legal Issues

1. Collaborate with treatment courts
2. Seek court ordered process to expunge/seal records
3. Educate individuals about what shows on up background check, what employers may ask, and how to explain criminal history
4. Identify potential employers who may consider candidates with felonies or sex offenses

Resources to support
programs that support
people in recovery

For Employers

- Work Opportunity Tax Credit (Dept of Labor)
 - Federal tax credit for employers of certain groups, like individuals convicted of felony
- National Safety Council
 - Toolkits for workplace programs, policies, and education materials
- Society for Human Resource Management
 - Resources for SUD accommodations, policies, legal issues
- SAMHSA
 - Guidelines and toolkits for drug free workplace
- Case Western Reserve's School of Applied Social Sciences
 - Qualitative case presentations of success stories, posters, research
- Legal Action Center's HIRE Network Clearinghouse
 - State specific agencies that assist people with CJ records get employment

For Employment Programs

- State or local Vocational Rehabilitation agencies
 - Skills training and specific job placement
- The IPS Employment Center at The Rockville Institute
 - IPS Implementation Checklist and Implementation Plan Worksheet
 - Resource Library
- Social Security Administration: funding for employment services orgs
 - Ticket to Work program
 - Self Sufficiency program
- State Medicaid programs: 1115 Waiver, 1915 Waiver

Questions?

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