

OUT *of the* SHAD



By Theresa Agovino
Illustrations by Neil Jamieson

Alcohol and drug use surged during the pandemic, forcing substance use disorders—one of the last taboo subjects in corporate America—into the spotlight.

OWS

Seven years sober, Randy Riemersma has told the story at Alcoholics Anonymous meetings “a million times” about his decision to enter a treatment facility to get help for his substance use disorder. In July, he discussed it in a highly unusual setting: a videoconference call with multiple work colleagues, many of whom are also in recovery.

“My AA friends thought I was out of my mind,” says Riemersma, an area vice president at MuleSoft, a subsidiary of San Francisco-based software maker Salesforce. But he believes substance use disorders (SUDs) need to be more freely discussed to end the stigma surrounding them. Salesforce already had groups for co-workers, such as female and minority employees, who share common characteristics, leading Riemersma to think those affected by addiction could benefit from having a dedicated group, too. He started one with three colleagues at the end of last year, and it now has about 600 members.

“The focus is on being a community for those in recovery, becoming an encouragement to those who want to be, removing the stigma and also being a resource for managers,” Riemersma says. “We view it as a service.”

SUDs may be the last taboo topic in corporate America, and that’s what makes Riemersma’s initiative so remarkable. Employees typically hide their addictions for fear of getting fired or being branded unsuitable for important responsibilities. Those with the disease are often labeled with negative stereotypes, such as being considered weak or having a moral failing. SUD is a complex condition involving the brain and other factors, like genetics and the environment, that leaves individuals unable to control their drug or alcohol use. Those with SUDs frequently experience mental illnesses such as depression or anxiety, conditions that also carry unfavorable associations.

A recent study revealed that *close to one-third* of U.S. respondents who use alcohol or other drugs reported an increase in alcohol consumption (*31%*) and other drug use (*29%*) during the pandemic.

Source: The Mental Health Index by LifeWorks, May 2021.

A GROWING PROBLEM

The COVID-19 pandemic began to push conversations about SUDs into the open as drug and alcohol use, along with deaths from overdoses, soared. Loneliness, confusion and unemployment caused more people to either start using or increase their use of drugs or alcohol at a time when treatment centers and support groups were shuttered due to the public health crisis.

Nearly one-third of people in the U.S. who drink alcohol have increased their consumption since the pandemic began, according to a May study by LifeWorks and the Hazelden Betty Ford Foundation. Nearly 30 percent who use drugs reported an increase in that activity. Meanwhile, the Centers for Disease Control and Prevention said deaths from overdoses rose 27 percent in the 12 months ending in August 2020 over the prior 12-month period.

The dramatic rise pushed some companies to explore new ways, ranging from old-school to high-tech, of tackling the disorder. One union is hosting







onsite AA meetings for the first time, and a construction company is installing boxes containing naloxone injections that can be used to reverse the effects of an opioid overdose. Medical benefits are being added or bolstered as companies put more pressure on their insurers to provide efficacious, cost-effective treatment for substance abuse. There's also a growing interest in the plethora of digital companies that offer online tools as alternatives to or support for more traditional treatments, such as a stay at a residential facility.

Finding new and better ways to treat SUDs is critical, as no one expects the problem to subside and it may well worsen—at least in the near term. Many treatment programs are still not fully functional as the pandemic endures, and insurers have reported challenges in finding patient care. Plus, as remote and hybrid work become more common,

employers must find new ways to spot addiction.

Over Zoom, “you can’t smell someone’s breath,” says Michael Thompson, president and CEO of the National Alliance of Healthcare Purchaser Coalitions, a nonprofit network of business groups focused on improving health care value. “You may get some visual signs [of substance use], but they aren’t as obvious as they are when you see someone in person.”

Companies are seeing the bills, however. SUD cases have risen three-fold since before the pandemic, says David Campbell, senior vice president of quality management at ComPsych, a Chicago-based provider of employee assistance programs (EAPs) for roughly 56,000 organizations.

According to Shatterproof, a Norwalk, Conn.-based nonprofit, addiction costs companies \$442 billion a year in health care costs, lost

productivity and absenteeism. Nearly 8 percent of U.S. adults and adolescents—about 21 million people—have an SUD, and about 75 percent of them are employed.

EXPANDING TREATMENT OPTIONS

Campbell says his main concern now is finding available treatment options for patients. Recently, ComPsych began offering its clients access to DynamiCare Health, a digital program that offers remote substance use testing, appointment tracking, therapy and recovery coaching. It also provides cash rewards to those who stick with the program.

“It’s an alternative you can get up quickly,” Campbell says. It may not be suitable for everyone, he notes, but it could be helpful in reinforcing positive behavior for those coming out of either a residential facility or an intensive outpatient treatment.

Human Interest, a San Francisco-based retirement plan provider, also decided to broaden its benefits package by offering access to a digital provider of SUD services. It selected Quit Genius, a virtual clinic that delivers medication-assisted treatment for multiple addictions, including alcohol.

Loralie Young, culture and people enablement manager at Human Interest, says the company thought Quit Genius might be helpful to workers during the pandemic. Plus, it was looking for providers with a national footprint as it expands hiring beyond its headquarters. Young also liked that Quit Genius was a free-standing service that would be easy for employees to access.

Human Interest also offers an EAP that can help workers with addiction problems. "People forget really quickly about the EAP," Young says.

Employees with SUDs often are unsure where to turn for help. Nearly 45 percent either don't know whether their employer offers any resources or are not sure what is provided, according to the LifeWorks/Hazelden Betty Ford Foundation survey.

HIGHLIGHTING HELP

Jennifer Carreon-Montes, director of human resources at Power Home Remodeling Group, moved swiftly to remind employees of all the services the company provides while also announcing new ones. For example, the Chester, Pa.-based company began covering 100 percent of all telebehavioral health visits. It also hosted a call with one of the company's co-CEOs and an employee in recovery to educate employees about addiction and let them ask questions.

"We knew [the pandemic] had potential for disaster," Carreon-Montes says. The company was forced to furlough 2,200 workers—about 85 percent of its staff—for six months at the beginning of the COVID-19 crisis and was worried about the pandemic's adverse effect on its employees.

The construction industry has one of the nation's highest addiction

rates. Lawyers and medical professionals are also at the top of that list. Each of those professions tend to be high-stress: For lawyers and medical professionals, their actions often determine a person's fate; workers in the medical field also have easier access to drugs.

In construction, there's a long-

standing tradition of grabbing a drink after a long day of physical labor. Also, injuries are common and workers can become addicted to the painkillers they're prescribed to blunt their discomfort.

Carreon-Montes says one of the company's employees became addicted to painkillers several

CORPORATE DRUG POLICY COMPLICATIONS



Creating corporate drug policies has always been complicated, requiring companies to consider both federal and state laws, their own corporate culture, and safety concerns. The process has become further convoluted as states increasingly legalize marijuana use. But for organizations that choose to become "recovery-friendly" and create agreements with workers with substance use disorders so they can continue their employment as they get treatment, there are even more considerations, attorneys say.

"The agreement has to be voluntary," says Adam Kemper, a Fort Lauderdale, Fla.-based partner at law firm Kelley Kronenberg. "Employees don't want to feel like they're being mandated to tell their stories." He adds that everyone privy to the agreement must adhere to the strictest standards of confidentiality or risk running afoul of health privacy laws.

Employers may also want to consider whether such agreements are in the best interest of the company. Substance use disorder is covered under the Americans with Disabilities Act. That means employees who have struggled with addiction have some protections, but it doesn't give employees permission to show up to work under the influence of drugs or alcohol.

"Employers need to understand the difference between [what is protected and what isn't]," says David A. James, a Minneapolis-based attorney at Nilan Johnson Lewis.

James explains that if a company knows an employee is struggling with an SUD and that person hurts someone, the company faces an increased risk of liability. Workers' compensation would cover injured employees, but if someone else, such as a customer, is hurt or worse, the company could meet a negligent hiring or retention claim.

Kemper says, "Employers are trying to be more conscious of the stigma [of drug use], but if there is a history of positive tests, it's difficult to justify the risk [of keeping the employee] moving forward."

James adds that there is an overall shift away from administering company drug tests. Even those companies that are still testing are often no longer screening for marijuana because more than 35 states have legalized its medicinal use and more than 15 of those states, plus Washington, D.C., have legalized recreational use. Marijuana is still illegal under federal law, and it is listed as a Schedule I drug under the federal Controlled Substances Act, which means it's deemed to have a high potential for abuse and no medical value. Legalizing cannabis requires congressional action, and lawmakers are considering several bills that would decriminalize cannabis use. —T.A.

years ago and was seeing multiple doctors, who were each writing prescriptions for opioids. After that, Carreon-Montes told her company's insurer that she wanted nurse case managers tracking the care given to employees hurt on the job to ensure that proper protocols were followed. Prior to that, nurse case managers followed only cases involving surgery.

"If someone changes from one

doctor to another, we want someone asking why," Carreon-Montes says. She adds that she wants managers to explore whether patients could benefit from alternatives to drugs, such as physical therapy.

RECOVERY-FRIENDLY WORKPLACES

Companies' efforts to aid employees struggling with addiction go beyond improving medical care. Many are

striving to create environments where employees feel comfortable disclosing their situations and working with management to find solutions.

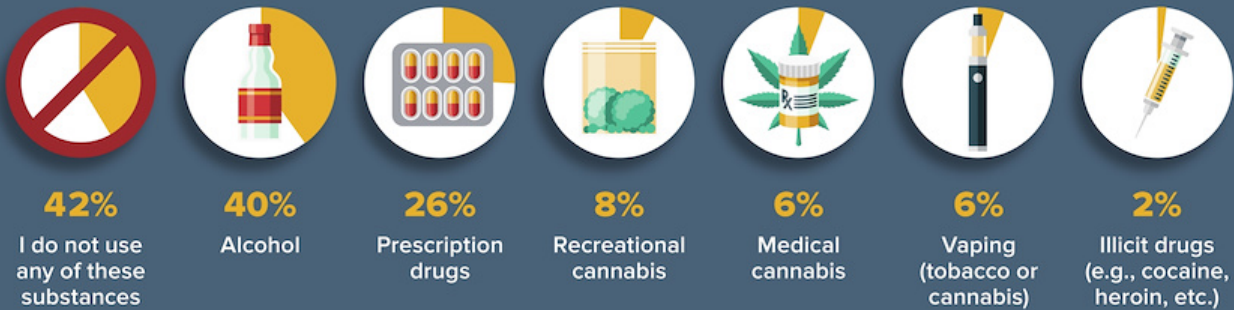
Hypertherm, a metalworking machinery manufacturer based in Hanover, N.H., has spent years developing a "recovery-friendly" workplace and most recently added about 13 boxes with naloxone injections across its 11 buildings to be used to



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BREAKING DOWN SUBSTANCE USE

As part of a recent study, respondents were asked about their substance use since the onset of the pandemic.



Source: *The Mental Health Index by LifeWorks*, May 2021.

assist someone experiencing an opioid overdose.

"Why wouldn't you want to save a life?" asks Stacey Chiochio, community citizenship manager for Hypertherm, which has 1,900 employees worldwide.

The company has trained some employees to act as recovery counselors to their peers. At least one such worker is scheduled for every shift, and employees know they can get information on how to deal with addiction from these individuals. Employees can also meet with an HR representative as well as a medical professional to evaluate their needs and outline a recovery plan, which can include a leave of absence for treatment or even switching to a different job if that will help.

In industries such as construction and manufacturing, impaired individuals can pose an especially serious threat. For example, an intoxicated forklift driver could run over or otherwise injure colleagues.

Chiochio isn't naive about the potential for negative outcomes and the fact that employees may be fired if they don't adhere to the company's recovery plan and safety standards. But at Hypertherm, termination isn't the go-to response for a worker with an addiction because

Chiochio knows her company's approach works.

"We have people in recovery here," she says. "We have multigenerational family members with SUDs. We don't want to lose good people."

The company's open approach, which includes holding regular events where employees discuss their addiction issues, helps end the stigma associated with SUDs, according to Chiochio.

"It's a critical illness just like getting cancer," she says. And while some company executives question the effectiveness of pricey additional treatments when employees relapse, Chiochio is not among them.

"If a cancer patient relapses, you don't question the chemotherapy," she says. "You just have to be patient."

She adds that Hypertherm also has good relationships with area providers, developed by spending significant amounts of time with them as the company cultivated its recovery-friendly workplace.

SUPPORT SYSTEMS


The International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers is thinking about how it can provide better care to members dealing with addiction, according to the organization's chief

of staff, Kevin Byrnes. "There are just a lot of storefront clinics out there," he says. "We need to be able to better vet providers."

According to Byrnes, the union's executives have plans to discuss investigating treatment providers and exploring alternate care options with insurance providers. "Insurance companies make you go through so many hoops for information," he says.

Yet the union must also remind its members of the dangers of addiction, which can be easily forgotten until they get hurt. "You don't work, you don't get paid," Byrnes says.

As part of that effort, union members who have recovered from SUDs spoke about their experiences at the organization's major conference in Las Vegas in August, and the union had an onsite AA meeting at its big event for the first time. Byrnes says the location of that gathering was tucked away to afford some privacy for those members who wanted to attend, though he thinks its inclusion at the meeting was important.

"We are working to end the stigma," Byrnes says. 

Theresa Agovino is the workplace editor for SHRM.