Substance Misuse and the Wisconsin Workforce

Analysis and Recommendations for Addressing and Reducing Substance Misuse in the Wisconsin Workforce

Wisconsin State Council on Alcohol and Other Drug Abuse
Prevention Committee
Employee-Workforce Substance Misuse Prevention Ad-hoc Committee

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Table of Contents

Table of Contents 1
Charge to the Employee-Workforce Substance Use Prevention Ad-Hoc Committee 2
Employee-Workforce Prevention Ad-Hoc Committee Membership 4
Background 5
Executive Summary 7
Glossary of Terms 9
Overview of Recommendations 12
Pre-Employment – Employment Readiness Programs 13
Pre-Employment – Pre-Employment Drug Screening 15
During Employment – Workplace Substance Misuse Prevention Programming 18
During Employment – Workplace Drug Screening 22
During Employment – Employee Assistance Programs 25
During Employment – Employer-Sponsored Health Insurance Plans 27
During Employment – Recovery-Supportive Work Environments 29
Community Engagement – Partnering with the Community 32
Appendix A: Tobacco Free Workplaces 35
Appendix B: Mind Altering Drugs 36
Appendix C: National Trends Cannabis & Drug Screening 41
Appendix D: Case Study - Apricity Proof 44
Appendix E: Assessing Workplace Substance Misuse Prevention Needs 46
Appendix F: Avoiding Legal Problems When Implementing or Modifying Drug-Free Workplace Policies 48
Appendix H: Screening, Brief Intervention, and Referral to Treatment 49
References 50

Charge to the Employee-Workforce Substance Use Prevention Ad-Hoc Committee

Wisconsin's workforce is a reflection of Wisconsin's population and its communities, including trends in substance misuse. Many of the industries and occupations that drive Wisconsin's economy are likely to find substance misuse issues among their workers making it a health, public safety, productivity, and economic issue for the entire state. While rates of substance misuse and substances involved will change over time, it is clear that substance misuse and dependency are impediments to the public health, safety, and economic growth of Wisconsin.

The workplace offers a forum for preventative steps and interventions to be implemented to address substance misuse and related consequences as it allows access to a large segment of the working-age population. The workplace setting can be used to identify individuals who are at increased risk for substance dependency and those working in high-risk professions. Focusing on individuals dealing with their own substance use disorders (SUDs) or those of close family members in the workplace makes economic sense for employers and employees alike (Franco, 2015).

Effective prevention policies, practices and programs implemented in the workplace can improve safety and productivity while reducing worker injuries and healthcare costs. This effort holds the potential for reducing productivity loses as the result of absenteeism, impairment at work, workplace injury, and reduced productivity. Research and experience support comprehensive approaches that include professional groups, labor organizations, and management working towards common goals.

Drawing on related recommendations from other Wisconsin State Council on Alcohol and Other Drug Abuse (SCAODA) reports, the Employee-Workforce Substance Use Prevention Ad-Hoc Committee will consider the following topic: recommending promising or evidence-based policies, practices, and programs with the goal of preventing or reducing employee substance misuse, and relapse. The Ad-Hoc Committee will review successful approaches implemented within the state and elsewhere and look for effective approaches in addition to Employee Assistance Programs (EAPs) and drug screening.

The Ad-Hoc Committee will consider preventing substance misuse with the goal of creating safe and productive workplaces by researching, evaluating, and developing recommendations regarding the following or related approaches:

- Health and wellness promotion
- Employee Assistance Programs (EAPs)
- Screening, Brief Interventions, and Referrals to Treatment (SBIRT) integrated into health promotion, EAP, and other industrial health measures
- Changes in the workplace to support recovery, sobriety, and moderation, when appropriate; as well as support to those involved in the criminal justice system
- The impact of trauma informed prevention on workplace performance and the implementation of trauma informed practices in the workplace
- What constraints an employer may legally place on an employee's legal, off-duty, off-site activities
- What legal limits exist on the use of biomarkers and drug screening to determine substance misuse

- Factors that contribute to substance misuse within Wisconsin's major industries and occupations and the protective factors that may be introduced
- Implications of the Affordable Care Act (ACA), successor legislation, and the Americans with Disabilities Act (ADA) for workforce prevention and individuals in recovery
- Workplace substance misuse policies that have been effective in reducing workplace substance misuse in other states and nations
- What community policies and practices complement workplace prevention strategies and policies
- Use of person-first language regarding SUDs
- How employee/workplace prevention can promote employment opportunities and sobriety for individuals in recovery
- How substance misuse prevention and treatment polices can reduce workplace violence and support non-abusing employees with alcohol or drug misuse or dependency
- How community anti-drug coalitions, community groups, and organizations addressing trauma-related issues can coordinate with and support workplace and workforce sobriety

This review should engage Wisconsin's major industries, organized labor, professional groups, human service professionals, industrial health and safety experts, and other individuals as needed. Employers should also make every effort to collaborate with one of the over 100 prevention coalitions in the state of Wisconsin.

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**Workgroup members and staff listed were contributors to this report. Individual recommendations in this report are not necessarily endorsed by the committee members, staff, or their employers.*

Background

Wisconsin has a rich tradition of having a hard-working and innovative population. According to the Bureau of Labor Statistics (BLS) from the U.S. Department of Labor (2019), there are over 3.1 million adults in Wisconsin employed in 2019 and an unemployment rate of 3% (BLS, 2019).

Many employers take pride in their workforce and the products and services provided, and yet unfortunately they are often unaware of the potential issues that substance misuse can create for their business. Employee substance misuse can impact businesses through lost productivity, absenteeism, turnover, health care expenses, disability, and worker's compensation. Research into the impact of SUDs estimates that 75% of adults with an SUD are in the workforce and that without treatment and recovery supports each of these employees can cost an employer an average of $6,643 annually (Goplerud, Hodge, & Benham, 2017). Furthermore, addressing a substance use disorder has benefits that an employer may be unaware of. Workers in recovery have a lower cost of health care by an average of $536 per year. While there is not a precise number of those actually experiencing problems with drugs and alcohol, data from the National Survey on Drug Use and Health (NSDUH) suggests that approximately 16 million adults in the U.S. had an untreated SUD in 2018 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019).

> It is estimated that 378,000 adults are diagnosed with a SUD in Wisconsin; in 2017, only 31% of those in need of treatment received it.

Unfortunately, Wisconsin also has a long history of substance misuse* that ranks high compared to the rest of the nation. The 2016-2017 NSDUH found that among people ages 18 and older in Wisconsin, 8.5% (estimated 378,000 persons) had been diagnosed with a SUD in the past year, a figure that is higher than the national average of 7.7% (SAMHSA, 2018b). Wisconsin Department of Health Services (DHS) data estimates that in 2017, approximately 119,000[1] Wisconsin adults received substance use services meaning that some 259,000 did not receive needed services; this indicates an estimated treatment gap of 69% for the state (DHS, 2019 unpublished).

According to the 2017 NSDUH, the most common reasons that people cited for not receiving substance use treatment in the United States were:

- 40% were not ready to stop using
- 31% could not afford the cost

[1] This number represents adults who received substance use services in Wisconsin in 2017. Sources of data include the county public system that is overseen by DHS, Medicaid (both fee-for-service and managed care), state mental health institutions, corrections, and commercial insurers (commercial insurance data are based on approximately 85% of commercial insurance companies). The total number of people served is unduplicated across the county public system and Medicaid-funded services, and some duplication of clients served through other systems.

***Terminology Note:**
Misuse versus Abuse: This report uses the term substance misuse, a term that is roughly equivalent to substance abuse. Substance abuse, an older diagnostic term, was defined as use that is unsafe (e.g., drunk or drugged driving), use that leads a person to fail to fulfill responsibilities or gets them in legal trouble, or use that continues despite causing persistent interpersonal problems. However, "substance abuse" is increasingly avoided by professionals because it can be shaming. Instead, substance misuse is now the preferred term. Although misuse is not a diagnostic term, it generally suggests use in a manner that could cause harm to the individual user or those around them.

- 21% feared it would have a negative effect on their job
- 18% feared stigma from neighbors or their community

Treatment can help individuals who were previously unemployed or not part of the labor force find employment, thus increasing the number of eligible, job-seeking adults in Wisconsin. The WI DHS reports that of individuals who were discharged from county treatment in 2018, 6,668 were employed; 1,507 were unemployed; and 2,606 were not in the labor force. However, the employment status of 618 individuals who had entered treatment as unemployed or were not previously in the labor force reported being employed upon completion of treatment (WI DHS, 2019, Program Participation System [PPS], unpublished raw data).

The workplace also presents itself as a valuable asset in the prevention of substance misuse and/or the onset of a SUD. According to the U.S. Small Business Administration's Office of Advocacy, Wisconsin small businesses employed approximately 1.3 million people, or 49.9% of the private workforce, in 2016 (2019). This is not always easy, as, while small employers employ a significant portion of the workforce, they are less likely to implement workplace prevention programming due to fiscal barriers. That being said, Wisconsin employers may hold the key to reaching many of these adults. There are over 3.1 million people employed in the state, meaning that a large proportion of Wisconsin adults are engaged in the workforce and the BLS indicates that, on average, employees spend about 34 hours per week on the job (BLS, 2019). This creates an opportunity for employers to develop an organizational culture that promotes health and addresses substance misuse prevention, treatment, and recovery among employees, even in the absence of more formal prevention programming that may be too costly.

Many organizations realize substantial savings by investing in employee wellness and offering appropriate treatment options for SUD, implicating the workplace as an effective environment to employ substance misuse prevention strategies and support employees seeking treatment or who are in recovery. Since it is not always possible to identify employees who may have a substance misuse issue or SUD, programs need to be implemented across the entire organization and should target the full spectrum of prevention, intervention, treatment, and recovery. Research shows that workers in recovery save employers anywhere from $4,000 per year in information and communications fields to a little over $500 for workers in the agriculture field. Furthermore, workers with an SUD in recovery take less leave than both workers with an untreated SUD and workers who have never had an SUD (Goplerud, Hodge, & Benham, 2017).

SCAODA should integrate substance misuse and the Wisconsin workforce as a priority within each of the four subcommittees. Employers and employees are important segments of the population and this report is the first step in acknowledging that SCAODA should focus future efforts in engaging and collaborating with them as a priority.

As the Governor's Council charged with providing leadership and coordination regarding alcohol and other drug use issues confronting the state, SCAODA is well-positioned to establish a committee to provide ongoing guidance and support to employers on evidence-based programs and strategies for addressing substance use in the workforce.

Executive Summary

Since November 2017, the Employee-Workplace Substance Use Prevention Ad-Hoc Committee examined the rapidly changing landscape of substance misuse and the associated problems facing Wisconsin employers, employees, and their communities. The Committee developed recommendations to assist stakeholders in assessing evidence-based prevention, intervention, treatment, and recovery strategies focusing on employee health and safety related to substance misuse.

A note regarding tobacco: The term "substance" in this report is defined as, "a psychoactive compound with the potential to cause health and social problems, including SUDs, and their most severe manifestation, addiction (U.S. Department of Health and Human Services [HHS], 2016)." Nicotine, the addictive ingredient in tobacco, is one such compound. Thus, while tobacco use is not addressed specifically in this report, the term "substance" includes tobacco products with the potential to cause health and social problems. For additional information, see **Appendix A**.

In researching this broad topic and considering the framework of workforce substance use prevention, the Committee recognized the need to not only focus on employers, but also employees and the intersection of the community as a whole. The Committee focused this report on three major topic areas:

1. Pre-employment
2. During employment
3. Providing support to employers and community-wide engagement

In addition to workplace considerations, the Committee also examined how substance misuse affects individuals, families, and larger systems within the general public. Committee members invited experts on various topics to inform the Committee on areas to consider when making recommendations. These areas included trauma informed practices, employee assistance programs (EAPs), human resources, drug courts, labor trends and practices, and the State of Wisconsin's Department of Workforce Development (DWD) trends and practices.

After completion of this research and compilation of the report, it is evident the Governor's SCAODA, has a responsibility to identify Wisconsin's Workforce as a population of importance and prioritize integration of this within the ongoing work of SCAODA's standing committees including advising state agencies on how they can best support employers.

The Employee-Workforce Substance Misuse Prevention Ad-Hoc Committee would like to thank the following individuals and organizations for their assistance, guidance, and expertise in developing these recommendations:

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Glossary of Terms

Adverse Childhood Experiences (ACEs): ACEs are negative life events that can result in stress so severe that it disrupts healthy development and can negatively impact health outcomes during adulthood.

Addiction: The most severe form of SUD, associated with compulsive or uncontrolled use of one or more substances. Addiction is a chronic brain disease that has the potential for both recurrence (relapse) and recovery.

Alcohol Use Disorder (AUD): AUD is a chronic relapsing brain disease characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. AUD can range from mild to severe, and recovery is possible regardless of severity. The fourth edition of the *Diagnostic and Statistical Manual* (DSM-IV), published by the American Psychiatric Association, described two distinct disorders—alcohol abuse and alcohol dependence—with specific criteria for each. The fifth edition, DSM-5, integrates the two DSM-IV disorders, alcohol abuse and alcohol dependence, into a single disorder called alcohol use disorder, or AUD, with mild, moderate, and severe sub-classifications.

AODA: Alcohol and other drug abuse.

Binge Drinking: National Institute of Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL. This typically occurs after four drinks for women and five drinks for men—in about two hours. SAMHSA, which conducts the annual NSDUH, defines binge drinking as five or more alcoholic drinks for males or four or more alcoholic drinks for females on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past month.

Cannabis: A dried preparation of the flowering tops or other parts of the cannabis plant or a resinous extract of it (*cannabis resin*), smoked or consumed, generally illegally, as a psychoactive (mind-altering) drug.

Conditional Offer of Employment: A formal job offer that is dependent on the employee passing certain tests or conditions. The job offer is formalized only after all the conditions are successfully met. If the applicant does not pass the requirements, the job offer is revoked or rescinded.

Continuum of Care: An integrated system of care that guides and tracks a person over time through a comprehensive array of health services appropriate to the individual's need. A continuum of care may include prevention, early intervention, treatment, continuing care, and recovery support.

Day Treatment: An intensive course of treatment for those who do not require 24-hour inpatient care. Individuals spend at least eight hours during the day at the facility.

Employee Assistance Programs (EAPs): A work-based intervention program designed to assist employees in resolving personal problems that may be adversely affecting the employee's performance.

Integration: The systematic coordination of general and behavioral health care. Integrating services for primary care, mental health, and substance use related problems together produces the best

outcomes and provides the most effective approach for supporting whole-person health and wellness.

Marijuana: The leaves, flowers, stems and seeds of the hemp plant Cannabis sativa, containing the active ingredient of delta-9 tetrahydrocannabinol (THC) that can produce altered senses and perceptions of time, changes in mood and appetite, pain relief, impaired body movement, impaired problem-solving and memory, and at high doses, hallucinations, delusions, and psychosis.

Medication Assisted Treatment (MAT): The use of medications in combination with counseling and behavioral therapies for the treatment of SUDs.

Misuse versus Abuse: This report uses the term substance misuse, a term that is roughly equivalent to substance abuse. Substance abuse, an older diagnostic term, was defined as use that is unsafe (e.g., drunk or drugged driving), use that leads a person to fail to fulfill responsibilities or gets them in legal trouble, or use that continues despite causing persistent interpersonal problems. However, "substance abuse" is increasingly avoided by professionals because it can be shaming. Instead, substance misuse is now the preferred term. Although misuse is not a diagnostic term, it generally suggests use in a manner that could cause harm to the individual user or those around them.

Outpatient Care: SUDs treatment is received without being admitted to a hospital.

Person First Language: Eliminates generalizations, assumptions and stereotypes by focusing on the person rather than the disability. As the term implies, Person First Language refers to the individual first and the disability second. It is saying "a child with autism" instead of "the autistic."

Prevention: Interventions carried out before the need for treatment that are intended to delay early use and stop the progression from use to problematic use or to a SUD (including its severest form, addiction).

Protective Factors: Conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk.

Recovery: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Even individuals with severe and chronic SUDs can, with help, overcome their SUD and regain health and social function. This is called remission. When those positive changes and values become part of a voluntarily adopted lifestyle, that is called "being in recovery."

Recovery Supportive Work Environment: A workplace culture that increases understanding of SUD through education and policy, as well as ongoing recovery support.

Relapse: Return to alcohol or drug use after a significant period of abstinence.

Residential Treatment: 24-hour a day services delivered in settings other than a hospital.

Risk Factor: Any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

Screening, Brief Intervention, Referral to Treatment (SBIRT): An evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

Stigma: Mark of disgrace associated with a particular circumstance, quality, or person.

Substance: Psychoactive compound with the potential to cause health and social problems, including SUDs, and their most severe manifestation, addiction.

Substance Misuse: Use of any substance in a manner, situation, amount or frequency that can cause harm to users or to those around them. For some substances or individuals, any use would constitute as misuse (e.g., under-age drinking, injection drug use).

Substance Misuse Problem: Any health or social problem that results from substance misuse. Substance misuse problems or consequences may affect the substance user or those around them, and they may be acute (e.g., an argument or fight, a motor vehicle crash, an overdose) or chronic (e.g., a long-term substance-related medical, family, or employment problem, or chronic medical condition, such as various cancers, heart disease, and liver disease). These problems may occur at any age and are more likely to occur with greater frequency of substance use.

Substance Use: Use, even one time, of any substance that should be abstained from.

Substance Use Disorder (SUD): A medical illness caused by repeated misuse of a substance or substances. According to the DSM-5, SUDs are characterized by clinically significant impairments in health, social function, and impaired control over substance use and are diagnosed through assessing cognitive, behavioral, and psychological symptoms. SUDs range from mild to severe and from temporary to chronic. They typically develop gradually over time with repeated misuse, leading to changes in brain circuits governing incentive salience (the ability of substance-associated cues to trigger substance seeking), reward, stress, and executive functions like decision-making and self-control.

Substance Use Disorder Treatment: A service or set of services that may include medication, counseling, and other supportive services designed to enable an individual to reduce or eliminate substance misuse; addresses associated physical or mental health problems, and restore the patient to maximum functional ability.

Tetrahydrocannabinol (THC): A crystalline compound that is the main active ingredient of cannabis.

Trauma: Trauma is extreme stress that overwhelms a person's ability to cope. Trauma can result from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma Informed Care (TIC): Trauma informed care is not a therapy, intervention, or specific action. It is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

Withdrawal Management: Refers to the medical and psychological treatment of individuals who are experiencing a withdrawal syndrome due to either reducing their use of a particular drug or totally ceasing their use.

Terms are from the Recovery Research Institute's **Addictionary®.**

Overview of Recommendations

This report covers nine recommendations that involve state agencies and employers during the pre-employment and employment stages, and offers recommendations for community engagement.

Pre-Employment

PE1 Employment Readiness Programs: Wisconsin's Department of Workforce Development and other state agencies serving individuals seeking employment should include linkages to substance use disorder prevention, treatment, and recovery resources within their online presence, workforce events, employment offices, and training programs in an effort to help Wisconsin residents overcome barriers to employability.

PE2 Pre-Employment Drug-Screening: Employers in Wisconsin should consider the implementation of pre-employment drug screening if deemed necessary for safety, health, and well-being of employees and should include policies based on best practice.

During Employment

DE1 Workplace Substance Misuse Prevention Programming: Employers in Wisconsin should implement evidence-based policies, programs, and practices for preventing substance misuse based on the needs of their specific workplace.

DE2 Workplace Drug Screening: Before implementing a workplace drug screening policy, employers should consider whether drug screening is required, necessary, or beneficial for employees, or for the organization/industry.

DE3 Employee Assistance Programs (EAPs): Employers need to provide quality EAP services by assuring those services include certified substance use disorder counselors who are able to provide evidence-based and trauma informed care.

DE4 Employer-Sponsored Health Insurance Plans: Employers should ensure they are offering a health insurance plan that adheres to the requirements of the Mental Health Parity and Addiction Equity Act, and that the insurance policy includes access to a comprehensive behavioral health provider network.

DE5 Recovery-Supportive Work Environments: Businesses should adopt practices to become recovery-supportive work environments.

Community Engagement

CE1 Partnering with the Community: Employers should engage in partnerships with community organizations and public and private agencies to support and enhance both worksite and community efforts to reduce substance use-related problems.

Pre-Employment – Employment Readiness Programs

PE1 Employment Readiness Programs: Wisconsin's Department of Workforce Development and other state agencies serving individuals seeking employment should include linkages to substance use disorder prevention, treatment, and recovery resources within their online presence, workforce events, employment offices, and training programs in an effort to help Wisconsin residents overcome barriers to employability.

Background

Substance misuse cannot be overlooked when trying to reduce barriers to employment. In the general population, individuals who misuse substances experience lower rates of employment, sporadic employment patterns and lower job retention rates. Traditional job readiness services (writing resumes and preparing for interviews), fail to impact underlying issues that can make job attainment impossible (Schoppelrey, Martinez & Jang, 2005).

The Wisconsin Department of Workforce Development's (DWD) mission is to, "*Advance Wisconsin's Economy and Business Climate by Empowering and Supporting the Workforce"* and the vision is, "*To Build a Workforce to Move Wisconsin Forward"*.

Engaging Wisconsin DWD in a solution-focused effort to reshape the conversation for job seekers and employers about what it means to have a SUD is invaluable and will reap great dividends. DWD operates 22 comprehensive job centers, 32 affiliate job centers, and has a strong digital presence. These established venues are the opportunity to provide linkages to substance misuse prevention, treatment, recovery resources and to promote positive messaging to reduce stigmatization of SUDs.

Scientific progress has helped us understand that addiction – also referred to as SUD – is a chronic disease of the brain. It is a disease that can be treated – and treated successfully. No one chooses to develop this disease. Instead, a combination of genetic predisposition and environmental stimulus – analogous to other chronic diseases like diabetes and hypertension – can result in physical changes to the brain's circuitry, which leads to tolerance, cravings, and the characteristic compulsive and destructive behaviors of addiction that are such a large public health burden for our nation (American Medical Association, 2015).

In America, approximately 19.3 million people age 18 and older live with a SUD. It is estimated that only 18% (3.6 million) of those with a SUD receive treatment services (SAMHSA, 2019). One of the most common barriers is stigma which contributes to the lack of confidence in the success of treatment (Rapp, Xu, Carr, Lane, Wang & Carlson, 2007). Stigma-reducing language needs to be a part of the solution. **Addictionary®** provides a venue to learn more about stigma-reducing language.

Implementation

The complexity of SUD and its broad sweeping impact requires a comprehensive approach that must include multiple agencies and organizations. Active engagement in addressing the issues need to come from partners whose main scope of services is beyond the health and human service industry.

Initiatives to help Wisconsin residents overcome barriers to employability should be informed by persons with lived experience, prevention specialists, treatment providers, employment assistance specialists, human resource professionals, and those with marketing and communications expertise.

Strategies for consideration:

- An understanding of addiction, stigma, and principles of providing trauma informed services are included in staff training.
- Embed messaging that promotes healthy social norms and uses stigma-reducing language within the Job Centers and online at **Job Center of Wisconsin**.
- Identify treatment and recovery supportive services relevant to job seekers and integrate those supports into DWD services.
- Develop online training resources on the topics of SUD education, screening, stigma reduction, and trauma informed services for job seekers and employers.
- Expand resources related to barriers to employability such as SUD, mental health treatment, recovery support, domestic violence, food insecurity, and housing assistance for job seekers.

Pre-Employment – Pre-Employment Drug Screening

PE2 Pre-Employment Drug Screening: Employers in Wisconsin should consider the implementation of pre-employment drug screening if deemed necessary for safety, health, and well-being of employees and should include policies based on best practice.

Background

Pre-employment drug screening programs are a controversial topic that lack substantial evidence arguing either for or against their efficacy. As such, this section will discuss some of the many considerations that are foundational to any decision regarding the use of a pre-employment drug screening program.

Proponents of pre-employment drug screening believe that such programs help to lower costs and improve the safety and wellbeing of their employees and workplace. Through pre-employment drug screening, employers have the potential to identify an individual who may be struggling with a SUD and even an opportunity to connect the individual to treatment services or resources. Pre-employment drug screening policies can serve as one component of a comprehensive Drug-Free Workplace Plan, a set of regulations put in place to address drug use by federal employees and in federally-regulated industries as part of the 1988 Drug-Free Workplace Act. Companies that are not required to follow these regulations may still want to utilize the Drug-Free Workplace Plan framework if they have deemed that use of a pre-employment drug screening program is necessary for the safety, health, and wellbeing of their employees and workplace.

For those that argue against pre-employment drug screening, substantive evidence is lacking indicating that pre-employment drug screening is indeed an effective means to cost savings and improving health and wellbeing of employees and workplaces. Furthermore, a central fact to keep in mind is that pre-employment drug screening only measures if an individual has used a substance prior to the test. It does not measure the potential to start using after employment starts, nor is it a reliable indication of substance misuse or a SUD. A pre-employment drug screening policy will not necessarily insulate a company from experiencing problems or impacts in the workplace from substance misuse.

Implementation

In the event a pre-employment drug screening program is something an employer decides to implement, the program's policy should be written out and reviewed by legal counsel to ensure protected liability. Below are several critical components that should be considered when creating the written policy:

- Purpose and objectives of the pre-employment drug screening program.
- Explain that pre-employment drug screening is part of a conditional offer of employment.
- Clearly describe the consequences for a failed pre-employment drug test.
- Clearly define who is screened i.e. all applicants, or all individuals who are offered a job, or only certain positions, etc., the rationale behind this decision must include how substance misuse could impact the work completed by the position.
- Identify specific substances included in the pre-employment drug screening. If screening for prescription drugs, it may be necessary to further identify and assess how the medication impacts the individual and how it could impact the work completed by the position. Reference **Appendix B** for more information about mind altering drugs.

- Outline the drug screening methods. The most common type of specimen collected for testing is urine, followed by hair, and saliva. Blood testing is seldom used.
- Identify if drug screening will be conducted in-house or with a third party contract lab, which may reduce employer risk.
- Wisconsin employers should consider keeping an up-to-date listing of local resources to help individuals with a SUD, in addition to providing or connecting individuals to services that may help address employment barriers.

Policies and community norms are in a constant state of change for one substance in particular – cannabis. Reference **Appendix C** for specific information related to cannabis and employer drug screening.

Things to Consider

At this time, there are no comprehensive federal laws regulating pre-employment drug screening in the private sector, outside of the Department of Transportation. Employers must be aware of state laws regulating pre-employment drug screening. Pre-offer drug screening could violate the Americans with Disabilities Act (ADA); therefore employers should refer to **ADA.gov** for more information.

Innovative Model: Through the *Pathways to Employment* program, started in February 2018, if potential Belden employees at the Richmond, Indiana, plant are denied positions because of a failed drug test, they will be offered the opportunity to participate in a personalized drug rehabilitation program. Successful participation will lead to a job at Belden once the rehabilitation program is completed, along with a commitment to maintaining a substance-free lifestyle. Read more at **https://www.belden.com/pathways-to-employment**

Pre-employment drug screening program cost savings should be weighed against the cost of implementing the actual program, which can vary based on several factors, such as industry, company size, and administrative burden, and may change from year to year. If pre-employment drug screening is conducted on all job candidates, costs are dependent upon hiring volume; the larger the employer, the larger variance this may be from one budget cycle to the next. Further, cost savings are responsive to changing variables in the population and environment. One of the most-widely cited studies of the cost-savings associated with pre-employment drug screening noted that the prevalence of drug use in the population screened and the cost of urine samples were two major factors that had significant effects on the cost-benefit ratio of the program.

> *"Drug screening would have saved the Postal Service $162 per applicant hired. However…if the prevalence of drug use in the population screened were 1%, rather than the 12% assumption that was used in the model, the program would lose money. Similarly, if the cost per urine sample screened were $95 rather than the $49 assumed, then the program would lose money – even if the prevalence of drug positives was as high as 9%"* (Zwerling, Ryan, & Orav, 1992).

"The Real Costs of Substance Use in Your Workplace Calculator" is a tool that employers can use to get rough estimates on the cost of substance use. Please note that it is unclear which variables the calculator uses and therefore it is not necessarily possible to speak to the accuracy of this tool, **https://www.nsc.org/forms/substance-use-employer-calculator**.

When considering if pre-employment drug screening is beneficial, it is also important to know that some industries experience higher rates of substance misuse. The industries with the highest rates of heavy alcohol use are mining at 17.5% and construction at 16.5%. The accommodations and food

service industry have the highest rate of substance misuse at 19.1%. In general, industries with the lowest rates of use include education, health care, social assistance, and public administration (Bush & Lipari, 2015).

Further, employers should consider which substances are tested for in the drug screening panel. It is not typical to test for recent alcohol use in pre-employment drug screening programs, despite the fact that 17.3 million Americans are dependent on alcohol. For perspective, that number is about four times the number of people dependent on marijuana (4.1 million) and almost twice the total number of people dependent on painkillers, cocaine, heroin, stimulants, tranquilizers, hallucinogens, inhalants, and sedatives combined (8.9 million). Moreover, a recent study identified alcohol as the substance most likely to be used during work hours (American Addiction Centers, 2018).

Things to Consider – Racial Inequities and Drug Testing

Studies show there are substantial racial inequities and occupational disparities related to drug screening practices. Public perception links drug use highly to minority communities, despite minorities having a lower rate of drug use in the general population (The Hamilton Project, 2016). This perception, however, holds severe and negative implications for equity in the workplace. Researchers have noted "…a connection between the problems of inner-city black male joblessness and the failure of some applicants to pass drug-screening tests" (Wilson, 2011).

In one study, researchers found that pre-employment drug screening was lowest for workplaces that had a completely white composition (42.2%). Comparatively, workplaces that had a minority composition of 26-50% were twice as likely (87.7%) to conduct pre-employment drug testing (Gee et al., 2005). Broader racial disparities in hiring practices exist, as well, such as white applicants receiving longer job interviews, being offered more favorable work shifts, and being less likely to be required to take any kind of pre-employment drug screening in comparison to their African American counterparts (Bonds, 2006).

That being said, some research on this topic has turned up unexpected findings. In one study comparing states that encourage workplace drug screening (such as Ohio, Utah, and Alaska) to those that have enacted laws to limit drug screening programs (such as Rhode Island, Vermont, and Montana) in sectors that have high testing rates (mining, manufacturing, transportation, utilities, and government), places where pro-drug screening laws were passed saw the rates of African American employment increase by 7-30%. One explanation put forth by the researcher of this study was that drug screening actually worked to counteract employer bias. In the absence of drug screening, employers might assume a higher risk of substance misuse among African American applicants. The presence of objective testing, though, assuages this concern. "That's not to say that workplace drug screening will help to usher in a colorblind society, and one peculiar side effect may not justify a widespread folly" (Wozniak, 2015).

Regardless, it is indisputable that racial and ethnic biases and disparities exist. These differences have important public health implications deserving further study. With that in mind, it is imperative that drug screening policies not only state that they are performed equitably, but the implementation of the drug screening program must be administered equitably, as well.

During Employment – Workplace Substance Misuse Prevention Programming

DE1 Workplace Substance Misuse Prevention Programming: Employers in Wisconsin should implement evidence-based policies, programs, and practices for preventing substance misuse based on the needs of their specific workplace.

Background

As defined in The Surgeon General's Report on Alcohol, Drugs, and Health (2016), substance misuse is the use of any substance (i.e., alcohol, tobacco, illicit drugs) in a manner, situation, amount or frequency that can cause harm to users and those around them.

According to 2016-2017 NSDUH data, among Wisconsin adults (ages 18+) approximately 1.4 million reported binge drinking (with nearly three million having used alcohol), 414,000 had used illicit drugs, and 1.2 million had used a tobacco product in the last month (SAMHSA, 2018a). Further, 3.91% of Wisconsin adults reported misusing a pain reliever in the past year, compared 4.26% of the total U.S. population (SAMHSA, 2018b).

With a significant number of these individuals in the workforce, the workplace presents a unique opportunity to address the impact of harmful substance use with a large percentage of the population. This includes implementing prevention-focused policies, programs, and practices that will support employee health and wellness and lead to a reduction in substance misuse.

Implementation

Prevention-focused policies, programs, and practices are effective in reducing substance misuse when they target the risk and protective factors that influence this behavior. Risk factors are personal characteristics, experiences, and social conditions that research has shown increase the likelihood of someone misusing substances. Those characteristics, experiences, and conditions that reduce the likelihood of substance misuse are called protective factors.

Evidence-based prevention minimizes exposure to risk factors, reduces their impact, and increases exposure to and the influence of protective factors (Fagan, Hawkins, & Catalano, 2018).

Researchers have identified four dimensions (conditions) of the work environment that are risk factors for substance misuse by employees:

1. Work stressors
    - Job insecurity
    - Negative work conditions (work demands, role demands, emotionally unpleasant work, interpersonal conflict or aggression)
    - Work-family conflict (incompatible demands between work and family roles)
2. Workplace substance availability
    - Ease of access
3. Workplace norms within the employees workplace social network
    - Extent of substance misuse before and during the workday
    - Approval of substance use before and during the workday

4. Workplace social control
    - Lack of formal and informal policies and enforcement regarding substance misuse
    - Low attachment and commitment to the organization
    - Low visibility of work behaviors, working in isolation, low levels of supervision (Frone, 2019)

Below there are high quality resources, recommendations, and strategies that may aid employers in creating work environments that mitigates risk factors and promote protective factors. The Ad-Hoc Committee does not recommend one set of strategies over another. All of the strategies are offered as guidance and resources to employers.

In *Mental Health: A Workforce Crisis,* by the American Heart Association (AHA) CEO Roundtable states substance misuse disorders as part of the mental health crisis are afflicting the American workforce. The report provides a number of evidence-based, organizational strategies to enhance protective factors and minimize risk factors like those mentioned above (2019):

- Ensure that employee workload is manageable and not excessive.
- Provide employees with safe and diverse tasks to avoid monotony.
- Enable employees to participate in decision-making and choices on how to complete work.
- Provide employees with recognition and rewards for performance.
- Provide supportive leadership and supervision with positive, frequent communication and clarity about workplace objectives and structure.
- Provide opportunities for employees to create positive relationships with work colleagues.
- Create a culture of equity and fairness.
- Have leaders talk about emotional well-being in communication to employees and model work-life balance.
- Require that vacation time be taken.
- Provide more information about mental health benefits, accommodations, and resources available to employees.
- Offer treatment, rehabilitation, and counseling programs for mental health and SUDs.
- Create guidelines for job accommodations, including time to participate in therapy or other mental health programs.
- Develop written organizational policies protecting employees against bullying and harassment.
- Train leaders and managers to reduce the stigma associated with mental health (and substance misuse).
- Offer digital mental health programs that aim to equip employees with knowledge and skills to manage work-related stressors more effectively.
- Train supervisors to recognize the symptoms of poor mental health among their employees and equip them with knowledge, skills and confidence to confidentially intervene and refer them to EAPs and other mental health resources.

Additional best-practice standards for developing a workplace substance misuse prevention program have been put forth by the United Nations Office on Drugs and Crime and the World Health Organization (2018):

- Developed with the involvement of all stakeholders (employers, management, employees)
- Guaranteeing confidentiality to employees
- Including and based on a policy on substance abuse in the workplace that has been developed by all stakeholders and is non-punitive
- Providing brief intervention, counseling, referral to treatment and reintegration services
- Including a clear communication component

- Included as part of a comprehensive EAP
- Including stress management courses
- Training managers, employees and health workers in fulfilling their roles in the program
- Including drug screening only as part of a comprehensive program
- Embedded in other health or wellness-related programs

Employers seeking guidance in applying these standards to their worksite prevention program have access to two tools that are in the public domain. The first is the Wisconsin Worksite Wellness Resource Kit developed by the Chronic Disease Prevention Program of the WI DHS, Division of Public Health. While the Resource Kit is a guide for developing a comprehensive worksite wellness program, it includes questions for assessing a worksite's substance misuse prevention needs. To access the Worksite Wellness Resource Kit visit: **dhs.wisconsin.gov/physical-activity/worksite/kit.htm**.

The second tool is the Worksite Health ScoreCard developed by the Centers for Disease Control and Prevention (CDC). It too, is a tool for helping worksites develop comprehensive wellness programs. Additionally, like the Wisconsin Worksite Wellness Resource Kit, the ScoreCard includes questions for assessing how employers are incorporating best practices around alcohol, tobacco, and other substance use, as well as addressing risk factors like depression and stress. To access the Worksite Health ScoreCard visit:
https://www.cdc.gov/workplacehealthpromotion/initiatives/healthscorecard/index.html.
Reference **Appendix E** excerpts from each of these tools as well as information on how to access them.

Researchers have found a strong link between exposure to traumatic events and substance misuse. A public education piece by the International Society for Traumatic Stress Studies explains, "Many people who have experienced child abuse, criminal attack, disasters, war, or other traumatic events turn to alcohol or drugs to help them deal with emotional pain, bad memories, poor sleep, guilt, shame, anxiety, or terror" (2014).

The Missouri Trauma Roundtable through the Missouri Department of Mental Health (2017) describes trauma and its potential impact on employee functioning as follows:

> *... any adverse experience that overwhelms a person's ability to cope. Effects of trauma have no prejudice and no boundaries. People of all ages, ethnic backgrounds, sexual orientations, and economic conditions experience trauma; therefore, effects of psychological trauma are more likely than not present in all work environments. Trauma can affect a person's functioning, including interacting with others and work performance. It can affect behavioral reactions, including anxiety, isolation, substance use, and may result in high risk behaviors*.

How likely is trauma impacting someone in any given worksite? It's estimated that up to 50% of adults will experience a traumatic event in their lifetime (Gradus, 2017). *Healthy Wisconsin*, the Wisconsin state health improvement plan, reports that more than half of all adults in Wisconsin have experienced at least one Adverse Childhood Experience (ACEs). ACEs occur prior to age 18 and include physical abuse, emotional abuse, sexual abuse, someone in the household with an untreated SUD or mental illness, a household member who is incarcerated, violence between adults in the home, and parental separation or divorce. Adults who have experienced multiple ACEs are more likely to struggle with a SUD, depression, or suicidality (WI DHS, 2018). Because of trauma's influence as a risk factor for substance misuse, a worksite substance misuse prevention program should include an organizational commitment to becoming trauma informed.

The process of becoming trauma informed begins with adopting what the SAMHSA refers to as the four R's (2014):

1. Realize the widespread impact of trauma and develop an understanding of the potential paths for recovery,
2. Learn to recognize the signs and symptoms of trauma in staff,
3. Respond by fully integrating knowledge about trauma into policies and practices, and
4. Resist practices and experiences that may be re-traumatizing.

The *Policy Guidance for Trauma Informed Human Resources Practices*, (2017), by the Missouri Trauma Roundtable outlines five guiding principles for developing human resource policies that are trauma informed:

1. Safety: Ensuring physical and emotional safety for individuals as well as staff.
2. Trustworthiness: Making tasks clear, ensuring consistency within practice and maintaining appropriate boundaries.
3. Choice: Maximizing the experience of developmentally appropriate choice and control.
4. Collaboration: Maximizing collaboration and sharing of power.
5. Empowerment: Focus on building capacities and encourage having a voice and mastery of life and prioritizing the individual's power and growth.

Policy Guidance for Trauma Informed Human Resources Practices can be accessed at the Missouri Department of Mental Health Trauma Informed Care website **https://dmh.mo.gov/trauma/**.

Additional information on creating a more supportive workplace environment for employees dealing with trauma and stress can be found at the American Psychiatric Association Foundation's Center for Workplace Mental Health **http://workplacementalhealth.org/**.

During Employment – Workplace Drug Screening

DE2 Workplace Drug Screening: Before implementing a workplace drug screening policy, employers should consider whether drug screening is required, necessary, or beneficial for employees, or for the organization/industry.

Background

The SAMHSA (2018) states that workplace drug testing is one way to protect your workplace from the negative effects of substance misuse. Conducting drug testing may help your organization comply with federal regulations or insurance carrier requirements. It can improve workplace safety and reduce costs from misuse of alcohol and other drugs in the workplace. A drug-testing program can also deter employees from coming to work unfit for duty. They continue to state that the first consideration regarding drug testing is to determine whether it is required for some or all of their employees based on their job duties. A drug testing program may be implemented to:

- Comply with federal regulations
- Comply with customer or contract requirements including unions
- Comply with insurance carrier requirements
- Reinforce the organization's "no drug use" position
- Identify employees with SUDs and refer them for assistance
- Establish grounds for discipline or firing
- Improve safety
- Deter recreational drug use that could lead to addiction
- Reduce the costs of alcohol and other drug misuse in the workplace
- Promote a recovery-supportive work environment

Employers that are required by one or more federal agencies, such as those in safety- and security-sensitive industries, to implement drug screening should refer to applicable regulations to determine the required types of drug screening, (SAMHSA, 2018).

Implementation

There are four common workplace drug-screening approaches that the Drug and Alcohol Testing Industry Association outlines on their website. It is important that employers clearly identify their desired approach for drug screening and develop policies and protocols that reflect that reasoning and carry out the intended purpose.

- *Random* – most commonly used as an attempt to deter employees from using substances.
- *Reasonable Suspicion or Probable Cause* – commonly initiated by management who observes behavior that may reasonably be due to alcohol or other drug impairment or use.
- *Post-Accident* – if an accident or injury occurs on the job site or while conducting business, many employers require the employee to complete a drug screening to rule out the possibility that substances were a precipitating factor in the event.
- *Return to Duty* – when an employee has undergone disciplinary action linked to substance misuse, passing an employer mandated drug screening prior to returning to the workplace may be used as an indicator of improvement or compliance.

Businesses should also include policies to address employees who may be using methadone, Suboxone®, and other drugs for recovery; using prescription drugs for injury pain management; and self-reported drug use when drug screening. Ultimately, whatever policy is developed for the

organization, it is recommended that the policy is reviewed by legal counsel to ensure protected liability.

The Wisconsin SCAODA report, *Wisconsin's Heroin Epidemic: Strategies and Solutions* (2014) examined the Four Pillar drug strategy approach to address the heroin epidemic. Prior to 2014, the Four Pillar approach was being implemented in several countries. In consultation with Wisconsin communities that were struggling with heroin issues, the workgroup identified the need to add a fifth pillar that focused on businesses/workplaces. The development of the business recommendations in the report was included to address the concerns of employers dealing with workforce problems related to substance use (WI SCAODA, 2014).

Recommendation number 35 from the *Wisconsin's Heroin Epidemic: Strategies and Solutions* report states workplaces should establish consistent drug testing policies. Businesses that plan to do drug testing should have written policies and procedures in place, including supervisorial training and clear steps to take if there is a positive drug test. They offer the suggestion of small business owners may want to contact their local hospitals or small business association to determine if drug testing could be offered on an individual basis (WI SCAODA, 2014).

Things to Consider

In considering whether workplace drug screening is necessary, employers often cite safety as the most common reason for having a drug screening policy. Many times this is part of a post-accident protocol or reasonable suspicion. However, research has found "inconclusive evidence regarding the efficacy of drug screening in reducing workplace accidents and injuries." While there is some limited evidence that drug screening can reduce injury and accident rates, more rigorous studies indicate testing has only a small effect or no effect at all. Evidence of any deterrent effect of workplace testing is also inconclusive.

> *Drug screening does not provide any information about patterns of substance misuse, about the misuse or dependence, or about mental and physical impairments that may result from substance misuse. In short, it is important to recognize that urine testing measures exposure to substances, not a pattern of drug use, intoxication or impairment* (Council of Scientific Affairs, 1987).

The few studies that have utilized rigorous methodologies indicate that workplace testing has either no deterrent effect or only a very small deterrent effect (Pidd & Roche, 2011).

Employee acceptance of the drug screening policy is critical and can impact job satisfaction. If drug screening only results in punitive action, it is less favorable than when it leads to rehabilitation. According to Organizational Justice Theory, drug screening policies perceived as unfair can result in actions of moral outrage and righteousness, efforts to change or beat the system, highly cohesive work groups that exhibit antagonistic behavior towards management, employee attitudes of anger and resentment, as well as reduced work performance. Conversely, a program that employees perceive as fair or just, can result in employees' increased organizational commitment and trust in management, a decrease in turnovers, and increased compliance with and support of the organization and its policies (Kitterlin & Moll, 2012).

The primary factors contributing to employees' perceptions of a drug screening policy are:

- If an employee feels their personal benefits outweigh the personal costs of submitting to the test

- If an industry is perceived by society as having a legitimate need for drug screening, such as high risk industries either to employees or public safety (ex: construction, surgeons, pilots), as well as where employees put large amounts of money at risk (ex: banking, investment)
- Situations in which employees are highly dependent upon one another to produce quality work to ensure safety (Kitterlin and Moll, 2012)

Workplaces should take the following into consideration when developing a drug testing policy:

- When will drug testing be performed? Most companies use some or all of the following practices: pre-employment drug testing, mandatory post-accident testing, suspicion and random. For each practice used in the workplace, clear policies must be in place about drug test use and protocols for a positive test. Businesses must also address how they will handle each of the processes if the results from the drug test are not immediate (i.e. testing for suspicion). For example, is the employee allowed back to work or are they suspended until drug test results are received?
- What type of test and specimen will be collected? The most common type of specimen is urine, followed closely by hair and saliva and breath testing; blood testing is seldom used for pre or post-employment testing, except in cases of accidents or court order.
- Where will specimen collection be conducted? This is usually limited to the employer's place of business or off-site at a designated collection point such as a laboratory, doctor's office or hospital.

An employer must be aware of federal and state laws regulating drug screening. At this time, there are no comprehensive federal laws that regulate drug screening in the private sector. However, the Drug-Free Workplace Act of 1988 created regulations to address drug use by federal employees and in federally regulated industries. These regulations may impact your workplace. Employers who are considering a workplace drug screening program should utilize the National Safety Council's tool, "Real Costs of Substance Use in Your Workplace" calculator to determine if the costs of substance misuse are substantial enough to warrant further investigation. The Real Costs of Substance Use in Your Workplace Calculator can be accessed at: **https://www.nsc.org/forms/substance-use-employer-calculator**

It is important to recognize that policies and community norms are in a constant state of change; this is especially relevant currently for cannabis. Reference **Appendix C** for specific information related to cannabis and employer drug screening.

During Employment – Employee Assistance Programs

DE3 Employee Assistance Programs (EAPs): Employers need to provide quality EAP services by assuring those services include certified substance use disorder counselors who are able to provide evidence-based and trauma informed care.

Background

One way to incorporate the myriad of factors to an effective workplace prevention program into a single approach is to provide quality EAPs to employees. EAPs are employer- or group-supported programs designed to alleviate workplace issues. They can also play a role in identifying and aiding employees who need assistance because of behavioral, health, and job performance problems attributable to substance misuse as well as additional health, emotional, marital, family, financial, legal, stress, and other personal concerns.

Workplaces typically do not have specialized staff to provide what EAPs are uniquely positioned to do. Many investigations have demonstrated that EAPs have a positive impact on organizational resources, staff time, worker absence, employee productivity, and employee benefit costs in general. The typical return on investment is 3:1 for each dollar invested in an EAP (EASNA, 2009).

Employers should work with their EAP providers to ensure they are equipped to address SUDs, as well as openly and enthusiastically encouraging all employees to take advantage of the EAP services offered to them, while being a resource for those who may be struggling with a SUD. If workplaces were more accepting and understanding of persons with SUDs it is believed that more people would increase the utilization of EAP services. Additionally, employers should ensure that their EAP services include credentialed SUD services able to provide evidence-based and trauma informed care practices.

Implementation

While EAPs provide valuable resources to employees and employers, small businesses may find it financially challenging to provide EAP services. To assist small businesses with expanded employee services, the Chamber of Commerce and Business Development, the EAP companies, along with the small businesses should develop a cost structure that offers and allows small businesses to purchase EAP services collectively.

Recommendation number 34 from the *Wisconsin's Heroin Epidemic: Strategies and Solutions* report proposes providing or expanding assistance for employees who are misusing or abusing drugs the Ad-Hoc Workgroup discussed EAPs as a possible resource. Small businesses with limited resources to address alcohol and drug misuse in the workplace would need community-based resources when possible. The recommendation states:

> If an EAP is not available, especially for small businesses, an organization can work with local providers to provide similar service for the employee. Opportunities include:
>
> - Connecting with local substance abuse prevention coalitions, public health departments or health and human service departments to obtain a list of local resources to provide for employees needing help.
> - Providing meeting space or time off for employees to attend AA, NA or Al-Anon groups.
> - Contacting local hospitals, outside EAP programs or other local resources, to find

opportunities to provide support services on an individual basis.

- Workplaces may provide "Second Chance" programs. Second Chance programs allow employees who are caught using drugs, testing positive for drug use, or self-reporting use the opportunity to seek treatment while still employed by the company. If a business chooses to do this, additional policies need to be in place and well documented regarding: expectations of the employee, provisions from the business and next steps if the employee does or does not meet expectations. Businesses should clarify if this option is available for all employees or limited. If limited, clear explanations as to "why" some receive services, such as management or long-term employees, should be included in the policy. If this recommendation is implemented, legal counsel should be sought to ensure all appropriate language is used (WI SCAODA, 2014).

During Employment – Employer-Sponsored Health Insurance Plans

DE4 Employer-Sponsored Health Insurance Plans: Employers should ensure they are offering a health insurance plan that adheres to the requirements of the Mental Health Parity and Addiction Equity Act, and that the insurance policy includes access to a comprehensive behavioral health provider network.

Background

In 2008, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) law was passed. This law requires certain health insurance policies to cover services for mental health and SUDs on par with coverage for other medical and surgical services. This means that the financial requirements (such as co-pays and deductibles) and treatment limitations (such as visit limits) that are applicable to insurance benefits for mental health or SUDs may be no more restrictive than the most common limitations to other medical benefits offered by the health plan. More information on health parity requirements can be accessed at **https://oci.wi.gov/Documents/Consumers/PI-019.pdf** and **https://www.dhs.wisconsin.gov/aoda/hccindex.htm**.

Despite the law being in place, there are still instances of noncompliance. In fiscal year of 2017, the U.S. Department of Labor conducted 187 investigations related to MHPAEA and identified 92 violations. The violations included such things as improperly denied claims and preauthorization requirements that interfered with accessing potentially life-saving mental health/SUD treatment (U.S. Department of Health and Human Services, 2018). While the processing of insurance claims and approval or denial of service authorization may not be the direct responsibility of the employer, it is within the control of the employer to thoughtfully choose an employer-sponsored health plan with a record of compliance to MHPAEA.

In addition to MHPAEA compliance, it is also important to have an employer-sponsored health plan with an adequate behavioral health treatment provider network. This is extremely important in rural areas of the state, where very few service providers may even exist. This becomes important when an employee or their family member need professional services for mental health or substance misuse. If there is no in-network provider in the immediate area, those services most likely will not be accessed.

Behavioral health services are essential health benefits and must be included in health insurance plans. This includes: behavioral health treatment, such as psychotherapy and counseling, mental and behavioral health inpatient services, and SUD treatment. SUDs can be a chronic relapsing condition that requires life-long management. Therefore, health insurance plans at this time are required to cover pre-existing conditions, which ensures employees can access treatment services for a disorder that may have been present prior to their current employment.

Implementation

Employers should request an in-network SUD treatment provider listing from their employer-sponsored health plan to assure SUD treatment providers are in the network, are within a 60 mile radius of the workplace, offer regular and intensive outpatient care, day treatment, residential treatment, and withdrawal management. It is important to note that behavioral health providers do

not have the specific professional credentials and training a SUD treatment provider has. A listing of DHS-certified programs can be accessed at **https://www.dhs.wisconsin.gov/guide/aoda.htm**

Employers can review the employee-sponsored health plan for compliance with MHPAEA. The U.S. Department of Labor self-compliance tool will help in identifying key elements that should be present within a health plan. Section II: Determining Compliance with the Mental Health Parity Act and MHPAEA of the self-compliance tool can be accessed at **https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-a.pdf**.

Things to Consider

According to WI DHS's ForwardHealth figures, the number of Wisconsin residents enrolled in a Medicaid public health insurance plan in March 2019 was over 1,178,000. This includes individuals who are employed and do not qualify for the employer sponsored health insurance plan.

Medicaid does not provide coverage for residential SUD treatment. Services of a certified peer specialist are not a covered service for all Medicaid holders. In addition, some SUD treatment providers do not accept Medicaid as a form of payment for their services due, in part, to the low Medicaid reimbursement rates for services.

Medicare covers SUD treatment in both inpatient and outpatient settings if the provider states the services are medically necessary, services are received from a Medicare-approved provider or facility, and the provider sets up your plan of care. More information on Medicare treatment for SUD can be accessed at **https://www.medicareinteractive.org/get-answers/medicare-covered-services/mental-health-services/treatment-for-alcoholism-and-substance-abuse**.

It is critical for health insurance plans to have access to treatment services for members, including medication-assisted treatment (MAT). It is equally important to look at what your health insurance company is doing to prevent the opioid epidemic. The opioid epidemic has a significant cost to employers and communities. One study found that health insurance companies often lack the policies and practices to steer members to safer and more effective pain-management treatments other than opioids. Some policies to address this issue include utilization management practices, such as requiring opioid alternatives, preventing opioid overuse, having limits on quantity of prescriptions, requiring prior authorization for prescription opioids, and requiring step-therapy which identifies opioid alternatives prior to using opioids (John Hopkins University, 2018).

During Employment – Recovery-Supportive Work Environments

DE5 Recovery-Supportive Work Environments: Businesses should adopt practices to become recovery-supportive work environments.

Workplace policies that support and promote being substance free, can contribute to establishing a healthy expectation for the workplace.

Background

Recovery-supportive workplaces support their communities by recognizing recovery from SUD as a strength and by being willing to hire and work intentionally with people in recovery. Being open or intentional in hiring practices will provide opportunities to those already in recovery.

There are many good examples of successful programs and resources available that can help in creating a recovery-supportive workplace, and with over 22 million Americans currently in recovery from SUDs, creating a drug free workplace is necessary and entirely possible (Kelly, 2017). Those in recovery can return to work, find careers within a new organization and become an asset to the organization.

Due to the stigma around substance misuse and fear of the impact on employment status, employees may be hesitant about accessing resources that promote recovery support in their workplaces. Shifting workplace culture and increasing understanding of SUDs requires education, changes to policy, as well as ongoing recovery support. Offering all of these elements ensures promotion of support for those in recovery.

Implementation

Providing a recovery-supportive workplace requires implementing programs designed to remove barriers for those seeking help; reducing stigma, shame and fear; and providing peer support for the person in recovery or family member. Successful programs identify specific team members as resources within the company to support and be an ally in the process. This gives employees and family members suffering with or affected by SUD a person to talk to if needed. Becoming recovery-supportive also means addressing the use of substances before, during, or after the workday through employer and non-employer sponsored events. Those in recovery may be triggered by working with individuals under the influence or those who promote and glorify substance use.

An employer that is interested in becoming a recovery-supportive workplace should consider including the following:

- Employment readiness onboarding programs to help train and prepare employees for the adjustment to employment through reintegration/transition programming implemented once someone is hired but before they start full-time.
- Alternatives to after-work activities, as opposed to “happy hours”, and the consideration of not serving alcohol at work-related functions.
- Allow paid time-off or flexible scheduling for employees to attend meetings, therapy appointments, court hearings, probation or other medical, support services, and treatments related to recovery.
- Ensure employees can return to their job if long-term, in-patient treatment is needed.
- Provide transportation options.

- Use of person first language throughout the organization.
- Ensure that workplace health insurance plans provide affordable and accessible coverage to comprehensive, quality treatment and recovery services (for individuals and their family members) – including MAT.
- If the workplace has a drug screening policy, ensure that it takes into account how it will address MAT.

Customized training for supervisors can help maximize the effectiveness of a recovery-supportive workplace and is a key factor to successful implementation. There is a need for education and training for supervisors and human resource personnel in recognizing the signs of SUD in the workplace, family recovery, SUD stigmatization awareness, and recovery friendly activities.

Supervisors should be well-informed about the policy and programs and be aware of legally sensitive areas such as the Americans with Disabilities Act. Supervisors must also be trained on how to document potential problems in a fair and systematic manner, honor confidentiality, and provide employees with tools and resources to find appropriate help, as well as promoting and supporting ongoing recovery.

Resources

There are toolkits, trainings, and examples of recovery-supportive workplaces that can assist. Many of those toolkits and models are listed below.

Emotional CPR (eCPR): Emotional CPR involves listening skills, practicing presence, and creating a sense of safety for the person experiencing a crisis. eCPR is based on the principles found to be shared by a number of support approaches: trauma informed care, counseling after disasters, peer support to avoid continuing emotional despair, emotional intelligence, suicide prevention, and cultural attunement. This process helps people feel empowered and able to assist others in feeling more hopeful. More information on eCPR can be accessed at **https://www.emotional-cpr.org/**

Job Accommodation Network: The Job Accommodation Network provides information on considerations and accommodations related to supporting employees in recovery from alcohol use disorder. For example, allowing time off or a flexible schedule so an employee can attend an Alcoholic Anonymous (AA) meeting (this information can likely be adapted and applied to other SUDs). More information can be accessed at **https://askjan.org/disabilities/Alcoholism.cfm**

Trauma Informed Care (TIC): TIC is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Many individuals with SUD have experienced trauma in their lives. TIC emphasizes physical, psychological, and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. WI DHS has webinars, resources such as posters, information packets, and trainings that can be accessed at **https://www.dhs.wisconsin.gov/tic/resources.htm** and **http://www.traumainformedcareproject.org/resources/SAMHSA%20TIC.pdf**

Examples of Recovery-Supportive Programs

Apricity Services: Apricity, a peer run progressive recovery community, has created Recovery Works, a toolkit and support system for employers to provide their employees support and resources for themselves and family members for every state of addiction and recovery. Apricity also offers training and resources for managers, owners, supervisors and teams around addiction and recovery in the workplace. Reference Appendix D for a full program description. More information on Apricity can be accessed at **www.apricityservices.com**

New Hampshire Recovery Friendly Workplace (RFW): RFW program in New Hampshire supports their communities by recognizing recovery from SUD as a strength, and by being willing to hire and work intentionally with people in recovery. RFW encourages a healthy and safe environment where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those impacted by addiction.

In order to strengthen workplace culture, Recovery Friendly Advisors (RFA's) support interested companies in finding evidence-based practices to meet their individualized needs. RFA's will help you develop and sustain the RFW initiative in your workplace. They are your Recovery Friendly Workplace partners; there are no charges for their services. More information on New Hampshire's Recovery-Friendly Workplace can be accessed at **https://www.recoveryfriendlyworkplace.com/**

Recovree: Recovree, based in Minnesota, provides employers with resources to be recovery-supportive. The site provides educational material on SUD, the impact of SUDs on the workplace, as well as the asset that a person in recovery can become to the workplace. More information on Recovree can be accessed at **https://www.recovree.com/toolkit**

Face it Together (FIT): FIT works with employers to help employees and family members get well from SUDs. Their work leads to stronger employee engagement and productivity, and reduced attrition and operational costs. Much like the other initiatives around RFW, FIT helps employers embrace their employees through the process of addiction and recovery along with education for management. The difference is FIT brings recovery coaching alongside culture change. Key elements of the FIT program include:

- Workplace education and outreach
- Coordination with EAPs, wellness, and benefits programs
- Supervisor training and Human Resource support
- Peer recovery coaching and navigation to services
- Co-Workers in recovery peer support program
- Outcomes measurement

More information on FIT can be accessed at **https://www.wefaceittogether.org/for-employers**

Community Engagement – Partnering with the Community

CE1 Partnering with the Community: Employers should engage in partnerships with community organizations and public and private agencies to support and enhance both worksite and community efforts to reduce substance use-related problems.

Background

Past estimates indicate that approximately 1 in 11 working adults has a SUD (Bush & Lipari, 2015). Nationally, the overall average per capita cost to employers for each untreated employee with a SUD has been calculated at $6,643 (Goplerud, Hodge, & Benham, 2017). Thus, a strong business case can be made for employers to invest in worksite strategies and programs to help reduce substance use problems among employees. This investment, though, should also include allocating time and resources to engage with community partners in working to reduce substance use-related problems in the communities where employees live.

Where a person lives can have a significant influence on their risk of developing problems with substances. These risk factors include permissive laws and norms, the availability of and access to substances, community disorganization, lack of social supports, and a shortage of quality prevention, treatment, and recovery services for mental health/SUDs. Employers can do everything right in terms of investing in evidence-based worksite policies and programs but if their employees leave work and go home to communities where these risk factors exist, their investment will be compromised. Thus, it is in an employer's best interest to engage with community partners to address these factors.

Effective community partnerships are mutually beneficial. Employers enhance the capacity of these partnerships to affect community change through the human, fiscal, and organizational resources they bring to the table. Community agencies and organizations enhance an employer's capacity to provide effective substance use prevention, treatment, and recovery programs and services to their employees.

Other potential benefits for employers and community partners in getting involved with their communities are:

- Leveraging and maximizing resources by pooling talent, expertise, and resources
- Improving outreach to stakeholders (employers, employees, providers, vendors, public health officials, policy makers, etc.) with enhanced visibility and messaging
- Minimizing duplication of efforts
- Generating broad based support—including other stakeholders from both private and public sectors
- Increasing credibility beyond the scope of the individual organization
- Being more appealing to other potential resources including funding sources
- Co-branding opportunity
- Creating better ways to reach audiences where they spend time—live, work, play
- Realizing that no one stakeholder can solve the problem
- Building on public health's expertise and evidence-based tools and information to improve the health of the community (National Business Coalition on Health, 2009).

Implementation

When exploring partnership opportunities to help improve community conditions influencing substance misuse, employers should consider reaching out to the community health improvement experts in governmental and tribal health and human services departments, and public health agencies. These professionals are oftentimes engaged with, or have knowledge of, initiatives and stakeholders working on substance use issues in the community.

More importantly, community health improvement experts in these agencies understand how to affect community change and have the skillset needed to guide community partnerships toward success; such as the ability to assess community needs, capacity, and readiness to change, and then use that assessment to identify and effectively implement evidence-based strategies and interventions that are the best fit for the problem and community (Bipartisan Policy Center and de Beaumont Foundation, 2019).

The CDC created the following list of characteristics that employers can consult when considering joining or creating a community partnership (CDC, 2013):

- Ensure a good match and build trust before making a commitment.
  - ✓ Determine what you want to accomplish, what you bring to the table, and what you want from your partners.
  - ✓ Define shared vision and set strategic goals.
  - ✓ Be flexible when necessary.
- Frame expectations and shared values with clarity.
  - ✓ Determine and communicate the advantage for the partners and community.
  - ✓ Offer multiple opportunities and make it easy and convenient to become involved and engaged.
  - ✓ Be clear about roles, what you want partners to do and what you can do, and what results you want to see.
  - ✓ Show results and use them to leverage more commitment and involvement from partners.
- Learn the language and culture of partners to deliver a coherent message.
  - ✓ Take time to learn each other's language, culture, and decision-making processes.
  - ✓ Build on strengths and build capacity by using partners' unique competencies and expertise.
  - ✓ Manage the partnership through regular communications by a designated person.
  - ✓ Provide support of and investment in participants.
  - ✓ Identify and solve problems jointly.
  - ✓ Continue to look for connections, areas of interest, and future goals to sustain the partnership.
- Build relationships and use personal motivations and core values of individuals and the employers.
  - ✓ Determine the personal motivations for engagement that go beyond making the business case.
  - ✓ Discover specific motivations and beliefs and foster and support key stakeholders in the partnerships.
- Establish an evaluation plan in the beginning.
  - ✓ Agree on factors and outcome measures for participation in programs and for the partnership.
  - ✓ Determine roles and responsibilities for documenting progress and outcomes.
  - ✓ Create and adhere to a timeline and a method for sharing and using results for ongoing improvement.

Additional information and tools to guide employers in collaborating with community partners can be found at CDC's Workplace Health Promotion **(www.cdc.gov/workplacehealthpromotion/**), and at Wisconsin's County Health Rankings **(www.countyhealthrankings.org)**.

Appendix A: Tobacco Free Workplaces

The CDC (2018) estimates that almost 20 percent of the nation's adult workforce smokes. Cigarette smoking remains the leading cause of preventable disease, disability and death in the United States. Smoking hurts the U.S. economy, costing more than $170 billion annually in direct medical care of adults and more than $156 billion in lost productivity. Also, according to the American Lung Association (2018), employers can save nearly $6,000 per year for every employee who quits smoking.

In 2017, the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) reached 25 years of helping smokers to quit. UW-CTRI is nationally recognized for its groundbreaking tobacco research that is translated into tobacco treatment. UW-CTRI conducts tobacco research not just in its own labs in Madison and Milwaukee, but also in healthcare clinics throughout Wisconsin. Beyond studying ways to improve treatments, other studies at UW-CTRI are looking at how we can improve the effectiveness of community, state and national responses to reduce the emotional, physical, and financial consequences of smoking.

UW-CTRI also provides services to thousands of Wisconsin residents through the Wisconsin Tobacco Quit Line, which offers free coaching to anyone anywhere in Wisconsin 24/7, supported by the Wisconsin Department of Health Services. Resources at UW-CTRI:

- Strategies for a Tobacco-Free Workplace in Wisconsin include: facts about tobacco use, benefits of being tobacco free, three steps to making your workplace tobacco free, using your company health plan to help employees quit tobacco, how the Wisconsin Tobacco Quit line can help employees quit, implementation of tobacco-free policies, and additional resources, **https://ctri.wiscweb.wisc.edu/wp-content/uploads/sites/240/2017/06/employer-toolkit-9-07.pdf**
- More information for employers include: Actuarial insight, Return on Investment calculator, Toolkits, Exemplar Insurance Coverage, Business Case, E-Cigarettes and ACA & Tobacco Coverage can be found here **https://ctri.wisc.edu/employers/**
- Resources for people trying to quit:
    - Freedom from smoking **http://www.freedomfromsmoking.org/**
    - Wisconsin Quit Line **https://ctri.wisc.edu/quit-line/**
    - The "ex program" **https://www.theexprogram.com/**

Evidence-based solutions can help reduce and eliminate tobacco use at work and encourage smokers to quit.

- **https://www.cdcfoundation.org/businesspulse/tobacco-use**
- Smoke Free Policy Language can be found here **https://no-smoke.org/model-policy-smokefree-workplace/**
    - When drafting smoke-free/tobacco-free policies be sure to include language about the use of electronic delivery devices or electronic smoking devices as this is a new emerging trend.

Appendix B: Mind Altering Drugs

Major Categories of Psychoactive Drugs (or Substances) and Their Observable Effects			
Definition of psychoactive drug (or substance): Any substance that alters perception or behavior reducing an individual's ability to function appropriately in the work environment.			
Description	**Examples of CNS Depressants**	**Indicators of Impairment**	**Symptoms of Overdose**
Central Nervous System (CNS) Depressants slow down the processes of the brain and many other functions that the brain controls. • Most familiar and misused CNS depressant is alcohol. • Many CNS depressants are legally prescribed for depression, anxiety, phobias and other psychotic disorders Depending on the type of depressant, effects can last from a few minutes to 12 to 14 hours.	• Alcohol • Barbiturates (secobarbital and phenobarbital) • Anti-anxiety tranquilizers (Valium®, Librium®, Xanax®, and Rohypnol®) • Anti-depressant tranquilizers (Prozac® and trazadone) • Anti-psychotics (Thorazine®, Haldol®, and Librium®) • Non-barbiturates (Quaaludes®, chloral-hydrate, gamma-hydroxybutyrate (GHB), and Kava)	• Drowsy acting • Thick, slurred speech • Uncoordinated, fumbling fingers • Flaccid muscle tone • Sluggish acting • Droopy eyelids • Bloodshot, watery eyes • Slowed reflexes • Poor balance and coordination	• Shallow breathing • Cold/clammy skin • Pupils dilated • Rapid/weak pulse
Description	**Examples of CNS Stimulants**	**Indicators of Impairment**	**Symptoms of Overdose**
CNS Stimulants accelerate the heart rate and many other processes of the body. Although there is a great difference in strength, all stimulants increase the chemical and electrical activity in the CNS. Stimulants boost energy, raise the heart rate and blood pressure, increase respiration, and reduce appetite. • Legal stimulants can be prescribed for attention-deficit hyperactivity disorder (ADHD), weight loss, and narcolepsy. Depending on the type of stimulant, the effects can last from a few minutes (Crack) to approximately	• Cocaine (Crack) – Naturally derived from the leaves of the coca plant. "Crack" is the street name given to Cocaine that has been processed from cocaine hydrochloride. • Amphetamines – Includes many prescription drugs such as Adderall®, Dexedrine® and Ritalin® • Methamphetamine – Illegally produced drug, with the exception of prescription Desoxyn®, a treatment for narcolepsy and ADHD. • Caffeine, herbal ecstasy, ephedrine, pseudoephedrine, and various energy drinks.	• Divided attention impairment • Rapid and jerky movements • Hyperactive, talkative, restless and nervous acting • Restlessness • Anxiety • Excited • Exaggerated reflexes • Bruxism (grinding of teeth) • Runny nose • Paranoia • Euphoria • Loss of appetite • Loss of weight • Dilated pupils	• Confusion • Feelings of pleasure to panic • Convulsions • Fainting • Aggressiveness • Dramatic increase in heart rate • Hallucinations • Coma

four to eight hours (Meth).			
Description	**Examples of Hallucinogens**	**Indicators of Impairment**	**Symptoms of Overdose**
Hallucinogens ("Psychedelics") are drugs that typically cause the user to perceive things differently from what they actually are. Hallucinogenic drugs usually produce what are called pseudo-hallucinations. That is, the user is aware that what he sees, hears, or smells isn't real, but is an effect caused by the drug. Hallucinogens can cause a disruption of the visual and auditory centers in the brain leading to a crossover or mixing of the senses called synesthesia (examples include seeing sounds, hearing colors). LSD: Onset 30-60 minutes; Duration up to 12 hours Peyote: Onset 30 minutes-1hour; Duration 10-12 hours Psilocybin Mushrooms: Onset within 30 minutes; Duration 3-5 hours	• LSD • MDMA (Ecstasy, Molly, X, XTC) - derivative of methamphetamine with both stimulant and psychedelic effects. • Designer psychedelics – Group of synthetic drugs similar to mescaline. Used for mental exploration and later for recreation. • Salvia Divinorum – Has unique psychic effects likened to a combination of various hallucinogenic drugs. • Peyote – Contains mescaline, the active ingredient of the peyote cactus. • Psilocybin (Mushrooms) • Morning Glory Seeds – LSD-like substances about one-tenth as potent as LSD.	• Uncoordinated • Severe divided attention impairment • Poor perception of time and distance • Poor balance • Dazed appearance • Body tremors • Perspiring • Paranoia • Disoriented • Nausea • Difficulty with speech • Piloerection (hair standing on end) • Statements suggesting hallucinations • Flashbacks • Uncoordinated • Memory loss • Synesthesia • Dilated pupils	• The most common danger of an overdose of hallucinogen is an intense bad trip, which can result in severe and sometimes permanent psychosis.
Description	**Examples of Dissociative Anesthetics**	**Indicators of Impairment**	**Symptoms of Overdose**
Dissociative Anesthetics are a group of unique drugs that dissociate the users thought process and can cause disassociation or an "out-of-body" sensation. Duration of effects can be between three to six hours.	• Phencyclidine (PCP) – Originally developed for veterinary medicine use and never approved for human use due to its toxic and hallucinogenic effects. • Ketamine – A drug used in human and veterinary medical procedures that produces similar effects of PCP.	• Slow responses or non-responsive • Divided attention • Blank stare • Loss of memory • Perspiring heavily • Warm to touch • Incomplete, slurred verbal responses • Cyclic behavior • Agitation • Rigid muscle tone • Disoriented	• Deep coma, lasting for up to 12 hours • Seizures and convulsions • Respiratory depression • Possible cardiac problems • Bizarre, violent and self-destructive behavior

	• Dextromethorphan (DXM) – A legally produced synthetic analog of codeine found in many cough suppressants.	• Chemical odor on breath or clothing • "Moon walking" – real slow, exaggerated steps	
Description	**Examples of Opioids**	**Indicators of Impairment**	**Symptoms of Overdose**
Opioids are a category of drugs refined from or are synthetic versions of the opium poppy's active ingredients. Drugs in this category are often referred to as "painkillers." They typically induce euphoria, alter moods and produce sedation. People develop a tolerance for opioids rapidly meaning the same dose of the drug will produce diminishing effects. Therefore, an opioid user will need a larger dose of to achieve the same effect. Depending on the opioid, the duration of effects can last 4 to 24 hours.	• Opium • Morphine • Codeine • Heroin • Hydromorphone (Dilaudid®, Hydrostat®, Palladone®) • Oxycodone (OxyContin ®, Percodan®, Percocet ®) • Hydrocodone (Vicodin ®, Hydodan ®, Tussend ®, Norco ®, Lorab ®) • Meperidine (Demoral ®, Pethidine ®, Mepergan ®) • Fentanyl (Sublimaze ®, Actiq ®)	• Divided attention impairment • Poor coordination and balance • "Track marks" • "On the nod" • Slowed reflexes • Low, slow, raspy speech • Facial itching • Dry mouth • Euphoria • Flaccid muscle tone	• Slow and shallow breathing • Clammy skin • Bluish colored lips • Pale or bluish colored body parts • Extremely constricted pupils Signs and Symptoms of Withdrawal: • Chills • Aches of the muscle or joints • Nausea • Sweating • Goose bumps • Yawning • Tearing of the eyes • Runny nose • Vomiting
Description	**Examples of Inhalants**	**Indicators of Impairment**	**Symptoms of Overdose**

Inhalants are breathable chemicals that produce mind-altering results. The effects produced depend on the chemical nature of the inhaled substance. Effects may be similar to those of a stimulant, depressant or hallucinogen. Depending on the inhalant, duration of effects can last several minutes to six to eight hours.	Volatile solvents: gasoline, gasoline additives, butane, kerosene, glues and plastic cements, nail polish remover, paint thinners, cleaning fluid. Aerosols: hair spray, insecticides, paints (metallic paints), air dusters, computer keyboard cleaners (Dust-Off® and Endust®), and analgesic/asthma sprays. Anesthetic Gases: Includes ether, nitrous oxide ("Whippets," "laughing gas," "nitrous"), and various nitrates which include amyl nitrite and butyl nitrite.	Impairment often similar to alcohol intoxication • Divided attention impairment • Poor coordination and balance • Odor of inhaled substance • Dizziness, numbness • Possible traces of substance (face, nose, hands) • Bloodshot, watery eyes • Distorted perception, time and space • May complain of intense headache • Nausea • Possible hallucinations • Slurred speech	Coma
Description	**Examples of Cannabis**	**Indicators of Impairment**	**Symptoms of Overdose**
Cannabis is a term that refers to cannabis and other drugs made from the Cannabis Sativa plant. The primary psychoactive (mind-altering) chemical in cannabis is delta-9-tetrahydro-cannabinol (THC). Average potency (THC level) of cannabis has tripled since the 1990s from approximately 4% to 12%. High-potency cannabis extracts can reach 80-90% THC and can be inhaled using an electronic cigarette vaping device. Duration of effects can last between two to six hours.	• Cannabis (dried leaves of the cannabis plant) • Sinsemilla (potent form made from unfertilized female plants) • Hashish (concentrated version of cannabis) • Hashish oil (liquid extracted from hashish) • Synthetic cannabis (K2, Spice) • Dronabinol (Marinol®), Sativex®, and Cesamet® – Prescription medications containing synthetic forms of THC	• Poor coordination and balance • Odor of cannabis • Relaxed inhibitions • Marked reddening of the whites of the eyes • Body tremors • Disorientation • Attention difficulties • Impaired perception of time and distance • Cannabis debris in the mouth • Eyelid tremors • Increased appetite	• Sharp personality changes • Paranoia • Possible psychosis • Excessive vomiting (Hyperemesis Syndrome)

Chart adapted from the International Association of Chiefs of Police Drug Impairment Training for Education Professionals Instructor Guide. 2017 Edition.

Appendix C: National Trends Cannabis & Drug Screening

At the time of publication of this report, cannabis use is illegal in Wisconsin – as well as federally (thus, this would not apply to individuals who hold federal contracts – pilots, truck drivers, etc.). However, medical cannabis is legalized in neighboring states (Illinois, Minnesota, and Michigan). Illinois and Michigan also recently legalized recreational use of cannabis. Employers should therefore assess what the needs of their specific industries, businesses, and organizations are and what safety considerations exist (if any), to determine the best policy on cannabis use and drug testing for it.

Disclaimer: This appendix is not intended to be an endorsement of cannabis use, either medical or recreational, either legal or illegal. It is also not intended to ignore the potential negative consequences of cannabis use that could affect some users. Cannabis use disorder (CUD), also known as cannabis addiction is real and those affected can experience symptoms that affect behavior, physical, cognitive, and psychosocial aspects of a person's life. Symptoms can include agitation, bloodshot eyes, challenges in problem solving, and paranoia. This appendix is intended only to provide information regarding trends in cannabis use and pre-employment and workplace cannabis testing, for employers.

Medical cannabis is yet to be made lawful in the United States. However, medical cannabis laws have been approved in 47 states, the District of Columbia, and four out of the five inhabited U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands, and the Northern Mariana Islands). In 14 of those states (including Wisconsin), approval severely restricts the inclusion or concentration of the cannabinoid Tetrahydrocannabinol (THC). Medical and recreational cannabis is also legal in our country's two closest neighbors, Canada and Mexico[2]. Wisconsin is surrounded by states that have approved "full-spectrum" medical cannabis without the severe THC restrictions (Illinois, Minnesota, and Michigan).

Twenty-four Wisconsin counties are bordered by states which have adopted full-spectrum medical cannabis laws. Employers close to those borders may have job applicants from other states who have received a physician's recommendation for cannabis use and may use cannabis for qualified medical conditions in those states. Cannabis is also available recreationally in Illinois, Michigan, and nine other states, the District of Columbia, and two U.S. territories.

Within Wisconsin, nearly two dozen communities (including nine of Wisconsin's ten largest cities) have decriminalized the possession and personal use of cannabis. As cannabis liberalization continues to expand nationwide, an increasing number of potential employees are failing employer drug tests (most often attributed to cannabis use) and cannabis testing is systematically reducing the pool of eligible workers.

A 2017 study conducted by the National Academies of Sciences, Engineering, and Medicine (NAS) determined that there was no or insufficient evidence to support or refute a statistical association between cannabis use and occupational accidents or injuries. However, the report found some evidence that suggested a statistical association between cannabis use and increased rates of unemployment and/or low income. This second finding speaks to how drug-testing policies can be inequitable – keeping individuals in poverty and preventing them from obtaining employment and access to resources to improve their quality of life, subsequently improving the communities they are part of (NAS, 2017).

[2] In October 2018, the Supreme Court of Mexico declared laws prohibiting possession and use of cannabis to be unconstitutional and set a time for the legislature to revise those laws.

A number of employers no longer consider cannabis use a disqualification for employment. For example, the world's largest car dealer, Auto Nation, with 26,000 employees in 17 states, is a strict believer in drug screening job applicants, but they do not disqualify an applicant because of a positive cannabis test result. Excellence Health Inc., a Las Vegas-based health care company with around 6,000 employees stopped testing for cannabis use two years ago, "We don't care what people do in their free time," said Liam Meyer, a company spokesperson. So far, companies in states that have legalized medicinal cannabis are leading the way on eliminating drug tests that include cannabis. A Colorado survey last year by the Mountain States Employers Council found that the share of companies testing for cannabis use fell to 66%, down from 77% the year before. Drug screening restricts the job pool, and in the current tight labor market, that is having an impact on productivity and growth. The inability by applicants to pass drug tests is high among reasons for hiring rejections, and is likely to worsen as more people chose to partake in state-legalized cannabis.

Legal hemp oil products can contain up to 0.3 percent THC, not enough to produce a psychoactive effect. In Wisconsin, ongoing use of legal hemp oil products can result in a failed THC drug test even though the THC content is so low that it never produces impairment. The fat-soluble THC metabolites build up over time and can produce a positive result in some drug-screenings.

With a growing number of jurisdictions tolerating medical cannabis use, it has become difficult for employers to reconcile traditional zero-tolerance drug policies with new state cannabis laws. Some employers in legalized medical cannabis states are expressing concern about reconciling the use of medically prescribed cannabis use with state disability discrimination laws.

Doctor recommended cannabis use, on a federal level, remains considered an illegal use of drugs not covered by the ADA. However, it is unlikely to remain illegal under many state discrimination statutes. For instance, in New York, Arizona, Delaware, Minnesota, Maine Connecticut, Illinois, Rhode Island, and Nevada, employers may not take an adverse employment action based on an individual's status as a medical cannabis cardholder (unless not doing so would violate federal laws or regulations, or cause an employer to lose a monetary or license-related benefit under federal law or regulations). Recent court cases in Massachusetts have also sided with excluding medical cannabis use in making some employment decisions.

The practical problem with drug screening for cannabis use is the failure to accurately measure any potential impairment. Cannabis tests measure even the slightest concentrations of THC metabolites remaining in the blood - long after the psychoactive components of THC have passed through the body and long after any probable impairment. A drug-screening may actually show THC metabolites in the blood for 30 or more days after cannabis use. This can result in a potential employee who moved to Wisconsin from any of the 33 states with "legal" access to full-spectrum medical cannabis, commutes from a medical cannabis state, or "legally" consumed cannabis while visiting any one of eleven states with recreational cannabis laws, being rejected from employment without any proof of current impairment.

There is a solution to discerning how recent cannabis was used. Fat-soluble THC metabolizes in the body leaving behind specific metabolites at various stages of metabolism. Drug screening facilities may be able to determine how recently an individual may have consumed cannabis based on the specific metabolite detected (Huestis et al., 1992; 2006). If the metabolite 11-OH-THC is found in a test sample, it suggests that consumption of cannabis was more recent, and there might be reasonable cause to imply impairment. The metabolite 11-COOH-THC, however, is formed over time by the oxidation of the 11-OH-THC metabolite (Skopp, 2002). If 11-COOH-THC is the main detectable

metabolite, it would suggest that consumption was used some time ago and is not necessarily an indicator of impairment.

Supportive Findings

- Employees who test positive for cannabis in workplace drug screening are no more likely to be involved in occupational accidents as compared to those who test negative. "This study fell short of finding an association between cannabis use and involvement of workplace accidents. This study cannot be taken as definitive evidence of absence of an association between cannabis and work related accidents but the findings are compelling." (Price, 2014).
- "Utilizing the Current Population Survey, the study identifies that absence due to sickness decline following the legalization of medical cannabis. ... The results of this paper therefore suggest that medical cannabis legalization would decrease costs for employers as it has reduced self-reported absence from work due to illness/medical issues." (Ullman, 2017).
- The enactment of medical cannabis laws is associated with a "9.4 percent increase in the probability of employment and a 4.6 percent to 4.9 percent increase in hours worked per week" among those over the age of 50. "Medical marijuana law implementation leads to increases in labor supply among older adult men and women." (Nicholas & Maclean, 2018).
- Cannabis decriminalization is associated with increased probability of employment, particularly for young males, and an average increase of 4.5 percent in weekly earnings. African American males experienced the greatest average wage increase. "This data provides suggestive evidence that cannabis decriminalization laws improve extrinsic labor market outcomes. ... This result is consistent with existing literature that suggests black adults, especially men, stand to benefit the most from removing these penalties." (Young, 2016).

Appendix D: Case Study - Apricity Proof

On January 1, 2018, two successful, long-standing nonprofits joined forces to become one entity—Apricity, which means "warmth of sun in winter". Both organizations, previously known as Mooring Programs of Appleton and STEP Industries of Neenah, served men and women in recovery from SUDs. Merging the two organizations enhanced services to address gaps in MH/SUDs recovery services. Apricity offers a cutting-edge model of care combining gender specific residential treatment for SUDs with job readiness training and employment, vocational learning center and gender specific sober living homes. Apricity's continuum of structured services help clients in recovery move from instability and uncertainty to self-sufficiency, economic independence and provides hope for a better future.

Apricity Contract Packaging (ACP) was started by and remains peer led. Apricity's Team Leaders on the production floor and the CEO herself started at Apricity when in the very early stages of their recovery and worked their way up the ladder to their current positions. Recovery Coaches and Peer Specialists work with clients to support recovery plans, help with problem-solving personal issues that may be interfering with recovery, and help them learn how to set healthy goals and expectations. Clients may find they are not ready to work elsewhere or find their new working environment as not recovery-supportive with temptations such as invitations to go to "happy hour" or co-workers being under the influence at work. Previous clients may choose to return to Apricity if they relapse while participating in a program of recovery.

The ACP transitional employment program focuses on appropriate work habits and social interaction skills and clients are able to practice these newly learned skills in the workplace. Those in early recovery are often facing past issues and barriers preventing them from finding employment. Clients are able to "earn while they learn" receiving an above minimum wage with opportunity for promotion and benefits. The work product from ACP funds over 90% of the transitional employment and job readiness training programs. With this comprehensive model, ACP serves as a resource to local industry, providing a stream of trained employees to meet local workforce shortages.

Clients served are facing the following challenges (2018):

- 330 men and women were served
- 76% had been homeless in the previous year
- 56% were dual diagnosed with a mental illness in addition to SUD
- 99% arrived having been unemployed for one month or more
- 27% were on County or State assistance such as FoodShare, BadgerCare, Energy Assistance, etc.

Chris left a job making $14 an hour to return to Apricity. She had not had a relapse, she returned due to being surrounded by so many people at her new job that would talk about the fun they had drinking or partying the evening before, or what their plans were for after that shift.

"My sobriety is much more important to me than money. What good is money if my life is miserable?"

The Vocational Learning Center (VLC), 2016, offering vocational learning opportunities, life and leadership skills development. The VLC provides classroom style learning and opportunities to receive one-on-one assistance with the Educational and Development Specialist (EDS). Apricity's EDS are Recovery Coaches and Trainers, Peer Support Specialists and Trainers, and are certified in TIC and Motivational Interviewing. Clients and EDS work one-on-one with each client to support recovery plans, resume writing, job searches, higher

education enrollment, setting vocational and personal development goals, help with issues that may be interfering with recovery, and help clients learn how to set health goals and expectations.

Clients who received services in the VLC in 2018 felt the focus of the EDS services positively impacted their recovery in the following ways:

- 98% felt more confident in their recovery after spending time at Apricity
- 94% felt family relationships improved
- 98% felt they gained self-respect

As Apricity prepares for the future, the progressive recovery community continues to look for new and innovative ways to provide recovery support services to those struggling with SUD. On September 11, 2018, Apricity received partial SAMHSA funding through August 2021, to launch the Recovery Works Initiative. The purpose of the initiative is to help employers throughout the state of Wisconsin recognize the value of creating recovery-supportive workplaces. The Recovery Works Initiative is threefold in nature: 1) Providing education about SUD and how to provide recovery supportive services for employees; 2) Capacity building of Recovery Coaches to meet the demand from employers and the community at large; and 3) Facilitate the creation of an annual Workplace Symposium where employers can receive education about recovery supportive workplaces.

Appendix E: Assessing Workplace Substance Misuse Prevention Needs

Below are excerpts from the CDC Worksite Health ScoreCard and the Wisconsin Worksite Wellness Resource Kit v 4.0. Both resources are in the public domain and have been designed to assist employers in developing comprehensive worksite wellness programs. Thus, each includes tools that enable employers to assess if their worksites have adopted evidence-based programs and policies that help facilitate reductions in employee drug, tobacco, and alcohol (substance) misuse. In addition, each also includes assessments for evaluating policies and programs that support emotional wellness and healthy stress management, factors that can influence substance misuse.

CDC Worksite Health ScoreCard

The following is the Alcohol and Other Substance Use module of the ScoreCard **(www.cdc.gov/workplacehealthpromotion).**

During the past 12 months, did your worksite:
1. Have and promote a written policy banning alcohol and other substance use at the worksite? *Answer "yes" if, for example, your worksite has a written policy that bans alcohol and other substance use (including opioids) at the worksite or while operating a motor vehicle, requires universal drug screening (in appropriate safety-sensitive industries), or indicates options offered for assistance and referral to behavioral health services. This policy can be communicated to employees regularly through emails, newsletters, or signage in public places.*
2. Provide access to alcohol and other substance use screening followed by brief intervention and referral for treatment when appropriate? *Answer "yes" if, for example, these services are provided through a health risk assessment (HRA), health insurance plan, and/or employee assistance program (EAP).*
3. Provide educational materials that help workers understand the risks of alcohol and other substance use and guide them to receive help? *Answer "yes" if, for example, your worksite offers brochures, videos, posters, or newsletters that address alcohol and other substance use such as prescription or illicit opioids, either as a single health topic or along with other health topics.*
4. Provide and promote interactive educational programming that integrates health promotion with substance use prevention? *Answer "yes" if, for example, your worksite offers health promotion "lunch and learns", seminars, workshops, or classes. These may address alcohol and other substance use either directly or indirectly through topics such as stress management, conflict resolution, managing multiple priorities, personal finance planning, and team-building.*
5. Discourage or limit access to alcohol or use of company funds for alcohol at work-sponsored events? *Answer "yes" if, for example, your worksite limits (e.g., through tickets) the consumption of alcohol at on and off site meetings and events.*
6. Provide a health plan with insurance benefits that include SUD prevention and treatment? *Answer "yes" if, for example, your worksite health plan offers coverage for medication-assisted treatment without prior authorization and lifetime limits, while preventing overuse of addictive substances such as use of prescription opioids, use of illicit opioids, and use of illicitly-manufactured fentanyl (e.g., reimbursement for non-drug treatments for pain relief as a results of an injury such as exercise, physical therapy, and psychological therapies, use of drug utilization review, and pharmacy lock-in).*

Wisconsin Worksite Wellness Resource Kit v 4.0

One of the tools included in the Wisconsin Worksite Wellness Resource Kit v 4.0 is the Worksite Assessment Checklist. The following table provides a sample of the questions included in the checklist for assessing what evidence-based alcohol and other drug abuse policies and practices are part of the employer's current wellness program, **www.dhs.wisconsin.gov/physical-activity/worksite/kit.htm**

Worksite Assessment Checklist Examples
Does the worksite orient employees to the wellness program and give them copies of the worksite policies?
Does the worksite offer presentations for health areas, such as: AODA?
Does the worksite conduct multi-week campaigns in health focus areas included in the wellness program, such as: AODA?
Does the worksite create and sustain a mental health-friendly workplace that provides support and accommodations for employees who are returning to work after receiving or are in mental health or [AODA] treatment and recovery?
Does the worksite encourage the use of telephone help lines – 800 numbers?
Does the worksite provide information about the appropriate disposal of prescription medications, including publication of prescription drug disposal drop-off locations and times in your community?
Does the worksite evaluate or regularly reevaluate the workplace [substance use] environment?
Are there policies that provide guidance to supervisors on signs or indicators of substance abuse issues to improve their skills to intervene or supervise an employee who is experiencing or in recovery from substance abuse?
Does the worksite review policies and practices concerning employee privacy, return to work and HIPAA, accommodation, ADA guidelines?
Does the worksite provide or contract for an Employee Assistance Program?
Does the worksite offer health insurance coverage with referral mechanisms to connect employees easily to substance abuse treatment services?

Drug-Free Workplace: SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Their 2015 report on workplace substance [misuse] showed that 9.5% of full-time workers were either dependent upon or had [misused substances] within the previous year. The report was based on data the agency had collected between 2008 and 2012.

The Drug-free Workplace Act of 1988 requires all recipients of federal grants and some federal contractors to maintain a drug-free workplace, **https://www.thebalancesmb.com/drug-free-workplace-workers-compensation-discount-462782.**

SAMHSA Drug Free Workplace Toolkit: The Drug-Free Workplace Toolkit provides step-by-step guidance for starting and maintaining drug-free workplace policies and programs. Steps and detailed information for organizations include; build a team, assess the workplace, develop a policy, plan and implement a program, evaluate the program, provide support, drug screening program, and laws pertaining to drug screening. More information on Drug-Free Workplace Programs can be accessed at **https://www.samhsa.gov/workplace**

Appendix F: Avoiding Legal Problems When Implementing or Modifying Drug-Free Workplace Policies

SAMHSA states, "Laws on drug-free workplace programs are complex, but employers can follow basic steps to set a foundation for compliance," (2015). The following best practices are helpful for all organizations that strive for a drug-free workplace:

1. **Consult an employment attorney:** The American Bar Association or your state bar association can refer you to a qualified employment attorney. Consult with your attorney whenever you alter your drug-free workplace policy, or if you are launching a new one.
2. **Set clear penalties:** Clearly stipulate the penalties for policy violations. If your policy includes a drug-testing program, state who will be tested, when they will be tested, and what will happen to employees with a violation.
3. **Put it in writing:** Every employee should receive and sign a written copy of your drug-free workplace policy. Verbal agreements and unsigned agreements have little legal standing.
4. **Provide training:** Ensure that all supervisors are trained on how to detect and respond to workplace drug and alcohol misuse. Maintain attendance logs of all trainings.
5. **Document employee performance:** Maintain detailed and objective records on the performance of all employees. A documented performance issue often provides a basis for referring workers to EAPs.
6. **Don't rush to judgment:** Do not take disciplinary action against a worker or accuse a worker of a policy violation simply because the employee's behavior seems impaired. Instead, try to clarify the reasons for the employee's impairment. If drug screening is a part of your workplace policy, obtain a verified test result before taking any action.
7. **Protect privacy:** Hold discussions with employees about potential violations in private. Have another manager present to serve as a witness. Never accuse or confront an employee in front of his or her co-workers.
8. **Be consistent:** No individual employee or group of employees should receive special treatment. Inconsistencies in enforcement could be considered discrimination.
9. **Know your employees:** Getting to know your employees can make it easier to identify problems early on.
10. **Involve employees:** Workers at all levels of your organization should be involved with developing and implementing your drug-free workplace policy. This will reduce misunderstandings about the reasons for having a drug-free workplace program and help ensure that your policies are fair to everyone.

Employers who follow these basic steps, and who strive to create programs that are fair, consistent, and supported by all stakeholders, will set a foundation for staying on the right side of the law.

Appendix H: Screening, Brief Intervention, and Referral to Treatment

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs.

The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use. SBIRT involves:

- **Screening:** Assessment to determine the severity of substance use and identify the appropriate level of care.
- **Brief Intervention:** Engagement to provide advice, increase awareness, and motivate an individual to make behavioral changes.
- **Referral to Treatment:** If an individual is identified as having additional treatment needs, a referral is provided to available treatment services and access to specialty care.

Using a simulation model, absenteeism and impaired presenteeism costs were considered from the employer's perspective and the net value of SBIRT adoption was $771 per employee. It was concluded that implementing SBIRT is cost-beneficial from the employer's perspective and recommend that Wisconsin employers consider covering SBIRT services for their employees (Lang, Enami, & Brown, 2010).

SBIRT can be conducted by trained medical personnel, clinical social workers, and others. SBIRT can be provided through a health risk assessment, health insurance plan program, as part of the EAP, or electronically via computer, tablet, or telephone.

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