



# ADDICTION and the WORKPLACE

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A toolkit to support workplace wellness as it relates to substance use



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## Disclaimers

This toolkit provides general information on the topic of addiction in the workplace and some behavioral health issues, but it should not be taken as legal advice. Please consult an employment attorney to discuss your workplace's unique circumstances before implementing any policies relating to the topics described in this toolkit.

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Thank you to the many agencies, organizations and Alaska businesses who collaborated in the adaptation of the Kentuckiana Health Collaborative's toolkit for Alaska's needs, and helped to further develop this resource. Thanks, especially, to Recover Alaska for its content contributions.

## Online

Find the most recent version of the toolkit, or give feedback to improve it:  
<http://workplaceaddiction.dhss.alaska.gov/>

# INTRODUCTION

People facing challenges caused by substance use, whether suffering themselves or caring for a loved one, do not do so in a vacuum outside of their workplace.

The costs of Alaska's alcohol and substance-related **productivity lost is estimated to be \$1.1 billion**, or 33 percent of the annual substance misuse-related economic costs to Alaska.<sup>1</sup>

Employers may struggle with higher absenteeism, lower productivity, reduced performance, workplace injuries, and substance-related illnesses. Stress, accompanying chronic disease, and difficult circumstances that accompany these challenges directly impact the workplace.<sup>2</sup>

Nearly 70 percent of workplaces in America reported having experienced the impact of the prescription drug usage.

Clear and compassionate approach to supporting employees can have a measurable positive impact not only in their lives, but in the success of a business.

## Employees in recovery:

- **Have lower healthcare costs, miss less work, and are less likely to leave their employer**
- **Average 10 percent fewer missed work days than the general workforce and have 8 percent less turnover.**<sup>3</sup>

With an **average cost per hire of over \$4,000** and a national unemployment rate of less than 4 percent, employers can benefit from making direct efforts to retain employees who are facing substance use challenges.<sup>4,5</sup>

## This toolkit provides guidance and tools on:

- How to design and implement workplace policies that protect and support your employees and improve workplace culture
- Legal issues that may pertain to addressing substance use in the workplace
- How to ensure your health plan benefits adequately address substance use disorders
- Best practice ways to discuss substance use with your employees

This resource is not a one-size-fits-all approach. Capabilities for large, medium and small-sized employers varies. Do what best fits your workplace. Collaborate with a variety of stakeholders when implementing these recommendations, including human resources professionals, labor relations teams, benefit managers, counsel, C-Suite and union leaders, operations managers, employees, and subject matter experts.



# UNDERSTANDING SUBSTANCE USE DISORDER

## Substance use disorder is a chronic illness with a scale of severity

Substance use disorders, whether from alcohol or other substances, are treatable chronic disorders that can be managed successfully. With substance use disorders, a person's brain has become conditioned to receive additional dopamine, and the person's reward systems learn to expect it, affecting cognitive, emotional, biological, and social functions. There are changes in specific areas of the brain which have been found to correlate with the behavioral manifestations we observe in people with addiction.

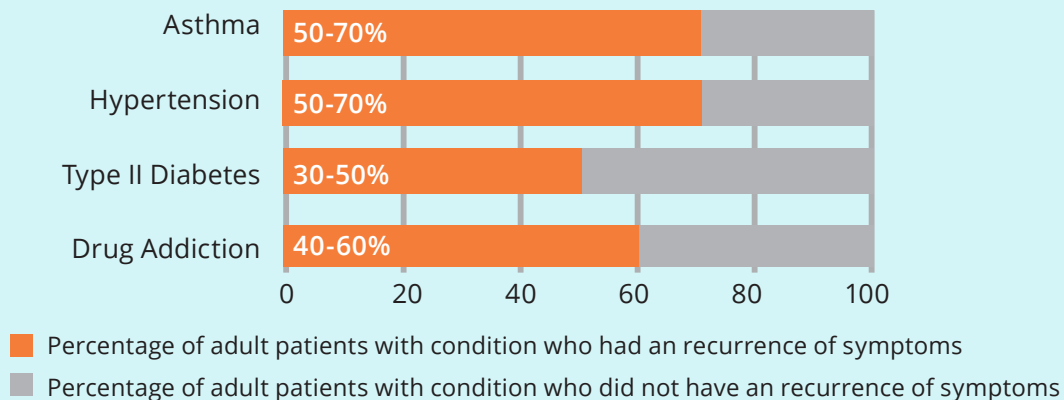
Healing a brain that has been affected is a long-term process. Combining behavioral therapy with medications, if available, is the best way to ensure success for most patients.<sup>6</sup> The combination of medications and behavioral interventions to treat a substance use disorder is known as medication-assisted treatment. Treatment approaches must be tailored to address each patient's substance use patterns and substance-related medical, psychiatric, environmental, and social problems.

### Diagnosis of substance use disorder

An individual's substance use may not meet criteria for a diagnosis of a substance use disorder.

Substance use disorders are diagnosed on a spectrum of severity: mild, moderate, or severe. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) categorizes a list of criteria for behavioral health and medical professionals to reference when diagnosing mental health or substance use disorders. Severe substance use disorder is consistent with the chronic brain disease of addiction. Similar to other chronic diseases, if not treated it often involves cycles of worsening symptoms and remission.

## The recurrence of symptoms is similar for addiction and other chronic illnesses<sup>7</sup>



## There are many contributing factors to behavioral health issues

Scientists estimate that genes, including the effects environmental factors have on a person's gene expression, called epigenetics, account for between 40 and 60 percent of a person's risk of addiction.<sup>8</sup>

According to the Substance Abuse and Mental Health Services Administration, "All people have biological and psychological characteristics that make them vulnerable to, or resilient in the face of, potential behavioral health issues. Because people have relationships within their communities and larger society, each person's biological and psychological characteristics exist in multiple contexts. A variety of risk and protective factors operate within each of these contexts."<sup>10</sup>

### Adverse childhood experiences

The more adverse childhood experiences, or ACEs, a person has, the more likely they are to develop a substance use disorder. ACEs can include physical, emotional, and sexual abuse; neglect; household instability (such as parental substance use and conflict, mental illness, or incarceration of household members); and poverty.<sup>9</sup>

Alaska's Advisory Board on Alcoholism and Drug Abuse website offers further information on ACEs at [www.dhss.alaska.gov/abada/ace-ak/](http://www.dhss.alaska.gov/abada/ace-ak/)

These factors do not determine whether or not someone will develop substance use disorder; however, they are important to consider. Learn more about risk and protective factors here: [www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf](http://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf)

## Common signs of a substance use disorder<sup>11</sup>

Keep in mind that people with substance use disorders can simultaneously have good jobs, finances, homes, and . Someone does not need to be misusing drugs and/or alcohol every day to have substance use disorder, and relationships. Some people can act 'normal' even when under the influence.<sup>11</sup> Many conditions can mirror the signs of a substance use disorder and not all substance use challenges an individual may have equate to a substance use disorder.

Common signs a colleague or employee may have a substance use disorder include<sup>11</sup>:

- increased alcohol/drug use or attempts to quit or switch alcohol/drugs used
- mainly interested in establishments where alcohol/drugs are available
- drives under the influence
- frequent colds or sniffing frequently
- making many trips to the bathroom
- smelling like alcohol
- doesn't remember conversations, including calls made late at night
- bragging about under-the-influence experiences or lies about them if you don't approve
- absenteeism on the job
- challenges at home
- spending more time with friends that also use substances
- having money or legal problems



## Substance use disorders and mental health

Substance use disorders are mental health conditions, and can often co-occur with other mental health conditions. We do not yet know the exact reasons substance use disorders and mental health disorders commonly occur together, but some of the possibilities include: people with mental health disorders use substances in an effort to decrease their mental health symptoms; substance use may trigger mental health disorders that would not have occurred otherwise; and substance use and mental health disorders are caused by overlapping factors.<sup>9</sup>

While 1 in 5 Americans manage a diagnosable mental health condition<sup>12</sup>, the workplace remains a difficult place to discuss mental health. Employees at all levels of an organization may face challenges caused by mental health conditions, and fear of facing stigma may create a barrier in addressing challenges with a supervisor.

*"Mental health is an integral part of the diversity, equity, and inclusion movement. In fact, it is a diversity issue in and of itself as individuals managing mental health conditions at work continue to face stigma, marginalization, and erasure in their workplaces ... "* — Mind Share Partners

According to the Mind Share Partners' 2019 Mental Health at Work Report, 86 percent of the report's respondents said it was important to them that a company's culture supports mental health, 61 percent of workers said their productivity was affected by their mental health and 37 percent said their work environment contributed to their symptoms. Only half of respondents knew the procedure for getting support for their mental health at their workplace and most respondents didn't think mental health was supported by their company and leadership.

### Warning signs for suicide

Suicide was Alaska's fifth leading cause of death in 2016.<sup>13</sup> More than 90 percent of people who die by suicide have depression or another diagnosable, treatable mental or substance use disorder, according to American Association of Suicidology.

Suicide warning signs include<sup>14</sup>:

- A desire to die, or seeking ways to die
- Hopelessness or loss of purpose to live
- Unbearable pain, feeling burdensome to others
- Increased use of drugs and alcohol
- Displaying anxiousness, mood swings, agitation, reckless behavior, or a desire to seek revenge
- Sleeping too little or too much
- Seeking isolation or withdrawing

Alaska Careline operates a crisis line (1-877-266-4357); learn more in the Resources section of this document, or visit the Alaska Careline website: <https://carelinealaska.com>

# LEGAL CONSIDERATIONS

## What you need to know

By addressing substance use and impairment in the workplace, an employer can positively impact their employees' lives while also protecting their businesses. As with many workplace interventions, there are also legal considerations. Employers should familiarize themselves with relevant laws, consult their labor and employment attorney, and if relevant, their labor relations team.

The backbone of legally protecting any employer or employee are well-developed, legally compliant drug and alcohol and return-to-work policies. Careful and informed development of these policies in partnership with an employment attorney can help ensure policies comply with lawful guidelines and is fitting for the workplace.

## Identification and disclosure

In many cases, employers may be unaware of their employees' substance use behaviors, whether they are past or present. Employees may access employee assistance program services,

support groups, or consult their healthcare providers privately without any needed intervention from or disclosure to their employer. In these cases, the employer's role does not extend beyond ensuring that their health plan benefits and workplace policies are supportive for employees facing any chronic disease or health issue, including substance use disorder. In other cases, employers may be made aware of an employee's substance use behaviors. Multiple laws and regulations exist that determine the nature of these occurrences and how each entity can proceed so that all parties' best interests are secured.

If an employee is suspected of being impaired in the workplace, employers should not immediately terminate or remove the employee from their position without a thorough assessment of the facts. A conversation with the employee can yield further information that will determine the next steps an employer may need to take. Employers may want to consider accommodations to protect their workforce and community. In some cases, this may involve reassigning an employee to another position for the day, and in others it may involve taking further action. To confirm suspicion of impairment, employers should consider the objective evidence and, if legally permitted, require substance testing. Consider that impairment in the workplace could be a result of legal and illegal substance use.

If an employee is suspected of having a substance use disorder or an ongoing addiction issue, it is important to proceed cautiously. Employees can have a substance use issue but never violate a written substance use policy, which is why it is crucial that employers focus on performance or behavior issues rather than perceived health condition symptoms. Despite any suspicions an employer may have, the ADA does not allow employers to make disability-related inquiries or medical examinations of their employees unless they are "job-related and consistent with business necessity." For example, questions about past

## Avoiding legal trouble

Substance use disorders are chronic health conditions. In the workplace, they should be treated as such. Employers should keep in mind that symptoms of substance use disorder can often mimic other health conditions.

For a basic foundation for compliance, the Substance Abuse and Mental Health Services Administration provides 10 Steps for Avoiding Legal Problems at <https://www.samhsa.gov/workplace/legal/avoiding-problems>

*"Employees can have a substance use issue but never violate a written substance use policy, which is why it is crucial that employers focus on performance or behavior issues rather than perceived health condition symptoms."*

drug use and rehabilitation or current prescription drug use are not permitted, except in specific situations during the post-offer, pre-hire phase before employment commences. Current illegal drug use is not a covered disability under the ADA. However, a person with an alcohol use disorder, or a person in treatment or in a rehabilitation program, may be entitled to reasonable accommodations under the ADA.<sup>34</sup>

If an employee self discloses that they have a substance use disorder, employers ordinarily cannot fire the employee only based on that disclosure without an interactive dialogue and weighing of all relevant facts and regulations. Employers should maintain confidentiality and assist the employee in accessing the services necessary to support their recovery based on the employee's requests and interactive processes.

### Intervention and confidentiality

When an employee has violated a substance use policy or self-disclosed substance use disorder, employers may consider ways to act in the best interest of the employee, as well as their business.

Generally, intervening with an employee who is suspected of misusing substances should focus on the effect their misuse has had on performance or behavior, rather than the act of using the substance itself. Employers should always consider if the same discipline would be imposed on an employee who is not suspected of addiction or substance misuse versus those who are. The same processes apply.

Employers are not required to terminate employees if workplace impairment or a violation of substance use policy has been identified. They can help their employees access appropriate treatment and support their recovery, so they can maintain their employment status. However, an employer may consider

*“Employers are not required to terminate employees if workplace impairment or a violation of substance use policy has been identified. They can help their employees access appropriate treatment and support their recovery, so they can maintain their employment status.”*

terminating an employee who is provided this opportunity but continues to violate workplace policies or exhibit performance deficiencies.

Employees who are in treatment may have concerns about confidentiality. Again, in many cases, employees may get the help they need without the employer ever being made aware of their condition. In cases where the employer is made aware, employees' confidentiality should be a priority. The ADA and FMLA limit the information that employers have access to regarding an employee's disability or serious health condition. Additionally, certain entities covered under HIPAA limits how

## Laws employers should be aware of

Health Insurance Portability and Accountability Act (HIPAA)

Americans with Disabilities Act (ADA)

Family and Medical Leave Act (FMLA)

Alaska Family Leave Act (AFLA)

42 CFR 2.1 Statutory authority for confidentiality of substance use disorder patient records

Alaska Statute 18.35.301: Alaska's Smokefree Workplace Law protects Alaskans from secondhand smoke by prohibiting smoking in enclosed public places and workplaces, including buses and taxis, stores, bars and restaurants.



as much as possible in handling workers' compensation, wellness programs, or health plan processes. It is a best practice to obtain employee consent for any release of medical information as it applies to these decisions. When in doubt, consult legal counsel to ensure full compliance to all laws.

### Discrimination and reasonable accommodation

Employees who are entering treatment or are in recovery, or who have family members in treatment, may be entitled to reasonable accommodations in the workplace. Accommodations may include the use of paid or unpaid leave, flexible scheduling, or modification of workplace duties.

ADA requires employers to provide equal opportunities and accommodations for employees with disabilities. A person with an alcohol use disorder may be entitled to reasonable accommodations under the ADA. When applied to substance use, current illicit drug use is not protected. Individuals who have successfully completed a treatment program and are in recovery do qualify. Employees who are appropriately taking prescribed or over-the-counter drugs as part of a disability may also be protected. Employers may be required to accommodate protected employees' job restrictions so that they can work safely and effectively. Furthermore, employers cannot fire, refuse to hire, or refuse to promote protected employees because of a disability.

In some cases, employees may need to take extended leave. FMLA permits these employees to go on unpaid leave for up to 12 weeks per year. Under the FMLA, treatment for substance use qualifies as a serious health condition, thus employees who are eligible must be granted a leave of absence.



*“Employees who are entering treatment or are in recovery, or who have family members in treatment, may be entitled to reasonable accommodations in the workplace. Accommodations may include the use of paid or unpaid leave, flexible scheduling, or modification of workplace duties.”*

## Special industry considerations

**Under federal and state guidelines, some industries may have specific regulations that apply to what they are required, able, or unable to do when addressing substance use in their workforce. Consult additional resources to learn more:**

**Employer size and type:** These characteristics affect compliance with the Americans with Disabilities Act (ADA) and the Family and Medical Leave Act (FMLA).

**Safety and security sensitive industries:** These organizations are subject to drug-testing regulations from the U.S. Department of Transportation (DOT), U.S. Department of Defense (DOD), and Nuclear Regulatory Commission (NRC).

**Labor Unions:** Unions can play a major part in what actions employers can take in addressing substance and opioid use, per the National Labor Relations Act of 1935. Collective bargaining is an opportunity for employers and labor to come together to agree on benefits and policies for the union represented workforce.

**Federal agencies, contractors, and grantees:** These entities are required to implement a drug-free workplace program under the Drug-free Workplace Act of 1988.

# POLICIES TO BUILD A CULTURE OF SUPPORT AND PROTECT THE WORKPLACE

## Educate employees and supervisors

Educating employees on substance use and associated risks can help prevent the likelihood of the misuse of substances, as well as potential consequences. The benefits can also extend to the community as employees can educate their families and friends. This education should focus include basic information about substance use, and information on how substance-related challenges are handled the workplace. Consider helpful resources for staff, their families, and their communities, including topics such as:

- Information about available benefits, such as Employee Assistance Programs
- Company approaches to addressing substance use disorder
- General information on substance misuse and substance use disorders
- Tips for employees to talk to their families and youth about substance use
- Information about prescription safety, non-narcotic pain management options, and proper storage/disposal of prescription medications
- Overdose or alcohol poisoning recognition and response
- Guidance on how to recognize and respond to individuals in crisis

Educating supervisors and managers can provide many of the same benefits as educating employees, and also ensures that supervisors and managers are well-equipped to manage substance-related situations. In addition to the previous topics, supervisor education should ensure content mastery and include topics such as:

- Workplace substance use and drug/alcohol testing policies
- Laws and regulations on substance use at work, including prescription use
- Signs of impairment and factors that may support drug/alcohol testing
- Stigmatizing language and effective communication

### Tips for staff education

Visit the Resources section of this document for links to educational resources and materials. Regularly share educational resources alongside the promotion of benefits you offer.

### Fair-chance hiring policies

As of December 2019, legislation has passed in 35 states and more than 150 cities and counties to advance opportunities for job applicants from disclosing their criminal history on initial job applications. Criminal history questions may reduce call backs for job offers, or discourage qualified applicants from applying entirely, preventing an opportunity for applicants to engage as productive members of their communities.

The Fair Chance to Compete for Jobs Act was signed by President Trump as part of the National Defense Authorization Act in December 2019. When implemented, this legislation will apply to a variety of federal agencies and civilian defense contractors preventing these entities from requesting criminal history until the conditional offer stage, with some exceptions.

Employers are encouraged to stay attuned to this movement and consider how it may impact pre-employment policies.

## Create a culture of support

Creating a culture of support in the workplace may help prevent substance misuse, and may increase an employee's likelihood of seeking help and treatment. Options available to workplaces may differ depending on available resources.

### Integrated approach in existing workplace wellness programs

If a workplace wellness program is already in place, review material to ensure it includes messaging on providing resources to employees, whether through a company Employee Assistance Plan or promotion of locally-available resources. Communicating trust and openness around the subject of substance use disorder can help reassure employees that their employer has their best interest in mind and can help them access necessary resources. Furthermore, employees will be better equipped to make healthcare decisions, seek help when needed, and navigate treatment.

### Address hiring practices

In addition to supporting current employees, employers should consider partnering with organizations and programs to hire individuals who may already be in recovery. Individuals in recovery are often highly motivated to succeed and are a potentially untapped group of quality employees, available at a time when unemployment is at record lows.

### Trauma and cultural competency

Trauma can increase a person's risk for a substance use disorder. Trauma can trigger physical changes in genes that then get passed down through generations. Historical trauma, such as wars, racism, displacement and loss of culture, can cause predisposition to substance misuse disorders. In order to not re-traumatize, staff must also be culturally competent.<sup>15</sup>

A trauma-informed workplace may help to reduce the risks for employees. A workplace is considered trauma-informed when staff are trained on what trauma is and how to recognize signs and symptoms, and when policies and practices reflect this understanding and work to not re-traumatize staff and customers.<sup>16</sup>

The National Center on Domestic Violence, Trauma and Mental Health offers "[Tools for Transformation: Becoming an Accessible, Culturally Responsive and Trauma-Informed Organization,](#)" a resource guide for employers interested in further exploring this topic.

## Resources for Alaska workplaces

The Alaska Department of Labor and Workforce Development is dedicated to partnering with employers to provide comprehensive avenues to fulfilling their recruitment and employee retention needs. The department has excellent resources that benefit employers who hire individuals with barriers to employment, including those stemming from opioid use. Two hire incentives are Fidelity Bonding, which insures the employer against employee dishonesty in the workplace, and the Work Opportunity Tax Credit that offers a substantial tax break for employers who hire at-risk applicants.

Another employer resource designed to increase the competitiveness of the business and its workers is grant-funded occupational training that helps prepare employers' workers to mitigate the opioid crisis. Employers decide the training needs of its incumbent workers and also choose the training provider that best suits their training needs. Employers are encouraged to visit the department's Incumbent Worker Training website for additional information: <http://labor.alaska.gov/dets/iwtp.htm>

Employers can obtain more information about all employment and training resources by contacting their local Alaska Job Center, listed in the reference section of this resource.

### Offer leaves of absence and flexible scheduling

When accessing treatment, or supporting a family member, employees may need to take a leave of absence or adopt a more flexible work schedule. Accommodating these requirements can help support the employee in their treatment and recovery.

Privacy can be a concern for employees in need of scheduling accommodations. To mitigate this, employers may wish to ensure that information on how to apply for a leave of absence is readily available and that administrators are well-versed in employee rights. Eligible employees may take up to twelve weeks of unpaid leave for their or their family member's serious health condition under the Family and Medical Leave Act (FMLA).

### On-site counseling and recovery support group resources

Employers with more resources to invest may want to consider on-site counseling or remote telehealth counseling that can be scheduled during breaks. Such programs may reduce missed work and lost income for employees and employers, and support employees in continued success.

Peer support professionals are also a helpful resource for employees. Peers can provide mutual support grounded in their experience as individuals in recovery, and can include workers from the employer's industry.

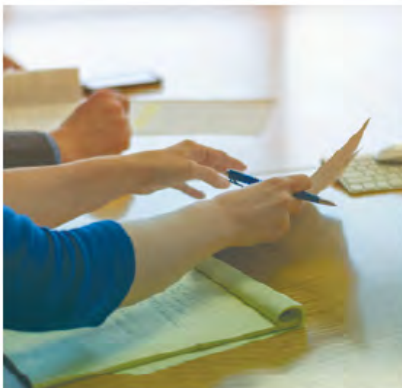
A workplace support group can also be an effective tool for employees dealing with substance use challenges. Although privacy concerns can keep employers from facilitating support group meetings, employers can support these gatherings by offering a space for employees to independently convene. The Substance Abuse and Mental Health Services Administration has information on many of these programs at <https://findtreatment.samhsa.gov>.

## Responding to opioid overdose

The State of Alaska's Project HOPE program provides education on opioid overdose recognition and response, and works with partners to make naloxone available in communities.

Visit [www.opioid.alaska.gov](http://www.opioid.alaska.gov) to learn more.

In addition to educating employees on opioid overdose response, employers may consider implementing a naloxone availability program in the workplace. The Centers for Disease Control and Prevention has a guide to aid in this decision, "Using Naloxone to Reverse Opioid Overdose in the Workplace: Information for Employers and Workers." To learn more, visit [www.cdc.gov/niosh/docs/2019-101/default.html](http://www.cdc.gov/niosh/docs/2019-101/default.html).



Employers can also help in connecting employees to external support group resources. Multiple organizations exist that help in either determining a support group curriculum for a new group or welcoming people into existing groups. Much like treatment, the philosophy and success of the group are largely dependent on the individual.

### Develop a return-to-work policy

A return-to-work policy for follow up to a treatment episode for substance use disorder is similar in concept to other chronic health conditions. This policy can set clear expectations for employees' workplace conduct and responsibilities upon their return. Employee capabilities will largely be determined by their prescribed medical release and possible restrictions. An agreement should be reached with employee and employer input and include the following designations, at minimum:

- Medical release form and potential restrictions
- Employer accommodations
- Periodic medical and job performance evaluations
- Designated length of agreement

A well-constructed return-to-work policy can help support the employee in successfully reintegrating into the workplace. In some circumstances, employees returning to work after treatment of a substance use disorder are protected under the Americans with Disabilities Act (ADA).

### Outwardly promote policies

Promotion of an employer's culture and policies toward substance use can also serve as a valuable recruitment and retention tool. Going public with workplace policies and benefit changes in support of prevention, treatment, and recovery can position employers in their community as a champion of compassionate and transparent employment. Employees who feel well-supported by their employers, regardless of what personal challenges they may be facing, will be more inclined to stay with their employer.

## Choosing language

One of the major reasons individuals do not seek treatment is because of the stigma surrounding substance use disorders. To reduce shame, consider ways to change workplace discussions and policy language around substance use to remove stigmatizing language.

Person-first language, as in "a person with a substance use disorder" rather than "substance abuser or alcoholic," is better to use because it recognizes that a person is more than their disorder, lessening the societal assumption that they chose to have a substance use disorder and can choose to stop.<sup>17</sup>

Research has found even highly-trained substance use disorder and mental health clinicians were still more likely to blame an individual for their disorder, advocating for more punitive measures over therapeutic, when the term 'substance abuser' was used instead of "person with a substance use disorder." When this happens, quality of care decreases.<sup>17</sup>

For additional guidance, visit the Recovery Research Institute's ["Addiction-ary,"](#) an extensive resource for addiction terminology and language use tips.

## Alaska employer spotlight

### Southcentral Foundation

Southcentral Foundation (SCF) is an Alaska Native-owned nonprofit health care organization established under the Tribal authority of Cook Inlet Region, Inc. SCF has operationalized a compassionate and comprehensive approach to supporting employees through difficult times in life.

SCF employees participate in a training called Core Concepts — an SCF-led training on how to navigate difficult conversations. The training provides a common language and tools that enable employees to support each other during difficult times. At SCF, all employees are taught to provide quick and non-judgmental responses to concerns that are shared with them. Human resources employees are trained by an occupational health service in how to support supervisors. When additional support is needed, human resources support is available to employees and supervisors.

“We walk alongside our employees. When managers are managing, they are expected to use skills learned in Core Concepts. Engaging in difficult conversation is a skill we teach and equip all employees with — addiction is a part of those difficult conversations,” summarized Michelle Baker, senior director, Behavioral Services Division.

SCF also manages a Employee and Community Assistance Fund which may be used to provide immediate and temporary financial assistance for basic necessities of life to people who have encountered financial hardship for reasons beyond their control and will continue to support Southcentral Foundation's strategic approach to promote physical, mental, emotional and spiritual wellness in the Native Community. Requests for assistance are overseen by a committee.

Employees are also offered an hour of wellness time every week on a use it or lose it basis, which can be used to access SCF's on-site mental and physical health programs. Though SCF's model may not be attainable for all workplaces, it highlights how an organization can support employees who enjoy physical, mental, emotional and spiritual wellness and the importance of building it into the culture of the organization, starting with employee orientation.

### Vigor Alaska shipyard

In 2014, Vigor Alaska, a shipyard in Ketchikan, introduced a “soft skills” training program, part of which has crews stretch, socialize, and meditate at the start of each shift and managers learn how to interact with employees in a trauma-informed way.

Part of the training program also included a leadership training for employees, who frequently share the information and skills they learn with one another. Crews were also given time to meditate, stretch, and socialize for a few moments at the start of their workday.

Between 2016 and 2017, staff turnover was cut in half and Vigor's Ketchikan location became the safest shipyard in their whole company.

Read the story in this March 2018 *The Guardian* article:

<https://www.theguardian.com/us-news/2018/mar/06/alaska-shipyard-meditation-men-masculinity>

## Spotlight on employee education about alcohol misuse

Alaska has a complex history of alcohol-related challenges. The economic cost of alcohol misuse in Alaska for 2018 was \$2.4 billion dollars.<sup>18</sup> Productivity loss in Alaska due to alcohol misuse was \$709 million in 2018.<sup>18</sup> There are also many social costs affecting individuals, families, and communities that are not easily quantified. During 2010–2016, 198 more Alaskans died from alcohol-attributable causes than from meth- and opioid-attributable causes combined (however, drug-attributable mortality contributes to a greater number of years of potential life lost than alcohol-attributable mortality).<sup>19</sup>

Alcohol misuse is defined by the Center for Disease Control and Prevention (CDC) as “a pattern of drinking that results in harm to one’s health, interpersonal relationships or ability to work.” For women, alcohol misuse is more than one drink per day on average; and for men, more than two drinks per day on average.

Providing information about substance use prevention is a recommended strategy, and employers may want to consider including discussions about alcohol in this strategy.

SAMSHA recommends these actions to prevent alcohol misuse: set a daily and weekly drinking limit and keep track of it; pace drinking to only have at most one standard drink per hour; avoid situations and triggers that cause drinking; asking a friend who does not drink to support in maintaining a limit; and speak to a doctor and/or seek treatment for alcohol use as necessary.<sup>21</sup>

Alcohol may interact with many medications. It’s important to discuss use of alcohol with providers and take caution in combining alcohol and other substances.

Many Alaska communities ban the sale, importation, or possession of alcohol. Remind staff who travel in Alaska communities to take note of local restrictions.

### Risky and excessive drinking

Excessive drinking includes heavy drinking, binge drinking, or both. The Substance Abuse Mental Health Services Administration (SAMHSA) defines heavy drinking as five or more drinks on one occasion on five or more days in the past 30 days. The CDC defines binge drinking for women as four or more drinks during a single occasion (within a couple of hours or at the same time); and for men, five or more drinks during a single occasion. In 2017, 19 percent of all Alaska adults reported binge drinking.<sup>20</sup>

According to SAMHSA, indicators of risky or excessive drinking include: drinking more or longer than intended; trying to cut down or stop drinking and not being able to; building a tolerance and having to drink more to get the desired effect; continuing to drink even though it makes one feel depressed or anxious or adds to other health problems; friends and family make comments about drinking patterns to the individual; spending a lot of time drinking or thinking about drinking; drinking starts to interfere with daily activities, family, friends, and/or work; getting arrested or facing other legal problems due to drinking; and experiencing symptoms of withdrawal (shakiness, sweating, tremors, headaches, anxiety, irritability, and/or insomnia) when one doesn’t drink.<sup>21</sup>

## Develop, implement and maintain a workplace drug and alcohol policy

A well-designed substance use policy is the foundation for workplace conduct around substance use, as well as legal protection in the case of workplace substance-related incidences. Drug-free workplaces adopt clear, written drug testing policies to communicate types of testing, drugs tested and actions expected based on results of tests, or actions taken for refusal to take tests. Federal, state, and local laws need to be taken into consideration. Employees should sign this policy at the initiation of employment to ensure that both parties are well informed of the terms that are being set forth.

For companies with collectively bargained employee groups, employers should involve the labor relations team. All companies should consult with legal counsel. A drug and alcohol policy should include:

### Policy rationale and goals

- Reason for having a policy
- Intended outcomes of the policy
- How and with whom the policy was developed

### Expectations and compliance

- Employee positions included
- When and where the policy applies
- Expected employee behaviors
- Prohibited behaviors and substances
- Drug/alcohol testing procedures

### Consequences and appeals

- Consequences of a policy violation
- Process for determining violations
- Process for employees to appeal a violation if desired

### Benefits and assurances

- Methods of helping employees comply with the policy
- Acknowledgment of covered standards of care in health plan
- Resources for employees (prevention, treatment, and recovery)
- Employee rights and processes for taking leaves of absence or flexible scheduling
- Employee confidentiality and privacy protections
- Fair and consistent implementation policies

### Drug-free workplace program help

Looking for help in navigating policy and program development resources? Call the Substance Abuse and Mental Health Services Administration (SAMHSA) Drug-Free Workplace Helpline at 1-800-WORKPLACE (1-800-967-5752) for free and confidential help with creating and maintaining drug-free workplace programs.

SAMHSA also has a model plan for a comprehensive drug-free workplace program, which can be found here: <https://www.samhsa.gov/workplace/workplace-programs>

### Smoke-free workplaces resource

Alaska's Tobacco Quit Line is free for all eligible Alaskans 18 and older and is available 24/7. Alaskan adults can enroll in the Quit Line and receive free support to quit tobacco use that is tailored to their needs, including: phone, web, and text-based coaching and nicotine replacement therapy (such as patches, lozenges and/or gum). For more informational resources about the Quit Line, visit [alaskaquitline.com](http://alaskaquitline.com).

The Substance Abuse and Mental Health Services Administration reports that providing help to quit tobacco during substance use disorder treatment did not interfere with an individual's recovery.<sup>22</sup>



Historically, workplace substance use policies have adopted a zero-tolerance approach. Taking a supportive approach in this policy can benefit employees and employers. Consider how a policy may focus on being recovery-friendly, striking a balance between supporting and retaining employees who are seeking treatment or in recovery, while also enhancing safety. In comparison to the general workplace, employees who are in recovery from substance use disorder miss fewer work days and have a higher retention rate.

### **Implement effective and privacy-sensitive drug/alcohol testing**

Drug/alcohol testing programs can be valuable tools for deterring drug use, preventing drug- or alcohol-related incidents, and reducing associated risks. Some employees may view them as intrusive, but some employers are required to administer them by state and federal laws. Thoughtful and targeted construction of a program is critical for ensuring compliance, effectiveness, and employee privacy.

In the instance of a positive test, employers have many considerations. Legal, prescription drug use can yield a positive result on a drug test and may be protected by the Americans with Disabilities Act (ADA). These cases may require workplace accommodations. In the case of confirmed illegal drug use, employers could consider offering employees a chance to access treatment and initiate their recovery as opposed to immediate termination. Employers should also be advised of differences between tests indicating immediate impairment on the job and tests that indicate past use. When developing a drug testing program, there are many components that should be considered:

#### **Time of administration**

Drug testing can be implemented at multiple points in employment: pre-employment, random, post-accident, when there is suspicion of influence, or as part of an annual physical. Employers should consider keeping drug testing frequency at the minimum required to ensure safety.

#### **Drug panels tested**

Many different drug panels exist. A drug testing panel indicates the number of substances that are being tested for and can range from five to 12. Employers should consider their industry and applicable laws, regional drug use patterns, and workplace culture when deciding how comprehensive a drug testing panel should be.

#### **Special considerations around testing for marijuana**

Despite the legal status of marijuana under Alaska state law for Alaskans age 21 and over, marijuana use is still illegal under federal law. Federally, marijuana is listed as a Schedule I drug under the Controlled Substances Act, which means that it is deemed to have no medical value and a high potential for abuse. There are some exemptions for FDA-approved marijuana-derived medications (including dronabinol, nabilone, purified cannabidiol, products approved outside of the United States such as Sativex®).

Employers are encouraged to carefully develop policies, with the support of an attorney, and provide clear communication regarding what constitutes a violation. Industry requirements, including those for safety or security sensitive positions, require additional consideration.

Registered medicinal users, or “cardholders,” in some states may have job protections. Alaska’s Medical Marijuana statute (AS 17.37.040) does not currently accommodate for medical use of marijuana in any place of employment. People who use marijuana medicinally and/or for other reasons, and take a drug test, are going to yield a positive result. That means that regardless of whether a person is issued a medical marijuana card, employers can still test for marijuana and make employment decisions based on drug test results.

Although studies have suggested that marijuana and cannabidiol oil (CBD) may be used with reasonable

safety in some controlled environments, there are potential consequences to their use that necessitate employer scrutiny and concern. For example, marijuana users who operate a vehicle while having detectable levels of tetrahydrocannabinol (THC) in the bloodstream risk violating state and federal law. Those who use CBD oils may risk a positive test result due to unregulated levels of THC in the product they are consuming. This is because THC metabolites remain stored in the body for much more extended periods than the drug impairs a person. Most CBD oils only contain traces of THC and some products advertise having no THC whatsoever.

### Test and result processing

Where drug tests are carried out and who evaluates them are critical components to protecting employers and employees both in testing efficacy and in case of legal challenges. Laboratories processing drug test results should be certified by the U.S. Department of Health and Human Services or a state agency. After results are processed, they should be evaluated by a medical review officer (MRO). Receipt and processing of results must be conducted within the same agency.

### Confidentiality and privacy

Drug test results must be carefully protected. They should be handled either by an EAP or designated employee who is well-trained in the company's confidentiality protocols, as well as relevant regulations. Records for all drug tests and their corresponding justification should be securely maintained in employees' medical files, not personnel files. Additionally, employees should have access to their drug test results.

Some industries may be required to implement a Drug Free Workplace Program which incorporates specific guidelines for workplace drug testing. The Substance Abuse and Mental Health Services Administration provides general guidance on this program at [www.samhsa.gov/workplace/toolkit](http://www.samhsa.gov/workplace/toolkit).



# BENEFITS TO INCREASE ACCESS TO EVIDENCE-BASED SERVICES

Health benefits that align with evidence-based substance use disorder prevention, treatment, and recovery services to ensure that health plan members are able to access appropriate, timely, and effective care. Employers are encouraged to compare their current health plan benefits to the recommendations below and identify any opportunities for enhancement.

As purchasers of services from these entities, employers are in a position to dictate that they will only pay for evidence-based healthcare services. Data analytics and medical best practice standards can help inform these decisions. Aside from general inclusion of benefits, employers may consider the following in designing their benefits:

## Coverage Limitations

The severity and complexity of a member's disease can affect the characteristics of their needed services. Due to the chronic, relapsing nature of substance use disorder, coverage limitations on lengths of stay, number of visits, or associated spending can become barriers to treatment. Furthermore, member access to high-quality and appropriately-located services can be impacted by in-network vs. out-of-network providers.

## Cost-Sharing

Costs associated with prevention and treatment for substance use disorder can be a significant barrier for members in accessing the services that they require. A review of the health plan's prior cost-sharing requirements, such as co-payments, coinsurance, and deductibles, around these services can help determine the potential size of the barrier. Consider these requirements in the context of employee income and cost of living.

## Utilization Management

Utilization management assesses the appropriateness of a service before it is provided using evidence-based criteria or guidelines to approve or deny services. The appropriate application of utilization management is an important consideration for benefits related to substance use disorder. Prospective, concurrent, and retrospective reviews of services and claims can influence a health plan member's access to treatment as well as protect against health care fraud, waste, and misuse. Employers should examine the structure of these reviews, the frequency and justification of denials and approvals, and align prior authorization requirements to ensure that individuals get timely access to quality care.

The Health Effectiveness Data and Information Set, or HEDIS, created by the National Committee for Quality Assurance (NCQA), is used by more than 90 percent of America's health plans to measure physician quality. Because many plans collect HEDIS data, and because the measures are specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis and provides valuable information to employers on health plan opioid prescribing patterns compared to national benchmarks. Employers can request this information from their health plans and use it to evaluate their health plan's performance on benefits focused on substance use.

## Specific prevention, treatment and recovery benefits to consider

### Offer Employee Assistance Plans

Employee Assistance Plans (EAPs) are intervention programs that offer a variety of services to assist employees who are having personal or work-related problems. These programs can play an important role in assisting employees or their dependents who may be facing substance use issues by providing a confidential and easily-accessible option for receiving necessary services. EAPs are separate entities from employers, meaning that any interaction with employees is private and not reported to the employer unless the employee authorizes it. EAPs can be voluntarily accessed by employees. Supervisors and managers can also initiate referrals in response to performance and conduct issues or identification of substance misuse or addiction. EAP services can include:

- Crisis Intervention
- Assessment
- Treatment Referral
- Short-term and Follow-up Counseling
- Treatment Monitoring
- Supervisor and Management Training

*“EAPs are an added expense to employers, but show measurable cost-savings benefits when implemented. Research shows that for every dollar invested in an EAP, employers have a return on investment ranging from \$3 to \$10.17”*

EAP models and services can vary widely. When selecting an EAP, employers should consider how each option fits their budget, workforce, and general support and health-related goals. Employers should insist that their EAPs screen for risky substance use behaviors and provide referral services to evidence-based treatment programs. If an employer has the capacity, integrating an EAP at the worksite can help increase utilization, referrals, and care coordination.

EAPs are an added expense to employers, but show measurable cost-savings benefits when implemented. Research shows that for every dollar invested in an EAP, employers have a return on investment ranging from \$3 to \$10.17. An added benefit to EAP implementation is its availability to all employees, not just those who are covered by employer-sponsored health insurance.

### Cover screening in primary care offices

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to identifying high-risk substance use behaviors that is recommended to be conducted in primary care settings.<sup>23</sup> Identification of risky substance use can help providers intervene with behaviors prior to the development of substance use disorder. SBIRT is both an effective and cost-effective approach to the prevention of substance use disorder and related harms. This service should be covered by your health plan and administered yearly to health plan members.

### ASAM levels of care

The American Society of Addiction Medicine (ASAM) recognizes 10 total levels of care, encompassed by four broader levels. Learn more at <https://www.asamcontinuum.org/knowledgebase/what-are-the-same-levels-of-care/>

Coverage limitations, cost-sharing requirements, and utilization management should be especially considered when designing benefits for inpatient and outpatient treatment. Employers should critically evaluate the financial and health-related impact that these components would have on their specific employee population based on income, location, and other social characteristics. Additionally, employers should require their health plans to examine network adequacy for treatment at the various levels of care and administration of

In the instances of individuals seeking treatment services, upon scheduling an assessment appointment or facing a delay following the assessment, providers can administer SBIRT to screen, determine risk level, and initiate induction to medication and continue providing brief interventions until assessment can be conducted for enrollment into a program.

### Provide access to inpatient and outpatient care

After a substance use disorder is diagnosed, ease of access to timely, high-quality treatment is critical to initiate remission. Treatment of substance use disorders is a highly-individualized process that often requires multiple treatment approaches. The inclusion of a variety of treatment modalities in the health plan can help improve the likelihood of members recovering.

Care for substance use disorders can be carried out in a variety of settings and types of facilities, typically identified by types of treatment, length of stay, and intensity of treatment. It is important for members to be placed in the most appropriate level of care for their condition, situation, and goals as determined by the American Society of Addiction Medicine's (ASAM) Levels of Care. A member's level of care is determined by a provider after a diagnostic evaluation and comprehensive assessment. The assessment could be done by a primary care provider, mental health professional, or treatment facility covered by the health plan. There is no right course to moving between levels of care. To ensure members will have access to the treatment that they require, the health plan should cover all levels of care.

### Provide access to behavioral and mental health services

When compared with the general population, people with substance use disorder are more likely to have a mental health disorder. Conversely,

## Components of care<sup>24</sup>

The US Surgeon General recommends consideration of the following characteristics when looking for well-constructed treatment programs:

- Personalized diagnosis, assessment, and treatment planning
- Long-term disease management
- Access to FDA-approved medications
- Effective behavioral interventions delivered by trained professionals
- Coordinated care for co-occurring diseases and disorders
- Recovery support services

## MHPAEA

The Mental Health Parity and Addiction Equity Act of 2008 requires the same approach to benefits for mental or substance use disorder services that are available for medical/surgical care. The law does not require that health plans cover mental health or substance use disorder diagnoses, treatments, or services but rather requires health plans that do offer these benefits to do so equitably. The regulation applies to:

- Co-pays, coinsurance, and out-of-pocket maximums
- Limitations on service utilization
- Use of care management tools
- Coverage for out-of-network
- Criteria for medical necessity determination

Learn more at [https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/mhpaea\\_factsheet.html](https://www.cms.gov/ccio/programs-and-initiatives/other-insurance-protections/mhpaea_factsheet.html).

people with mental health disorders are more likely to have substance use disorder.<sup>25</sup> An integrated approach to addressing these co-occurring conditions is important to fully supporting an individual's recovery.

As with any chronic disease, treatment and recovery for behavioral health disorders are highly individualized processes. Necessary treatment methods, as well as

their duration and frequency, can vary greatly among those affected. For most people, a combination of medication and counseling is demonstrated to be the most effective method for promoting health and recovery. Medical and mental health services should be adequately covered in accordance with the Mental Health Parity and Addiction Equity Act.

## Moderation management for alcohol

Moderation-management programs are not abstinence-only treatment programs. These programs may be helpful for people who may suffer from a mild or moderate alcohol use disorder, meaning that people still drink but learn to do so in healthy and moderate ways.<sup>26</sup>

### Improve Access to Behavioral Health Care Through Telemedicine

Telemedicine is a promising service in treating and supporting recovery for individuals with substance use disorders. Telebehavioral health, both web and mobile, expands access to quality, timely, and evidence-based services, including screening, treatment, and consultation. These services are useful in navigating significant barriers to treatment, including transportation to facilities, privacy, missed time from work, and childcare.

Telemedicine services can be offered as part of a health plan package or directly through vendor relationships. Employers should consult both their health plans and pharmacy benefit managers to learn about the telemedicine platforms that they currently use, what types of services are offered, and the relative benefits to their use.

### Cover medication for treatment

Evidence suggests that treatment plans that include treatment medications are more effective for reducing early deaths, medical complications, improving day-to-day function, and sustaining long-term recovery than treatment plans without.<sup>27</sup> Those seeking treatment for substance use disorder should be offered access to all of these medications as well as any needed behavioral therapies and recovery support services. Healthcare providers can assist members in selecting which treatment option, or combination thereof, is best suited for their needs.

*“Evidence suggests that treatment plans that include treatment medications are more effective for reducing early deaths, medical complications, improving day-to-day function, and sustaining long-term recovery than treatment plans without.”<sup>3</sup>*

Coverage limitations, cost sharing requirements, and utilization management should all be reviewed as possible barriers to medication access. Employers may wish to consider placing these medications on a lower or lowest cost tier to reduce financial burden. Additionally, receipt of these medications often requires physician office visits, so elimination or reduction of co-payments for associated visits could be beneficial. Network adequacy can also play a role in health plan member's ability to receive these medications, since health care providers must maintain certain credentials to administer some forms of treatment medications. Employers should have their plans ensure there is an adequate network of providers who administer treatment medications.

FDA-approved medications for the treatment of opioid use disorder include methadone, buprenorphine, and naltrexone.

FDA-approved medications for the treatment of alcohol use disorder include disulfiram, naltrexone, and acamprosate. These medications are not considered a cure nor are they alcohol substitution drugs. They are not addictive nor habit forming and should be prescribed in conjunction with counseling. While currently prescribed to less than 9 percent of Americans with an alcohol use disorder they are more effective than a placebo.<sup>28</sup>

For tobacco dependence, counseling and medication are both effective, and using them together is more effective than using either one alone. Alaska's Tobacco Quit Line offers free support for quitting tobacco, including personal coaching, nicotine replacement therapy (patches, lozenges and/or gum), materials and resources and translation services. It's available by phone, web or text. See page 15 of this document for more information.

### Help employees manage pain without prescriptions

Many non-narcotic pain management treatments have been proven to provide the same or better pain-relief benefits as opioids without the associated risks, excluding specific clinical conditions including cancer and end-of-life care. Health plan coverage of these treatments can help prevent substance use disorder and substance-related consequences by reducing the likelihood of an initial exposure to prescription opioids. In some instances, health plan members are constrained by what their health plan will cover as opioids have historically been less expensive than other pain management treatment.

Employers may aim to encourage use of these benefits and take special care not to create or support barriers to their use. Coverage limitations, cost-sharing requirements, and utilization management for these benefits should be defined in a way that promotes their efficacy and use. Employers can consider weighing these variables against how opioids are covered by their company to understand how and why opioids may have historically been prescribed more prevalently than these alternatives. Evidence-based non-drug treatments to pain management that are standard additions to an employer's benefit plan include:

- Physical/Occupational Therapy<sup>30</sup>
- Cognitive Behavioral Therapy<sup>30,31</sup>
- Interdisciplinary Rehabilitation<sup>30</sup>
- Chiropractic Care

### Help employees manage pain with responsible prescribing

Although there are numerous risks associated with opioids, there are some situations where they are the best option for pain relief. For instance, opioids are appropriate when used for cancer or end-of-

## Safe medication disposal

After being prescribed a medication, many people are left with an excess of unwanted, expired, or unused pills. These pills are often left in the home, which makes them available for accidental or intentional misuse by anyone who has access to them. In fact, half of those misusing prescription opioids obtained them from a friend or family member for free.<sup>29</sup> Safe disposal of prescription opioids can help reduce the likelihood of this occurring.

There are many ways to safely dispose of medications including medicine take-back options and at home medication disposal kits.

Medication disposal bags are available at many pharmacies, and are offered free of charge at State of Alaska Public Health Centers (find locations of Public Health Centers at <http://dhss.alaska.gov/dph/Nursing/Pages/locations>).

The Drug Enforcement Administration also offers Drug Take-Back Day to support medication disposal in many communities. Learn more at: <https://takebackday.dea.gov/>

life patients. Comprehensive pain assessment, management, and prescribing techniques are largely a responsibility of health care providers. However, employers can design their benefits to not incentivize opioid prescribing and to provide coverage of non-opioid options.

Non-opioid medications are an effective method of pain management that can help prevent substance use disorder by reducing the likelihood of employees being exposed to prescription opioids.

Again, cost sharing, coverage limitations, and utilization management should all be heavily considered when looking at how non-opioid medications are covered. Much like they should with non-drug pain management modalities, employers should consider weighing these variables against how opioids are covered to understand how opioids may be prescribed more prevalently than these alternatives. Evidence-based, non-opioid drug treatments for pain management include:

- Non-Steroidal Anti-Inflammatory Drugs<sup>30,31</sup>
- Acetaminophen<sup>30,31</sup>
- Local Anesthetics<sup>30</sup>
- Steroid Injections<sup>30</sup>
- Topical Agents
- Select Antidepressants and Anticonvulsants<sup>30</sup>

There are other promising practices for pain management. However, they are not always considered evidence-based by health plan standards. Consequently, they may not always be readily available for addition to a health plan. Employers are encouraged to stay up to date on innovative technologies in this area and initiate regular conversations with their health plan providers around how they are supporting these innovations.

### Cover naloxone to help prevent overdose deaths

Naloxone (also known as Narcan or Evzio) is a drug that can be administered during an overdose that temporarily stops many of its life-threatening effects, such as sedation, loss of consciousness, and suppressed breathing. Naloxone administration can be the immediate intervention that is the difference between life and death. Greater access to and education about the use of naloxone is shown to reduce overdose deaths.<sup>32</sup>

The drug is not only intended for personal use. People who fear that their friends, family, or general members of their community are in danger of overdosing are encouraged to carry the drug. Those administering naloxone should call emergency services.

Whether utilized personally or for others, the benefit of having naloxone available is unquestionable. Employers may wish to remove cost-sharing requirements in their health plan to improve access to naloxone.

Alaska has laws to improve access to naloxone, including a law that allows pharmacists to independently dispense it without a prescription. A State of Alaska program, Project HOPE, helps improve access to naloxone. Learn more about the program in the box about responding to opioid overdose on page 11.





## Consider Alternative Payment Models

An Alternative Payment Model (APM) is a payment approach that provides a different framework for paying for high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population. Bundled payments are a type of APM that provides a single, comprehensive payment covering all of the services involved in a patient's episode of care. Several new bundled payments have recently emerged for substance use disorder, including opioid use disorder. Employers should talk to their health plans and consultants about the benefits of these payment reform models. Some examples of some of these new bundled payments include the Patient-Centered Opioid Addiction Treatment and Addiction Recovery Medical Home.

## Data analytics and health plan trends

Just as companies otherwise utilize health plan claims data to manage health benefits and services investments to facilitate a healthy, productive workforce, employers can utilize their data to understand the status of their workforce's substance use disorder risks and trends. Data can be used to understand how well current benefits are helping prevent substance use disorder, treat it, and support recovery. In addition to their own independent data and analytics investments, employers may encourage their health plan or pharmacy benefits manager to use this data to inform their product and service portfolio.

Depending on the structure of their health offerings, employers can go to multiple sources to receive their data: health insurer or health plan administrator, pharmacy benefit manager, data warehouse vendor, or insurance broker. Health plans and data warehouse vendors often have standardized reports that group substance use disorders with mental health. If not, included here are a list of questions and measures employers may want to request to better understand their workforce substance use risks and status.

Different data vendors may define the recommended measures differently; it is important for employers to understand the meaning of the measures they receive.

An employer's data can be examined annually and compared to previous years to identify positive or negative trends. If available, the measures should be compared to national, state, regional, and industry averages. Most measures can be stratified into

### What if an employer can't access data?

Each employer's data analytics capabilities vary based on their size, investments in data and analytics, insurance coverage, and health plan structure. For instance, the fewer employees an employer has, the greater the risk for identification and breach of privacy. Additionally, whether employers are fully-insured, self-insured, or uninsured may present barriers in the data they can access. Integration of pharmacy benefit and health plan data can determine the extent to which employers can relate diagnoses, treatment, and medication data.

### Learn more about using data

Employers wishing to learn more about using data analytics and health plan trends to improve employee prevention, treatment and recovery for opioids are encouraged to review the Kentuckiana Health Collaborative's document, *Opioids and the Workplace: An Employer Toolkit for Supporting Prevention, Treatment and Recovery*, found at <https://www.khcollaborative.org/>. It includes many suggestions for indicators employers may track.

basic subgroups to identify differences among them, such as: gender, age, employee type (hourly/salaried), relationship to employee (self/spouse/dependent), in- network/out-of-network, health plan types, and prescriber types (dental/medical). When looking at costs associated with each measure, employers should look at the total cost of care in addition to pharmacy or medical health costs separately.

Before an employer can utilize this data, the information must be de-identified within the requirements of HIPAA. Employers should also consult with counsel to confirm compliance with HIPAA and any other applicable federal and state laws that may further restrict the use of claims data or include additional requirements for the de-identification of data.

# TERMS TO KNOW

## Dependence

Dependence occurs when the body adapts to repeated exposure and only functions normally in the presence of the substance. When the substance is withdrawn, several physiological reactions occur, ranging from mild to life threatening. (NIDA, 2007)

## Harm-Reduction

A treatment and prevention approach that encompasses individual and public health needs, aiming to decrease the consequences of addiction related problems.<sup>27</sup> These can include needle exchanges and naloxone for overdose prevention.

## Medication Assisted Treatment (MAT)

Medications in combination with counseling and behavioral therapies for the treatment of substance use disorders.<sup>27</sup>

## Misuse

The use of prescription opioids in any way other than as directed by a prescriber; the use of any opioid in any manner, situation, amount, or frequency that can cause harm to self or others.

## Substance Use Disorder (SUD)

A disorder characterized by loss of control of substance use, risky substance use, impaired social functioning, tolerance, and/or withdrawal.<sup>27, 33</sup>

## Overdose

A potentially fatal medical incident where a toxic amount of drugs, or a combination of drugs, overwhelms the body. When overdosing on opioids, breathing, blood pressure, and heart rate will all slow and can lead to coma or death.<sup>27</sup>

## Prevention

An approach on helping people develop the knowledge, attitudes, and skills they need to make good choices or change harmful behaviors related to substance use disorder.

## 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.<sup>27</sup>

## Remission

A medical term meaning a disappearance of signs and symptoms of the disease.

## Treatment

A process of diagnosing and treating individuals with substance use disorder. Treatment can occur in a variety of settings and forms, and should always include options for Medication for Opioid Use Disorder (MOUD) and behavioral therapies. Treatment is a long-term process.

## Tolerance

Alteration of body's responsiveness to alcohol or other drugs such that higher doses are required to produce the same effect achieved during initial use.<sup>27</sup>

## Withdrawal

A series of symptoms ranging in severity that follow the absence of opioids in someone's system after prolonged exposure. These symptoms can include nausea, muscle cramping, depression, agitation, anxiety, and intense cravings.

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# RESOURCES

## 911 for Emergencies

Always call 911 if it's a life-threatening emergency.

## Alaska's Crisis Hotline — Alaska Careline

Help is available 24/7 through Alaska's crisis hotline, Careline, which provides help for people who are either in crisis or who are dealing with isolation or depression. Call 1-877-266-HELP (4357). Employers may learn more about the signs and what to do at the Alaska Careline website. <http://carelinealaska.com/>

## Supportive Services Locator — Alaska 211

To find supportive services, dial 211 to call United Way. Operational hours are 8:30 a.m. – 5 p.m., Monday – Friday. If you call after-hours, please leave a message. Phone calls will be returned the next business day. 211 provides information and referral service that connect people to vital community, health and social services provided by a range of nonprofit, government and tribal agencies. <http://alaska211.org/>

## Treatment Location — Substance Abuse and Mental Health Services Administration and the Alaska Division of Behavioral Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a national helpline to assist with finding behavioral health support or substance use management at 800-662-HELP (4357), TTY: 800-487-4889, or online at <https://findtreatment.samhsa.gov/>. Calls are manned 24/7 and are routed to the Alaska Division of Behavioral Health during operational hours. Many additional resources may be found on the Division of Behavioral Health home page at <http://dhss.alaska.gov/dbh/Pages/default.aspx>.

## Alaska Job Center Network — Alaska Department of Labor and Workforce Development

Alaska Department of Labor and Workforce Development helps to connect employers and prospective employees through various programs. Learn more at <http://jobs.alaska.gov/offices/index.html>

Alaska Job Centers exist in communities throughout the state. Follow the link above or call toll-free at 1-877-724-2539.

## Alaska Tobacco Quit Line

Alaska's Tobacco Quit Line is FREE for all eligible Alaskans 18 and older and is available 24/7. Alaskan adults can enroll in the Quit Line and receive free support to quit tobacco use that is tailored to their needs.

To enroll, dial 1-800-QUIT-NOW or text READY to 200-400.

## Opioids in Alaska — Alaska Division of Public Health

This Alaska Department of Health and Social Services website offers information for individuals, families and communities to respond to opioid challenges in Alaska. It also hosts continuing education, including many accredited continuing education options for health care providers. The website also provides information on where to get naloxone, an opioid overdose response medication, through the Project HOPE program. <http://www.opioids.alaska.gov>

## Marijuana in Alaska — Alaska Division of Public Health

This Alaska Department of Health and Social Services website offers information for individuals, families and communities about marijuana use in Alaska, including health information and Alaska laws.

<http://marijuana.dhss.alaska.gov/>



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Adam Crum, Commissioner  
Anne Zink, M.D., Chief Medical Officer

**Division of Public Health**  
Heidi Hedberg, Director

**Office of Substance Misuse and Addiction Prevention**  
Theresa Welton, Section Chief

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To learn more about this product, please email the Alaska Office of Substance Misuse and Addiction Prevention at [osmap@alaska.gov](mailto:osmap@alaska.gov).