

Substance Use Disorders by Occupation

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Certain fields – including safety-sensitive jobs – have exceptionally high numbers of employees with SUDs.

Construction, mining and service occupations have high rates of alcohol and other drug use disorders. Education, healthcare, professional and protective services jobs have lower rates, although even in occupations with the lowest rates, one worker in 12 has a substance use disorder (SUD). According to NORC's analysis of the National Survey on Drug Use and Health, many of these affected jobs are safety-sensitive or in transportation. Regardless of whether employers primarily have workers in occupations with higher or lower rates, all should review their workplace substance use policies and programs to ensure worker safety and health.

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

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Addiction is an issue in every U.S. workforce. Approximately one out of every 11 U.S. workers – nearly 9% – had a substance use disorder in the last 12 months. Alcohol use disorders (AUDs) make up more than three-fourths of these cases (6.7%). Many in the workforce who are addicted to another substance also have an AUD. Consequently, identifying workers with an AUD and helping them get treatment could help many workers who are dealing with additional SUDs. Other drugs that workers have difficulties with include cannabis, or marijuana, (1.6%) prescription opioids (0.6%), cocaine (0.4%), tranquilizers (0.2%), and sedatives (0.2%). Although some businesses and parts of the country experience acute problems with methamphetamines and designer drugs, generally the drugs most impacting workforces are alcohol and cannabis. The percentages of workers addicted to prescription opioids or heroin (0.6% and 0.2%, respectively), or who have used prescription opioids or heroin within the prior month (1.8% and 0.1%), are very low, but the powerful synthetic opioid fentanyl has driven high rates of overdoses and deaths.

Male-Dominated Occupations Have Higher Rates of Substance Use Disorders

Occupations with a high percentage of male workers – in many cases, younger men – have higher rates of SUDs overall. In the construction field, for instance, 19% of workers (one in five) have an SUD; this is double the rate of educational and professional careers, fields where the workforce features a greater percentage of women and older workers. Jobs in these fields include teachers, architects, engineers, doctors, nurses, librarians and biologists.

Absenteeism Rises

Unplanned leave can have a large impact on the flow of work projects and the overall productivity of a business. In most fields, workers with SUDs have higher rates of absenteeism than their co-workers, missing over a week-and-a-half more than their peers annually (24.6 days versus 15 days, respectively). Workers with an SUD are more likely to take time off for illness and injury, and to take time off for other reasons. Workers who have recovered from a prior addiction, that is, they reported on the NSDUH that they had received SUD treatment at some time in their lives but had no SUD within the previous 12 months, missed only 10.9 days a year. This is one-third less than their peers who had never experienced an SUD and over two weeks less than workers with untreated SUDs. Recovered workers take fewer days off for medical issues than their peers with no SUD and about the same number of days off for other reasons.

Organizations employing workers in occupations with high rates of substance use would benefit by applying policies that encourage treatment for SUDs, as screening and

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evidence-based treatment can increase productivity and limit health care and workers' compensation costs. The National Safety Council and NORC at the University of Chicago created the Substance Use Cost Calculator to help employers calculate the costs of untreated SUDs among their workforces.

What does it cost?

The cost to employers of untreated SUDs is high. On average, workers with untreated SUDs cost employers \$8,255 per worker each year, reaching \$14,374 for executives, administrators, managers and financial workers.¹

Occupation	Turnover Costs	Absenteeism Costs	Health Care Costs	Total Cost
Executive/administration /management/finance	\$7,629	\$5,281	\$1,465	\$14,374
Professional	\$6,468	\$4,477	\$1,465	\$12,410
Education	\$7,143	\$4,944	\$1,465	\$13,552
Entertainers/sports/ media/communications	\$3,211	\$2,223	\$1,465	\$6,899
Technicians	\$1,610	\$1,114	\$1,465	\$4,189
Sales	\$3,065	\$2,121	\$1,465	\$6,651
Office/administrative support	\$3,171	\$2,195	\$1,465	\$6,831
Protective services	\$2,610	\$1,807	\$1,465	\$5,881
Service occupations, except protection	\$2,207	\$1,527	\$1,465	\$5,199
Farming/fishing/forestry	\$4,211	\$2,915	\$1,465	\$8,591
Installation/maintenance /repair	\$3,995	\$2,766	\$1,465	\$8,226
Construction/extraction	\$4,211	\$2,915	\$1,465	\$8,591

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Production/machinery/operators	\$3,274	\$2,266	\$1,465	\$7,004
Transportation, moving	\$3,370	\$2,333	\$1,465	\$7,167
Average cost per employee with an SUD	\$4,012	\$2,777	\$1,465	\$8,255

Employers can lower their business costs and improve the health of their workers by investing in substance use screening and treatment. Workers who are successfully treated and who have not had an SUD in the last 12 months use less health care, are less likely to take unscheduled leave and are much less likely to have had more than one employer in the last year. That adds up to an average savings of \$8,543 per worker compared to a worker with an untreated SUD.

Savings vary a lot. Workers in recovery in executive, professional and educational occupations cost employers \$13,000 to \$15,000 less than their peers with SUDs. Jobs with lower salaries and higher overall turnover rates still save employers. Workers in service jobs, protective services and technician positions cost employers between \$4,000 and \$6,000 less than their substance-using peers. The table below shows details about how employers save when their workers recover from their SUDs.ⁱⁱ

Occupation	Reduced Turnover Costs	Reduced Absenteeism Costs	Reduced Health Care Costs	Total Savings
Executive/administration /management/finance	\$7,538	\$7,483	\$642	\$15,664
Professional	\$6,391	\$6,345	\$642	\$13,378
Education	\$7,058	\$7,007	\$642	\$14,707
Entertainers/sports/ media/communications	\$3,173	\$3,150	\$642	\$6,965
Technicians	\$1,591	\$1,579	\$642	\$3,812
Sales	\$3,028	\$3,006	\$642	\$6,677

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Office/administrative support	\$3,133	\$3,110	\$642	\$6,886
Protective services	\$2,579	\$2,560	\$642	\$5,781
Service occupations, except protection	\$2,180	\$2,165	\$642	\$4,987
Farming/fishing/forestry	\$4,161	\$4,131	\$642	\$8,934
Installation/maintenance/repair	\$3,948	\$3,919	\$642	\$8,509
Construction/extraction	\$4,161	\$4,131	\$642	\$8,934
Production/machinery/operators	\$3,235	\$3,211	\$642	\$7,088
Transportation/moving	\$3,330	\$3,306	\$642	\$7,277
Average savings per employee in recovery	\$3,965	\$3,936	\$642	\$8,543

Recommendations for Employers

1. Offer Robust Health Insurance

- Ensure responsible prescribing practices by asking any health insurers they work with (and their pharmacy benefits manager) to demonstrate what they are doing to manage prescription opioid use and require that prescribers abide by the CDC guidelines for opioid prescribing.
- Ensure robust SUD treatment coverage by asking any health insurer they work with to demonstrate what they are doing to identify and treat their employees with a substance use problem. Comprehensive coverage includes:ⁱⁱⁱ
 - Confidential substance use screening, which increases the rate of identification of risky and unhealthy alcohol and drug use
 - Brief intervention and referral to treatment
 - Outpatient and inpatient treatment

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- Medications for addiction treatment
- Counseling and medical services
- Follow-up services during treatment and recovery

2. Offer Robust Employer Policies and Programs

Remember that workers who are in treatment and recovering from addiction are covered by the Americans with Disabilities Act.^{iv} Employers must provide reasonable accommodations for workers in treatment programs or who have recovered from addiction.^v This may include job restructuring, part-time or modified work schedules, permitting a leave of absence, or reassignment. Employers must also protect privacy and confidentiality of all workers' health-related information.^{vi} Policies and programs should include:

- *Disease and Disability Management*: offer both short- and long-term disability coverage as employee benefits
 - Require vendors provide for evidence that they are actively tracking data and requiring prescribers abide by the CDC prescribing guides when prescribing opioids
- *Employee Assistance Programs (EAPs)*
 - Demand that the EAP systematically assesses substance use by workers seeking EAP services, and that it reports on rates of identification of problematic use
 - Ensure they use *Screening Tools*, which increase the rate of identification of risky and unhealthy alcohol and drug use, and link people to appropriate treatment earlier
- *Return-to-work* plans for employees who have taken leave related to substance use
- *Worker Peer Support Programs*

3. Offer a *Drug-Free Workplace Program* that includes:^{vii}

- A workplace substance use education component – employee engagement and education leads to a safer workplace. Everyone should be able to recognize the signs and symptoms of impairment, potential substance use disorders and

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mental distress, and understand how to access employer resources and treatment.

- Confidential screening and treatment referrals by an EAP or health professional when needed
- Confidential follow-up care to support individuals in recovery
- Supervisor training
- Clearly defined second- or last-chance policies, procedures around Return-to-Work programs, and clear and defined safety procedures for an employee who is prescribed opioid painkillers

ⁱ https://www.bls.gov/oes/2018/may/oes_nat.htm#43-0000

ⁱⁱ Ibid

ⁱⁱⁱ Center for Prevention and Health Services. *An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations*. 2009.

^{iv} <https://www.usccr.gov/pubs/ada/ch4.htm>

^v Center for Prevention and Health Services. *An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations*. 2009.

^{vi} National Institute for Occupational Safety and Health. Medication-Assisted Treatment for Opioid Use Disorder. <https://www.cdc.gov/niosh/docs/wp-solutions/2019-133/pdfs/2019-133.pdf?id=10.26616/NIOSH PUB2019133>. Published 2019. Accessed October 1,, 2020.

^{vii} Center for Prevention and Health Services. *An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations*. 2009.