



# **Substance Use Disorder Treatment**

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In most cases, workers experiencing a substance use disorder (SUD) require a combination of treatment approaches to provide maximum effectiveness and long-term positive outcomes.<sup>i</sup> Treatment is also commonly modified during the recovery process and throughout the patient's lifetime, depending on the changing needs of the patient. Above all, the central aspect of substance use treatment is that the treatment approach is dependent upon characteristics of the patient.<sup>ii</sup>

## Background

One of every 11 workers meets diagnostic criteria for a substance use disorder, according to data from the National Survey on Drug Use and Health. Just one-fifth of them report having ever received substance use treatment in their lifetime, and fewer than a tenth report having received substance use treatment within the prior year.<sup>iii</sup> Among workers with an SUD, the proportion of those reporting that they had received specialty substance use treatment varies widely by type of drug. Only 7% of workers with an alcohol use disorder and 8% with a cannabis use disorder report receiving treatment in the last year. Workers addicted to heroin, prescription opioids or cocaine report higher rates of treatment (30%, 25% and 28%, respectively). Still, these figures indicate that the majority of people with an SUD who could benefit from treatment, including those addicted to heroin, prescription opioids or cocaine, do not get care they need.<sup>iv</sup>

## Specific Treatment Methods and Components for Substance Use Disorders

**Detoxification:** A patient with an SUD typically undergoes some level of detoxification in the early or first parts of treatment, in which they dramatically reduce use or stop completely. This may induce withdrawal symptoms. As with addiction treatment, detoxification, its intensity level and the presence of withdrawal symptoms vary depending on the characteristics of individuals and their substance use history. For some, it is an essential first step in SUD treatment.<sup>v</sup> After detoxification, patients should be encouraged to work with their clinicians to determine an appropriate treatment plan moving forward in order to maintain recovery.<sup>vi</sup>

**Treatment Settings:** There is a range of treatment settings including inpatient treatment, residential treatment, outpatient treatment, intensive outpatient treatment and community support programs. Which setting a patient enters for treatment is dependent on characteristics of the patient, treatment needs and the severity of the SUD.<sup>vii</sup> Treatment services should be readily available when a patient has come to a decision to begin the recovery process to facilitate immediate access to services<sup>viii</sup> and not be a barrier. Duration of treatment or a stay at a treatment center has been shown to

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affect treatment outcomes, though this varies from patient to patient. For most patients, research suggests that at least three months of treatment is needed and that multiple reoccurrences of treatment are common. Remember that treatment is also commonly modified during the recovery process and throughout the patient's lifetime. There is no "right" duration of care that can be generalized to people with an SUD.

**Addressing Cravings through Behavioral Interventions:** After detoxification takes place, many people living with SUDs participate in some kind of behavioral therapy. The National Institute on Drug Abuse (NIDA) describes cognitive behavioral therapy (CBT) as one of the most commonly used and effective therapies in SUD treatment.<sup>ix</sup> The strategies learned from CBT can help patients analyze the consequences of continued substance use, identify cravings and situations that could trigger substance use, and determine how to deal with cravings and high-risk situations. Dialectical behavior therapy (DBT) is a more specific form of CBT that emphasizes mindfulness techniques and teaches patients how to manage their emotions in order to change behavior patterns.<sup>x</sup>

**Addressing Cravings through Medical Interventions:** Behavioral therapy can be effectively combined with medications for addiction treatment (MAT) to treat opioid and alcohol use disorders. Several FDA-approved medications can prevent withdrawal symptoms and reduce cravings.<sup>xi</sup> Research has shown that MAT is a cost-effective method for keeping patients in treatment, reducing the chances of misuse and relapse, and improving psychosocial functioning and quality of life in individuals with an opioid or alcohol use disorder.<sup>xii</sup> Studies show that MAT is considerably more effective in treating OUD and AUD when it is combined with counseling, behavioral therapies and other services. Despite the clinical effectiveness of MAT, less than 2% of persons with an AUD and only 19% of those with an OUD received medications to treat their illnesses.<sup>xiii</sup>

**Drug Testing:** Outside of the use of prescribed MAT, other substance use during treatment may be monitored continuously through urine drug tests. Monitoring of drug use can 1) serve as a strong incentive to resist urges;<sup>xiv</sup> 2) provide awareness of any drug use to clinicians, preventing clinicians from giving any medication that might cause a dangerous interaction; and 3) quickly identify relapse, signaling that an adjustment may need to be made immediately to one's treatment plan.<sup>xv</sup> Drug testing may be used punitively when clinicians fail to recognize that relapse is a common experience as people go through treatment and recovery, and patients may be unnecessarily or involuntarily discontinued from their treatment plan. Zero tolerance policies like this should be avoided.

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**Fostering Social Connection and Social Support:** Social support is an important element at every step of treatment and recovery. Social support includes peers, colleagues and others outside of family members who can play a central role in increasing treatment retention and overall recovery.<sup>xvi</sup> Studies have shown that perceived social support increases motivation to abstain from alcohol and substance use.<sup>xvii</sup> Patients who have a support system when entering treatment also are linked to positive treatment outcomes and are less likely to relapse three months after treatment.<sup>xviii</sup>

**Screening and Brief Intervention (SBI)** is a set of effective techniques frequently used in primary care to assess primary care patients for risky alcohol or other substance use before it develops into an SUD. Patients identified as using substances are given immediate feedback about unhealthy substance use and counseled how to change unhealthy substance use patterns. Screening, Brief Intervention and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach for early identification and intervention with patients whose patterns of alcohol and/or substance use put their health at risk. Other evidence-based programs that are more targeted to specific age groups, racial or ethnic minorities, women, or other populations may be helpful as well.

## What can employers do to help employees with an SUD?

- Protect privacy and confidentiality of all workers' health-related information<sup>xix</sup>
- Employers should ask any health insurer they work with to demonstrate what they are doing to identify and treat their employees with a substance use problem. Employers can ask to see their health insurer's statistics on diagnosing and treating substance use disorders in its covered population. If health plans offer substance use benefits, offer comprehensive treatment options to workers with substance use disorder that include coverage for:<sup>xx</sup>
  - Confidential substance use screening
  - Brief intervention
  - Outpatient and inpatient treatment
  - Medications for treating addictions
  - Counseling and medical services
  - Follow-up services during treatment and recovery

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- Most health insurers are accredited by the National Commission on Quality Assurance (NCQA), which requires plans to report annually on their rates of initiating and engaging their covered population who have a substance use disorder.<sup>xxi</sup> Compare your health plan's rates of substance use initiation and engagement with likely SUD rates in your workforce computed by the National Safety Council/NORC's Substance Use Calculator for Employers.<sup>xxii</sup> If there is a gap, ask your health plan what active steps it will take to identify and treat plan members with an SUD. Employers can work in regional or national coalitions of employers to bring the combined purchasing power and influence of employers to improve SUD benefits for their employees. These groups include state business coalitions on health, the National Alliance for Healthcare Purchasing Coalitions,<sup>xxiii</sup> the National Business Group on Health,<sup>xxiv</sup> the Center for Workplace Mental Health,<sup>xxv</sup> the Disease Management Employer Coalition<sup>xxvi</sup> and the National Safety Council.
- Workers who are in treatment and recovering from addiction are covered by the Americans with Disabilities Act.<sup>xxvii</sup> Employers must provide reasonable accommodations for workers in treatment programs or who have recovered from addiction.<sup>xxviii</sup> This may include job restructuring, part-time or modified work schedules, permitting a leave of absence, or reassignment.
- Employee Assistance Program (EAP): Employers can demand that their EAP systematically assesses substance use by workers seeking EAP services, and that it reports on rates of identification of problematic use. As worksites bring back workers from COVID-19-related shutdowns, EAPs should be actively monitoring for substance use, mental health distress and post-traumatic stress disorder among returning workers. Preliminary evidence points to increased substance use, depression and anxiety among workforces.<sup>xxix</sup>
- Consider a comprehensive employee substance use program that includes:<sup>xxx</sup>
  - A workplace substance use education component
  - Confidential screening by an EAP or health professional
  - Treatment referrals to an EAP or health professional
  - Confidential follow-up care to support individuals in recovery
  - Supervisor training

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- Creating a Return-to-Work plan for employees who have taken leave related to substance use. These plans provide an outline of expectations and create employer guidelines to help the employee integrate back into work.<sup>xxxi</sup>
- Disease and disability management: If you contract for disease or disability management services, you should require vendors provide for evidence that they are actively treating employees' SUDs.
  - Employers should offer both short- and long-term disability coverage as employee benefits, as opposed to individual employee purchase of personal disability insurance. Financial and job stability are critical while working through any physical or mental injury, distress or illness, or substance use disorder.
- Drug-Free Workplace Policies: Employers, especially those in heavy labor industries and those with safety-sensitive positions, should revisit their drug-testing policies and scope of testing into their Drug-Free Workplace Program.<sup>xxxii</sup> This should include 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.

<sup>i</sup> National Institute on Drug Abuse (NIDA). Principles of Drug Addiction Treatment: A Research Based Guide. Third Edition. NIH Publication No. 12-4180. [https://www.drugabuse.gov/sites/default/files/podat\\_1.pdf](https://www.drugabuse.gov/sites/default/files/podat_1.pdf). Published 2018. Accessed October 1, 2020.

<sup>ii</sup> National Institute on Drug Abuse (NIDA). Principles of Drug Addiction Treatment: A Research Based Guide. Third Edition. NIH Publication No. 12-4180. [https://www.drugabuse.gov/sites/default/files/podat\\_1.pdf](https://www.drugabuse.gov/sites/default/files/podat_1.pdf). Published 2018. Accessed October 1, 2020.

<sup>iii</sup> NORC analysis of the 2015-2018 National Survey on Drug Use and Health.

<sup>iv</sup> According to NORC's analysis of the 2015-2018 NSDUH, 8.7% of full- and part-time workers have a substance use disorder, and 1.3% of all workers report receiving any substance use treatment in the previous 12 months. This indicates that only 15% of workers with a substance use problem receive substance use treatment annually.

<sup>v</sup> National Institute of Drug Abuse. Understanding Drug Abuse and Addiction: What Science Says. <https://www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction/section-iii/7-medical-detoxification>. Published 2016. Accessed October 1, 2020.

<sup>vi</sup> Center for Substance Abuse Treatment. Overview, Essential Concepts, and Definitions in Detoxification. 2006.

<sup>vii</sup> Center for Prevention and Health Services. *An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations*. 2009.

<sup>viii</sup> National Institute of Drug Abuse. Understanding Drug Abuse and Addiction: What Science Says. <https://www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction/section-iii/7-medical-detoxification>. Published 2016. Accessed October 1, 2020.

<sup>ix</sup> National Institute of Drug Abuse. Understanding Drug Abuse and Addiction: What Science Says. <https://www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction/section-iii/7-medical-detoxification>. Published 2016. Accessed October 1, 2020.

<sup>x</sup> Chapman AL. Dialectical behavior therapy: current indications and unique elements. *Psychiatry (Edgmont (Pa : Township))*. 2006;3(9):62-68.

<sup>xi</sup> <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions#medications-used-in-mat>

<sup>xii</sup> Mohlman MK, Tanzman B, Finison K, Pinette M, Jones C. Impact of Medication-Assisted Treatment for Opioid Addiction on Medicaid Expenditures and Health Services Utilization Rates in Vermont. *Journal of substance abuse treatment*. 2016;67:9-14. Mattick RP, Breen C, Kimber J, Davoli M. Methadone maintenance therapy versus no opioid replacement therapy for opioid

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- dependence. *The Cochrane database of systematic reviews*. 2009(3):Cd002209. Mattick RP, Kimber J, Breen C, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *The Cochrane database of systematic reviews*. 2004(3):Cd002207. Minozzi S, Amato L, Bellisario C, Davoli M. Maintenance treatments for opiate-dependent adolescents. *The Cochrane database of systematic reviews*. 2014(6):Cd007210. Vogel M, Nordt C, Dursteler KM, et al. Evaluation of medication-assisted treatment of opioid dependence-The physicians' perspective. *Drug and alcohol dependence*. 2016;164:106-112. <https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables>
- <sup>xiii</sup> <https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables>
- <sup>xiv</sup> Jarvis M, Williams J, Hurford M, et al. Appropriate Use of Drug Testing in Clinical Addiction Medicine. *Journal of addiction medicine*. 2017;11(3):163-173.
- <sup>xv</sup> Blum K, Han D, Femino J, et al. Systematic evaluation of "compliance" to prescribed treatment medications and "abstinence" from psychoactive drug abuse in chemical dependence programs: data from the comprehensive analysis of reported drugs. *PLoS one*. 2014;9(9):e104275
- <sup>xvi</sup> Kelly SM, O'Grady KE, Schwartz RP, Peterson JA, Wilson ME, Brown BS. The relationship of social support to treatment entry and engagement: the Community Assessment Inventory. *Substance abuse*. 2010;31(1):43-52.
- <sup>xvii</sup> Norozi E, Miri MR, Eslami AA, Harivandi AR, Dastjerdi R. Predictors of motivation for substance abuse treatment in a sample of Iranian addicts. *Journal of Substance Use*. 2017;22(2):123-128.
- <sup>xviii</sup> Gruber KJ, Fleetwood TW, Herring MW. In-home continuing care services for substance-affected families: the bridges program. *Social work*. 2001;46(3):267-277.
- <sup>xix</sup> 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.
- <sup>xx</sup> Center for Prevention and Health Services. *An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations*. 2009.
- <sup>xxi</sup> <https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/>
- <sup>xxii</sup> <https://www.nsc.org/forms/substance-use-employer-calculator>
- <sup>xxiii</sup> <https://www.nationalalliancehealth.org/home>
- <sup>xxiv</sup> <https://www.businessgrouphealth.org/>
- <sup>xxv</sup> <http://workplacementalhealth.org/>
- <sup>xxvi</sup> <http://dmec.org/>
- <sup>xxvii</sup> <https://www.usccr.gov/pubs/ada/ch4.htm>
- <sup>xxviii</sup> Center for Prevention and Health Services. *An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations*. 2009.
- <sup>xxix</sup> Czeisler M, Lane RI, Petrosky E, Wiley JF, Christensen A, Njai R, Weaver MD, Robbins R, Facer-Childs ER, Barger LK, Czeisler CA. Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*. 2020 Aug 14;69(32):1049. Chodkiewicz J, Talarowska M, Miniszewska J, Nawrocka N, Bilinski P. Alcohol consumption reported during the COVID-19 pandemic: The initial stage. *International Journal of Environmental Research and Public Health*. 2020 Jan;17(13):4677. Center for Prevention and Health Services. *An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations*. 2009.
- <sup>xxx</sup> Center for Prevention and Health Services. *An Employer's Guide to Workplace Substance Abuse: Strategies and Treatment Recommendations*. 2009.
- <sup>xxxi</sup> Substance Abuse and Mental Health Services Administration. Supporting Our Greatest Resource: Addressing Substance Use, Misuse and Relapse in the Addiction Treatment Workforce. [https://www.naadac.org/assets/2416/substanceuse\\_misusetoolkit9.pdf](https://www.naadac.org/assets/2416/substanceuse_misusetoolkit9.pdf).
- <sup>xxxii</sup> National Safety Council. (n.d.) The proactive role employers can take: Opioids in the Workplace. <http://www.nsc.org/RxDrugOverdoseDocuments/proactive-role-employers-can-take-opioids-in-the-workplace.pdf>