



A workplace culture that is committed to psychological wellness can dramatically impact uptake of addiction care among employees who need it the most.

Employers should consider strategies that reduce stigma, promote early engagement in care and expand access to needed treatments.

benefits

MAGAZINE

Reproduced with permission from *Benefits Magazine*, Volume 58, No. 9, September 2021, pages 30-36, published by the International Foundation of Employee Benefit Plans (www.ifebp.org), Brookfield, Wis. All rights reserved. Statements or opinions expressed in this article are those of the author and do not necessarily represent the views or positions of the International Foundation, its officers, directors or staff. No further transmission or electronic distribution of this material is permitted.

BREAKING DOWN BARRIERS:

Promoting Care for Problematic Substance Use

by | Suzette Glasner, Ph.D.



Once the nation returns to prepandemic life, some of the devastating impacts of COVID-19 on everyday life will fade into memories of a prolonged, albeit temporary, surreal existence. Others will remain for months and perhaps years to come. Among those are the impacts on mental health and substance use, since these struggles reportedly affected workplace well-being in as many as 51% of employees at the height of the pandemic.¹

Whether COVID-19 brought about the loss of a job, challenges in a new work-life situation, potential worsening of existing health conditions or difficulties related to caregiving, those who have been working through the pandemic have faced many new pressures. And these stressors have given rise to a new wave of mental distress and substance use, according to data from various surveys conducted over the past year. Yet studies show that only a small fraction of those in the workforce who would benefit from treatment for mental health and/or problematic substance use seek it out.

This is not surprising, given that in the general population, less than half of those who struggle with mental illness seek treatment, and less than 11% of those who are in need of treatment for substance use receive it.² Unfortunately, leaving these conditions untreated not only compromises the well-being of the individual, but it comes at a high economic cost to the employer, with well-documented impacts on health care costs, productivity and turnover.

Accumulating research identifies three central barriers that prevent people from seeking treatment: (1) failure to recognize the early signs of a developing addiction, (2) stigma and (3) limited access to care. The good news is that problematic substance use is treatable across the continuum of addiction severity, and employers are well-positioned to build a culture that mitigates stigma as an obstacle to treatment engagement.

Demonstrating and modeling a knowledgeable, supportive and caring approach to addressing substance use in the workforce is more than half of the employer's battle to break through the profound effects of stigma. With a science-informed approach, those at risk for addiction can be identified, educated and even treated early on—before the illness takes hold and becomes unmanageable. When coupled with treatment options that are readily accessible, confidential and affordable, a workplace culture that is committed to psychological wellness can dramatically im-

prove the uptake of addiction care among employees who need it the most.

Early Engagement of Those at Risk for Addiction

Just as chronic diseases like cardiovascular illness have warning signs and risk factors (e.g., elevated blood pressure and smoking), many people don't realize that there are early indicators that a person may be headed toward losing control over alcohol or drug use. Risky alcohol use is among the most underrecognized signs of a developing problem, largely because knowledge in the general population is lacking about the parameters of "normal" versus at-risk drinking patterns.

Many people do not realize that, according to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), drinking more than three alcoholic beverages in a single day or more than seven over the course of a week is considered heavy alcohol use for women and that drinking more than four in a single day or more than 14 in a week is heavy use for men—a practice that puts one at risk for health problems including heart disease, liver disease and addiction.

Staying below these limits constitutes "low-risk drinking," and the frequency of alcoholism among those who are able to monitor and control their drinking behavior accordingly is low. But many people are surprised to learn about these guidelines because they thought, given how socially acceptable and common drinking more than three or four alcoholic beverages can be in their social circles, that their drinking patterns were perfectly normal. For this reason, sometimes providing that education is all it takes to motivate individuals who unknowingly exceed these limits to change their behavior. In the workplace, being creative about how this is conveyed with a wellness emphasis can be effective. For example, some employers have developed healthy habit challenges, such as abstaining from alcohol use for 30 days, as a way of building community in efforts to mobilize changes to drinking behavior.

Workers may also be unaware of the risk factors for addiction, which include family history, early initiation of alcohol or other substance use, exposure to trauma and mental health struggles such as depression. Creating forums for discussion and education around the factors that make a person vulnerable to developing alcohol or drug addiction, along with "low-risk" versus heavy or high-risk patterns of alcohol use, can be a very helpful conversation starter.

There are a variety of ways to create safe spaces to educate employees about these sensitive topics. One effective approach is to host a lunch and learn with an addiction expert who leads an informal discussion that combines education with opportunities for sharing experiences for those who are comfortable doing so and questions and answers. Promoting the session with emails and newsletters can bolster engagement, as can making it relatable to a wider audience by broadening the content to include recognizing and coping with addiction in a loved one. To reach those who are less likely to attend an educational session in person, sending emails with links to information about signs, symptoms and risk factors for addiction can be helpful. Sources could include the National Institute on Drug Abuse (www.drugabuse.gov) and the NIAAA (www.niaaa.nih.gov).

Finally, sending self-assessments of alcohol or other substance use in the form of quizzes with feedback, coupled with links to a qualified health coach or other provider to discuss results, can provide an avenue to engage those in need of treatment. Regardless of the approach, providing incentives to motivate employee participation in an educational activity about their health is highly effective. This could be in the form of a small gift card for coffee, entry into a raffle for a prize or extra paid time off. Studies on the use of incentives to promote health behaviors show that a nominal prize can go a long way.

The Facets of Stigma

As pandemic-related increases in mental health struggles have taken hold, survey data among workers in-

TABLE

How Stigma Affects Engagement in Substance Use Treatment

Stigma is experienced by people as enacted, anticipated and internalized stigma. These experiences are linked with different types of thoughts about themselves and expectations about the way others might think about or behave toward them. In the case of people with addiction, these thoughts and expectations, in turn, affect their use of health services. The table shows some examples of thoughts and experiences affecting substance use treatment engagement in relation to each of the three forms of stigma.

Type of Stigma	Participant's Experience	Participant's Thoughts
Enacted Stigma	The participant was denied health services due to a provider's suspicion that the person is "drug seeking."	"Though addiction isn't the only problem I need help with, no one will take my problems with pain and depression seriously. They'll just look at me and think, 'Oh, the drug addict is back.'"
Anticipated Stigma	Co-workers make judgmental comments about a colleague on medical leave to enable him to receive treatment for alcoholism: "He's working the system so that he can kick up his feet and drink while we're all over here working."	"They won't believe that I really need time off for treatment. My co-worker might lose his job now that everyone thinks he worked the system, and I could be next."
Internalized Stigma	The participant was blamed by family members for drug relapse after treatment ended.	"Why should I even try to change? Once an addict, always an addict."

dicare that nearly one-third fear that disclosure of these problems could lead them to be fired or furloughed.³ The fear of being stigmatized and the host of negative consequences that may ensue (including negative career consequences, social judgment and/or rejection) is at the root of much of the hesitancy that people with problematic substance use experience about seeking the care that they need to restore their well-being and functioning. Stigma theory describes the following three ways in which people experience stigma, each of which can impact their engagement in treatment.

1. *Enacted stigma* refers to a person's experiences of stereotyping, prejudice and/or discrimination due to a stigmatized attribute (for example, their addiction).
2. *Anticipated stigma* reflects expectations of stereotyping, prejudice and/or discrimination from others in the future because of one's addiction. This can result either from past experiences or from awareness of a societal stigma toward the condition.
3. *Internalized stigma* reflects the endorsement or application of negative beliefs and emotions

about people with addiction to oneself.

Indeed, a variety of characteristics and behaviors of people who suffer from addiction and mental illness are stigmatized, including substance use and substance use treatment. Research has found that the experience of subtle yet potent discriminatory and ostracizing social interactions, as well as anticipating future experiences of stigma, create major barriers to seeking health services. And internalized and anticipated stigma are among the most robust barriers to engaging in care and adhering to medication treatments.⁴ Internalized stigma is connected with feelings of being “less than” others and/or deserving of having negative life experiences and outcomes due to having an addiction.

Some people with chronic illnesses develop positive thoughts and acceptance concerning their disease (e.g., viewing recovery as an opportunity to redefine their life goals and priorities). But those who experience shame in connection to their struggle with sub-

stance use disorders may experience a greater sense of helplessness and lower acceptance about their condition, making treatment engagement less likely. Studies have found that each of these dimensions of stigma is uniquely associated with health outcomes. Specifically, enacted and anticipated stigma predict poorer physical health, whereas internalized stigma is associated with poorer retention in care and mental health outcomes.⁵ The table on page 33 shows how these stigmas affect engagement in substance use treatment.

Solutions to Stigma

It is useful for employers to understand the different types of stigma that people with addictions and mental health conditions experience to effectively address them as barriers to seeking treatment. Enacted and anticipated stigma are closely tied to the ways that the general population has historically viewed addiction. Unfortunately, society holds many negative stereotypes, attitudes and beliefs about people with addiction, often viewing it as a moral

failing, a reflection of weakness or bad character traits, and/or a chosen lifestyle.

Educating employers and staff at all levels about scientific knowledge that addiction is a chronic relapsing and treatable brain disease is crucially important as a means of breaking through enacted and anticipated stigma. As part of this education, working knowledge of the behavioral signs and symptoms of a developing substance use disorder, even in early stages, can help employers identify those who might potentially need help but are not seeking it.

To break through stigma, awareness is needed that the factors that make some people especially vulnerable to brain changes resulting from chronic substance use (e.g., genetics, psychiatric problems and social factors) are outside of an individual’s control. It is equally important for employers to recognize that medical care is often the only effective strategy not only to facilitate recovery but also to reduce the likelihood of a drug overdose in the most severe cases. Approaching those who may be struggling with an addiction with respect and compassion can help break the vicious cycle experienced by so many with this illness: Repeated stigmatization and rejection leads them to internalize the stigma and feel profound guilt and shame that prevents them from seeking treatment, thereby intensifying their substance use and addiction.

Employer education about stigma and addiction can take several forms, some of which have been recommended by the Centers for Disease Control and Prevention (CDC) as means of promoting mental wellness in the workplace. These include host-

takeaways

- Less than 11% of people who need treatment for substance use receive it. The three main barriers to treatment seeking include failure to recognize the signs of a developing addiction, stigma and limited access to care.
- Early engagement for people at risk for addiction can help prevent a problem from occurring. Efforts can take the form of education on the parameters of “normal” versus at-risk drinking patterns and the risk factors for addiction, which can include family history, exposure to trauma and more.
- Stigma is often the root of hesitancy to seek treatment for substance use. Employers can reduce stigma by increasing awareness of the causes of addiction and providing social support in the workplace.
- Preventive screenings during regular medical appointments can help identify people at risk for problematic alcohol or drug use and promote early engagement in care.
- Providing access to treatment methods such as medication-assisted treatment and digital health programs also bolsters the chances of improving and sustaining employee well-being.

ing seminars or workshops focused on these topics and distributing materials including fliers, brochures and videos to all employees. This communication can address the causes of addiction as we understand them from current addiction science, signs and symptoms of problematic substance use, and resources available to employees to address these problems.

Forums for social support from both peers and supervisors can also be very helpful to mitigate employee concerns and fears about losing their job or being rejected socially due to problematic substance use. Likewise, studies have shown that social support in the work environment facilitates treatment seeking and engagement. Alcohol-free and health-focused social events at work can provide some opportunities for support for employees who are in recovery and model to those who are considering recovery that their employer has an infrastructure in place to support them.

Storytelling can be quite powerful as well, particularly when a supervisor or other leader within the organization who speaks candidly and engagingly is willing to share their own story of addiction or mental health struggles and success in recovery. Stories that go beyond describing the suffering over the course of the illness, touching upon the life-changing impact of treatment, can impart a message of hope in recovery. Making peer support and peer coaching available is another well-studied method for bolstering social support and, in turn, increasing treatment seeking.

Solutions to Drive Early Engagement in Care

In addition to providing education and community initiatives to promote understanding of the early warning signs of addiction, conducting brief screenings can be an effective way to identify those who have problematic alcohol or drug use. Since this preventive screening is most useful as a means of identifying and engaging employees who do not recognize that they have a problem, one way to provide this assessment is when a person seeks care for another medical condition or wellness service such as mental health treatment.

The goals are to reduce the harms associated with alcohol or drug misuse, to reduce risky behaviors before they lead to injury, to improve health and well-being, and to prevent progression to a disorder and impending need for specialty addiction treatment. Following screening, those who are at risk can receive a brief intervention in which they are educated about the health risks associated with their pattern of alcohol

learn more

Education

**Workforce Mental Health 2021
On-Demand Virtual Conference**
Visit www.ifebp.org/virtual for more details.

**31st Annual Art & Science of Health Promotion Conference
September 27-October 1, Hilton Head Island, South Carolina**
Visit www.ifebp.org/healthpromotionconference for more information.

From the Bookstore

**Mental Health and Substance Use Disorder Benefits:
2021 Survey Results**
International Foundation. 2021.
Visit www.ifebp.org/mentalhealth2021 for more details.

or drug use, safe or “low-risk” levels of use, and strategies to cut back or quit.

Bridging prevention and treatment, this approach can be used to engage those with more serious substance misuse in treatment. Studies show that brief, early interventions of this nature can be effectively delivered by a respected care provider—such as a nurse, nurse educator or physician in the context of routine medical or psychiatric care—and motivates many people who are misusing alcohol or drugs to understand, acknowledge and begin to make changes to their high-risk patterns of substance use.⁶ Integrating a health care professional who is well-versed in these methods into routine annual employee health risk assessments could add a “mental health checkup” complement to established wellness and prevention programs. A mental health checkup or screening can incorporate not only questions about substance use but also mood, anxiety and other common struggles. By checking in regularly concerning mental well-being concurrently with physical health screenings, employers can promote the destigmatization of mental illness and model the view of mental health assessment as a normal part of wellness.

Solutions to Expand Treatment Access

Ensuring that employees have information about the resources the employer provides to address substance use, coupled with access to treatment, which may include medication-assisted treatment, is key. *Medication-assisted treatment (MAT)* combines medication to mitigate cravings

and stabilize the brain's reward system with counseling to address the necessary lifestyle changes and coping skills to optimize long-term addiction recovery. Although historically, various policy-related barriers (e.g., annual or lifetime medication limits, minimal counseling coverage) limited private insurance coverage for MATs, studies show that since the Mental Health Parity and Addiction Equity Act of 2008 was passed, employer-sponsored health plans have paid for a much broader range of addiction care services, including MAT.⁷ Nevertheless, information and access aren't quite enough to get someone in need of treatment in the door. Studies show that one of the most consistent themes related to hesitancy to seek care, particularly in an employed population, is the concern about confidentiality. Naturally, this is closely tied to concerns about being stigmatized for having an addiction.

Digital health interventions that can be readily accessed anytime, anywhere and from the privacy of one's home are a recent innovation that addresses these barriers. This approach enables evidence-based care to reach a broader population than would otherwise be possible, overcoming multiple obstacles within and outside the health care system, including limited capacity within the behavioral treatment workforce and geographical limitations.

Digital health interventions in the area of problematic substance use provide a range of services including remote monitoring, individual psychotherapy and check-ins from a dedicated counselor, connected devices to measure progress (for example, a carbon monoxide monitor to measure tobacco use status or a breathalyzer to assess alcohol use status), personalized graphs summarizing progress, counselor support between therapy sessions via instant messaging, peer support and prescription medications to curb cravings.

Making these solutions available to employees and concurrently emphasizing that engagement in these services is completely confidential and will not be conveyed to the employer can go a long way toward improving and sustaining employee well-being for the long term. 🗨

bio



Suzette Glasner, Ph.D., is vice president of clinical affairs at Quit Genius and an associate professor at UCLA in the Department of Psychiatry and Biobehavioral Sciences. She is a licensed clinical psychologist and scientist whose research focuses on developing and testing digital behavioral treatments for addictions and related psychiatric and medical conditions and understanding the “key ingredients” of psychotherapy, or how psychotherapy helps people to change their behavior. Glasner is the author of *The Addiction Recovery Skills Workbook* (New Harbinger, 2015).

Endnotes

1. National Institute for Health Care Management (NICHM) (2020, November). “COVID-19’s Impact on Mental Health and Workplace Well-Being.” Retrieved from: <https://nihcm.org/publications/covid-19s-impact-on-mental-health-and-workplace-well-being>.
2. E. Park-Lee, R. N. Lipari, S. L. Hedden, L. A. Kroutil and J. D. Porter. (September 2017) “Receipt of services for substance use and mental health issues among adults: Results from the 2016 National Survey on Drug Use and Health.” *NSDUH Data Review*. Retrieved from www.samhsa.gov/data/.
3. National Institute for Health Care Management (NICHM) (2020, November). “COVID-19’s Impact on Mental Health and Workplace Well-Being.” Retrieved from: <https://nihcm.org/publications/covid-19s-impact-on-mental-health-and-workplace-well-being>.
4. V. A. Earnshaw, L. A. Eaton, Z. K. Collier, R. J. Watson, J. L. Maksut, K. B. Rucinski, J.F. Kelly and S. C. Kalichman. “HIV Stigma, Depressive Symptoms, and Substance Use.” *AIDS Patient Care and STDs*. 2020 Jun;34(6):275-280. doi: 10.1089/apc.2020.0021. PMID: 32484742; PMCID: PMC7262648.
5. A. L. Stangl, V. A. Earnshaw, C. H. Logie, Wim. van Brakel, C. L. Simbayi, I. Barré, J. F. Dovidio. “The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas.” *BMC Medicine*. February 15, 2019;17(1):31. doi: 10.1186/s12916-019-1271-3. PMID: 30764826; PMCID: PMC6376797.
6. J. K. Manuel, D. D. Satre, J. Tsoh, G. Moreno-John, J. S. Ramos, E. F. McCance-Katz, J. M. Satterfield. “Adapting Screening, Brief Intervention, and Referral to Treatment for Alcohol and Drugs to Culturally Diverse Clinical Populations.” *Journal of Addiction Medicine*. 2015;9(5):343–351.
7. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (2019). Use of medication-assisted treatment for opioid use disorders in employer-sponsored health insurance. <https://aspe.hhs.gov/system/files/pdf/260621/MATOUd.pdf>.

