

Drunk and High at Work? **Employers Confront a New** **Addiction Crisis**

Adam Jablin was a successful business owner, entrepreneur and a new father to a six-month old baby girl. He also was a functional alcoholic, who relied on a cocktail of prescription drugs and opioids to get through his workday.

“I always loved drinking and I was always a heavy drinker,” Jablin says.

“But my wife hated my drinking, so that got me into Xanax. I was mixing Xanax and drinking at night, and then taking an Ambian or two to fall asleep.”

Jablin’s addiction quickly snowballed: After waking up at 5 a.m., he says he would take ephedrine, a dietary supplement and stimulant, before going to the gym. After a morning at work as the vice president of operations for a manufacturing company, Jablin would take several prescription painkillers and more Xanax before heading home, stopping on the way to buy beer and other alcohol.

“I was praying for [my family] to go to sleep so I could drink the way I wanted to drink,” he says. “It could be tequila. It could be wine. I’d reminisce and think about when I felt more free and didn’t have this kind of stress.”

Jablin is one of the estimated 21 million people with substance abuse disorders, which are defined as “the recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health problems, disability and failure to meet major responsibilities at work, school or home,” according to the Substance Abuse and Mental Health Services Administration. Of that population, 70% are employed, their data found. The cost to the workplace is staggering: Drug abuse and addiction cost \$740 billion annually, due to lost productivity and healthcare costs to the employer, according to American Addiction Centers. Even before COVID-19, the opioid crisis had reached epidemic levels, with more than 130 opioid-related deaths occurring every day in 2019. Opioids alone cost employers \$78.5 billion per year in productivity, absenteeism, healthcare and crime-related costs, the CDC found.

The impact on the workplace is only expected to grow because of the isolation, mental health strain and stress caused by the COVID-19 pandemic.

“Isolation increases the risk of addiction, and mental health issues — especially anxiety, depression and post-traumatic stress disorder — all contribute to addiction,” says Dan Jolivet, workplace possibilities practice consultant at the Standard Insurance Company.

Since March, one-third of workers admitted to drinking or using drugs on the job, according to a survey by alcohol.org. Overdoses from opioids have also increased: In July, more than 40 states had reported increases in their opioid-related death rates.

“We already have an epidemic going on with substance use disorders before this current crisis hit,” says Dr. L. Casey Chosewood, director of the Office of Total Worker Health with the Centers for Disease Control and Prevention. “The nation's workers were already facing high levels of stress and mental health challenges before the pandemic — the pandemic itself

didn't cause these difficulties. They fed on each other and have taxed vulnerable populations.”

For Jablin, his constant drug and alcohol use went unnoticed by coworkers because he was still performing his job duties. His drug use made him appear “energetic and happy” to his coworkers, he says.

“Addiction makes you a master manipulator,” he says. “To be productive, that’s not the hard part. You can go sign a bunch of checks. You can walk around and make sure inventory is OK.”

While Jablin felt he had control over his work responsibilities at the time, for many employees with substance abuse disorders, productivity and job performance are heavily impacted.

“People don’t come in, or they come late and take long breaks. People don’t do as good of a job if they’re impaired or hungover,” Jolivet says. “In pretty much every way you can look at in the workplace, substance use issues will cause problems for an employer.”

Addressing these issues means tackling underlying workplace issues like job insecurity, a lack of flexibility in the workplace and an office culture that doesn't address or provide benefits to help employees manage stress, Chosewood says.

Additionally, employees in industries with high rates of injuries, like manufacturing or construction, are at a greater risk for opioid addiction, Chosewood says. Having benefits like paid sick leave and a recovery-supportive workplace is critical.

“It's the nature of the work itself that leads to these outcomes,” Chosewood says. “Employers can intervene to help worried workers. They can communicate more frequently. They can show more flexibility day in and day out as far as schedules and the demands of the job. Supervisory and organizational support are two of the most powerful interventions.”

EAPs and treatment

Managers and other employees should learn the warning signs of substance abuse, and reach out if they suspect an employee may be having issues,

Jolivet says. Common warning signs include changes in appearance, problematic work performance and taking longer breaks or more time off.

“It's harder to spot those things in a virtual environment,” Jolivet says. “I've been recommending people use their cameras as much as possible, because it creates a greater sense of connection and can be more socially supportive for people. It also makes it easier for the supervisor to spot issues.”

When and if a manager suspects there is an underlying issue, it's critical that it's addressed quickly and support is offered through workplace resources.

“When a supervisor or manager notices changes, they need to address it immediately by having a private one-on-one with the employee,” Jolivet says. “After you point out the issue that's raising concern for you, ask, ‘How can I help?’ with a sense of empathy and an intention to support the person.”

Just 10% of people with substance abuse disorders seek treatment, often because of the stigma and fear associated with drug and alcohol abuse.

Promoting the resources that are available through an employee assistance

program and providing a safe environment for an employee's return from treatment will help them seek the help they need, before it's too late.

“When an employee says, ‘I'm struggling because I'm drinking,’ you want to be able to give them available benefits and let them know very specifically what their benefits are and how to access them,” Jolivet says. “These are medical conditions that require treatment. We really need to get past the idea that people don't get better.”

For Jablin, an intervention by his wife and family sent him to a residential treatment program. He's been sober for 14 years and is now a coach, corporate speaker and author.

“The first time I said, ‘Hi, I'm Adam, and I'm an alcoholic and an addict, it was like a 600-pound gorilla that was sitting on my shoulders jumped off,” he says. “I saw two choices: There's one guy who's an arrogant, alcoholic addict. Or there was a guy who was sober. I jumped into that with both feet.”

Relapse rates for substance abuse disorder are comparable to other chronic diseases like diabetes, asthma and high blood pressure. Of those who seek treatment for substance abuse disorders, between 40-60% will relapse, according to the National Institute on Drug Abuse. For those with asthma, for example, 50-70% will not make lifestyle changes or take medication to manage their condition, according to the CDC.

“People with chronic conditions also have periods of stability and health followed by relapses, where they may need to change their medication. They may be hospitalized,” Jolivet says. “But if you live with asthma, there’s no stigma. No one thinks, you should have tried harder or snapped out of it.”

Making sure the workplace environment is supportive of all health issues and provides benefits that address the whole spectrum of health is critical to helping employees who are suffering and need support.

“Substance use disorders are biological, neurological, chronic diseases that can be managed and that have effective treatments,” Chosewood says.

“Fortunately, people do get better. They can go on with their lives, they can return to employment. They can be loving, giving family members. That is the message that we need to continue to deliver.”

By Alyssa Place