# Accommodating Workers with Substance Use Issues

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# **Disclosures**

- No affiliation with corporate or private funding

- Retired from clinical medical practice

- In long-term recovery (32 years)

- Married (48 yrs), with 2 grandkids  if you'd like to see them I have about 10,000 pictures…

# This Presentation

- The continuum of substance use

- Addiction the disorder

- The difficult conversation at work

- Treatment: what works

- Safe sustainable Return to work

- Writing good policy
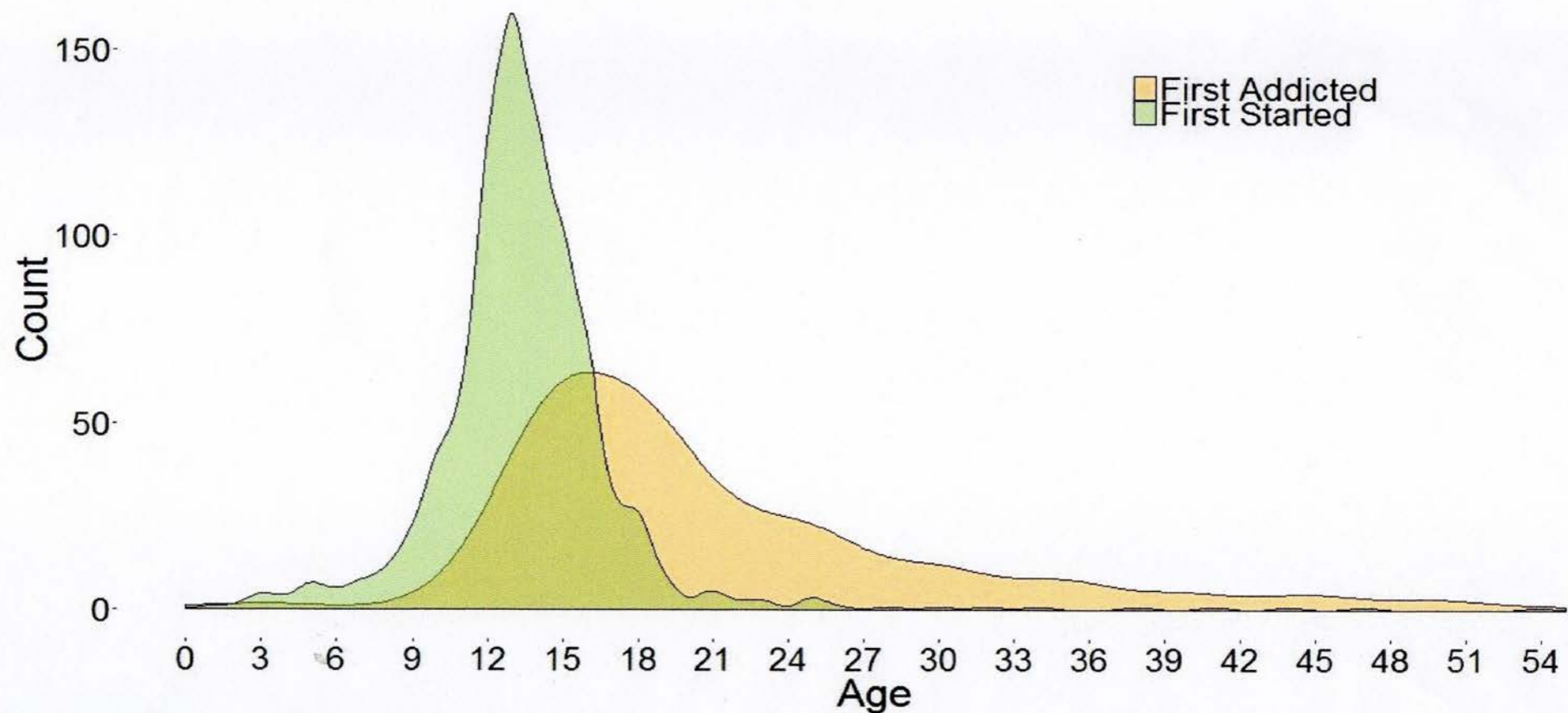
# ADDICTION

- Pathological relationship with mood altering activity with life damaging consequences

- Primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
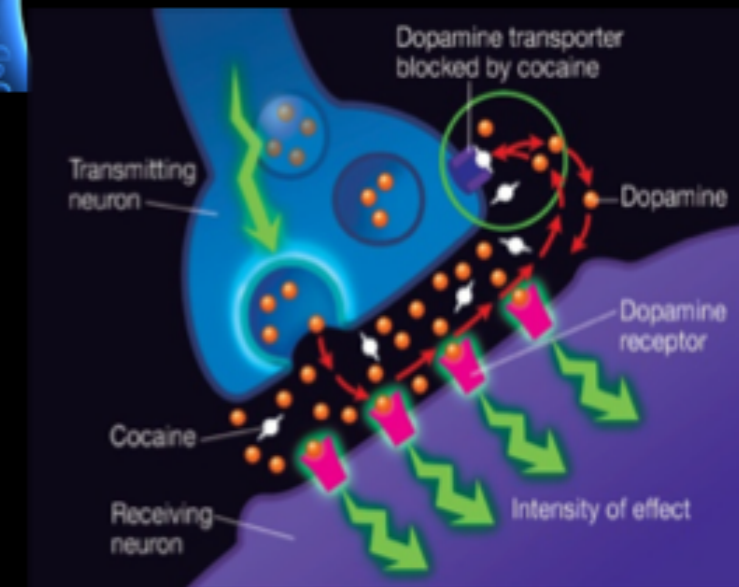
# Workplace Prevention?



Age at first drug use and addiction

# Treatment Intensity?

✗ Most people with addictive disorders find help and get well (EFAP, counsellor, AA, church, etc.) before it affects the workplace

✗ By the time addiction affects workplace attendance performance behaviour or safety the disorder is at a later more severe stage and the person has failed prior attempts to control/treat the problem

# RECOVERY

- definitions include: cessation of addictive behaviour, improved global health, improved function, increased prosocial behaviour (citizenship)

- addiction as a chronic disease has much better outcome than other diseases

- with all components of ideal recovery management (eg physician health programs) - expect higher rates of abstinent recovery ( over 75%)

**Safety Sensitive**
Work that if performed unsafely could endanger self, other workers, the public or the environment

Are senior management staff safety sensitive?

# Recent History of Workplace A&D Addiction Programs

× Alcoholics/addicts bad/weak, solution: weed them out

× In 1960's US companies utilized recovering alcoholic employees as peer counsellors/case managers (birth of EAP)

× 1980's MacBlo/IWA leaders in policy, EFAP, union/mgmt firm, consistent, effective program

× Early 90's professionalism: EAP's became mental health, lost volunteer/paraprofessionals w addiction expertise

× Early 2000's birth of grassroots Recovery Movement: recovering volunteerism, trained case managers, community recovery centres

# CHRC: 2017 Accommodating Employees with Addiction

- Employee's responsibility to disclose their accommodation needs -
- People with addiction may not recognize they have a disability. Stigma and fear of losing their job may dissuade from self disclosure
- When employer observes changes in an employee's attendance, performance or behaviour that may indicate possible substance dependence, it triggers the employer's obligation to initiate a discussion with the employee about a need for accommodation of a disability. This is called the duty to inquire.
- In workplaces with safety-sensitive positions where there is drug and alcohol testing, the employer's duty to inquire is also triggered upon receipt of a positive test result.

# Workplace Intervention: the caring conversation

✕ Managers must manage: observe, identify issues

✕ Document the details

✕ The interview(s):

  ✕ " I am concerned about ….(specific examples). Are you OK?

  ✕ I don't want to know the details of your personal life or medical issues but I need to know you are able to safely do your job.  If you need help there are resources such as the EFAP, or discuss it with your doctor.  I will be following up.

  ✕ If there is no improvement the next meeting is more formal and might lead to an occupational medical evaluation

# EVIDENCE-BASED, RECOVERY-ORIENTED OCCUPATIONAL DISABILITY MANAGEMENT

- Multidisciplinary, multimodal, treatment based upon medical/addiction/psychosocial diagnostic evaluation

- Post treatment long-term recovery management, including recovery coaching, recovery rechecks, medical monitoring, early relapse detection/intervention

- Long-term community-based peer mutual support program participation

- Timely graduated return to work with workplace support/accommodation

# Getting a good Occupational Addiction Medicine Evaluation

- Many new addiction medicine docs learned about medication treatment of addiction, but little on recovery and nothing about the needs of the workplace. Choose carefully

- <u>Occupational Addiction Medicine</u>: workplace context/risks, determination of handicap/impairment/disability, fitness, relapse risks, relapse prevention agreements , medical monitoring, testing toxicology,  statutes/regulations/reporting, expert testimony/opinion, restrictions/accommodation, workplace/regulatory personnel consulting/education/training

# What Should Come out of A Good Occ ADM Eval

- is there a disorder/disability that accounts for the problem?

- is there a treatment plan in place/is the employee following it?

- is the employee safe to resume work?

- If not, what is the estimated duration of disability?

- Are there plans for safe, sustainable return to work?

- Will this employee require some form of medical monitoring on RTW? For how long?

- Are there medically recommended restrictions for safe/sustainable RTW?

# HOW DOCTORS AND PILOTS CONSISTENTLY SEE 80% LONG TERM RECOVERY RATES

- motivational fulcrum

- behavioural contingency agreement

- comprehensive assessment

-  proven treatment modalities matched to needs of participant

- recovery management/oversight

- expectation of abstinence

- assertive linkage to community recovery resources, recovery support groups

- sustained monitoring of adherence to behavioural agreement

- prompt re-intervention in cases of relapse/non-adherence

Skipper G, DuPont R, The Physician Health Program: A Replicable Model of Sustained Recovery Management, in Kelly J. White W. (Eds.) Addiction Recovery Management: Theory and Practice, Clin. Curt. Psych. Springer 2011

# Policy development

× Consider overall 'impairment policy' including other causes (e.g. fatigue, illness)

× Acceptable/not acceptable use/possession in workplace and work social events

× Clear process outlined to handle workers with possible addiction

× Policy/procedures on drug testing or cognitive impairment testing

× Clear processes to address prescribed impairing drugs including cannabis and opioids

× Process to manage/resolve apparent impairment

× Statement about use of marijuana by safety sensitive workers

# Policy (cont)

- As of Oct 17, MJ becomes legal drug like alcohol, need to move to case by case assessment (policy violation? impairment?)

- Having a policy is useless unless managers are trained, employees are aware of its contents

- If testing is used, oral fluids preferable, however could break down during MRO verification process MRO – needs to be directed by Company policy (MRO may not report prescription as valid without assessment)

## The Safe and Healthy Workplace:

× Will implement National Standard on Psychological Health and Safety in the Workplace (CMHA)

× Will train personnel on its substance use/substance use disorder (impairment) policy

× Will ensure risk sensitive employees with substance dependence receive effective treatment and relapse prevention, contingency recovery management and medical monitoring

# Recovery Oriented Workplace
# Creating a culture of recovery/wellness

- Education/destigmatization of mental health/addiction

- Encourages volunteerism by recovering workers

- Solicits input on policies on mental health/addiction from recovering employees

- Offers EFAP (Check training!!)

- Integrates addiction into health/safety/wellness policies

- Engaged in early intervention, disability management and safe, sustainable return to work

# Summary

× Addictions: common, chronic disorders affecting wellness of ALL workers

× Proactive management based on diagnostic evaluation results in high recovery rates

× The workplace can be the most effective resource in helping personnel with addictive and mental health disorders
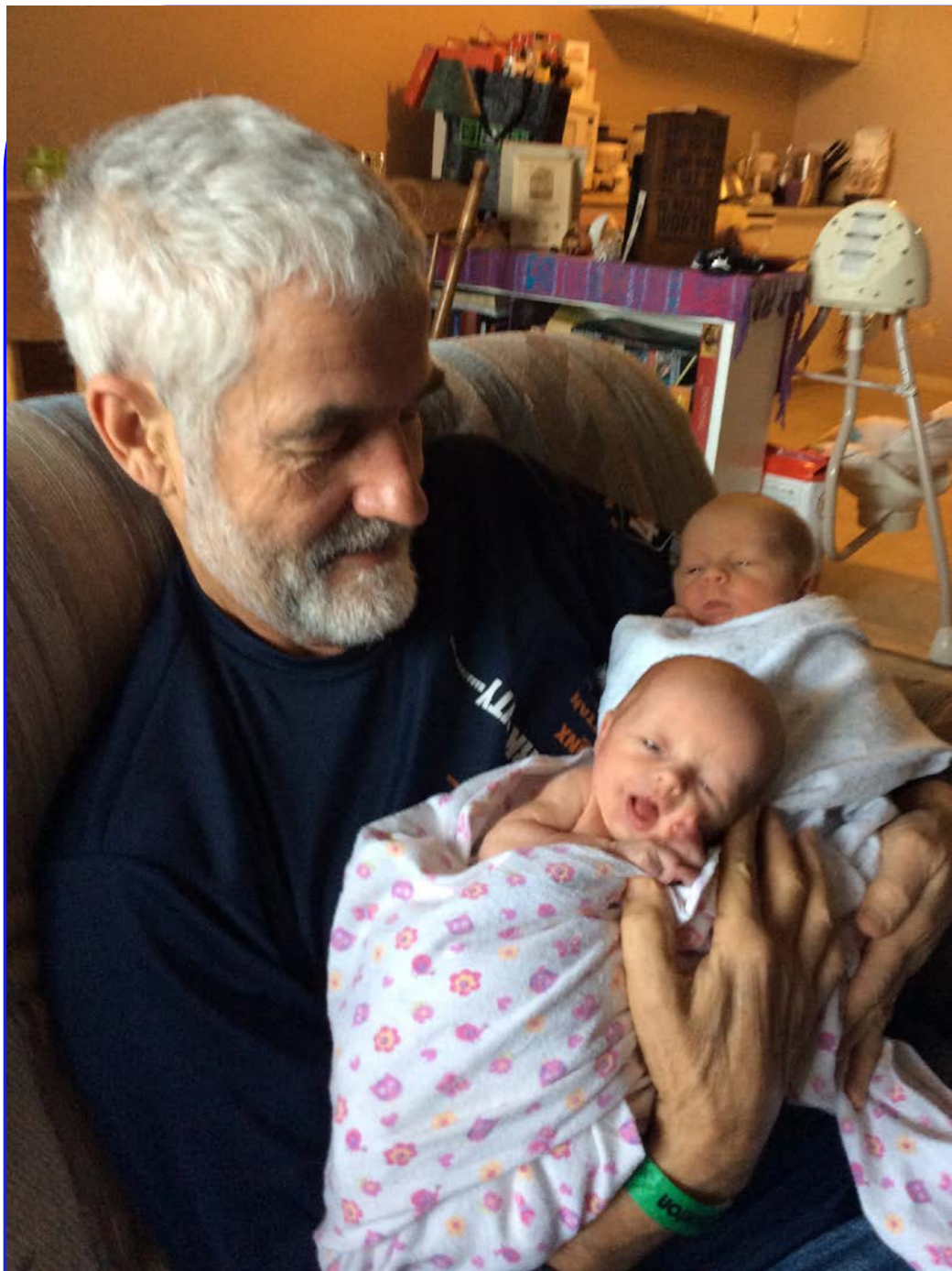
# Thank You

Slides:
I will send slides to Mike Roberts
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