Substance Abuse in the Workplace

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Speaker Introduction

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Learning Objectives

Managers/Supervisors will learn:

- Examples of typical behavioral and performance-related signs of impairment
- Language and strategies for approaching staff and talking about substance abuse
- Roles and responsibilities in managing substance abuse
- Case Studies and Resources
What is substance abuse?

- Taking a drug in a different way or in a greater quantity than intended. With opioids, it includes taking the drugs without a prescription.
- People can become physically or psychologically dependent. This is characterized by the need to satisfy cravings or avoid withdrawal symptoms.
- **Addiction** is marked by a change in behavior caused by the biochemical changes in the brain after continued substance abuse.
Impact of substance abuse

- The vast majority of staff are committed, responsible, well-meaning people who are trying to do the best for the people we support.

- Substance abuse creates risk for the employee and for others.
Someone who is abusing substances may:

- Not think as clearly as they once could
- Show poor judgment
- React slower
- Engage in poor decision making
- Engage in risky behaviors
How does it affect the workplace?

- Impact on individuals receiving services
  - Jeopardizes health, wellness and safety
  - Critical errors
  - Unsafe practices

- Impact on program operations
  - Absenteeism or tardiness
  - Incomplete job duties, i.e. documentation

- Impact on coworkers
  - Duties may fall to other employees
Who abuses substances?

- Employees in some industries are more likely*
  - Management
  - Health Care and Social Assistance
- Abuse may start with prescription drug use
- Anyone is at risk

*Based on the National Survey on Drug Use and Health
### The National Survey on Drug Use and Health

<table>
<thead>
<tr>
<th>Industry</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Accommodations and food services</td>
<td>19.1</td>
</tr>
<tr>
<td>Arts, entertainment, and recreation</td>
<td>13.7</td>
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<tr>
<td>Management</td>
<td>12.1</td>
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<td>Information</td>
<td>11.7</td>
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<tr>
<td>Construction</td>
<td>11.6</td>
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<tr>
<td>Other services (except public administration)</td>
<td>11.2</td>
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<tr>
<td>Real estate, rental, and leasing</td>
<td>10.9</td>
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<tr>
<td>Retail trade</td>
<td>10.3</td>
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<tr>
<td>Professional, scientific, and technical services</td>
<td>9.0</td>
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<tr>
<td>Wholesale trade</td>
<td>7.8</td>
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<tr>
<td>Manufacturing</td>
<td>7.4</td>
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<td>Finance and insurance</td>
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<tr>
<td>Utilities</td>
<td>6.1</td>
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<td>Transportation and warehousing</td>
<td>5.9</td>
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<tr>
<td>Agriculture, forestry, fishing, and hunting</td>
<td>5.7</td>
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<tr>
<td>Health care and social assistance</td>
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<tr>
<td>Mining</td>
<td>5.0</td>
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<tr>
<td>Educational services</td>
<td>4.8</td>
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<tr>
<td>Public administration</td>
<td>4.3</td>
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- Opioids are highly addictive.
- A recent study in JAMA Internal Medicine showed that more than half of chronic abusers - those who took pills for at least 200 days during the past year - received those pills from prescriptions written for them (27.3 percent) or friends and family (26 percent).
Data

- An average of 8.6% people surveyed in the NSDUHs used illicit drugs in the past month, and 9.5% percent were dependent on or abused alcohol or illicit drugs in the past year.

- Locally, about 4 people die every day in the Commonwealth from opioid abuse

  • SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs) 2008-2010 (revised March 2012) and 2011-2012.

What are the signs and symptoms of substance abuse?
Physical signs and symptoms of substance abuse may include*:

- “Pinned pupils” – black of the eye is small and tight
- Lethargy

Withdrawal symptoms can mimic the flu symptoms:

- Muscle Cramps
- Sweating/chills
- Itching/scratching
- Poor appetite; Nausea
- Depressed mood; Agitation/Anxiety

*Symptoms listed here can be indicative of other conditions/diseases/conditions.
Behavioral changes

- Increasing patterns of calling in sick, missing work, and tardiness.
  - Frequently calling in sick on Monday’s or after holidays
  - Calling out right before a shift starts

- Patterns of avoidance of supervisors, shift leads or other employees who may recognize the abuse.
  - Example: coming in late to avoid the Head Nurse
Work performance issues

 Trouble completing routine tasks.
 Job errors on items that are normally pretty routine for that person.
   Incomplete/sloppy documentation, i.e. wrong person, wrong page, skipped items.
   Medication error, counting procedures.
 Change in personality or in how they interact with others.
Drug-free workplace policy

- The Commonwealth has a drug-free workplace policy that seeks to ensure a safe, healthy, and productive work environment for all employees.

- While on duty, no employee shall consume or use alcohol, intoxicants, narcotics, or controlled substances.

- No employee shall report for work under the influence.

- Prescriptions are the exception.
Local Practices

- Front line staff may not understand the nuances of the drug policy. Be as clear and distinct as possible when discussing policy.
- Contact HR if you suspect problems.
- Reduce stigma by encouraging sensitivity to addiction issues among colleagues. This lays the groundwork for later encouraging those with addiction issues to seek help and builds a supportive climate.
What do you do if you suspect someone is abusing substances?
Before you begin:

- Examine your own biases that can sometimes interfere with good judgment.
- Keep an open mind until you have more information.
- Keep personal opinions to yourself.
- Have empathy.
Consider your approach

- Balance between safety and human-first philosophy.
- Most important is the safety and well-being of individuals.
- Approach employees with empathy, compassion and understanding.
- Has employee behavior risen to level of immediate action or are you merely concerned?
Concerning behavior

- Doesn’t yet require disciplinary action, but you are concerned about the employee.
- Establish a good rapport and send the message that ‘I’m here’ and available if they need to speak.
- Conduct regular check-in’s with the person.
- Offer fact-based assessments:
  - I notice that you fell asleep in yesterday’s meeting. Is everything OK?
  - Your paperwork was late this month, and that’s not like you.
Continue to assess the situation

- Assess recent absences and tardiness, if any.
- Review documentation and other routine tasks. Has performance worsened recently?
- Are there patterns of missing medications on certain shifts or other unusual occurrences?
- Do multiple supervisors report problems with the same employee?
Have the conversation

- Keep personal opinions to yourself.
- Talk with the employee about what you see, not what you think.
- Use fact-based assessments and restrict examples to work settings:
  - I notice that you were late multiple times this month.
  - Be clear and distinct to account for differences in language and interpretation.
- Have empathy, but don’t encourage over-sharing.
If the employee discloses abuse

- Consult with Human Resources
- Refer employee to EAP for help and treatment
- Understand that the employee may need accommodations to do their job
  - Refer the employee to the Office of Diversity
If the employee does not disclose abuse

- Engage in “watchful waiting”. Continue to assess and document performance issues.
- Address performance issues with disciplinary action, if need-be.
- Continue to reduce stigma in the workplace and maintain open communication with the employee.

Consult with your HR manager.
If performance requires disciplinary action

- Document as you always do, using fact-based assessment.
- Consult with HR.
Other Considerations

- Ask that front line supervisors report concerns to you instead of talking with the employee directly.

- Front line staff may not understand the nuances of the drug policy. Be as clear and distinct as possible when discussing the policy.

- Labor relations and Unions: Consult with HR – they will conduct these conversations on your behalf.
What if another employee is concerned about a coworker?

- Listen to their concerns and take them seriously.
  - “Thank you for bringing this to our attention. Management will now address the situation.”
  - Take control of the situation
    - Ensure that other staff don’t get involved or you risk muddling the waters.
    - Keep it confidential.
  - Conduct regular check-in’s with the employee using fact-based assessments.
Case Examples
A routine review of medical data showed that a particular individual, “Peter,” had a pattern of experiencing seizures, only when Ben was on duty.

Each time Peter experienced a seizure, he was given a PRN medication by Ben. You’ve also noticed that Ben consistently calls out sick on Mondays.
Assess the situation

- You reassign Ben to a different night shift and monitor medication administration closely on Ben’s shifts. Ben reports that an individual, Max, has trouble sleeping and needs a PRN medication. Other staff do not notice this about Max.

- Upon further review, you find a disproportionate amount of PRN medication administered on Ben’s shifts as compared to the rest of the staff.

- You ask supervisors to double-count medications after Ben’s shifts.
Result

- You consult with your Human Resources Manager. You suspect that Ben is documenting PRN medications but is not administering them.

- Human Resources meets with Ben. He is ultimately terminated.
Harriett

A shift nurse reports to nurse management that Harriett appears unfocused lately and is not making sense. She seems spacey and distracted. A review of document logs show that Harriett has failed to complete the proper shift documentation and in one example, Harriett documented information in the wrong medical record. She used to be excellent at documentation. There are also some reports from co-workers that Harriett is agitated and “difficult” to work with, especially on the morning shifts.
Assess the situation

- Ask supervisors to make random checks on Harriett’s shifts and vary the times to assess her performance.
  - Supervisors report that Harriett frequently comes in late on morning shifts and is “out of it”

- Do a visual check of medications and ask that more than one person checks the controlled drug count. Counts are accurate

- Keeping in mind accurate drug counts do not mean drugs have not been stolen.

- Ask a supervisor who knows her well to conduct regular check-in’s to see how she’s doing
Result

- During one of these regular check-in’s with Harriett, she reveals that she’s been abusing opioids and is “way over her head.” She doesn’t know what to do.
- You approach her with compassion and refer her to EAP for support and help.
- You consult with your HR manager.
Human Resources
Partnership

- Supervisor/Manager
- Human Resources
- Office of Diversity
- Employee Assistance Program
American with Disabilities Act (ADA)

- It’s possible that someone who is using opioids may also have a disability. They may need accommodation.
- “I notice that you are doing xyz. Is there anything you need to do your job?”
- Don’t assume someone has a disability. If the employee discloses it, advise them to contact the Office of Diversity confidently.
- This is complicated. Consult with Human Resources or the Office of Diversity.
ADA Language

Reasonable accommodations are required under the ADA in order to do or perform the essential function of the job, including modification of job duties or providing tools or furniture.
Family Medical Leave Act

- Employees may have the ability to take time off for substance-related medical issues.
- Consult with Human Resources.
Where to get more information

- Employee Assistance Program (EAP): 1-877-237-0572
  - Provides confidential help for employees and supervisors
- Office of Diversity: 617-624-7530
- Human Resources: 1-800-393-9324
Additional Trainings

“How to recognize someone has an addiction problem.” Ben Cluff, DPH’s Bureau of Substance Abuse, 2016
http://ddslearning.com/substance-abuse/

“Opioids and Medications to Treat Opioid Dependence.” Colleen T. LaBelle, Program Director STATE OBOT B, Boston University School of Medicine, July 2015.
Resources

- **DPH Response to the Opioid Epidemic in MA**

- **State Without Stigma campaign**

- **Massachusetts substance abuse information and education helpline** offering free, confidential information and referrals for alcohol and drug problems. 1-800-327-5050. [http://helpline-online.com/](http://helpline-online.com/)
Employee Assistance Program

- Provides confidential help for employees and supervisors
- EAP: 877-237-0572
Additional Resources

Allies in Recovery
http://alliesinrecovery.net
- Your online home when a loved one is abusing drugs or alcohol

Learn To Cope
- http://learn2cope.org/
- A non-profit peer-led support network
Thank you

- Questions?
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