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Addiction in the Workplace: Prevention, Detection, and Treatment Options

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Abstract

Untreated drug and alcohol-addicted adults can cause health, safety, and financial strain in various sectors of our communities. Because the majority of substance abusers are working adults, workplace treatment programs have become significant in helping establish treatment to a potentially unsupported group. Through treatment options like Employee Assistance Programs (EAPs) such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), employers can provide services that protect their productivity levels and decrease costs, while also providing support to their employees and community. In addition to preventative measures, screening and assessment tools can assist employers in chemical dependency detection efforts. Inpatient and outpatient treatment options can then become critical towards the recovery goals for employees who require more help. Addiction in itself is often misunderstood, which results in barriers to much needed services, such as a lack of sufficient insurance coverage. The increased development and utilization of workplace addiction programs towards employee addiction issues could provide cost savings and higher levels of productivity in the workforce.

Addiction in the Workplace:

Prevention, Detection, and Treatment Options

According to the National Council on Alcoholism and Drug Dependence (2018), employers see a staggering $81 billion in productivity loss due to the abuse of drugs and alcohol, with close to three quarters of the nearly 15 million illegal drug users employed in the United States workforce. Thus, employed drug use equates to $37 billion due to premature fatalities, and $44 billion in costs as a result of alcohol and drug related illnesses (Lowe, 2004). This expansive economic strain not only affects employers, but also the safety and security of the public, and the efficiency and efficacy of health and justice systems in our communities. Substance addiction can affect any type of worker, belonging to any culture, or socio-economic status; it can affect everyone. Ultimately, the monetary strain, safety risks, and clear toll on progress and productivity make substance abuse in the workplace a problem employers cannot ignore.

Because drug abuse affects both users and non-users, the safety and security of the entire community can be affected by undetected and untreated addiction in the workplace. Unemployment, crime, family issues, increased risky behavior, and Health Care System strain can have many negative effects on communities. According to the National Institute on Drug Abuse (2018), United States health care costs related to alcohol sat at approximately $27 billion in 2010. Families struggling with addiction may face various types of abuse and neglect, as well as mental health and legal issues. The International Narcotics Control Board (INCB) (2013) found that over a quarter of state prisoners in the United States committed a crime in order to

obtain drugs. Further economic costs can be associated with substance abuse policies, poverty, and premature mortality.

Left untreated, addiction can result in several issues that have been found to decrease productivity in the workplace. Research by Lowe (2004) illustrates how addiction impacts missed work, theft and fraud, increases in medical insurance and workers' compensation claims, as well as co-worker satisfaction and outlook. On average, substance abusers can be over 30 percent less productive, are responsible for a nearly 300 percent increase in medical costs, and more than twice as likely to be absent from work more than a week annually (Kendall & Gatrell, 2007). Theft and fraud of money, goods, and services can occur to help the addict satisfy their continued need for drugs and alcohol. Employer costs can also accrue indirectly through the potential need for employee termination and replacement. Kendall and Gatrell (2007) found that simply recruiting a new employee could cost upwards of $200,000. When factoring in the loss of institutional knowledge and new employee training, the cost can be significant. Substance abuse has a heavy price on work productivity, employee performance, and the service provided to customers. Businesses can no longer afford to ignore the significance substance abuse inflicts on their bottom line.

To reiterate, according to Lewis (2015), significant consequences and expenses are placed on substance abusers, their family and friends, co-workers, and employers. Effects on insurance costs, medical costs, and higher taxes, for example, can touch everyone. Efforts in the workplace geared towards substance abuse prevention can have a large impact on the health, and wellness of communities. United States employers and their employees would benefit from becoming trained and educated about the drug problem that has seen growth in recent years. Although many big companies have substance abuse programs, smaller companies often do not.

Additionally, existing programs quickly become dated, surpassed by more efficient evidence-based practices that insure the potential for maximum recovery success. Workplace programs and practices should be designed towards the needs and conditions of individual companies. Because so many adults with substance abuse issues in the United States are in the workforce, strong workplace substance abuse programs could become significant to preventing, detecting, and treating substance abuse worldwide.

The effects of substance abuse make stronger workplace occupational programs essential to the enhancement of safe and productive communities. The treatment and management of substance abuse requires mobilizing the community and creating awareness to prevent sigma and stereotypes that may prevent community involvement. Additionally, cost-effective methods are essential in creating drug free communities, which can ultimately support community prevention policies. Our communities depend on a multifaceted support effort that includes strong up-to-date resources, like those potentially offered through the capacity of the workforce.

As a result, the role employers' hold is pivotal in both recognizing and addressing substance abuse and its effects in the workforce. This vision is not always a clear goal of employers, who may not recognize the cost saving potential of preventative workplace programs. A cost analysis done through the Chevron Corporation found their workplace treatment services had a savings of $10 for every $1 spent (Lowe, 2004). However, addicted employees may be difficult to detect or may be resistant towards help. The importance of preventative education throughout employment to all employees can help both users and non-users become trained to recognize abuse and know when to seek help. There are many possible private, state, federal, and nonprofit organizations that offer workplace programs and resources to help target general, at-risk, and symptomatic individuals. Employers have become pivotal in creating and even

advancing their substance abuse occupational programs for the benefit of their employees and our communities, worldwide. Therefore, the purpose of this paper is to take a careful look at data regarding workplace treatment, and to encourage employers to establish, continue, and further develop employee addiction programs.

Review of Literature

Prevention

According to Roman and Blum (2002), because most adults struggling with alcoholism still remain in the workforce, employers have considerable leverage towards prevention efforts. Additionally, substance use prevention strategies implemented in the workplace can lead to increases in motivation, productivity, and safety (Malick, 2018). Employers carry various influences over employees, as well as the capacity to develop an awareness of substance abuse evidence, through the significant time most adults spend at work. The importance of income towards family and community adult roles can give the employers' has an increased opportunity to motivate substance-abusing employees. Educational programs and other workplace learning opportunities help employees become exposed to primary and secondary prevention efforts. Through workplace substance abuse prevention employers are capable of reaching a large audience, who may not otherwise have access to support (Ames & Bennett, 2011).

Despite the advanced opportunities associated with workplace prevention, efforts in the United States have slowed and declined in efficiency (Roman & Blum, 2002). Some programs may be difficult for employers to implement. For example, addressing workplace environmental factors, such as stress, alienation, and cultures and subcultures, could create reluctance by highlighting employee liabilities (Roman & Blum, 2002). Reducing risk factors of substance

abuse could result in more successful outcomes. Employee Assistant Programs (EAPs), one resource example, can potentially address many substance abuse associated risk factors.

Employee assistance programs (EAP). Employee Assistance Programs (EAPs) are provided through the workforce and designed to assist employees with personal issues such as substance abuse. EAPs tend to be underutilized, with a little over 50 percent of all workers having access, but are associated with positive benefits for those that participate (U.S. Department of Labor, Bureau of Labor Statistics, 2016; Bennett, 2003). EAPs can help save on absenteeism, decrease compensation claims, and reduce costs due to medical issues (U.S. Department of Labor, Office of Disability Employment Policy, 2009). EAPs are confidential employer funded services, useful for a wide array of employee issues and concerns. Stress, finance, family and relationships, and legal concerns are some additional issues addressed by EAPs, which are also difficulties often associated with issues those with addiction face. Further, employee family members can also be eligible to receive EAP benefits. Services provided can include counseling, and referrals for other services. Employers increasingly rely on EAPs because they support both employer and employee interests. According to Sagor (2014), over 90 percent of large employers offer EAPs. However, these services are voluntary, meaning those who need EAPs do not have to self-report. Poznanovich (2006) describes this as a failure in the service itself, given that addicted employees are often in fear of reprisal or in denial. Therefore, an adequate EAP should be supported by a receptive, and comprehensive workplace program, which could provide optimal success if facilitated by EAP personnel who have core service training (Kendall and Gatrell, 2007).

Screening, brief intervention, and referral to treatment (SBIRT). SBIRT is an evidence-based EAP technique, and consists of three major components held in healthcare

settings. Screening consists of a professional assessment that utilizes standardized screening instruments, which are then used to identify problematic abuse of drugs and alcohol. The screening process can be unsuccessful, given that substance abusers can find open discussion regarding their risky behavior difficult. Data collected on 5,725 employees between 2008 and 2010 showed that fewer individuals declined assessment questions when provided with a skilled intake clinician (Herlihy, 2011). The brief intervention component focuses on counsel to the employee, which is provided through education and professional feedback. With the goal of reducing substance abuse, a brief intervention can ultimately engage and motivate the employee towards change. Herlihy (2011) noted the outcome of brief interventions of alcoholic employees resulted in significantly less alcohol related problems. Conversely, a sample survey of 265 employers conducted in 2009 found very little evidence to support strategic brief interventions (Ames & Bennett, 2011). The referral to treatment component, which connects the employee to brief therapy or to further treatment, if needed, is the third section of SBIRT. Because SBIRT is meant to be a brief program, those that need long-term treatment may not develop long-term results. One evidence-based study conducted with the help of emergency department (ED) providers identified overall time constraints, and insufficient referral resources as barriers towards sustainability of SBIRT benefits over the long term (Bernstein et al., 2007). Further, barriers to seeking and obtaining treatment bring to light the efficacy of the treatment itself (Saitz, 2015). SBIRT does not provide a clear way to identify substance abuse in employees, and only reaches a small amount of the workforce population. Additionally, a brief time period may not be sufficient for more serious substance users. However, SBIRT is still a relatively new technique utilized by EAPs, so understanding and improving its potential significance to workforce employee programs may take additional time.

Health promotion/education programs. Health and wellness programs, which include opportunities for education, can have a cost effective influence on employees. Examples of health and wellness programs that can be helpful towards substance abuse include stress/emotional health education, workplace drug testing programs, smoking cessation programs, and manager training on substance abuse signs and symptoms. Wellness programs can also be easy to implement, with a wide array of programs available to better fit many workplace atmospheres. The U.S Department of Labor recommends that employees are given substance abuse cost statistics, organization policy specifics, health effect information, available resources for help, and information on program testing procedures (Fisher & Roget, 2009). A meta-analytical study regarding wellness program data saw approximately three times the cost savings for every dollar spent regarding medical costs and absenteeism (Baicker, Cutler, & Song, 2010). Although wellness programs continue to evolve and become increasingly scientifically supported, as well as having the capacity to produce potential deficits in returns, there is little evidence supporting long-term changes in participants. Many individuals struggling with alcohol and drug addiction are susceptible to relapse without longstanding health education programs. However, according to O'Donnell (2002), research outcomes support the short-term increase of knowledge, improvements in emotional and physical health issues, and the reduction of underlying conditions. Ultimately, these research findings support the integration and further development of strong wellness programs for the addicted in the workforce.

Substance abuse and mental health services administration (SAMHSA). The Substance Abuse and Mental Health Services Administration (SAMHSA) has a workplace program division, which is one example of a federal drug-free workplace program. They also offer a drug-free workplace kit for employers and other evidence-based resources through their

National Registry, as well as resources aimed at family and prenatal prevention. One issue that arises with SAMHSA is the vast area that their programs cover. Although their budget holds over $3 billion annually, with natural disaster readiness as one of their top agendas, funds become overextended (Hamel & Jackson, 2008). SAMHSA was still able to allocate close to $250 million of its 2018 budget towards substance abuse and mental health services (SAMHSA, 2018). Because SAMHSA offers such a broad array of support programs towards substance abuse, they are able to better support the growing number of issues substance abuse now involves. Additionally, their prevention, treatment, and recovery services involve continuous quality improvement, and analysis of program performance. Their strong, up-to-date resources assist organizations towards quality substance abuse prevention, and treatment services that help individuals achieve a successful recovery. SAMHSA, along with goal directed policies for drug or alcohol (DOA) abusing employees, could be a strong basis for the development and sustainability of workplace substance abuse programs.

Workplace policies, and work environment interventions. Policies developed in the workplace typically categorize drug abuse as either a health issue, as a workplace violation, or both. This can lead to punitive action, limited support provided to the employee, and an overall contradictory set of program principles toward worker recovery. The development of an unambiguous workplace definition of substance abuse can help to direct the program in the right direction (Fisher & Roget, 2009). This includes the distinguishing of different types of abusers, specifically on their level of dependence. Many organizations also implement the use of punitive policies, geared towards prohibition of substance abuse before and during work hours. Workplace environments can be unhealthy, contain alcohol and drug abuse stigmas, and a general lack of trust in EAPs. A randomized study utilizing 2 types of workplace training

containing EAP and substance abuse support information, found that integrating team building and stress management practices improved initial help seeking and EAP program utilization (Bennett & Lehman, 2001). Team building supports the connection between goal-directed workplace environments and employee program engagement, requiring an involved program initiative. However, this important component depends on the combined professional efforts and strong development of substance abuse organizational policies.

Detection

According to Kendall and Gatrell (2007), employees with substance abuse issues tend to possess high performance characteristics, which cause their problems to be undetected and untreated. Conversely, Roman and Blum (2002) state that employers may avoid taking action because drug and alcohol specialists may not understand the workplace, and become impractical financially. There are professions that are more susceptible to substance abuse than others, which could affect how easily issues are detected. For example, nearly 15 percent of physicians will struggle with substance abuse through the course of their careers (Lewis, 2015). Left undetected, this abuse could jeopardize public, coworker, and personal safety. Co-workers can also play a big part in detecting substance-abusing employees through day-to-day interactions. Detection of substance abuse in the workplace can help prevent serious harm to the health and safety of communities and workplace employees, who could minimize substance abuse associated costs.

Screening. The systematic assessment process to determine whether an individual requires intervention can be done through a urine collection test or through an assessment tool such as a survey. According to the Substance Abuse and Mental Health Services Administration's Office of the Surgeon General (2016), screening individuals for substance

abuse can be reliable for the purpose of detecting initial substance use, relapses, and harm reduction. Additionally, this can be done during the prevention, detection, or treatment processes. A multifaceted review using data from 36 studies regarding the validity and overall reliability of the Substance Abuse Subtle Screening Inventory (SASSI), a popular substance abuse screening instrument, found empirical evidence supporting its high rate of false positive results, and poor construct validity (Feldstein & Miller, 2007). The Short Michigan Alcoholism Screening Test (SMAST), which has a 90% accuracy of detection could also be administered to the spouse of a potential alcoholic (Perkinson, 2012). Evidence supports the need for substance abuse screening tools that are tailored specifically towards a high degree of validity, and ultimately, accurate substance abuse detection.

Psychosocial assessment tools. Not only are assessments used to determine a successful comprehensive substance abuse treatment plan for individuals, but they can also be used to determine the state of recovery during the follow-up stage of workplace programs. Confidential assessments can range in length and should include questions about history to provide reliable background information. A typical biopsychosocial interview might gather demographic data, client history, a diagnostic summary, and a detailed treatment plan. Additionally, a trained professional can give these assessments to the employee, or they can be self-administered. According to empirical evidence regarding self-assessment accuracy, overconfident or biased self-assessments damage their credibility, causing inaccurate data (Dunning, Heath, & Suls, 2004). The Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5) can help professionals diagnose the severity of substance use disorders using several criteria. Perkinson (2012) states that denial and dishonesty can put the validity of these diagnostic tools at risk, however. Assessments that require justification of performance levels or workplace training

regarding cognitive evaluation skills could help provide meaningful assessment feedback. These findings support continuous organizational development of both substance abuse educational opportunities, and individual growth development towards successful recovery programs.

Drug testing. Drug testing, given during job entrance or to current employees, is one way to recognize or prevent drug abuse in the workplace. According to Kelly (2018), more than half of U.S. workplace organizations have implemented pre-employment drug testing, with increases in testing in high-risk employment positions such as construction work. The test may also be given randomly when an issue has been detected. Kazanga et al. (2012) found drug testing in the workplace can potentially create safer communities, and lower employer costs through increased productivity and less missed work. According to Fisher and Roget (2009), the success of the urine specimen and the accuracy of detection can depend on the substance used and other factors such as drug metabolism. Accuracy can also be affected by false positive or false negative results (Fisher & Roget, 2009). A study on Workplace Drug Testing (WDT) concluded that types of cheating done by the employee, such as diluting their urine with increased water consumption could affect the results of the test (Kazanga et al., 2012). Drug testing may be used in conjunction with other assessments, though, to improve accuracy and avoid potential indication of prior exposure, rather than current impairment (Fisher & Roget, 2009). Regarding the effectiveness of workplace drug testing and its economic viability, one study noted the potential legal ramifications due to improper testing, high expense to employers, and the risk of low morale and productivity (French, Roebuck, & Alexandre, 2004). Organizations are required to follow the U.S. Department of Health and Human Services (HHS) drug testing standards (2017), which assist in providing effective workplace drug testing, and are updated often (SAMHSA). According to data collected from 1988 until 2005, positive drug test

results decreased by 9.5%, which could indicate a positive correlation to the increased practice of organizations using drug testing (Quest Diagnostics Inc., 2005). This data indicates the potential relevance of drug testing towards successful substance abuse workplace policies, and comprehensive programs.

Treatment

Some employees may require treatment options to recover from substance addiction. Ultimately, the goal for the employee is to function productively in all roles of life. While in treatment, professionals can explore specific on-the-job issues that affected employee job performance and quality. Substance abuse could be treated through either inpatient or outpatient options, given in short-term or long-term time frames. Developing and implementing treatment goals can be done through self-referral, employer based EAP programs, a health care physician, or other resources through workplace occupational support programs (Beck and Fiester, 2015). Individual and group therapy may be appropriate, depending on the extent of the employee's substance abuse. The incorporation of medications may even be deemed appropriate through assessment findings. Some programs and insurance plans only cover certain types of treatment, and/or specific durations. The four levels of substance abuse treatment are outpatient treatment, intensive outpatient treatment, medically monitored inpatient treatment, and medically managed intensive inpatient treatment (Beck and Fiester, 2015). With several options and limitations to consider, including the possible existence of co-occurring disorders, employee treatment plans could be developed around various types of therapy referrals. A meta-analysis of 78 drug treatment effectiveness studies indicated a decrease in drug abuse, and crime associated with drug abuse (Prendergast, Podus, Chang, & Urada, 2002). This is encouraging for employee retention, and employer cost and productivity issues. However, another large-scale study found

an increase in substance use 4-5 years after formal treatment, particularly in alcohol and crack cocaine users (Gossop, Marsden, Stewart, & Kidd, 2003). Additionally, employees carrying a history of alcoholism are likely to change jobs more often (Fisher & Roget, 2009). Nevertheless, the strong correlation between workplace facilitated efforts towards substance abuse treatment, and overall program success, supports the continued and further development of workplace prevention, detection, and treatment.

Inpatient treatment. Inpatient treatment refers to treatment that provides a patient with 24-hour care, also referred to as residential care, located in a live-in facility (Perkinson, 2012). This treatment option can be provided in short-term or long-term stays. A longitudinal study using 96 treatment facilities found long-term residential treatment (6 months or more) was linked to a rise in full-time employment (Hubbard, Craddock, & Anderson, 2003). Because treatment may be seen as punishment to employees, longer treatment could be necessary to get through episodes of denial (Kendall & Gatrell, 2007). Specific workplace programs, and/or insurance plans may not support long-term program goals. Medically Monitored Intensive Inpatient care, for instance, requires 24-hour nursing care, with physician monitoring. Employee insurance plans may require a deductible, copayment, or even additional insurance before expenses for health services are covered (McFarland et al., 2003). Although this can be a roadblock for certain aspects of workplace substance abuse programs, treatment program options are found to be highly beneficial to employees. A data sample of 2,567 clients found substance abuse treatment benefits to be almost 8 times above initial costs, meaning treatment dollars could provide a potential investment to taxpayers (Ettner et al., 2006). This research suggests that involvement from both the workplace and the community as a whole could have significant

influence over workplace substance abuse program success and overall reduction in substance abuse in communities.

Treatment facilities. Treatment facilities can be located directly within a hospital or as privately owned locations. Clinical appropriateness and cost, relapse risk, and coping skill levels should be considerations before treatment facilities are chosen. More effective treatment programs include a larger variety of therapeutic approaches to treat the individual holistically. Data from 45 experimental and quasi-experimental studies that integrated contingency management, group-counseling services, and treatment for co-occurring disorders found positive results for clients fighting towards substance abuse (Drake, O'Neal, & Wallach, 2008). Further work needs to be done to make treatment attainable and affordable for those who need it. An individual seeking treatment for substance abuse primarily utilizes a specialized facility for rehabilitation, instead of being hospitalized for inpatient care. Some treatment facilities can cover a large range of issues using many professional staff that provides substance abuse treatment, but also individual mental health counseling, medication support, trigger prevention, and group therapy. The cost for this 24-hour, comprehensive care can be significant, and cost prohibitive. There are much more affordable treatment facilities available, but they may not offer a more successful integrated experience. Clients who need comprehensive care but cannot afford it, may be at a higher risk of relapse in the workforce.

Outpatient treatment. Outpatient treatment programs are part-time, allowing the individual to continue other obligations, while remaining at home. Because of this option, outpatient rehab is more affordable, yet it tends to have a lower success rate. The treatment results of a pharmacotherapy study with 164 alcohol and cocaine addicted participants found that lower severity of addiction detected through the use of drug screening led to more positive

outpatient treatment outcomes (Ahmadi et al., 2009). Examples of outpatient treatment include detoxification, and 12-step programs. According to Buck (2011), outpatient treatment for substance abuse was nearly 3 times more likely to occur in a rehabilitation treatment center. This type of substance abuse treatment delivery may have undereducated staff, not enough staffing, and run without employing physicians. Funding is also difficult for those seeking outpatient treatment because nearly 40 percent of providers do not accept insurance options (Buck, 2011). Given that outpatient care is more affordable, has a shorter duration, allows increased flexibility, and requires less required skilled care, it is a viable option for many. Even so, outpatient treatment by itself is better suited for those who suffer from less severe substance abuse.

12-step programs. Programs, such as Alcoholics Anonymous, and Cocaine Anonymous, function utilizing a 12-step guide towards recovery. These 12-Step programs can be viewed negatively because of their religious affiliation, and focus on the powerlessness that participants, their family, and friends have over addiction. Additionally, a study that surveyed 101 clients, and 102 clinicians found participation in 12-step groups greatly depended on client motivation, denial of need, and change readiness (Laudet, 2003). 12-step programs offer additional encouragement through social support and drug-free goals during and after formal treatment options. One study concluded concurrent participation of substance abuse treatment and 12-step programs resulted in higher abstinence rates then either program alone (Fiorentine & Hillhouse, 2000). Workplace programs can refer employees to 12-step programs for an additional layer of support to ensure a healthy recovery process. These, and other types of group therapy, should be referral considerations for successful workplace substance abuse programs.

Future Recommendations

Although there are many helpful programs available, policy improvement could help to promote employee participation. Poznanovich (2006) suggests EAPs should share 7 steps with clients to be proactive against addiction:

- Educate the workforce about addiction and treatment;
- Promote company-wide use of EAPs;
- Create a proactive addiction workplace policy;
- When prevention and policy fail, intervene early;
- Invest in healthcare that provides coverage for treatment;
- Support employees in recovery and reentry into the workplace;
- Maintain a healthy corporate culture (p. 48).

Increasing employer education can have an impact on program participation and can come directly from program providers. According to Lowe (2004), employers could be referred to resources such as the online Ensuring Solutions Alcohol cost calculator, which can gauge an individual companies cost accrued from alcohol issues. Employers and EAP professionals could partner together to encourage organizational development by conducting a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, and a work-life culture assessment (Kendall and Gatrell, 2007). The information collected can then encourage further education and training, possibly resulting in a more efficient workplace addiction program. Instead of using program tools alone, such as drug testing, employers could supplement their weaknesses with more treatment-oriented programs. French, Roebuck, and Alexandre (2004) found that employees felt more comfortable with less threatening and lower penalizing treatment-oriented programs. McFarland et al. (2003) found through a survey study that managers were not getting asked about addiction treatment benefits, and many only provided coverage because it was

mandated. The problem of insufficient education remains fluid throughout each program element, including treatment access. The understanding of addiction, and the value that treatment adds to employer and employee success are vital to the continued support and further development of workplace addiction programs. Increased data collection on the success of addiction treatment programs could also help to determine additional improvements that encourage maximum recovery success. There is much that can be done to advance the acceptance and effectiveness of addiction treatment programs in the workplace.

Conclusion

Workplace treatment data supports the use of addiction programs in the workforce, along with the need for the continued advancement of these programs. According to Kelly (2017), nearly a quarter million employees are in recovery of substance abuse in the United States, which gives hope to the idea of drug-free workplaces. Having a multifaceted system for supporting and encouraging sobriety is essential to creating a high rate of recovery. Substance abuse in the workplace is complex, and each organization should design an approach that meets their unique needs. With the many prevention, detection, and treatment options available for employee addiction issues, employers have tools to creating programs that promote successful recovery, while benefiting their financial health as well. While these programs are capable of reaching chemically dependent employees, addiction stigma and underdeveloped and underutilized programs can prevent participation and recovery. With the involvement of community employers, and their employees, increased program participation and efficiency could be possible. Increasing workplace education, and the continuous data collection and development in the addiction treatment field could reduce the negative outcomes associated with workplace addiction.

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