


# Workplace Support for Employees in Recovery From Opioid Use: Stakeholder Perspectives

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## Abstract

The dual challenges of COVID-19 and the opioid epidemic have heightened the need of Maryland workplaces for accessible resources and supports. This paper describes efforts of the Workplace PROSPER (Partnering to Reduce Opioid Stigma and Support Employment in Recovery) project team to explore opioid-related state employment needs from Key Stakeholder perspectives. Discussion revealed significant overlap between the needs identified by stakeholders and pre-existing recovery friendly initiatives in other states. However, this convening identified the need for increased training of medical professionals in communicating about work capacity and safety as well as for resources to support family members of individuals with Opioid Use Disorder and model programs for hiring individuals in recovery. Next steps include the creation and dissemination of a survey to obtain a broader base of feedback and the development of a robust set of online recovery resources for Maryland employers and employees.

## Keywords

Recovery Friendly Workplace, employment, opioids

## Introduction

Maryland, like other U.S. states, has been struggling with the impact of the opioid epidemic. In 2018, nearly 90 percent of drug overdose deaths in Maryland involved opioids.<sup>1</sup> Prior to the COVID-19 pandemic, the opioid-related fatality rate had been starting to flatten in Maryland, but based on preliminary opioid overdose data from the first two quarters of 2020, there has again been a significant increase.<sup>2</sup> Nationally, drug overdose deaths were the highest recorded in twelve months at the end of May 2020.<sup>3</sup> According to the U.S. Centers for Disease Control and Prevention (CDC), synthetic opioids, especially fentanyl, are the primary drivers of the recent increase in overdose deaths.<sup>3</sup> Death due to cocaine overdose has also already increased by more than 25 percent during the COVID-19 pandemic and the CDC notes that many of these deaths were linked to “co-use or contamination of cocaine with illicitly manufactured fentanyl or heroin” (p. 1).<sup>3</sup>

In addition to increases in opioid use overdose, the COVID-19 pandemic has wreaked havoc with

employment. In Maryland, the pre-pandemic state unemployment rate was 3.4 percent.<sup>4</sup> In April/May 2020, the rate rose to 9 percent.<sup>4</sup> Unemployment has decreased some since this high point, hovering in April 2021 at 6.2 percent<sup>4</sup>; however, rates are not equal across populations and communities. In Maryland and also other states, Black workers face a “disproportionate share of the pandemic’s economic and public health burden.”<sup>5</sup> In addition, working-age adults who were least prepared to deal with significant financial losses and/or health care crises,

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such as those caused or exacerbated by COVID-19, were disproportionately negatively affected by both unemployment and disease. It is not a surprise that in Maryland, unemployment and increased opioid use overdose deaths are increasing simultaneously as they are related.<sup>2,4,6</sup> There is some national research pointing to the increased risk of opioid overdose in specific occupations (e.g., construction); however, it is unclear whether these outcomes hold for Maryland in particular.<sup>7</sup> The link between employment and Opioid Use Disorder (OUD) and recovery is critical and is the focus of this paper.

Unemployment is associated with increased morbidity and early mortality, as well as overdose risk.<sup>6</sup> Research shows that even in a healthy economy, individuals struggling with recovery from OUD are more likely to be unemployed. This is the case even though we know that working is associated with improved recovery outcomes, including treatment adherence.<sup>8,9</sup> The U.S. opioid epidemic has generated myriad education, training, and jobs programs to support people in recovery. Yet, employment participation remains low in this population. The reasons for continued low employment despite increased infusion and attention to training infrastructure are complex and often multiple, including physical and mental health disabilities, lack of education or relevant work skills, medication schedules, disordered sleep, lack of social supports, and criminal justice involvement or other legal barriers.<sup>10,11</sup> These factors are exacerbated when larger systemic barriers to employment also exist such as pre-employment testing barriers, lack of transportation to quality jobs, and lack of reliable child care or other dependent care needs that would allow someone in recovery to work.<sup>10,11</sup>

The impact of workplace factors such as work-related injuries, sick leave policies, stigma, and work stressors on OUD and overdose risk has been underrepresented in the research literature.<sup>12</sup> Most of the relatively few published models designed to increase employment rates of individuals with OUD use a labor-intensive service approach, including highly trained staff and close integration between treatment and employment services. These models usually have baseline or inclusion requirements that present significant obstacles to widespread implementation.<sup>13,14</sup> Research on several different models for integrating vocational counseling services into addiction treatment has shown mixed success, with more success in models that offer customized solutions, reinforcement, and early employment supports.<sup>15–20</sup> One of the challenges in systematizing pre-vocational services into substance use treatment programs relates to complicated reimbursement rules for care funded by Medicaid.<sup>10</sup> One example of such a program with payment barriers involves using a peer specialist, also known as peer recovery coach, a relatively new recovery care provider role increasingly recognized with state-level certification requirements.<sup>21</sup> This role has

potential for preparing individuals in substance use treatment to engage with vocational counselors, or to perform limited vocational services themselves.<sup>21</sup> Maryland is one of only fourteen states that do not permit substance use treatment providers to bill Medicaid for peer services.<sup>22,23</sup> This presents a significant barrier to implementing robust peer specialist programs that can be further studied, improved, and scaled up.<sup>22,23</sup>

Our research team has used a mixed methods approach that includes standardized measures of work history, work disability risk factors, perceived disability, and self-assessed gaps in “soft skills” as well as focus groups and interviews with workforce development agencies, employers, peer recovery professionals, and substance use counselors to explore barriers to employment participation among adults in treatment for, or in recovery from OUD, and who are seeking to enter or advance in the workplace. In the current paper, we report on our approach to exploring a wide range of stakeholder perspectives to inform the development of an employer and employee survey to further refine our understanding of how to support employment among those in recovery from OUD.

## Gaps in Knowledge and Resources

Several states have implemented Recovery Friendly Workplace (RFW) initiatives, which encourage employers to support their communities by recognizing recovery from substance use disorder as a strength. These initiatives provide resources for business owners interested in fostering a supportive environment that encourages the success of their employees in recovery. RFWs can be tailored to the needs and available resources of states and communities and may provide supports and services such as employer consultation, employer certification as an RFW, online resources or toolkits, workshops and training opportunities, targeted employer outreach, and the development of employer incentive programs. In addition, some RFWs encourage the use of peers, as described above, to prepare adults in recovery for sustained employment. Maryland does not currently have a state-level RFW initiative. There is limited information about Maryland employers’ efforts to support workers in recovery as well as what is needed or desired concerning policies, programs, and educational materials. In addition, a literature review conducted by the authors resulted in minimal information about the effectiveness of existing RFW programs and initiatives as well as related evaluation measures.

In 2018, the Maryland Department of Health convened a workshop to address the challenges related to opioids in the workplace from the perspectives of multiple stakeholders. The primary purpose was to identify the problems related to opioids in the Maryland workplace and to

set the stage for developing potential solutions. The planning committee included public health, legal, and medical experts from Maryland government agencies and universities, who identified speakers with expertise in both explaining the problems and presenting examples of solutions. Invited speakers included government officials, treatment providers, equal rights attorneys, job accommodations experts, and labor advocates. The workshop was publicly announced, and registration was open online, but capped at one hundred. The workshop was designed for morning presentations by invited experts, with afternoon facilitated break-out sessions that invited all participants to contribute to the findings and recommendations. The resulting report identified the following barriers, challenges, and opportunities (see Table 1).<sup>24</sup>

### Workplace PROSPER: Brief Overview

As a follow-on to this workshop, the Maryland Department of Health solicited proposals for projects that would help the state explore the scope of the

opioid epidemic and its impact on employment and employers within Maryland as well as to develop a durable and sustainable set of resources to support employees and employers related to opioid use and recovery in the workplace. The project team, which is comprised of a seasoned group of interprofessional, nationally recognized experts on work disability, vocational support, and OUD, was selected and began this work in 2020. We call the project “Workplace PROSPER: Partnering to Reduce Opioid Stigma and Support Employment in Recovery.” Workplace PROSPER depends on strengthening existing relationships and building new partnerships that leverage the expertise and perspectives of the wide range of Key Stakeholders across Maryland who care about this issue. The long-term goals of this project are to improve workplace safety, prevent opioid overdoses, increase access to treatment for OUD, and promote non-discriminatory work practices for employees recovering from OUD. Primary actions and planned next steps of Workplace PROSPER are described in the following paragraphs.

**Table 1.** Barriers, Challenges, and Opportunities: 2018 Workshop on Opioids in the Maryland Workplace.

Major themes	Barriers/challenges	Opportunities
Attitudinal	Stigma—substance use as a choice	Use stigma-reducing nomenclature Incentives for employers to adopt programs
Knowledge	Employer understanding of Medication Assisted Treatment (MAT) and job safety implications Employer recognition of MAT as a reasonable accommodation Employee lack of knowledge about substance use disorder (SUD) as ADA-protected disability	Industry-specific toolkits Americans with Disabilities Act (ADA) info in workplace toolkits
Resources	Lack of information about treatment/support resources	Centralized database or clearinghouse
Insurance	Workers’ compensation adversarial; employers cannot influence care or treatment Pre-authorization requirements for MAT Loss of coverage for employees with SUD history Insurability for small businesses, temporary employees	Engage Worker’s Compensation Commission, other stakeholders Remove/reduce pre-authorization requirements
Legal	Need to perform individual assessment of accommodation requests Liability in safety-sensitive jobs	Toolkits, outreach, and training on ADA
Treatment	Absence of research on providing education and treatment, including pain management	Best practices for treatment, accommodation
Drug Testing	Use of blanket (not tailored) drug-testing practices	Employer education, including program context Workforce education on recognizing impairment
Employee Assistance Programs	Trend toward “shallow” EAPs (Employee Assistance Programs), lacking SUD focus	Encourage quality EAPs with SUD assessment and risk management/referral skills
Primary Care	Lack of primary care familiarity with workplace issues regarding opioids	Education of primary care providers, including pain management guidelines/models

Note. Excerpted with permission of the Maryland Department of Health.<sup>24</sup>

## Information Gathering

One of the project team’s first tasks was to convene a group of Key Stakeholders to provide an update on findings from the 2018 Department of Health workshop and to act as informants, advisors, future beta-testers of the resources developed, and eventual champions of the initiative. The team identified potential participants by developing a list of organizations and primary contacts across stakeholder groups including employers, employee assistance professionals (EAP), federal, state, and local government offices (including health and safety), workforce development and other community organizations, peer recovery groups (including peers living in recovery), substance use treatment and other health care providers, labor advocacy, legal experts, and insurance and benefits providers. This list was developed using existing project team contacts as well as by conducting a broader search of Maryland-based programs, organizations, and employers. An email was sent to all contacts inviting them to participate in one of two, 3.5-hour virtual (Zoom.us) convenings held at the end of October 2020. Invitees registered via Qualtrics<sup>25</sup> and were informed that the convening would include an overview of what is currently known about OUD recovery and employment as well as break-out sessions designed to elicit feedback about how to support employees in recovery to maintain, enter, or re-enter the workforce. Specifically, the project team was interested in exploring perspectives on current challenges related to employee opioid use, potential solutions to these challenges as they relate to employment, and the development of an online resource toolkit that can be used in the future by employers and employees. Eligible attendees were also offered the opportunity to earn 3.25 continuing education credits for attending the session.

Approximately two hundred individuals were invited to the convenings, of which eighty-six participated (forty-five and forty-one on the respective convening

days; see Table 2 for types of organizations represented). There were individuals in attendance who self-identified as being in recovery as well as those who worked as a peer specialist. Project team members facilitated the flow of the meeting as well as discussion within each of two break-out sessions and provided a discussion summary to the whole group after each session.

### Break-Out Session 1

In Break-out Session 1, attendees were divided into four groups, each with individuals from similar or related occupations. Each group was then asked questions about and discussed important barriers to hiring and supporting employees in recovery from OUD; challenges in obtaining treatment for employees with OUD; efforts to reduce stigma for those recovering from OUD; policies or procedures designed to address safety issues related to OUD recovery or on-going treatment; and initiatives to support individuals needing treatment, in recovery, or at risk for OUD. The first break-out session concluded with each group providing their top three ideas for development as part of a future toolkit of recovery-friendly employment resources. These ideas were then reviewed and synthesized by the project team for discussion during the subsequent break-out session.

### Break-Out Session 2

In Break-out Session 2, attendees were again divided into four groups, and individuals were mixed to represent differing occupations in an effort to encourage diversity of thought and cross-discipline comparisons. Each group was assigned a different potential toolkit idea (from Break-out Session 1) to discuss. Using the “Six Thinking Hats” training guide,<sup>26</sup> project team members facilitated a step-by-step process to help attendees evaluate their respective toolkit idea from different perspectives. This process included an exploration

**Table 2.** Convening Attendance by Type of Organization.

Type of organization	Number of attendees (Day 1)	Number of attendees (Day 2)
Health (e.g., Occupational and Public)	9	16
Mental Health/Substance Use Treatment	18	9
Community Organization	2	1
Employee Assistance Professional/Manager	7	2
Employer/Employment, HR, Benefits	0	2
WorkForce Development	4	3
Labor Advocacy	4	2
Legal	1	4
Not specified	0	2
<b>Total number of attendees</b>	<b>45</b>	<b>41</b>

Note. Attendees were asked to self-identify with one of the groups above. HR = Human Resources.

of information gathering needs and strategies, feelings and perceptions, pros and cons, and possibilities related to the toolkit idea (see Figure 1 for break-out session overview).

At the conclusion of each convening day, attendees were invited to share their experiences and feedback via a survey. A total of forty-six completed surveys were received from the eighty-six Key Stakeholders attending (53 percent response rate). Overall, responses were very positive about their experiences attending and suggested both satisfaction with the convening itself as well as a willingness and enthusiastic interest in future engagement with the Workplace PROSPER project. In addition, most survey respondents provided suggestions of online content to review as the toolkit is developed. Several highlights from the survey are provided below:

- All respondents answered “yes” to the question, “*Are you willing to attend future stakeholder groups?*”
- The mean score of the question, “*How satisfied are you with today’s stakeholder meeting?*” was 8.9 (*SD*=1.05) on a 10-point scale (1 = Extremely Dissatisfied to 10 = Extremely Satisfied).

### What We Learned From the Convenings

Convening participants identified eight key components (across two days) to be included within the Maryland Workplace PROSPER toolkit (see Table 3). These eight components were then compared to those included in RFW toolkits published by different states and organizations.<sup>27</sup> This comparison was undertaken to identify available RFW resources and resource gaps as well as novel ideas produced by the Key Stakeholders. There was substantial overlap between the ideas generated during the convenings described in this paper and the meeting held in 2018 by the Maryland Department of Health; specifically, both identified the need to address workplace stigma as well as the need for increased knowledge among employers about the Americans with Disabilities Act (ADA), resources for treatment and support, and workplace safety considerations as well as increased knowledge about recovery among primary care physicians. Within the convenings discussed

in this paper, stigma was largely described as a challenge driven by workplace culture—a culture that could be positively impacted by specific actions such as the provision of education and training, the creation of opportunities for open discussion (while protecting confidentiality), increased sensitivity with drug screening policies and procedures, and appropriate treatment referrals.

Existing RFW toolkits from across the United States were identified using the project team’s literature review, a broad Google search, and information gathered from Key Stakeholders. The goal was to create a comprehensive list of existing programs to compare publicly available materials with the eight ideas generated during the break-out sessions. As noted, the project team was interested in clarifying points of convergence and divergence among the toolkits with the goal of both identifying robust tools and resources that are already in existence and planning for those that require development. This process ensures that the future Maryland-specific toolkit benefits from the work of others and adds new information and resources that employers and employees and their families want and need.

Seven online RFW toolkits were identified, including one from the National Safety Council and six from U.S. states including Ohio, Pennsylvania, Nevada, Rhode Island, Connecticut, and New Hampshire. Rhode Island’s RFW toolkit was exactly the same as New Hampshire’s, and through further examination, it was discovered that they had worked together on implementation. The content of the seven identified toolkits was compared with the eight ideas proposed by our Key Stakeholders (see Table 3).<sup>28–34</sup> Overall, a little more than half of the toolkit ideas suggested within the break-out sessions exist, in part or in whole and in different combinations, within each pre-existing RFW model. The toolkit ideas most commonly included in the pre-existing RFW models were education and awareness campaigns, examples of workplace peer recovery programs, and stigma-reducing education in the workplace. One suggested toolkit idea was not found in any of the available materials published publicly about existing state RFWs. This toolkit idea was to develop and provide additional tools and training for physicians interacting with

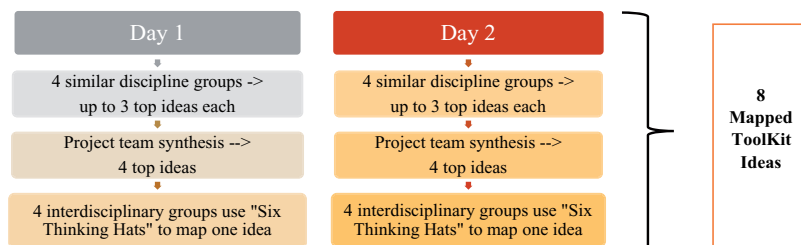


Figure 1. Break-out session toolkit development agenda.

**Table 3.** Content of RFW Examples Mapped to Maryland Toolkit Ideas.

Toolkit Idea	New Hampshire Recovery Friendly Workplace <sup>28</sup>	Connecticut - The Recovery Friendly Workplace Toolkit <sup>29</sup>	Rhode Island - Recovery Friendly Workplace Initiative <sup>30</sup>	Nevada Recovery Friendly Workplace <sup>31</sup>	Pennsylvania - Recovery Friendly Workplace Initiative <sup>32</sup>	Ohio Substance Use Recovery and Workplace Safety Program <sup>33</sup>	National Safety Council - Opioids at Work Employer Toolkit <sup>34</sup>
<i>Supervisors and Managers:</i> Supervisor/HR education on prevention and stigma reduction	Yes	Partially	Yes	Partially	Yes	Yes	Yes
<i>Hiring:</i> Model programs of employers hiring individuals in recovery	Partially	No	Partially	No	No	Yes	No
<i>Recovery Supports at Work:</i> Models for workplace peer recovery programs	Yes	Yes	Yes	No	Yes	No	Yes
<i>Retention:</i> Procedures for hiring/retaining those in recovery	No	Yes	No	Yes	No	Yes	Yes
<i>Culture Change:</i> Stigma-reducing education in the workplace—positive stories	Yes	No	Yes	Yes	Yes	Yes	Yes
<i>Medical System Interactions:</i> Tools and training for physicians on work issues re: MAT and opioids	No	No	No	No	No	No	No
<i>Tangible HR policies:</i> Examples (e.g., reasonable accommodations, ADA, FMLA)	No	Yes	No	Yes	Partially	Partially	Partially
<i>Families:</i> Programs to support families of individuals with OUD	Yes	No	Yes	Partially	No	No	No

Note. RFW = Recovery Friendly Workplace; HR = Human Resources; MAT = Medication Assisted Treatment; ADA = Americans with Disabilities Act; FMLA = Family Medical Leave Act; OUD = Opioid Use Disorder.

patients with OUD about work decisions, to help them evaluate and effectively communicate with both employers and employees about work capacity, functioning, and safety to facilitate appropriate work decisions. In addition, there were two toolkit ideas that stemmed from the convenings that had very limited coverage in pre-existing RFW models. Specifically, these included resources to support family members of an individual with OUD and model programs for hiring individuals in recovery.

## Next Steps

Based on knowledge synthesized from break-out session recordings, dialogue from chat boxes, and project team members' notes and observations during the stakeholder convenings, as well as through ongoing exploration of state and national RFW models and tools, the project team is developing a survey. The survey, which explores three primary topic areas (i.e., policies and programs, educational resources, and employee peer support), will be disseminated to employer representatives throughout the state including large and small employers as well as those in rural and urban locations. Trade associations as well as other interested member organizations will be enlisted to support survey distribution. The employer survey will be followed by a survey of adults who use opioids or are in recovery, including individuals actively in treatment. This survey will obtain the perspective of those with direct experience as the convening was largely attended by recovery-related professionals. The project team will explore overlap and divergence between these two groups (i.e., employers and individuals in recovery) to inform the development of the online toolkit.

The project team continues to develop and expand its' list of Key Stakeholders by identifying conferences and symposia at which to present and network. Ongoing updates are provided to Key Stakeholders who have expressed an interest in active engagement. The ultimate goal of this project is to develop a durable and sustainable online toolkit for employers and employees throughout the state of Maryland. As the toolkit is developed, evaluative feedback will be sought from the Key Stakeholders, trainings on the content and use of the toolkit will be provided, and support will be enlisted to champion and promote the toolkit materials.

We are also conducting focus groups with workforce development professionals, peer specialists/trainers, clinic administrators and counselors, and employers in Maryland to learn more about the employment needs of individuals recovering from OUD; the availability of work-related and other supportive resources for individuals who are pursuing employment and recovering from OUD; and the pros and cons of using employment-related assessment tools with these individuals. We are

working to speak with employers who are opioid recovery friendly or have experience hiring adults in recovery.

The information we obtain from Key Stakeholders and survey respondents will provide context for our findings when analyzing large sets of Maryland data relevant to the issue of opioids in the workplace. The large dataset reviews will allow researchers to further understand the needs of employees in recovery and employers across the state, with attention to geographical differences, demographic differences, and industry and occupational differences. The dataset analysis includes

- the State Unintentional Drug Overdose Reporting System (SUDORS) to identify risks by industry or occupation;
- the Healthiest Maryland Businesses Program<sup>35</sup>; and
- secondary analysis on industry and job trends related to opioid prescriptions in a Maryland workers' compensation dataset.<sup>36</sup>

## Conclusion

The Workplace PROSPER approach demonstrates a commitment to obtaining extensive feedback from multiple Key Stakeholder groups in the development of an online recovery-friendly resource toolkit for Maryland's employers and employees. Discussion within the break-out sessions confirmed the need for many of the elements that currently exist in other state and national toolkits. However, one idea was novel to these stakeholder discussions; specifically, the need of medical professionals to have training and tools to discuss work capacity and safety issues related to opioid use with employees and employers. In addition, this work further highlighted the need for family facing supports as well as tangible examples of employers who have working models for hiring individuals in recovery. The project began during the COVID-19 pandemic and one challenge the project team encountered was pivoting from multiple planned in-person events across Maryland to a larger virtual convening. In order to mitigate this challenge, the team designed an engaging format with opportunities for small group interaction. This approach to Key Stakeholder feedback may not access all potential employment-related barriers to opioid recovery, such as dynamics present within particular workplaces and organizational assessments may be needed or prove beneficial. Evaluations of the convenings were very positive and everyone who completed the post-meeting survey indicated that they would be willing to attend future meetings. The Workplace PROSPER project team looks forward to maintaining these connections and to ongoing collaboration in the development of the toolkit resources.

### Declaration of conflicting interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: The authors declare that there are no conflicts of interest. One of the authors, however, Dr. Clifford Mitchell, is employed by the Maryland Department of Health, which funded the project on which this paper is based. This relationship is not perceived to be a conflict but is being disclosed in the interest of transparency.

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