

ADDRESSING SUBSTANCE USE AND MENTAL DISORDERS IN THE WORKPLACE

The majority of people with substance use and mental disorders are employed. In fact, of the 20.8 million adults aged 18 or older classified with substance use dependence or abuse, 70 percent were employed full or part time.¹ In addition, depression—the most common mental health problem in the workplace, affects about 1 in 10 employees.² These problems are medical conditions that if left untreated or under-treated can affect individual employees as well as entire businesses. By increasing access to treatment and recovery support services, employers will:³

- Improve employee health;
- Lower health care costs;
- Reduce absenteeism;
- Reduce the risk of injury; and
- Improve job performance and productivity.

Sponsored by the [Substance Abuse and Mental Health Services Administration's \(SAMHSA's\) Center for Substance Abuse Treatment \(CSAT\)](#), within the [U.S. Department of Health and Human Services \(HHS\)](#), **National Recovery Month: Prevention Works, Treatment is Effective, People Recover (Recovery Month)** raises awareness of substance use and mental disorders and stresses that prevention works, treatment is effective, and people can and do recover from these conditions. **Recovery Month** shares that all individuals have the fundamental and inherent value to be accepted and treated with respect, dignity, and worth. This year's theme, **"Join the Voices for Recovery: Recovery Benefits Everyone,"** emphasizes that:

- All Americans have the opportunity to access provisions within the Affordable Care Act and Mental Health Parity and Addictions Equity Act (MHPAEA), aimed to improve physical and emotional health while ensuring people will receive the care they need at a more reasonable cost.
- Public awareness will increase access for those in need of essential substance use and mental health treatment and recovery support services, including behavioral health treatment.
- These legislative changes will improve the overall health and well-being of people in the United States.

The passage of the MHPAEA provides parity, or the recognition by insurance services—both public and private—that substance use and mental disorders are treated comparably to other physical health and medical conditions.⁴

Through its [Health Reform Strategic Initiative](#), SAMHSA encourages people to understand the major themes of the Affordable Care Act: integration between primary care and behavioral health, accountability, quality home- and community-based services, and availability of wellness and prevention services. **Recovery Month** also supports SAMHSA's [Strategic Initiatives](#) by increasing public awareness of substance use and mental disorders and offering recovery support through an individual, program, and system approach.

In addition to educating employees about the positive benefits that health reform will have on their overall health and well-being, employers—including large businesses, small businesses, nonprofit organizations, and the Federal, State, and local governments—can implement effective prevention, wellness, and support programs. Through these programs, employers can refer employees with substance use or mental disorders to assessment and treatment.⁵ By using the information in this document, company executives and human resource professionals can encourage leaders at their workplaces to implement prevention, referral, and support programs, such as an employee assistance program (EAP).



DON ROTHSCHILD
 DENVER, CO

It all started in 1977 when my boss sent me to treatment for my drinking problem. I was a corporate executive with a wonderful wife, two kids, a home, two cars, and a dog. I believed that my life was fantastic.

I went to treatment, but unfortunately didn't stick with the recovery program. I continued down a path of destruction for another decade, in and out of treatment. Finally, while in treatment in 1986 and planning my next drink, I got it!

At age 56, I finished treatment and went to a halfway house in a city where I'd never been in my life. I ate, slept, lived, and breathed a recovery program, and learned that there is no problem in the world so great that a drink wouldn't make it worse.

I started a new life at an age when most retire. It was a struggle because of my age and lack of experience outside my previous industry. But I didn't drink, even when I was laid off from several jobs. I had a strong recovery program, and things that had previously slipped away were restored. I received support from my ex-wife, who always had faith in me. I returned to college at age 59 and found work as an addiction counselor. My driving privileges were returned and through bankruptcy my debt was forgiven.

Today, my wife and I are happily remarried. After starting my own business as a recovery consultant, I've found my niche. Life is better today because I can help people sustain recovery, thus giving me strength to continue on my own journey.

This document will outline the importance of prevention and support in the workplace, the prevalence of substance use and mental disorders among employees, and factors in the workplace that contribute to increased substance use and mental disorders. Additionally, it will discuss how health reform helps small and large businesses and ways employers can get involved with **Recovery Month** to address substance use and mental disorders in all work settings. By providing and helping employees access prevention, treatment, and recovery support services, employers will notice a difference in the company's morale and productivity and improve their financial bottom-line.

Education, Awareness, and Support in the Workplace

Employee education, awareness, and support campaigns are effective in preventing problems both in and out of the workplace. Prevention, treatment, and wellness programs incorporate several components, including substance use and mental health awareness, assessment of risk, brief screenings, drug testing, intervention, treatment, recovery support, and assistance back into the workforce for employees, families, and their communities. Through its **Public Awareness and Recovery Support Strategic Initiatives**, SAMHSA increases the understanding of substance use and mental health prevention and treatment services and to educate all individuals that recovery is much more than just abstinence from substance use or a reduction in symptoms of a mental health problem. True recovery means that individuals can live a quality, self-directed, satisfying life in the community, which includes good health, a home, and a purpose. SAMHSA is working through these **Strategic Initiatives** to assist people in accessing treatment and support for these conditions with the same urgency as any other health condition.

Prevention, treatment, and wellness programs can be provided in or out of the workplace. They are designed to inform employees about the importance of addressing mental health problems at work and at home, and educating them about risks associated with substance misuse and the impact of alcohol and/or drug use on their family and coworkers.⁶ Through these programs, employers can promote healthy lifestyles and reinforce the following positive messages to their employees:⁷

- Drug-free workplace policies protect the health and safety of all employees, customers, and the public. They also safeguard employer assets from theft and destruction, and maintain product quality and company integrity and reputation.
- By effectively addressing substance use and mental disorders, employers can see benefits such as improved employee morale, quality of work, employee satisfaction, and decision-making, as well as reduced absenteeism and tardiness.
- Implementing exercise programs and other health-oriented activities can help improve physical and emotional health issues among employees, such as weight problems, high blood pressure, diabetes, depression, or gastric problems and can help reduce stress.

In short, prevention works, treatment is effective, and people do recover from substance use and mental disorders while contributing to their jobs. The employee education and intervention program, [PeerCare](#), for example, is a union-management partnership of volunteer employee peer groups that are diverse in gender, ethnicity, and job title. Each volunteer completes a training course to learn how to recognize if a co-worker has a substance use disorder, and if so, how to intervene. Their role is to establish that working while under the influence of substances is unacceptable. To gain employee participation in the PeerCare program, management moves from a disciplinary, punitive approach to treating substance use disorders to a supportive aid for those in need. As a result, employees educate, intervene, and refer workers to appropriate support services to attain healthier lifestyles, free of alcohol and/or drug use, without penalizing the employee.⁸ At a cost of approximately \$35 per employee, the program can help a company avoid at least \$1,850 in costs per person resulting from the program's activities.⁹

For tips and resources to help identify and treat employees who have a substance use disorder, visit the Department of Labor's [Working Partners for an Alcohol- and Drug-Free Workplace](#) website.

Similar to PeerCare, [WorkplaceResponse](#), is an education and screening program developed by Screening for Mental Health, Inc. that helps businesses and their employees screen for common mental health problems, including depression, anxiety, post traumatic stress disorder, bipolar disorder, and eating disorders. The program, which is available online and over the phone, is completely confidential, and provides specific referral information should individuals need further evaluation and treatment.¹⁰

For tips and resources to help identify and treat employees who have a mental health problem, visit the [Mental Health America](#) website.

Prevalence of Substance Use and Mental Disorders in the Workplace

Use of substances may occur both on and off the job, equally affecting one's overall health, well-being and work performance. According to a national survey, in the course of a year, more than 2 million people used illicit drugs during work hours, and approximately 3 million workers used an illicit drug within 2 hours of reporting to work.¹¹ Additionally, 7 percent of Americans used alcohol during the workday, and 9 percent of Americans claimed they had worked "hungover," experiencing the physical effects following the heavy use of alcohol, ultimately affecting their work performance.¹² The following occupations have the highest rate of reported substance use:¹³

- Construction workers;
- Sales personnel;
- Restaurant workers; and
- Transportation and material movers.

High-paying occupations and positions, including company directors, military personnel, lawyers, police officers, and doctors, also have high alcohol and drug consumption rates.¹⁴

Mental health problems, such as depression or anxiety, also have a significant impact on the workplace.¹⁵ For example, depression, the most common mental health problem in the workplace, affects nearly 1 in 10 employees.¹⁶ It's estimated that 72 percent of people in the workforce who have depression are not properly diagnosed, causing over \$63 billion lost annually due to decreased productivity.¹⁷ When left untreated, these health conditions can affect performance, resulting in a loss of productivity and absenteeism.

In addition, mental health problems contribute to more work impairment and absences than other chronic health conditions such as diabetes, asthma, arthritis, back pain, hypertension, and heart disease.¹⁸ Prevention, awareness, and support campaigns in and out of the workplace are essential to combat these treatable, yet common, public health problems. Outpatient programs that treat mental health problems can produce savings for employers; research has shown that after 3 weeks of treatment, work impairment was cut nearly in half, from 31 percent to 18 percent for employees with mental health problems.¹⁹

Contributing Factors to Substance Use and Mental Disorders in the Workplace

Occupational, personal, and social factors play a role in increased substance use and mental disorders in and outside the workplace. For example:

- **Job responsibilities** that are high stress or have low satisfaction, long or irregular shifts, repetitive duties, or inconsistent supervision are common elements that may contribute to increased substance use and mental disorders.²⁰
- **Personal stressors** such as illness, death in the family, marital strain, financial problems, internal conflicts, emotional or physical abuse, and trauma are common troubles that can contribute to increased alcohol and/or drug use and can affect one's everyday work.²¹
- **Economic worries**, including increased unemployment, foreclosures, loss of investments, and other financial distress can cause mental health problems such as depression, anxiety, and compulsive behaviors, as well as substance misuse.²²

The following signs may be present in employees who are dealing with these personal or work issues, which can contribute to substance use and mental disorders:²³

- Lack of attention to job tasks;
- Increased work absences and on-the-job accidents;
- Inconsistent work quality or work not up to its usual standards;
- Disregarded work safety procedures; and
- Extended lunch breaks, late arrivals, or early departures.

One-fourth of employees view their jobs as the number one stressor in their lives.²⁴ While nearly one-half of large companies in the United States provide some type of stress management training, all employers should work with their employees to reduce and manage any stress and establish EAPs so that employees become familiar with prevention and referral programs available to them.²⁵ Employers should support **Recovery Month's** efforts by encouraging employees and company leaders to brainstorm and apply positive ways to help prevent problems of substance use and mental disorders within the workplace. Refer colleagues to resources if needed and support employees who are in treatment and recovery.

Health Reform Substantially Affects the Workplace

Based on combined data from 2006 through 2009, almost 37 percent of people aged 12 or older who needed substance use treatment, felt a need for treatment, and made an effort to receive treatment, didn't receive it because they didn't have health coverage or couldn't afford the cost.²⁶ Additionally, more than 42.5 percent of the 6.1 million adults aged 18 or older who reported an unmet need for mental health care, but didn't receive services, cited the inability to afford care as a barrier to treatment.²⁷ There is a tremendous gap between those who suffer from substance use and mental disorders and those who access treatment and recovery support services. Fortunately, with the passage of the Affordable Care Act in 2010, coverage will expand to approximately 32 million Americans who were not previously insured.²⁸ The Affordable Care Act includes many provisions aimed at improving access to certain prevention services and access to essential substance use and mental health treatment and recovery support services, including behavioral health treatment. Several aspects of the legislation that small and large employers should keep in mind as it is implemented are detailed below.

Through the Early Retiree Reinsurance Program, both large and small employers who provide health insurance to retirees ages 55 through 64 will be eligible for financial assistance to help pay for high-cost early retirees. Lowering the cost of premiums for all employees will help reduce employer health costs.²⁹ Refer to the "[Fast Facts About Health Reform, Substance Use and Mental Disorders, Treatment, and Recovery](#)" document in this toolkit for more information on health reform and the positive effects it, along with the MHPAEA, will have on access to treatment and recovery support services.

For Small Employers

A company with 50 employees or less is considered a small business, but some provisions use other standards. In some States, this also includes self-employed individuals with no employees. Some provisions include:³⁰

- If you have up to 25 employees, pay average annual wages below \$50,000, and provide health insurance, you may qualify for a small business tax credit of up to 35 percent (up to 25 percent for non-profits) to offset the cost of your insurance. This will bring down the cost of providing insurance.
- Starting in 2014, the small business tax credit goes up to 50 percent (up to 35 percent for non profits) for qualifying businesses. This makes the cost of providing insurance even lower.
- Starting in 2014, small businesses with generally fewer than 100 employees can shop in an Exchange, which gives you power similar to what large businesses have to get better choices and lower prices. An Exchange is a new marketplace where individuals and small businesses can buy affordable health benefit plans. Exchanges will offer a choice of plans that meet certain benefits and cost standards.

For Large Employers

A company with more than 50 employees is considered a large company, which are impacted by the following provisions:³¹

- Job-based coverage that was in effect on March 23, 2010 is exempted from certain provisions in the Affordable Care Act.
- The Affordable Care Act tackles waste, fraud, and abuse and other drivers of health care costs, which will provide employers significant savings in the cost of employee care.
- By providing affordable coverage to all Americans, the law will significantly reduce the hidden tax that currently adds \$1,000 to the cost of every family policy to help pay for the costs of uncompensated care.
- The health law tax credits and the new employer responsibility policies will help level the playing field between different types of employers. More businesses will be able to offer affordable coverage.

Addressing Substance Use and Mental Disorders in Your Workplace

This September and throughout the year, SAMHSA encourages all employers and workers to become involved in **Recovery Month** and work to improve the overall health and well-being of people in all workplace settings. Specifically, as an employer, you can:

- **Write a comprehensive alcohol- and drug-free policy.** Your policy should delineate the company's position on alcohol and drug use, what the company expects of its employees, and consequences employees will face if they violate the policy. Be effective by involving employees at all levels when developing this plan.³²
- **Train supervisors and educate employees.** Since supervisors have the most direct contact with all workers, they should be trained on your company's alcohol and drug use policy and how to detect signs and symptoms of substance use and mental disorders in the workplace. Supervisors and employees should have access to information on how to refer colleagues to treatment and recovery services in your community. In addition, all employees should be educated about the risk of developing substance use and mental disorders and how they can impact your workplace.³³ Be sure you share the impact health reform has on insurance coverage and the increased access employees can get for substance use and/or mental health condition treatment and recovery services.
- **Provide an employee assistance program (EAP).** EAPs have the potential of reaching individuals of diverse occupations, backgrounds, and income levels. These programs assist in handling personal issues that arise, and typically include short-term counseling and referral services for employees and their families. Providing employees the necessary tools to handle substance use or mental disorders will positively impact your workplace with improved productivity and health and decreased overall health care costs.³⁴
- **Start a drug testing program.** All employers, including your workplace, should consider a drug testing program. This is critical for jobs that can potentially present safety issues to workers including drivers, mechanics, construction workers, and those who operate machinery. If used, testing programs must meet legal or regulatory requirements, disability discrimination provisions, and collective bargaining agreements. Consider consulting a lawyer or visit [SAMHSA's Drug-Free Workplace](#) website to ensure that your testing program is fair, accurate, and legally defensible. Also, review all Federal regulations, as described under [The Drug-Free Workplace Act of 1988](#).³⁵
- **Encourage a work-life balance.** Recovery involves rejoining and rebuilding a life in the community.³⁶ When one's work and personal life is out of balance, stress levels are likely to increase, which can contribute to substance use and mental disorders. Workers who take time off because of stress, anxiety, or a related mental health problem are out-of-work an average of 20 days a year.³⁷ Encourage your employees to spend time out of work doing activities they enjoy, such as spending time with family or volunteering in their communities. Additionally, avoid overworking your employees so that they have time for extracurricular activities.
- **Sponsor a *Recovery Month* event.** Consider holding a walk, educational forum, or seminar during **Recovery Month** to raise awareness of the prevalence of substance use and mental disorders in the workplace and how health reform increases access to treatment and recovery support services if needed. Also, you can encourage employees to attend other local **Recovery Month** events individually or as an organization.
- **Offer free space to your employees to hold support group meetings.** A free meeting space provides your employees with a comfortable setting to meet with others, and encourages others to seek peer-to-peer support services who may not have otherwise.

Additional Recovery Resources

A variety of resources provide additional information on **Recovery Month**, substance use and mental disorders, and prevention, treatment, and recovery support services. Use the toll-free numbers and websites below to share your experiences, learn from others, and seek help from professionals. Through these resources, individuals can interact with others and find support on an as-needed, confidential basis.

- **Substance Abuse and Mental Health Services Administration (SAMHSA) Website** – Leads efforts to reduce the impact of substance use and mental disorders on communities nationwide.
- **SAMHSA's National Helpline, 1-800-662-HELP (4357), or 1-800-487-4889 (TDD)** – Provides 24-hour free and confidential information about substance use and mental disorders, prevention, treatment, and recovery referrals in English or Spanish.
- **SAMHSA's "Find Substance Abuse and Mental Health Treatment" Website** – Contains information about treatment options and special services located in your area.
- **SAMHSA's Division of Workplace Programs** – Provides guidance for employers on workplace drug-testing issues and can also be accessed by calling 1-800-Workplace (967-5752).
- **SAMHSA's ADS Center** – Provides information and assistance to develop successful efforts to counteract prejudice and discrimination and promote social inclusion.
- **National Suicide Prevention Lifeline, 1-800-273-TALK (8255)** – Provides a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.
- **The National Institute on Drug Abuse (Drug Free Workplace Programs)** – Includes information on research to significantly improve prevention, treatment, and policy as it relates to drug abuse and addiction.
- **Employee Health Programs** – Designs and manages drug-free workplace programs, employee assistance programs, and other services that benefit employers and employees.
- **Mental Health America** – Offers resources about the realities of mental health and mental illness.

As health reform continues to be implemented, use the following resources to learn about the impact of these changes on access to treatment and recovery support services:

- **HealthCare.gov** – Managed by HHS, this Federal website provides information for the general public, people with disabilities, seniors, young adults, and employers, on how the law affects access to health care, insurance options, available preventive services, and comparing care quality.
- **Kaiser Family Foundation** – Issued by a nonprofit, health policy and communications group, this document provides a summary on the comprehensive health reform law, the Affordable Care Act, signed into law on March 23, 2010. The document discusses the law and subsequent changes, provisions to expand coverage, control health care costs, and improve the health care delivery system. Visit the Kaiser Family Foundation's [Health Reform Source](#) for more information.
- **The Parity Implementation Coalition's Parity Toolkit** – Created by organizations, including **Recovery Month** Planning Partners, this toolkit aids individuals seeking help, individuals in recovery, as well as their families, providers, and advocates in understanding their rights and benefits under the MHPAEA law.

Inclusion of websites and resources in this document and on the [Recovery Month website](#) does not constitute official endorsement by the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.

RESOURCES

- 1 Data courtesy of U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, February 2011.
- 2 Fogarty, S. *Comorbidity Addressed Effectively via an Integrated Solution*. Compensation & Benefits Review, 38(5), 2006.
- 3 *What You Need to Know About Mental and Substance Use Disorders: Issue Brief #4 For Employers*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration website: <http://www.samhsa.gov/Financing/file.axd?file=2010/12/MentalandSubstanceUseDisorders-wpb4.pdf>, p. 2. Accessed October 5, 2010.
- 4 Parity: HHS Secretary Sebelius Speaks. SAMHSA News, Volume 18, Number 1, January/February 2010: http://www.samhsa.gov/samhsanewsletter/Volume_18_Number_1/HHSSecretaryParity.aspx.
- 5 *Alcoholism in the Workplace: A Handbook for Supervisors*. United States Office of Personnel Management website: http://www.opm.gov/employment_and_benefits/worklife/officialdocuments/handbooksguides/alcohol/index.asp. Accessed November 12, 2010.
- 6 *Employee Drug-Free Workplace Education*. U.S. Department of Labor, Office of the Assistant Secretary for Policy, Working Partners for an Alcohol- and Drug-Free Workplace. PowerPoint Presentation, Slides 1-3.
- 7 Ibid.
- 8 *Substance Abuse Prevention and Early Intervention in the Workplace PeerCare: An Effective Union-Management Partnership*. Substance Abuse and Mental Health Services website: http://workplace.samhsa.gov/Workplaces/pdf/FactSheet1_110306.pdf, pp. 1-2. Accessed October 5, 2010.
- 9 Miller TR, Zaloshnja E, Spicer RS. *Effectiveness and Benefit-Cost of Peer-Based Workplace Substance Abuse Prevention Coupled with Random Testing*. Accident Analysis and Prevention, 2006.
- 10 *Program Background: WorkplaceResponse*. Screening for Mental Health website: <http://www.mentalhealthscreening.org/programs/workplace/program-background.aspx>. Accessed November 18, 2010.
- 11 Frone, MR. *Prevalence and Distribution of Alcohol Use and Impairment in the Workforce and in the Workplace: Findings and Implications from a U.S. National Survey*. Journal of Applied Psychology, 91(4), 2006, pp. 856-869.
- 12 Ibid.
- 13 *How Does Substance Abuse Impact the Workplace?* U.S. Department of Labor, Drug-Free Workplace Advisor website: <http://www.dol.gov/elaws/asp/drugfree/benefits.htm>. Accessed October 8, 2010.
- 14 *Fighting Drug and Alcohol Abuse in the Workplace New Study Cites Problems and Solutions*. The International Labour Organization website: http://www.ilo.org/global/about-the-ilo/press-and-media-centre/press-releases/WCMS_007992/lang-en/index.htm. Accessed October 7, 2010.
- 15 Hargrave, G.E., & Hiatt, D. *The EAP Treatment of Depressed Employees: Implications for Return on Investment*. Managed Health Network. 2007.
- 16 Fogarty, S. *Comorbidity Addressed Effectively via an Integrated Solution*. Compensation & Benefits Review 38(5), 2006.
- 17 *Achieving the Promise: Transforming Mental Health Care in America*. New Freedom Commission on Mental Health, 2003, p. 4.
- 18 *Successful Employer Implementation of the Federal Mental Health Parity and Addiction Equity Act*. Partnership for Workplace Mental Health, Research Works website: <http://www.workplacementalhealth.org/Publications-Surveys/Research-Works/Successful-Employer-Implementation-of-the-Federal-Mental-Health-Parity-and-Addiction-Equity-Act.aspx>, p. 14. December 2009.
- 19 *A Mentally Healthy Workforce—It's Good for Business*. Partnership for Workplace Mental Health, A Program of the American Psychiatric Foundation website: <http://www.workplacementalhealth.org/Business-Case/The-Business-Case-Brochure.aspx?FT=.pdf>, p. 8. Accessed November 1, 2010.
- 20 *Causes of Stress*. Changing Minds website: http://changingminds.org/explanations/stress/stress_causes. Accessed October 5, 2010.
- 21 *Understanding Stress: Signs, Symptoms, Causes, And Effects*. The Help Guide website: http://helpguide.org/mental/stress_signs.htm. Accessed February 9, 2011.
- 22 *Getting Through Tough Economic Times*. Substance Abuse and Mental Health Services Administration website: <http://www.samhsa.gov/ECONOMY>. Accessed October 7, 2010.
- 23 *Substance Use Disorders in the Workplace: A Guide to Recovery for Employees*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. DHHS Publication No. (SMA) 04-3944. Tennessee Association of Alcohol, Drug, and Other Addiction Services website: <http://www.taadas.org/publications/prodimages/Substance%20Use%20Disorders%20in%20the%20Workplace%20A%20Guide%20to%20Recovery%20for%20Employees.pdf>, p. 2. Accessed October 4, 2010.
- 24 *Behavior Health—On the Job*. Substance Abuse and Mental Health Services Administration, GetFit website: <http://getfit.samhsa.gov/behavioralhealth/informationonthejob.aspx>. U.S. Centers for Disease Control, National Institute for Occupational Safety and Health. Accessed November 18, 2010.
- 25 Ibid.
- 26 *Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings*, HHS Publication No. SMA 10-4586. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, September 2010, p. 86.
- 27 *Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings*, HHS Publication No. SMA 10-4609. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, December 2010, p. 23.
- 28 *Focus on Health Reform: Summary of New Health Care Reform Law*. The Kaiser Family Foundation website: <http://www.kff.org/healthreform/upload/8061.pdf>, pp. 1, 13. Accessed July 1, 2010.
- 29 *Top Five Things to Know: Small Employers*. HealthCare.gov website: <http://www.healthcare.gov/foryou/small/top5/index.html>. Accessed September 30, 2010.
- 30 Ibid.
- 31 *Top Five Things to Know: Large Employers*. HealthCare.gov website: <http://www.healthcare.gov/foryou/large/top5/index.html>. Accessed October 1, 2010.
- 32 *Hallmarks of Successful Drug-Free Workplace Programs*. Substance Abuse and Mental Health Services Administration website: http://workplace.samhsa.gov/WPWorkit/pdf/hallmarks_of_successful_workplace_programs_fs.pdf, p.1. Accessed October 3, 2010.
- 33 *Alcoholism In The Workplace: A Handbook for Supervisors*. United States Office of Personnel Management website: http://www.opm.gov/employment_and_benefits/worklife/officialdocuments/handbooksguides/alcohol/index.asp. Accessed November 12, 2010.
- 34 Osilla, K.C., dela Cruz, E., Miles, J.N.V., Zellmer, S., Watkins, K., Larimer, M. E., & Marlatt, G. A. *Exploring Productivity Outcomes from a Brief Intervention for At-Risk Drinking in an Employee Assistance Program*. Addictive Behaviors, 35(3) 194-200, 2010.
- 35 *Workplace Resource Center*. Substance Abuse and Mental Health Services Administration, Division of the Workplace website: <http://www.workplace.samhsa.gov>. Accessed October 3, 2010.
- 36 Halvorson A., Skinner J., and Whitter M. *Provider Approaches to Recovery-Oriented Systems of Care: Four Case Studies*. HHS Publication No. (SMA) 09-4437. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2009. p. 2.
- 37 *Behavior Health—On the Job*. Substance Abuse and Mental Health Services Administration, GetFit website: <http://getfit.samhsa.gov/behavioralhealth/informationonthejob.aspx>. U.S. Centers for Disease Control, National Institute for Occupational Safety and Health. Accessed November 18, 2010.