INDIANA
WORKFORCE
RECOVERY

INDIANA WORKPLACE
SUBSTANCE USE & RECOVERY SURVEY
STATE ANALYSIS • 2019

INDIANA
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WELLNESS
COUNCIL
OF INDIANA

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Opening

Under the leadership of Gov. Eric Holcomb, the state of Indiana is committed to actionable solutions to combat opioid and drug use issues. There has been significant effort and investment to address this crisis from multiple angles. The Indiana Chamber of Commerce and the Wellness Council of Indiana have committed to assisting employers and their workers through the Indiana Workforce Recovery (IWR) initiative.

The goals of IWR include increased awareness, prevention and treatment outreach. We are working to reduce the prevalence of substance use disorder (SUD) and support those in need.

Nationally, 11.5% of adults aged 18 years and older used an illicit drug in the past month and 26.4% engaged in binge drinking. Among those aged 18 to 25 years, these numbers jump to 24.2% and 36.9% respectively. [1]

From the onset, a central value of IWR has been to make data-driven decisions for evaluating areas of need within Indiana's employer community. IWR, in partnership with internal and external stakeholders, gathered survey data from Indiana employers from November of 2018 through February of 2019. This is the result of that process.

There is a great deal of progress yet to be realized and this data informs those areas where there is opportunity for impact. It also tells a story of employers who care and believe that substance use disorder is a chronic disease affecting Indiana's communities.

Thank you to the generous investors who made this possible. IWR is committed to using this information to provide solutions for Indiana's businesses and communities. It is our hope that you find it to be helpful as well.

For more information, contact:

Indiana Workforce Recovery
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Methodology

Survey Development and Administration

The survey instrument and this report of survey findings was developed by *Working Partners®*, a recognized leader in drug-free workplace consulting and training. The firm's mission is to assist in the implementation of measures to protect company productivity and profitability and improve the quality of life for their workforces.

Primary Respondents

Key representatives from every size business and industry across the state – this defines "businesses" throughout the report.

Significance

Statistical significance of the survey was measured at 95% confidence level (+/- 5).

Sample size targets

Minimum sample sizes were calculated using the Statistics of U.S. Business (SUSB), as compiled by the U.S. Census Bureau.

Collection

Surveys were collected electronically through an online survey platform.

Confidentiality

No individual responses or business information were collected.

Oversight

Oversight to the survey project was provided by Yvonne Olivares, Ph.D., founder of Services for Data Driven Solutions (S4DDS, LLC), a minority, female-owned consulting firm providing custom research, evaluation and data services.

Analysis

Data was analyzed across demographics, including but not limited to firm size, industry, and respondent's role within the organization as well as by respondent perceptions and organization capacity. Only significant correlations were included in this report.
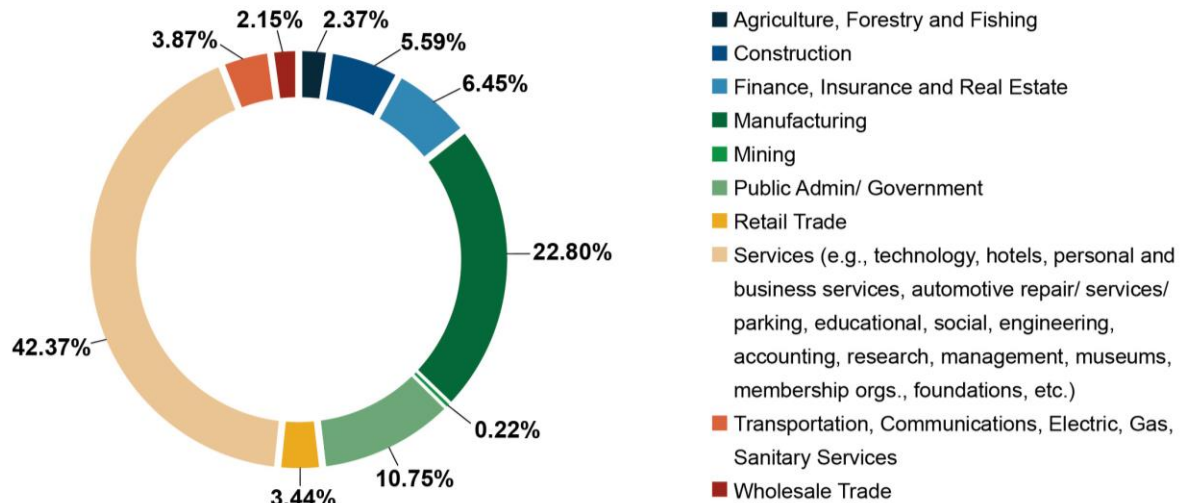
# Demographics of Responding Organizations

Industry

Service and manufacturing industries accounted for nearly two thirds (65.16%) of the organizations.

Technology accounted for 9.14% of the service-industry organizations (3.87% of state total).

Legend:
- Agriculture, Forestry and Fishing
- Construction
- Finance, Insurance and Real Estate
- Manufacturing
- Mining
- Public Admin/ Government
- Retail Trade
- Services (e.g., technology, hotels, personal and business services, automotive repair/ services/ parking, educational, social, engineering, accounting, research, management, museums, membership orgs., foundations, etc.)
- Transportation, Communications, Electric, Gas, Sanitary Services
- Wholesale Trade

Chart values: 2.15%, 2.37%, 5.59%, 6.45%, 22.80%, 0.22%, 10.75%, 3.44%, 42.37%, 3.87%

Company Size

In our survey, over half (53.12%) of the organizations employ fewer than 100 employees, and 28.6% represent Indiana's smallest employers with fewer than 25 employees.

Legend:
- 1 -99
- 100 - 299
- 300 - 499
- 500 - 999
- 1000 +

Chart values: 9.68%, 6.88%, 8.39%, 21.94%, 53.12%
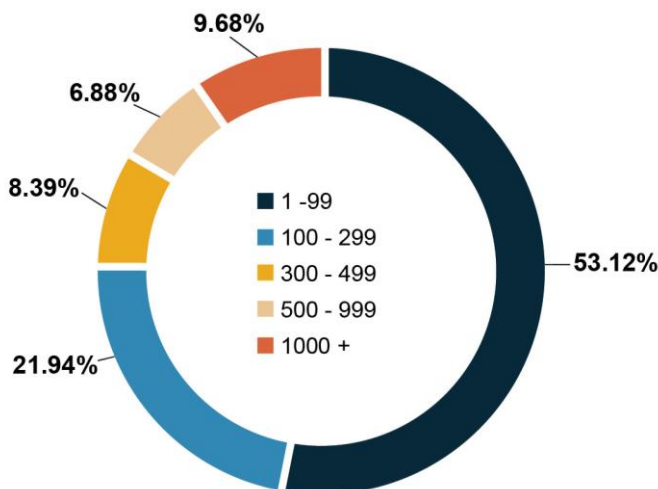
Small businesses are often not represented in studies but are the backbone of the U.S. economy. In Indiana, firms with fewer than 100 employees have the largest share of the state's small business employment.[2]

Position

Human resources and upper management accounted for more than half (54.84%) the organization representatives.

Legend:
- Owner/Operator
- Human Resources & Upper Management
- Wellness
- Front-line Employee (deal directly with product and/or client)
- Finance Management
- Safety
- Supervisor
- Other

Values shown: 8.82%, 1.94%, 3.87%, 2.37%, 7.74%, 5.38%, 15.05%, 54.84%
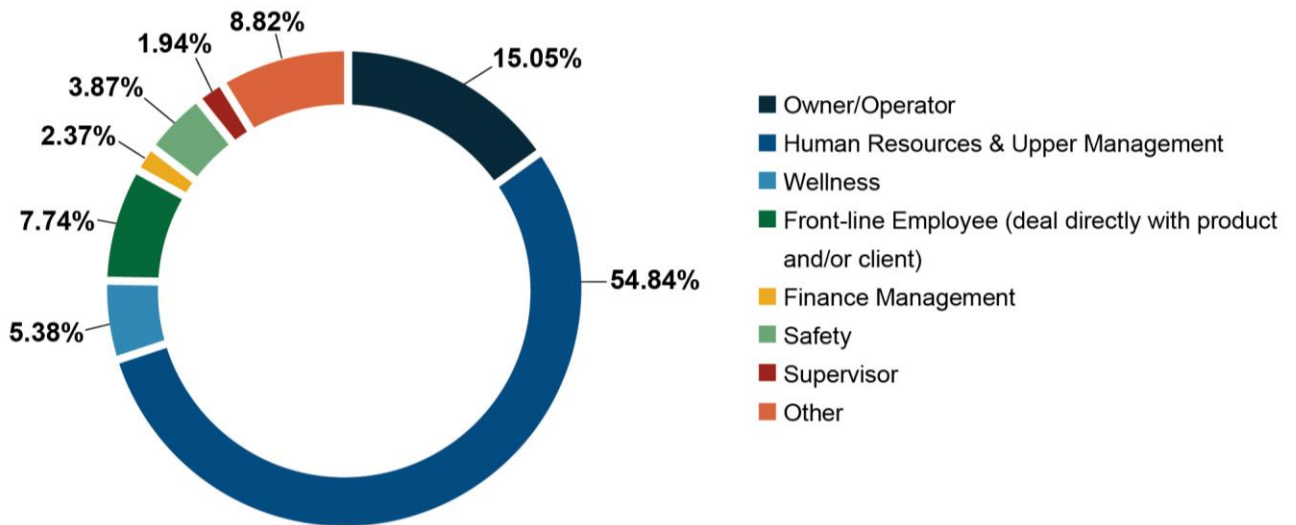
DOT

One in three (35.05%) organizations have employees who are subject to drug and alcohol testing mandated by the DOT.

Recruitment

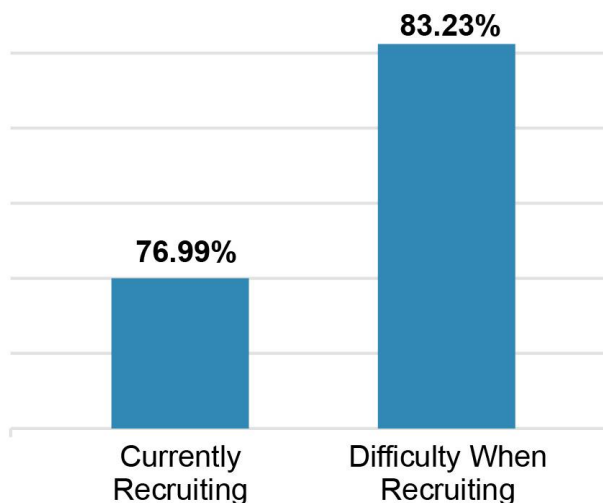## Difficulty in Recruiting New Employees

While the majority (76.99%) of Indiana's organizations are currently recruiting, less than half (46.24%) report it is very difficult or difficult to recruit new employees. When we add those organizations who find it at least somewhat difficult, the rate almost doubles at 83.23%.

Organizations who report it is difficult to recruit new employees are significantly more likely to be:
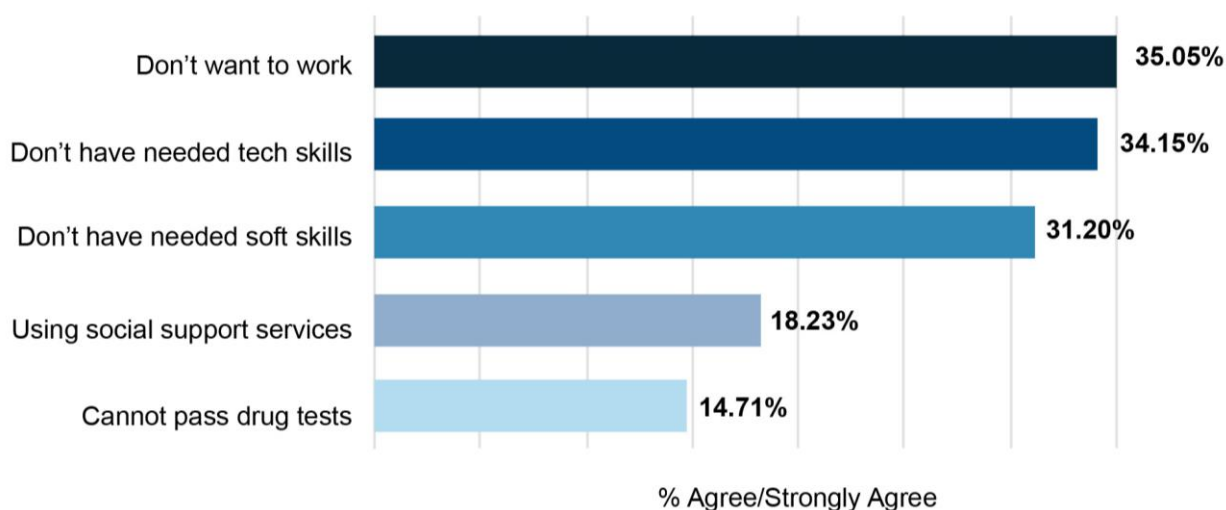
- Manufacturing industry
- Self-funded/Administrative Services Only (ASO) organizations

Organizations who report it is NOT difficult at all to recruit new employees are significantly more likely to come from service, finance and public administration/government.

Self-funded/ ASO organizations are more likely, than fully insured and those not providing health insurance, to report greater difficulty in recruiting new employees.

83.23%

76.99%

Currently Recruiting   Difficulty When Recruiting

Reasons Behind the Difficulty

Don't want to work	35.05%
Don't have needed tech skills	34.15%
Don't have needed soft skills	31.20%
Using social support services	18.23%
Cannot pass drug tests	14.71%

% Agree/Strongly Agree

Positive Drug Tests

Organizations are divided in their belief that the difficulty in finding new employees is due to applicant inability to pass a drug test. One in three (37.50%) disagree, another third (33.82%) somewhat agree/disagree, and the remaining agree (14.71%) or don't know (13.97%) if this is the difficulty.

Organizations who agree the reason they cannot find new employees is because applicants cannot pass drug tests are significantly more likely to come from manufacturing industry rather than service industry.

Nationally and across all testing applications, the manufacturing industry saw year-over-year increases in the positivity rate for marijuana (23% increase) and methamphetamine (27% increase) between 2015 and 2017.[3]

Lack of Skills

Organizations are twice as likely to agree (31.20%) the difficulty in finding new employees is because applicants lack soft skills.

Organizations are more likely to strongly agree/agree (34.15%), than strongly disagree/disagree (20.39%), the difficulty in finding new employees results from applicants not having necessary tech skills.

Organizations who strongly agree/agree it is difficult to find new employees because applicants don't have necessary tech skills are significantly more likely to come from manufacturing rather than service industry.

Employee Preferences

Organizations are nearly twice as likely to disagree (34.73%) it is difficult to find new employees because applicants are utilizing social support services.

Organizations are slightly more likely to strongly agree/agree (35.05%) than strongly disagree/disagree (24.75%) the difficulty in finding new employees is due to potential applicants not wanting to work.

Organizations who strongly agree/agree it is difficult to find new employees because potential applicants don't want to work are significantly more likely to come from manufacturing rather than service industry or public administration/government.

Organizations are nearly twice as likely to disagree it is difficult to find new employees because applicants are utilizing social support services (18.23% strongly agree/agree and 34.73% strongly disagree/disagree).

Organizations who agree it is difficult to find new employees because applicants are utilizing social support services are significantly more likely to come from manufacturing industry rather than the service industry and/or public administration/government.

When we look at the reasons behind difficulty in recruiting, the industry differences become more apparent with manufacturing on one end of the spectrum and service and public administration/ government on the other.
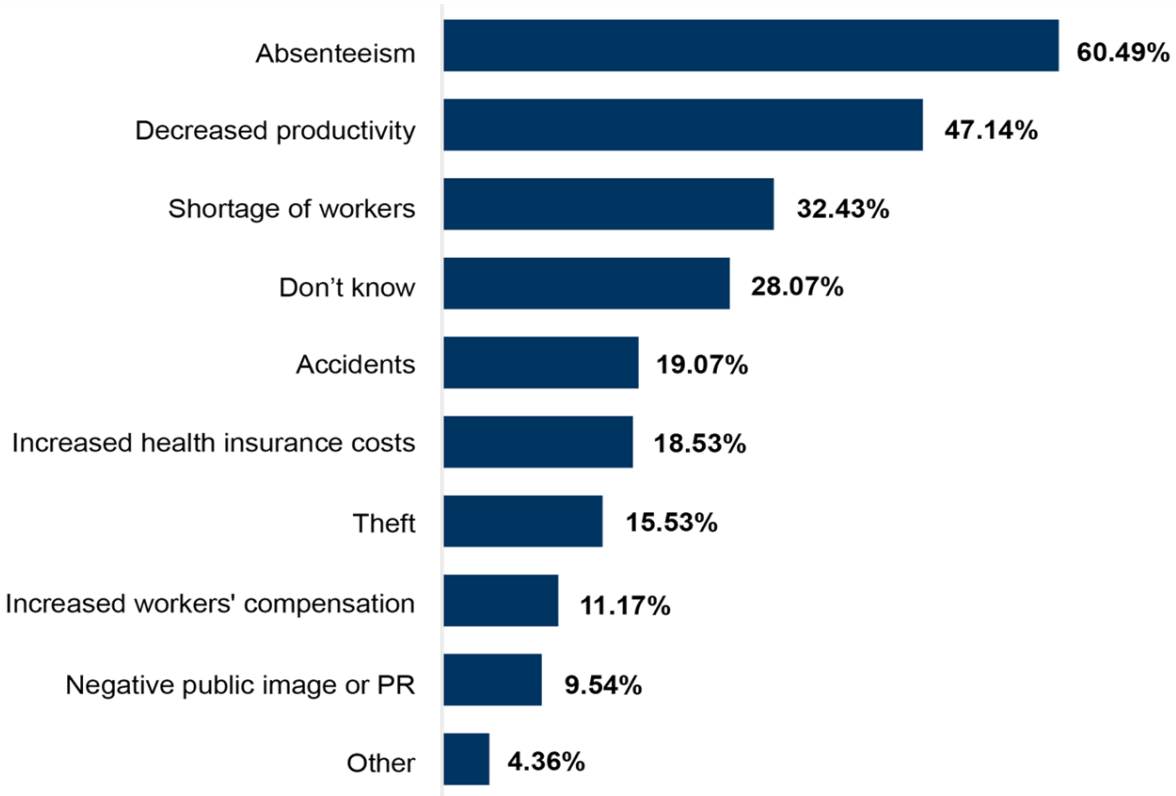
Consequences of Substance Misuse on the Workplace

Though drug-free programs vary depending on organization size, the consequences organizations and their employees suffer due to drug/alcohol misuse are universal -- they do not vary across organization size, industry, benefits, etc.
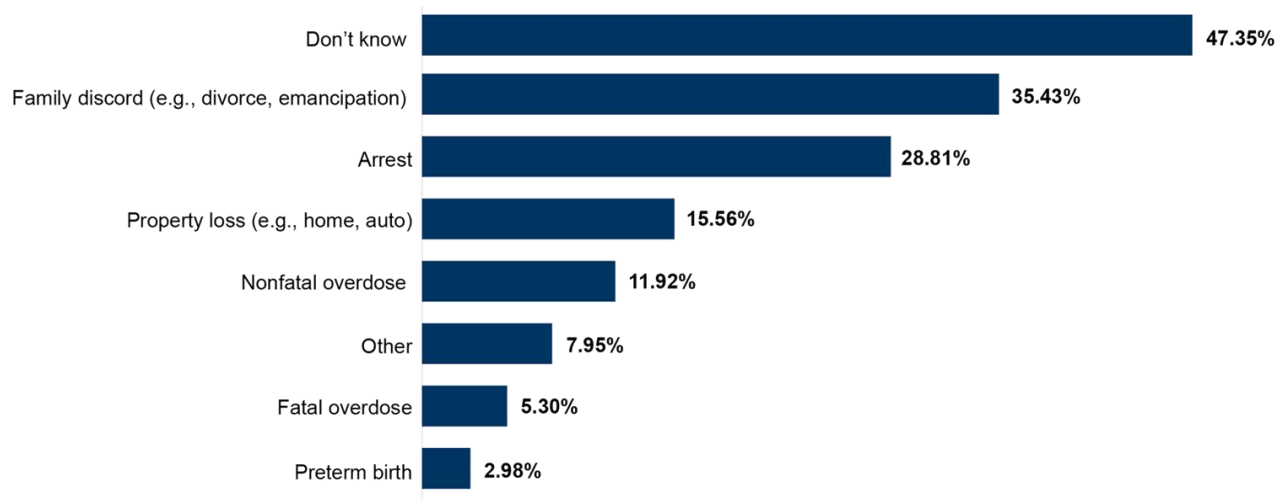
Organizational Consequences

The most common consequences suffered by organizations due to drug/alcohol misuse are absenteeism (60.49%) and decreased productivity (47.14%). Other category write-ins refer to increase in employee turnover.

Category	Percentage
Absenteeism	60.49%
Decreased productivity	47.14%
Shortage of workers	32.43%
Don't know	28.07%
Accidents	19.07%
Increased health insurance costs	18.53%
Theft	15.53%
Increased workers' compensation	11.17%
Negative public image or PR	9.54%
Other	4.36%

Nationally, the general workforce in the U.S. misses 10.5 days annually, while employees with substance use disorders miss an average of 14.8 days per year, and those specifically with a pain medication use disorder miss an average of 29 days per year. In addition, the turnover rate among employees with substance use disorders is higher (36%) than the general workforce.[4]

Employees' Consequences

The most common consequences suffered by employees due to drug/alcohol misuse are family discord (35.43%) and arrest (28.81%). Other write-ins included: health complications, suspended license, loss of CDL, loss of license, loss of pay increase, rehab, suspension and termination.

Consequence	Percentage
Don't know	47.35%
Family discord (e.g., divorce, emancipation)	35.43%
Arrest	28.81%
Property loss (e.g., home, auto)	15.56%
Nonfatal overdose	11.92%
Other	7.95%
Fatal overdose	5.30%
Preterm birth	2.98%

In Indiana alone, 1,700 Hoosiers died in 2017 from drug overdoses – which represents a 75% increase since 2011 and an all-time high for Indiana.[6]

Rates of Positive Tests

The types of consequences faced by organizations and their employees do not vary across organization size, industry, benefits, etc.

Among those surveyed, most organizations who drug test have seen positive tests come back in the past year.

- Only one in four (28.29%) of those doing PRE-EMPLOYMENT drug tests report zero percent of those drug tests coming back positive.

- One in four of organizations (26.29%) doing drug tests on CURRENT EMPLOYEES report receiving zero percent coming back positive.

In 2012, the percentage of American workers testing positive for illicit drugs was at a 30-year low. However, the rate of positivity began to increase in 2013 and by 2018 remained at its highest rate in more than a decade.

Notably, in 2018, Indiana's rate of positive tests (5.0%) surpassed national rates (4.4%).[5]

Best Practice DFWP Programs

The five components of a best-practice DFWP program include

1. Written Policy
2. Annual Employee Education
3. Annual Supervisor Training
4. Drug (and Alcohol) Testing
5. Plan for Employee Assistance

While the majority of organizations have at least one component (65.16%), less than one in five have all five components. And the smaller the organization, the less likely they administer these components.
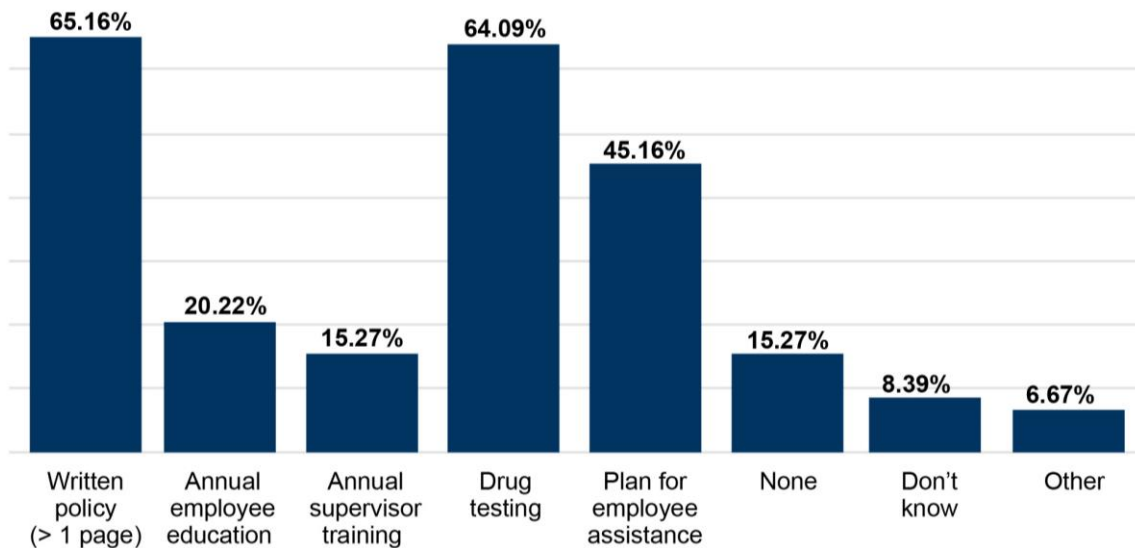
Policy

- Many organizations (65.16%) have a written drug/alcohol misuse policy.

- When it comes to CURRENT employees, half the organizations (49.03%) do not have a specific action when they BELIEVE an employee is misusing drugs/alcohol and their actions are decided on a case-by-case basis.

Employee Education

- Only 20.22% of organizations have annual employee education specific to drug-free workplace.

- Only one in four organizations (27.1%) recall ever providing employee education on safe prescription practices.

- Only one in five (20.43%) organizations have provided employee education on safe prescription practices in the past 12 months.

- Organizations who have provided employee education on safe prescription practices within the past 12 months are significantly more likely to be businesses with 1,000+ employees.

Supervisor Training

- Only one in seven organizations (15.27%) have annual supervisor training specific to drug-free workplace.

- Less than half (46.12%) of the organizations agree they have set procedures for supervisors and managers to follow when an employee may be misusing drugs/alcohol.

- Organizations who agree they have set procedures for supervisors and managers to follow when an employee may be misusing drugs/alcohol are significantly more likely to come from the manufacturing industry rather than the service industry and public administration/government.

Drug Testing

- Two thirds (64.09%) of Indiana's organizations are currently doing drug testing. Among those who aren't testing, the primary reason (55.26%) is they do not believe it is necessary.

- Though drug testing occurs across organization size, industry, and type of health benefits, it is more common among some than others. Organizations currently drug testing are significantly

    o Less likely to be those with 1-24 employees.

    o More likely to come from the manufacturing industry rather than the service industry or public administration/ government.

    o More likely to be self-funded/ASO organizations rather than fully insured or not insured.

- Most (62.88%) report using lab-based urine tests.

- One in four (25.90%) do not know what they are testing for, though most organizations believe they are testing for organic opiates (73.31%), oxycodone/oxymorphone (63.75%), and hydrocodone/ hydromorphone (61.35%), with about half reporting that they test for methadone (54.18%) and fentanyl (45.82%).

- Self-funded/ ASO organizations are significantly different from fully-insured in that

    o Organizations who have conducted 40 or more pre-employment/new hire drug tests over the past year are significantly more likely to have self-funded/ASO health insurance rather than be fully insured.

    o Organizations reporting less than ten percent of their pre-employment/ new hire drug tests were positive are significantly more likely to be self-funded/ASO rather than fully insured.

- Organizations requiring drug tests when the organization BELIEVES they may be misusing drugs/alcohol are significantly more likely to come from

    o Manufacturing industry rather than the service industry or public administration/government.

    o Self-funded/ASO orgs rather than fully insured or not insured.

Employee Assistance

- While many organizations (65.16%) have a written drug/alcohol misuse policy, less than half (45.16%) have a plan for directing employees to assistance with drug and/or alcohol problems.

- Organizations with a plan for directing employees to assistance with drug/alcohol problems are significantly less likely to be those with 1-24 employees.

- Though mid-sized businesses (with 25-99, 100-299, 300-499 employees) are more likely than not to have a professional person or resource identified when an employee needs help with a drug/alcohol problem, many lack this resource.

- Nearly half the organizations (42.15%) do not have or do not know if they have a professional person or resource identified to send employees who need help with drug/alcohol problems.

- A third (35.96%) of the organizations with 25-99 employees do not have a resource identified, a fifth (19.61%) for those with 100-299 employees and a fourth (25.64%) for the larger midsized 300-499 employees do not have a resource identified.

Nationally in 2017, 7.6% of those 18 years and older reported they needed treatment, yet only 1.5% received it. The group aged 18 to 25 years was most in need of treatment (15.1%) and only 1.9% received it. Among all those who needed but did not receive treatment, when asked why they did not enter treatment, 20.5% reported it was because they believed it might have a negative effect on their job. Another 30% stated the reason was that they did not have health care and could not afford the cost of treatment.[1]

Termination vs. Second Chance

Of the organizations who test APPLICANTS, less than half (42.81%) would consider hiring an applicant who had tested positive in a past or current test. Very few organizations (6.02%) follow best practice when applicants test positive or consider hiring applicants if they came back later, tested negative, and were cleared by a qualified drug/alcohol professional.

> Offering a second chance can be good for business. Replacing an employee costs an employer between 25% to 200% of its annual compensation. These costs do not include the loss of company knowledge, continuity and productivity.[7]

At organizations who drug test in Indiana, CURRENT EMPLOYEES who test positive for the first time are slightly more likely to be terminated (31.06%) as being given a best-practice second chance (29.19%).

Termination	31.06%
Best-Practice Second Chance	29.19%
Decided Case-by-Case	26.40%
Other	13.35%
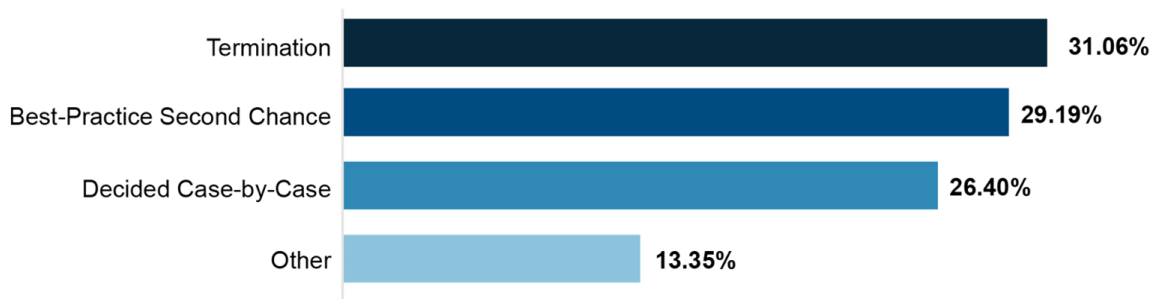
Supporting Employees in Recovery

When it comes to recovery and prevention, organization views skew even more negative.

Only one in three (34.70%) organizations agree their organization has the ability to support employees in drug/alcohol recovery.

> Research indicates that employer supported and monitored treatment yields better sustained recovery rates than treatment initiated at the request of friends and family members.[8]
>
> The one-year cost savings for each worker who recovers from substance use disorder is more than $3,200. In addition, workers in recovery:
>
> - Miss work less than the general workforce (general workforce - 10.5 days; workers with SUD - 14.8 days; workers in recovery - 9.5 days).
>
> - Incur less healthcare costs per year than the general workforce - including hospital and ER room use and ambulatory/primary medical care. (general workforce - $1,741; workers with SUDs - $2,197; workers in recovery - $1,661).[9]

Perceptions

Drug/Alcohol Misuse as an Organizational vs. Community Problem

76.34% Agree - Problem in my COMMUNITY
13.33% Agree - Problem in my ORGANIZATION

Organization representatives' perception is that drug/alcohol misuse is a problem for their community, not their organization.
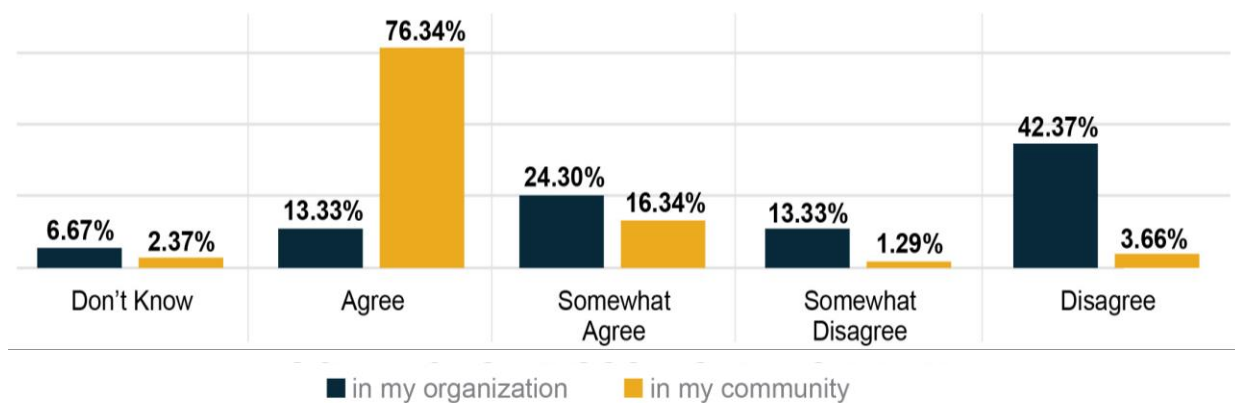
76.34% strongly agree/agree it is a community problem. When we add somewhat agrees the rate goes up to 92.69%.

13.33% strongly agree/agree it is a problem for their organization.

Manufacturing industry is significantly more likely to agree it is an organization problem.
Those who strongly disagree that drug/alcohol misuse is a problem for their organization are significantly more likely to come from small businesses with 1-24 employees.

Those who strongly disagree drug/alcohol misuse is a problem for their organizations are significantly more likely to be upper management, front-line employees, owner/operator and not human resources.

Addiction is Preventable
51.18% Agree/Strongly Agree

However, only 16.37% believe _they_ can positively prevent employee drug/alcohol misuse.

Treatment for Addiction Works
54.19% Agree/Strongly Agree

When it comes to treatment, we see a similar trend with a little more than half (54.19%) of the organization representatives believing treatment for drug/alcohol addiction works. There is an opportunity for education with more than a third (39.56%) somewhat agreeing/somewhat disagreeing treatment for drug/alcohol addiction works.

Organizations that do not provide health insurance are significantly less likely to have representatives agree, than self-funded and fully insured organizations, that treatment of drug/alcohol addiction works.

About half (48.82%) believe medicine can be beneficial in the treatment of opioid addiction, while nearly as many (39.57%) don't know or only somewhat agree. Human resource representatives are significantly more likely than upper management and frontline employees to report they do not know if medicine can be beneficial in treatment of opioids.

> According to a U.S. Surgeon General's report, "Well-supported scientific evidence shows that substance use disorders can be effectively treated with recurrence rates no higher than those for other chronic illnesses such as diabetes, asthma and hypertension."[10]

Addiction is a Disease
70.54% Agree/Strongly Agree

Despite the moderate agreement regarding prevention and treatment, most organization representatives (70.54%) believe drug/alcohol addiction is a disease that should be treated like any chronic health condition. It is uncertain, however, if this belief is applicable to opioids, as less than half (48.82%) believe medicine is beneficial in the treatment of opioid addiction.

Organizations that do not provide health insurance are significantly less likely, than those who are self-funded/ASO or fully insured, to agree drug/alcohol addiction is a disease that should be treated like any chronic health condition.

> According to the Substance Abuse and Mental Health Services Administration, when provided in the proper dose, "medications used in Medication-Assisted Treatment (MAT) have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability.[11]

Local Drug/Alcohol Services

Less than half (43.23%) of the representatives were familiar with the drug/alcohol services in their county and few (10.33%) say they are satisfied with those services.

Health Insurance and Claims Data

Most (85.16%) organizations provide health insurance.

More than one in three small businesses (39.10%) with 1-24 employees do not provide health insurance.

Organizations whose health benefits cover alternative pain treatment are significantly more likely to come from manufacturing industry over service and public administration.

Of the organizations with insurance, only half (50.24%) have benefits that cover alternative pain treatment.

Organizations whose health benefits cover alternative pain treatment are significantly more likely to come from manufacturing industry over service and public administration.

Less than half (41.72%) the organizations agree they have adequate health benefits to meet employee drug/alcohol assistance needs. Organizations more likely to agree their organizations have adequate health benefits to meet employee drug/alcohol assistance needs include

- Human resource or upper management
- Manufacturing industry
- Orgs who use pharmacy and/or claims data

Self-Funded/Administrative Services Only (ASO) vs. Fully Insured

Larger businesses (500 or more employees) all report some form of health insurance and only slightly more likely to be self-funded/ASO rather than fully insured.

Organizations whose health benefits cover alternative pain treatments are significantly more likely to be self-funded/ASO rather than fully insured.
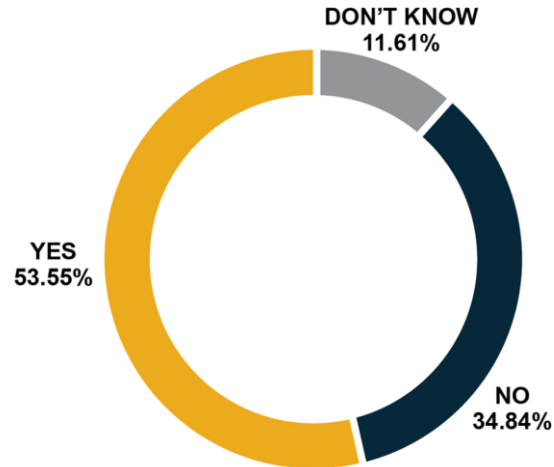
Most (85.16%) organizations provide health insurance with a third self-funded/ASO (31.83%) and half (53.33%) fully insured.
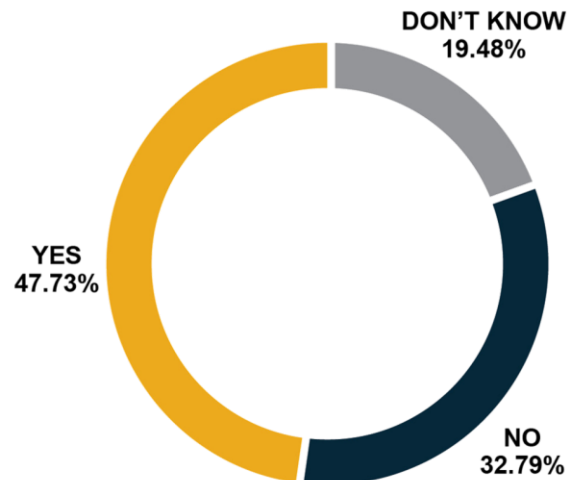
Pharmacy & Claims Data

Knowledge of Organization's Health Insurance Data

Half (53.55%) of the organization representatives were knowledgeable of their organization's health insurance data.

DON'T KNOW
11.61%

YES
53.55%

NO
34.84%

Use of Pharmacy and/or Claims Data

Slightly less than half (47.73%) of the organizations report using pharmacy and/or claims data when making decisions.

DON'T KNOW
19.48%

YES
47.73%

NO
32.79%

While some organizations are not using pharmacy and/or claims data due to lack of awareness (20.41%), most organizations (58.16%) are choosing not to use this data due to either concerns over employee rights (27.55%) or not thinking it is necessary (30.61%).

Types of Organizations Using Pharmacy Claims Data

Most of the usage of pharmacy and/or claims data comes from medium and larger organizations.

Organizations with 100 or more employees are more likely to use pharmacy claims data than not.

Organizations using pharmacy and/or claims data when making decisions are significantly more likely to be medium sized with 100-299 employees rather than smaller with 1-24 employees and those with 25-99 employees.

Organizations significantly more likely to use pharmacy and claims data when making decisions, than not, include:

- Manufacturing industry

- Self-funded/ASO organizations

- Those with a professional person or resource identified if an employee needs help with a drug/alcohol problem

- Those using best practice second chance (employee must be seen by a qualified drug/alcohol professional) when an employee tests positive for the first time

Organizations who do not provide health insurance do not use pharmacy and or claims data when making decisions.

Closing

Thank you for taking the time to review this report. If you have any questions or would like a full presentation of these results for your community, please reach out to the Wellness Council of Indiana.

Thank you to our investors, the Richard M. Fairbanks Foundation and Anthem Blue Cross and Blue Shield Foundation, for their support.

Resources

THE RIGHT DOSE: Supporting Your Workforce, Managing Your Risk Against Opioids

We encourage you to also review THE RIGHT DOSE, our video toolkit meant to complement these guidelines and provide further education. The toolkit can be accessed via wellnessindiana.org/recovery. Topics include:
1. The impact of opioids in the workplace
2. Legally sound drug-free workplace program: What am I allowed (or not allowed) to do?
3. Crafting a policy that's right for YOUR business operation and culture
4. The why, when and how of workplace drug testing
5. Responding to an employee's harmful use of drugs
6. Expanding your access to a productive, employable workforce by supporting employees in recovery

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Indiana Chamber
www.indianachamber.com - membership@indianachamber.com - 317-264-3110

Indiana Division of Mental Health and Addiction
www.in.gov/fssa/dmha/index.htm

Substance Abuse and Mental Health Services Administration (SAMHSA) Drug-Free Workplace Toolkit
www.samhsa.gov/workplace/toolkit

National Safety Council – Prescription Drug Employer Kit
http://safety.nsc.org/rxemployerkit

Richard M. Fairbanks Foundation - Indiana's Opioid and Tobacco Crisis: What Employers Can Do to Help
www.rmff.org/wp-content/uploads/2018/10/Tobacco Opioid_OnePager_Employers_FINAL_web.pdf

Society for Human Resource Management
www.shrm.org/pages/default.aspx

Next Level Recovery
 https://www.in.gov/recovery/

Citations

[1]U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2018). *National Survey on Drug Use and Health 2017* (NSDUH-2017-DS0001).

[2]*2018 Small Business Profile: Indiana.* U.S. Small Business Administration, 2018.

[3]Quest Diagnostics. "Industry Insights." *The Quest Diagnostics Drug Testing Index.* December 2018.

[4]Goplerud E, Hodge S, Benham T. "A Substance Use Cost Calculator for US Employers With an Emphasis on Prescription Pain Medication Misuse." *Journal of Occupational and Environmental Medicine.* 2017;59 (11):1063-1071. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5671784/ (Using data from the National Survey on Drug Use and Health (NSDUH 2012-2014)

[5] Quest Diagnostics. "Employer Solutions Annual Report." *The Quest Diagnostics Drug Testing Index: A comprehensive analysis of workplace drug use trends.* Spring 2019.

[6] Indiana University Richard M. Fairbanks School of Public Health. *The Changing Landscape of the Opioid Epidemic in Marion County and Evidence for Action.* October 2018.

[7] Branham F. Six Truths about Employee Turnover, NY: American Management Association, 2004.

[8] Weisner, C., et al. "Substance Use, Symptom, and Employment Outcomes of Persons With a Workplace Mandate for Chemical Dependency Treatment." *Psychiatric Services*, vol. 60, no. 5, 2009, doi:10.1176/appi.ps.60.5.646.

[9] *A Substance Use Cost Calculator for Employers – Methodology.* NORC at the University of Chicago for Shatterproof. And the National Safety Council. https://www.nsc.org/work-safety/safety-topics/drugs-at-work/methodology.

[10] United States. Department of Health and Human Services (HHS). Office of the Surgeon General. Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016.

[11] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration "Medication and Counseling Treatment.", 7 May 2019, www.samhsa.gov/medication-assisted-treatment/treatment.