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April 27, 2020

National Institute for Occupational Safety and Health
NIOSH Docket Office
1090 Tusculum Avenue
MS C-34
Cincinnati, Ohio 45226-1998

VIA: Federal e-Rulemaking Portal: http://www.regulations.gov

Re: Developing a Workplace Supported Recovery Program: A Strategy for Assisting Workers and Employers with the Nation's Opioid and Substance Use Disorder Epidemics: Request for Information
Docket Number: CDC-2020-0001-0001 and NIOSH-333

Director Howard:

The National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC), having announced an opportunity to provide input on a NIOSH plan to develop resources and conduct research on the topic of Workplace Supported Recovery Programs (WSRPs), the Utility Workers Union of America (UWUA) is pleased to provide input on the questions below, as requested in the solicitation.

The UWUA represents around 50,000 workers in the electric, gas and water utility sectors. Our members maintain and operate utility infrastructure throughout the United States and many of our employers around the country provide our members and their families with access to programs of this nature.

1. **What elements, attributes, activities, and resources should be involved in a Workplace Supported Recovery Program (WSRP)? Describe why inclusion would benefit a WSRP.**

Based on the actual experience of the UWUA, WSRPs would benefit from being primarily driven and overseen by workers themselves, as employees, rather than by employers and supervisory workers. Providing workers with a path to treatment that goes through their peers, rather than via employers or persons with authority over them, creates and benefits from an atmosphere of trust, increasing the likelihood that an individual would be willing and able to access such programs.

Actual treatment programs, of course, are best administered by third party specialists, entities entirely removed from a person's workplace. However, no program can be effective if people in need are unable or unwilling to take the steps necessary to access such treatment. It is critical, therefore, that the channel that leads persons in crisis to treatment programs must be designed to maximize uptake, privacy, confidentiality, compassion, and trust while minimizing stigma, perceived or actual retribution, employment impacts, and social barriers created by the power dynamic between employers and employees.

Key to bringing persons out of crisis and into treatment is maximizing the opportunity for peer-to-peer interaction in order to give people - who are already in a vulnerable state and suffering from a range of physical, mental, emotional, financial, social, and other issues - the ability to seek assistance from a supportive, empathetic source. Forcing access to go through people in positions of authority reduces opportunity for program uptake due to perceived or actual stigmatization and reprisal.

2. **How do the elements, attributes, activities, and resources that make up WSRPs vary by industry and establishment size?**

Although the rate of persons in need of crisis assistance is steady across the workforce, with 10% being an average number for any given workplace regardless of size, larger establishments do, naturally, have the potential for larger absolute numbers of people who could benefit from WSRPs. However, the UWUA's experience has been that size alone, or resources available to a given establishment are not the determining factor in whether treatment programs are utilized or effective. Rather, it is a question of internal culture and the nature of the routes of access to programs that determine whether a program will be accessed and prove effective.

This is true in two respects:

First, in bringing persons in crisis into programs, it is critical that the route to access be divorced from workplace implications – stigma, shaming, employment repercussions, disciplinary action – and that emphasis be placed on support, empathy, privacy and trust. These are values that must be created and grown within any establishment and can exist – or be lacking – at any institution regardless of size.

Second, in bringing persons back into the workplace following treatment, all these same principles apply. An establishment with a culture of stigmatizing and shaming person who have accessed WSRPs will reduce success, throw people back into crisis, and undermine the effectiveness of treatment programs. Establishments, by contrast, that celebrate the personal victory that has been achieved by completing treatment will be poised to assist that person's successful re-entry into the workplace and support their ongoing after-care to ensure they do not slide back into crisis.

3. **What WSRPs or related approaches are you aware of? Do any of these programs have evaluation or other outcome measures available?**

Our Union works with, and has had success with, several different treatment providers which, by the nature of their business are confidential. Although they report on the number of persons who have entered the program, success/failure rates are not shared publicly, nor are the details of individual cases, for obvious reasons.

Key, then, to the evaluation of a treatment provider again comes down to issues of trust – community trust – that builds up over time around a given provider. Persons who have successfully accessed and utilized a treatment program will necessarily demonstrate this success by their return to the workplace and the life and personality changes which they will display. As these examples increase over time, programs become trusted 'go-tos' within a community.

4. **Are you aware of any programs that may help employers fund or otherwise develop WSRPs? If so, what are they?**

In general, the cost of treatment programs is normally paid for by company-provided health insurance plans. There are also some components of treatment programs, such as Intense Outpatient programs, that are usually

paid for out of pocket by the person in treatment. Our Union does provide some direct funding to individuals in such programs but, this is unique to our situation. In some situations, there are also company-provided loan programs that can cover the cost of treatment if health insurance coverage does not apply but, of course, this places a debt burden on treatment recipients that may only increase their personal crisis.
As to outside, third-party entities that assist in underwriting program costs for employers, our Union is not aware of any such programs.

5. **What information is available about possible benefits for employers in hiring and/or retaining workers who are in recovery from substance misuse or a substance use disorder?**

The nature of high-quality recovery programs is such that they depend for success on individuals in crisis deciding to change their life. This goes beyond the decision simply to cease the behavior that brought them to crisis, such as substance abuse, but to live a life based on responsibility and accountability for one's actions. For these programs to succeed at their primary goal – ending substance abuse and addiction – they necessarily inculcate values that apply to all aspects of life including, naturally, employment settings.

A person who has committed to this value-shift must, to successfully end their abuse, become grateful for the change in their life, be motivated to avoid relapse, and adopt a values-based lifestyle that inherently creates high-functioning employees because they have become high-functioning persons. Programs such as Alcoholics Anonymous and others create a way of life that must be practiced in all arenas in order to conquer addiction and, by extension, become responsible, accountable workers and people.

6. **What are the biggest concerns, fears, or challenges around WSRPs? If available, please provide any data or information to support these concerns.**

The biggest challenges around these programs are extensions of the same things that can make them hard to access in the first place, and difficult from which to re-enter the workplace after treatment. Retribution and disciplinary action by employers, confidentiality breaches, shaming by employers and supervisors, jealousy from other persons still in crisis who see success and wish they could achieve it themselves, and fears of relapse into old habits.

These challenges are the reason why after-care – the always accessible system of support that a program provides – is critical to the success of any such program. In a workplace setting much of this goes, again, to institutional culture. Success or failure of programs depends on institutional support for returning participants, a celebration of a new chance at life, empathy and understanding, and a desire to see people return to health rather than slide back into destructive patterns.

7. **What training related to this effort would be of value to managers/supervisors? To workers?**

Many employers only have training for supervisors regarding how to identify persons with abuse issues as a means of dealing with such persons, whether via disciplinary action to remove them from the workplace, or to protect the employer from liability in confronting the individual in crisis. None of this is aimed, naturally, at assisting the person in crisis but merely at insulating the employer from responsibility.

More useful in this regard would be training designed to remove the stigma around substance abuse, to view treatment programs as a method for creating not just better employees but some of the best employees due to the values-driven nature of such programs. Reducing friction to access by creating a culture of empathy and understanding, rather than seeking merely to discipline, fire and remove persons in crisis is necessary for programs to succeed. Training that builds an institutional culture in that fashion can support program success and increase the willingness and ability of workers to use treatment as a path out of crisis.

8. **Are you aware of policies that organizations (including yours) have in place to address substance misuse and substance use disorder and, if so, what are they? (*e.g.,* pre-employment drug testing, hiring, dismissal, disability, medical leave, benefits, and compliance with or implementation of Fair Labor Standards Act provisions)**

All these things – pre-employment drug testing, hiring, dismissal, disability and medical leave benefits and compliance with or implementation of FLSA provisions exist in our workplaces but, they are not primarily designed to assist people in coming out of crisis and rebuilding their lives. Rather, they are designed primarily to remove people in crisis from the workplace and distance employers from responsibility for aiding such persons in seeking assistance.

What is needed is a system to identify, and then assist people in addressing problems, so that they can then be reintegrated back into the workforce. In this respect peer-to-peer interactions, whether formal or informal, can be a far more effective means for moving people in crisis to recognize their issues and begin to think about whether they need a treatment program. A culture built around empathy and understanding, designed to assist people into becoming high-functioning employees can get ahead of the curve where most employment practices – such as those listed in this question – are 'after the fact' tools designed simply to remove employees.

9. **Which parts of your organization are involved in issues related to substance misuse or substance use disorders among your workers? (*e.g.,* employee bargaining units, occupational health, safety department, human resources department, Employee Assistance Program)**

Our Union and many of our employers utilize all the resources named in the question – bargaining units, health and safety departments, human resources departments and EAPs.

10. **What services are offered as part of the program? Are there any limits or restrictions on these resources (*e.g.,* position in organization, duration, eligibility)? If so, what are they?**

Counseling and treatment programs for substance abuse and addiction disorders are fully available to all positions at those employers who utilize such programs without limit or restriction.

11. **Are any of these services available to employees dealing with the substance use disorder of another person, such as a spouse/partner, child, parent, or close friend? If so, what are they?**

By their nature, these programs are open to all parties touched by a substance abuse or addiction problem. This includes both the person directly in crisis, as well as their family members, without regard to whether a particular person is, or is not, an employee. As long as one person touched by the crisis is employed by an organization with a program, then all people in their lives who are affected – spouses, children, and etc. – are able to access the program, whether for direct treatment of the abuse or addiction problem or for counseling to assist the person who is in crisis.

12. **What major challenges and successes has your program had?**

Referencing earlier answers, stigmatization, shaming, employment reprisals, lack of empathy and understanding, concerns over privacy and confidentiality, lack of after-care support and, in general, institutional cultures built around separating persons in crisis, rather than cultures built around assisting people in rebuilding their lives are the major challenges to these programs.

Successes, of course, come with every person who emerges from treatment, re-enters the workforce, rebuilds a life based on trust, responsibility, accountability and community acceptance. There is no better worker, or person, than one who has built these values directly into all aspects of their life in the course of overcoming substance abuse or addiction.

In conclusion, we thank NIOSH and the CDC for the opportunity to provide public comment, and urge that action be taken, to the fullest extent, to assist workers in accessing WSRPs, re-entering workplaces, ending abuse and addiction, and rebuilding their lives.

Sincerely,

John 'Scotty' MacNeill
National Safety Director
Utility Workers Union of America, AFL-CIO