INDIANA WORKPLACE
SUBSTANCE USE & RECOVERY SURVEY
2022

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Introduction

The Wellness Council of Indiana and Indiana Chamber of Commerce are committed to creating and sustaining actionable workplace solutions to help tackle our state's mental health and substance use disorder crises. Over the past several years, there has been significant effort and investment to address this issue using innovative and creative approaches. The Indiana Chamber and Wellness Council of Indiana are committed to assisting employers and their workers through its workforce mental health and substance use disorder programming, training and education.

The goals of this initiative include increased education and awareness; stigma reduction; prevention; and employer engagement. We are working to reduce the prevalence of substance use disorder (SUD) and support those in need.

From the onset, a core objective of this programming has been to make data-driven decisions for evaluating areas of need within the state's employer community. The Wellness Council, in partnership with internal and external stakeholders, gathered survey data from Indiana employers in 2019, 2021 and again in Fall 2022. This report is the result of the third iteration of this process and assesses additional workplace attitudes and practices relating to the social determinants of health, as well as mental health and substance use disorder.

Social determinants of health (SDOH) are "the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks."[1]

While the COVID-19 pandemic has elevated conversation and action around issues such as the social determinants of health and mental health in the workplace, there is a great deal of movement yet to be achieved and this data highlights needs, gaps and areas of opportunity for impact. It also tells a story of Hoosier employers who acknowledge these difficult issues and who care about their employees, their families and the communities in which they do business.

Thank you to the generous investors who made this possible. The Wellness Council and Indiana Chamber are committed to using the insights from this data to build solutions, resources and connections for Indiana's businesses, employers and communities.

We believe you will find it to be helpful as well.

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Executive Summary

An increasing number of employers have policies and practices in place that recognize and respond to mental health issues in the workplace. That's because focusing on employee mental health is a key business strategy that helps foster an engaged and productive workforce!

In 2019, the Wellness Council of Indiana, in conjunction with the Indiana Chamber of Commerce, launched the inaugural survey to examine the opioid crisis through the employer lens. Now in its third iteration, the survey focus has expanded and explores employer attitudes, beliefs and perceptions as it relates to substance misuse AND employee mental health.

Research from the Society for Human Resource Management in May of 2023, indicates:
- only one in three U.S. workers say their job has a positive impact on their mental health;
- one in three U.S. workers say their job has had a negative impact on their mental health in the past six months;
- among U.S. workers, 77% believe employers have a responsibility to reduce mental health disparities at work; and
- access to better mental health resources could improve the mental health of 63% of workers.

An important aspect to reducing stigma is understanding that substance use disorder (SUD) and mental health concerns are chronic health conditions -- not a moral failing. Based on the most recent survey, there has been a significant increase in addressing substance misuse in the workplace. The majority of organization representatives agree that addiction is a disease that should be treated like any other chronic health condition.

There is also a growing awareness that mental health is impacting the workplace and employees. Yet with less than half (49%) of organization representatives reporting they strongly agree/agree their organization has adequate resources available to support employee mental health, clearly more attention is needed.

To assist with improving access to care related to substance misuse, 54% of employers indicate they strongly agree/agree they have adequate health benefits to meet employee drug/alcohol assistance needs. Access is critical in receiving care allowing individuals to get in recovery and stay in recovery.

In order to effectively support individuals living with SUD or mental health conditions, community partnerships are critical. While several community resources already exist, nearly one in three organizations surveyed are not familiar with the services in their county. This creates a prime opportunity to connect employers and community resources, thereby improving access to appropriate levels of care. Employers can and should tap into community-based resources to help strengthen access to care.

Ultimately, the goal is to afford each individual in the workforce the ability to show up to be their best self every day at work -- benefiting themselves and their employers.

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

Similar to the 2019 and 2021 surveys, service and manufacturing industries accounted for two-thirds (65.36%) of the organizations represented in the survey.
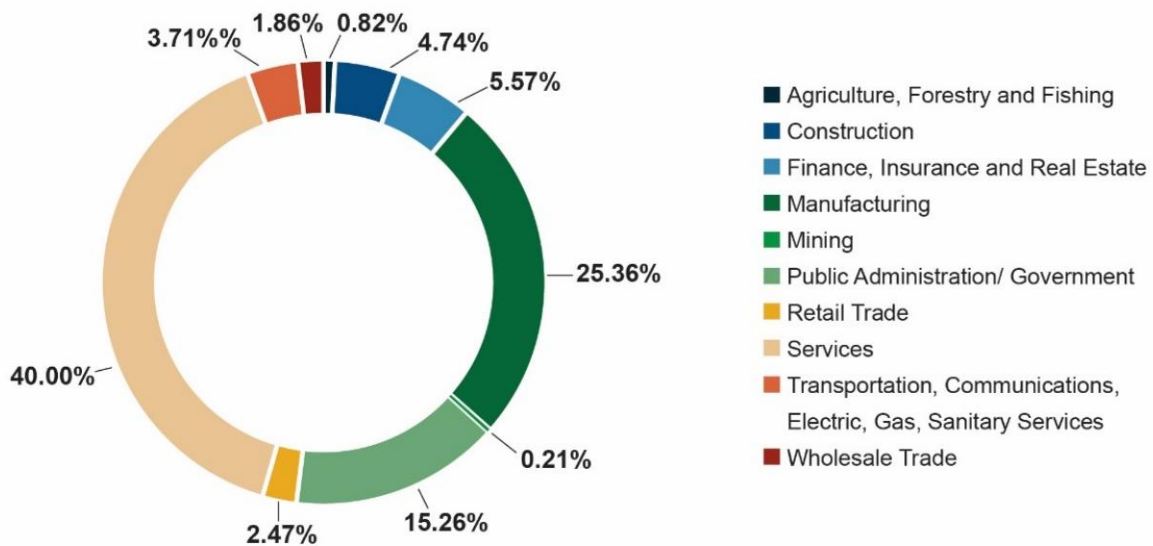

The retail industry continues to be underrepresented in this survey.

According to Quest Diagnostics, in recent years the **retail industry** *has had the highest drug testing positivity rate among key industries.[2]*

Company Size

Nearly three-fourths of survey respondents (72.37%) employ fewer than 300 workers.

There was lower representation in this survey from small organizations (i.e., fewer than 25 employees) than in previous years (2022 - 19.18%, 2021 - 27.10% and 2019 - 28.60%).
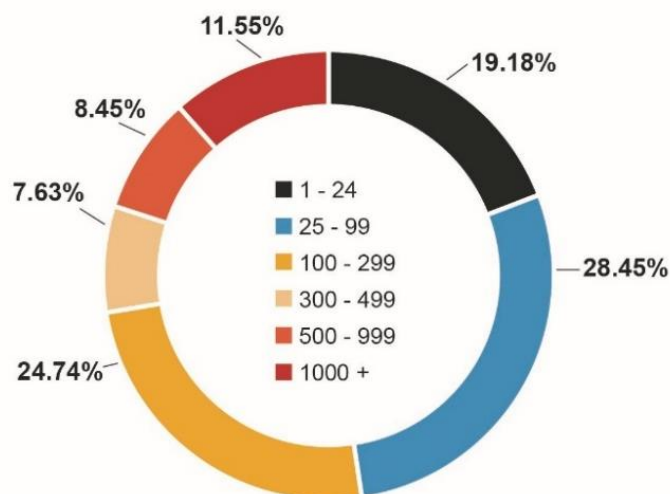
Position

Like 2019 and 2021, more than half (55.88%) of organization representatives were in human resources and upper management.
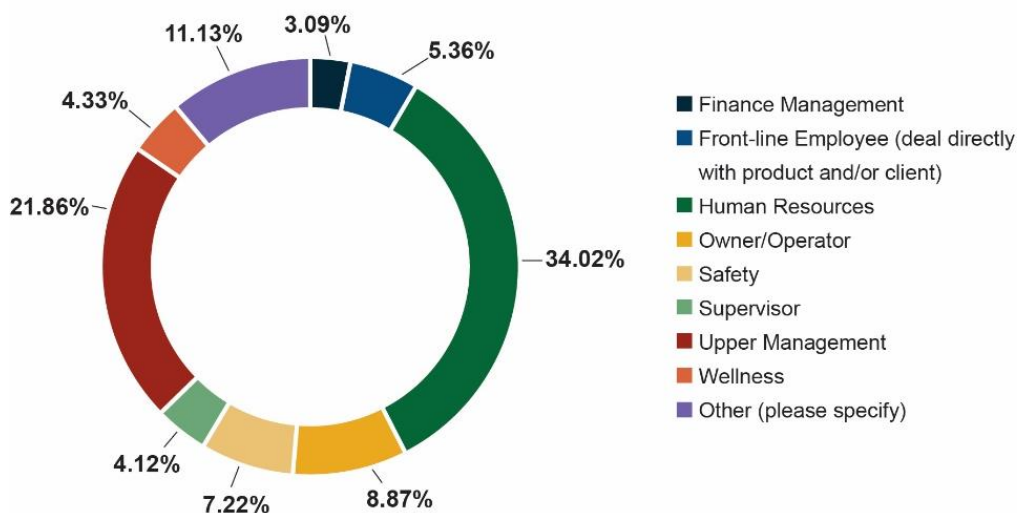
Perceptions About Prevalence and Impact

Prevalence

In your *organization*

Only one in 12 (8.45%) organizations think drug/alcohol misuse is a problem for their organizations – fewer than those who thought the same in 2019 (13.33%).

2019   2022

■ Believe drug/alcohol misuse is a problem for their organization
■ Do not believe drug/alcohol misuse is a problem for their organization
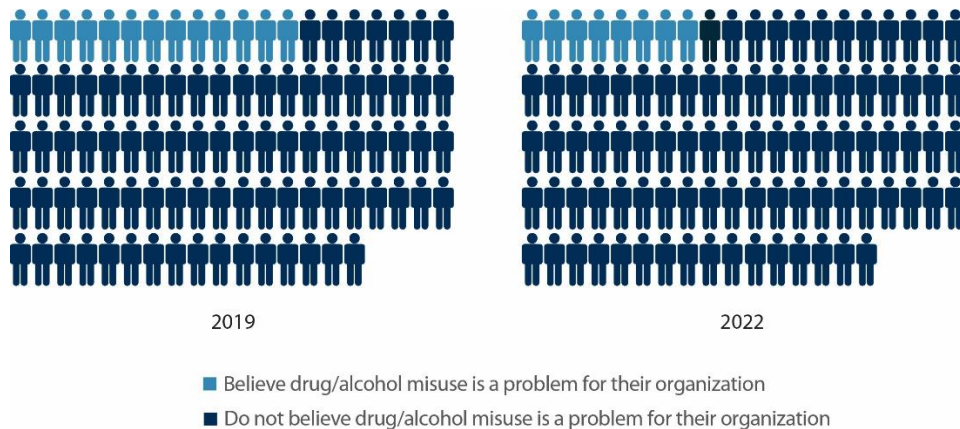
The smaller the organization, the more likely they disagree that drug/alcohol misuse is a problem for their organization.

Human resource representatives (10.91%) are more likely than upper management (3.77%) to agree that drug/alcohol misuse is a problem for their organization, and the manufacturing industry is more likely than any industry to believe the same statement.

In your *community*

Similar to perceptions in 2019, almost all organization representatives at least somewhat agree drug/alcohol misuse is a problem for their community (2022 - 88.87%, and 2019 – 92.69%).


■ Believe drug/alcohol misuse is a problem for our community
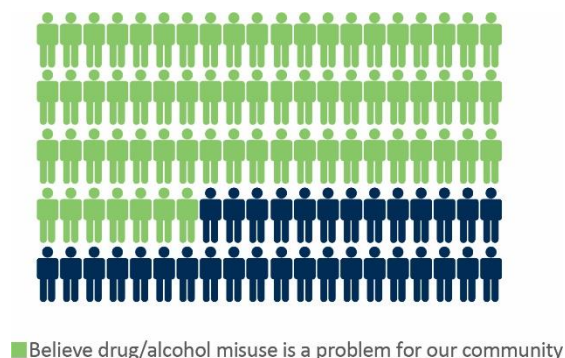
Impact

Substance Misuse

Organizational Consequences

More than half (52.37%) of the organizations report they have suffered some type of consequence due to drug/alcohol misuse.

Just as in 2021 and 2019, in 2022 absenteeism (55.64%) and decreased productivity (38.13%) are the most common consequences organizations report they have suffered due to drug/alcohol misuse.
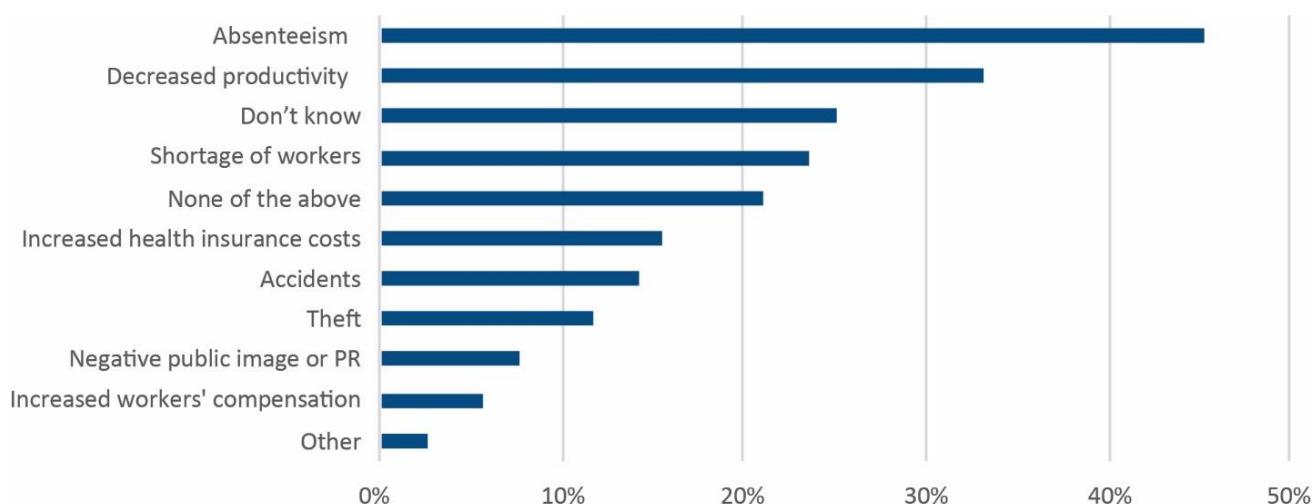

There was a marked increase in 2022 than in prior years of organizations reporting they suffered absenteeism due to drug/alcohol misuse (2022 - 55.64% and 2021 - 45.32%).

The smaller the organization, the more likely they are to report their organizations have suffered none of the above due to drug/alcohol misuse.

Employee Consequences

Only 16.91% of organization representatives indicate their employees have *not* suffered consequences due to drug/alcohol misuse.

Similar to 2021 and 2019, 2022 saw family discord (27.22%) and arrest (23.51%) as the most common consequences organizations report employees have suffered due to drug/alcohol misuse.
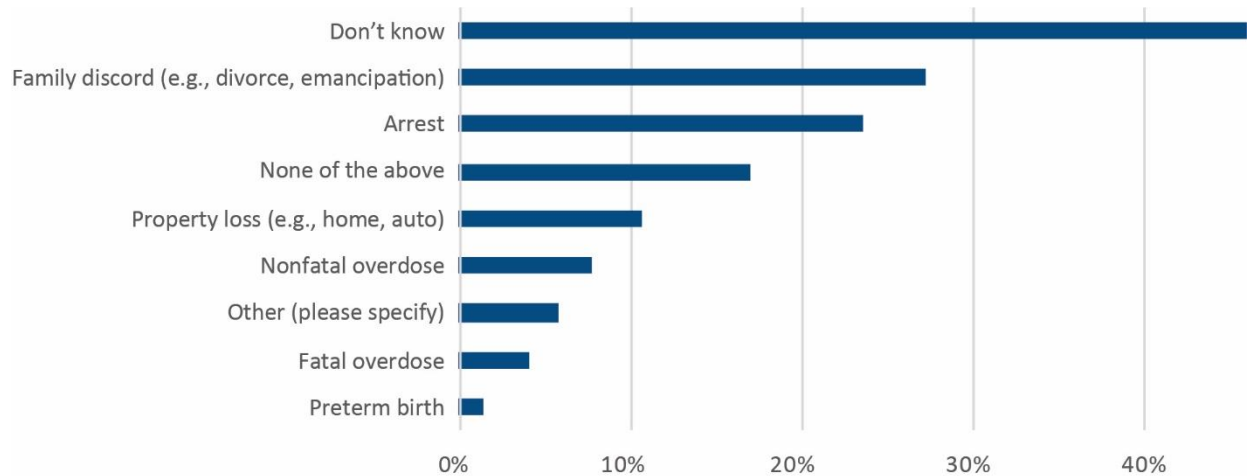

Overdoses (fatal and non-fatal) accounted for 11.55% of the reported consequences employees have suffered due to employee drug/alcohol misuse. This is a slight decrease from 2021 (13.67%).

The smaller the organization, the more likely they are to report their employees have suffered none of the above due to employee drug/alcohol misuse.

Other Mental Health Issues

Nearly two-thirds (64.12%) of the organization representatives are aware of employee(s) in their organization struggling with their mental health. This is an increase from 2021 (58.03%).
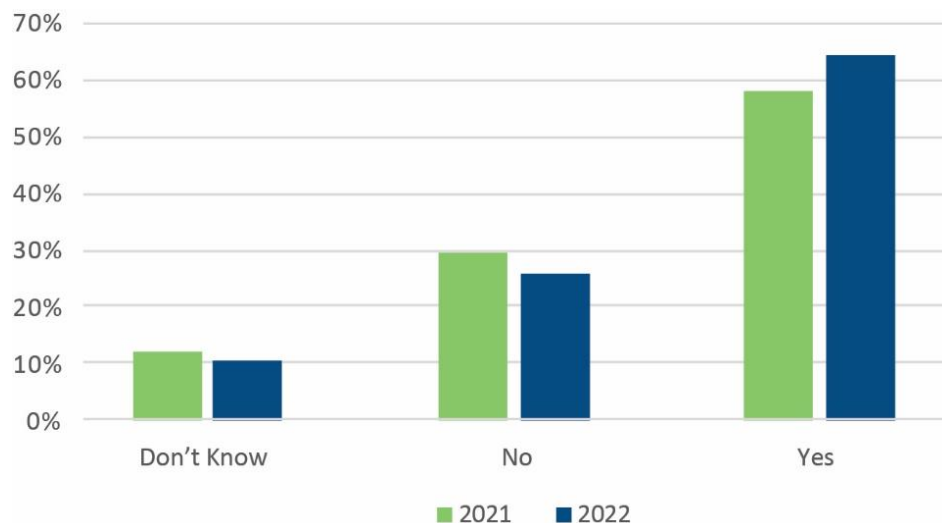
Untreated mental health concerns can increase the chances of a co-occurring medical condition, increase medical costs and negatively affect treatment outcomes.[3]

"I am currently suffering immensely'

"I am the one who is struggling."

"The employee is me."

   - Survey Respondents

Organization representatives from small organizations, with fewer than 25 employees, are less likely than their counterparts in larger organizations to be aware of employees' struggles with mental health.

Just as in 2021, of those who are aware of employees in their organization struggling with mental health, most (2022 - 90.35% and 2021 - 87.19%) are aware because the employee communicated their struggle.

COVID-19

Two-thirds (64.54%) of Indiana organizations suffered increased **absenteeism** due to the COVID-19 pandemic.

More than half (52.58%) of Indiana's organizations suffered increased employee **turnover** due to the COVID-19 pandemic.

Nearly half (48.04%) of Indiana's organizations suffered increased employee **mental health issues** due to the COVID-19 pandemic.


Overdose and deaths have increased during the pandemic. Multiple Indiana counties have seen more than a 50% increase in overdoses since the COVID crisis began.

The COVID-19 pandemic increased substance use, exacerbated stress and social isolation, and interfered with substance use and mental health. treatment.[4]

Preventing and Responding to Substance Misuse and Mental Health Issues

Prevention Efforts

Fewer than half (42.47%) of the organization representatives agree drug/alcohol addiction is preventable. We have seen little change in this perception since the original survey in 2019.
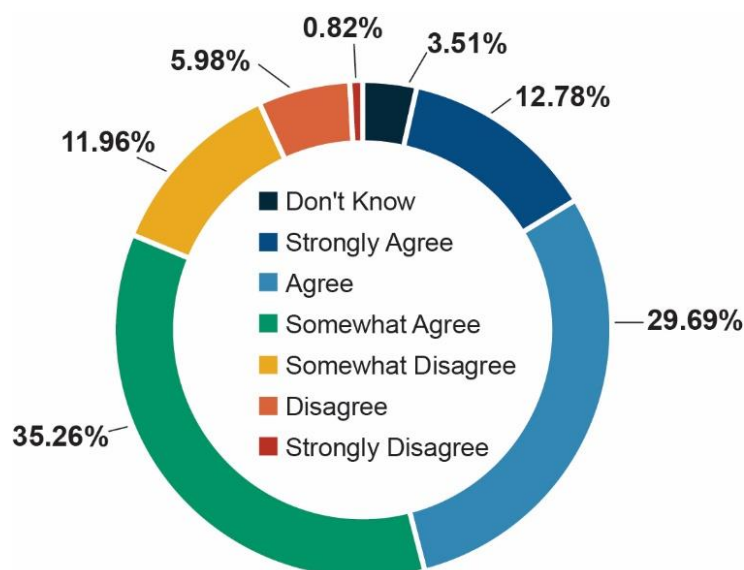

We have seen a decrease since 2021 in the number of organizations who believe they can positively prevent employee drug/alcohol misuse

Just fewer than half of the organizations (49.28%) agree medicine can be beneficial in the treatment of opiod addiction.
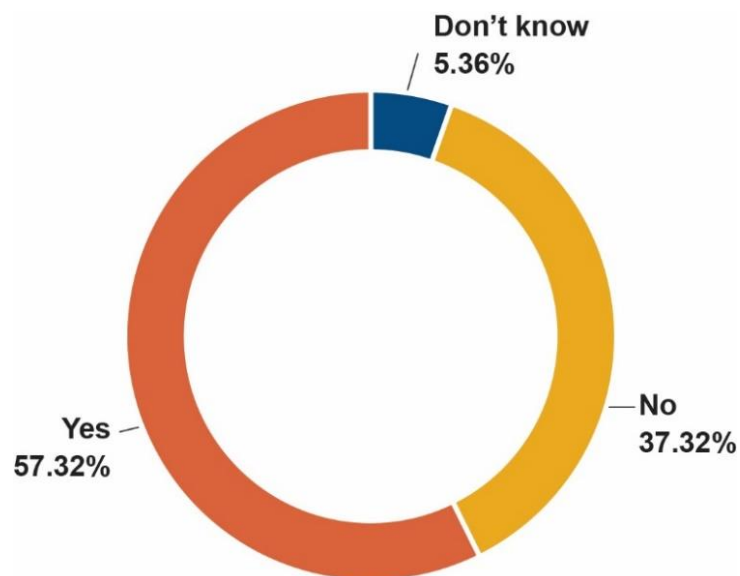
Fewer than half (45.15%) of all organizations use cost of living data to determine employee wages and raises.

Don't know
22.47%

No
32.37%

Yes
45.15%
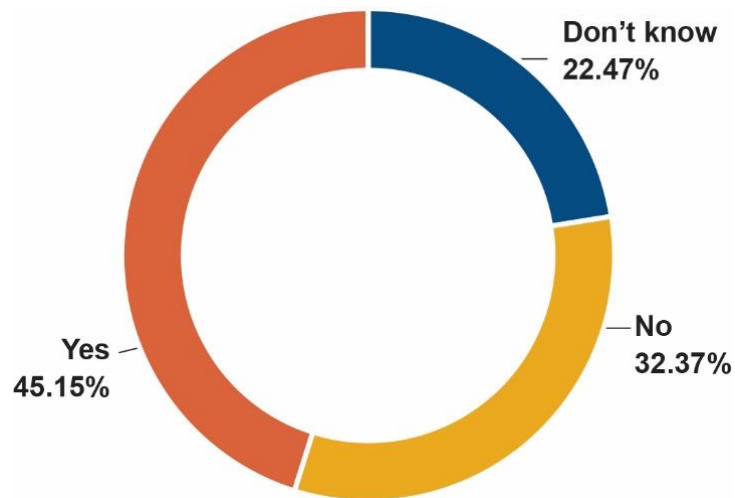
Testing

More than half (57.32%) of Indiana's organizations currently drug test.

Don't know
5.36%

No
**37.32%**

Yes
57.32%

There is a continued slight upward trend in organizations who currently drug test, however half (51.61%) of small organizations, employing fewer than 25 workers, do not or don't know if they drug test.

Just as in 2021, fewer than half (2022 - 40.41% and 2021 - 45.32%) the organizations do post-accident drug testing.

There was a very slight decrease in the organizations who are testing applicants before they interview them (2022 - 15.88% and 2021 -16.31%). Though this decrease is not significant, it is a positive change, as this practice is contrary to best practices.
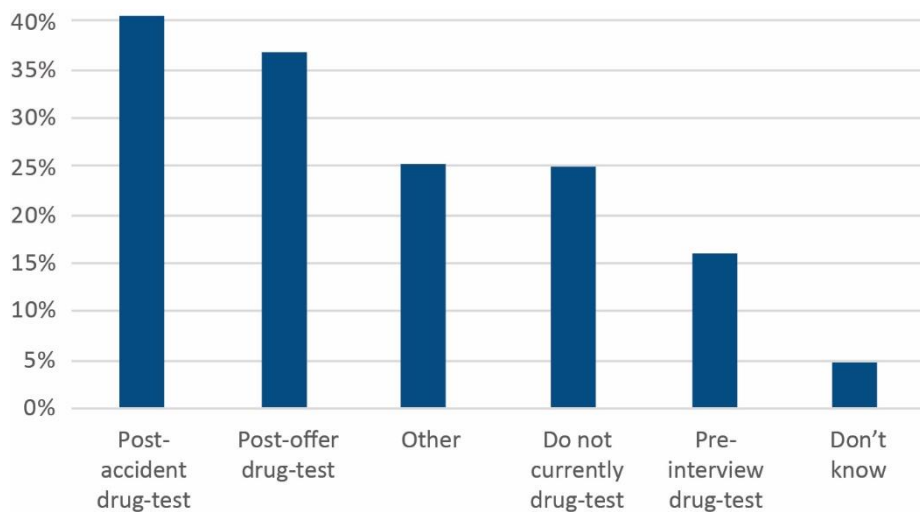

The primary reason organizations DO NOT drug test is that they do not think it necessary.
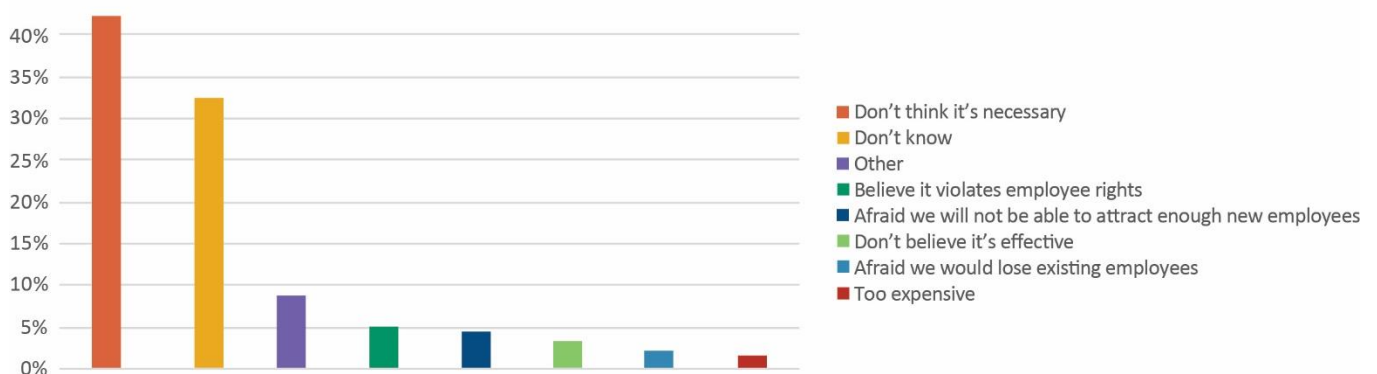
Employee Education

More than half (56.49%) of the organizations have never provided employee education on safe prescription practices -- slightly higher than 2021 (50.84%).

Fewer than half of Indiana's organizations provide employee training and/or programs in diversity and inclusion (46.39%) and/or financial wellness (45.57%).
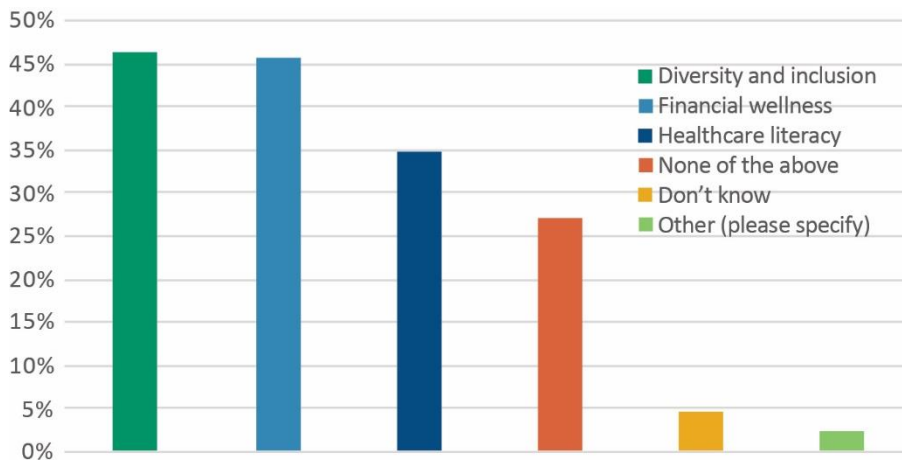
Supervisor Training & Procedures

Fewer than half of the organizations have set procedures for supervisors and managers to follow when an employee may be misusing drugs/alcohol (2022 - 45.57% and 2021 - 51.32%).[5]

One-in three (31.55%) Indiana organizations do not provide any of the best practice management training program elements.

Only one-in-four (25.77%) Indiana organizations include the importance of promoting mental health care in their management training.
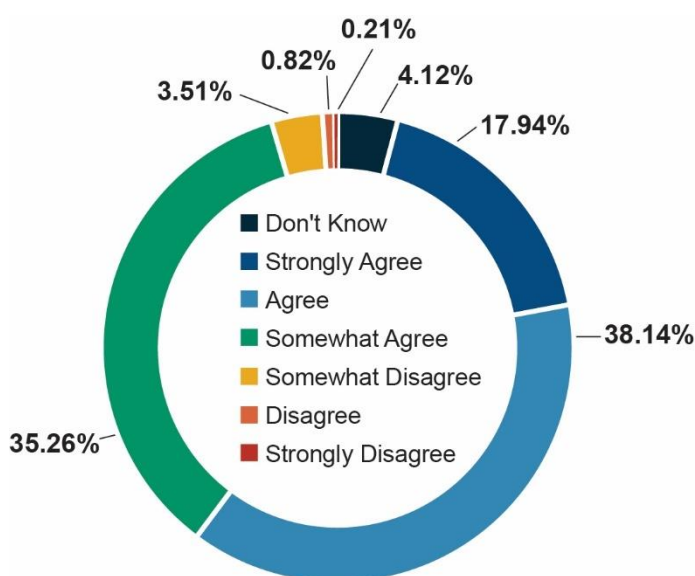
Offering Assistance

Perceptions

About Offering Assistance

Most (91.34%) of the organization representatives at least somewhat agree treatment for drug/alcohol addiction works, but fewer than 1 in 5 *strongly* agrees it works.

*Improving access to evidence-based treatments for Opioid Use Disorder has been associated with **savings of $25,000 to $105,000 in lifetime costs per person**.[6]*

Similar to 2019, the majority of organization representatives at least somewhat agree (2022 – 87.42%) that addiction is a disease that should be treated like any other chronic health condition.
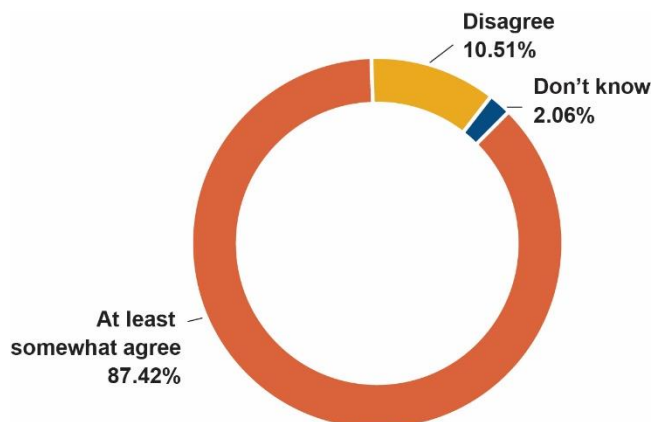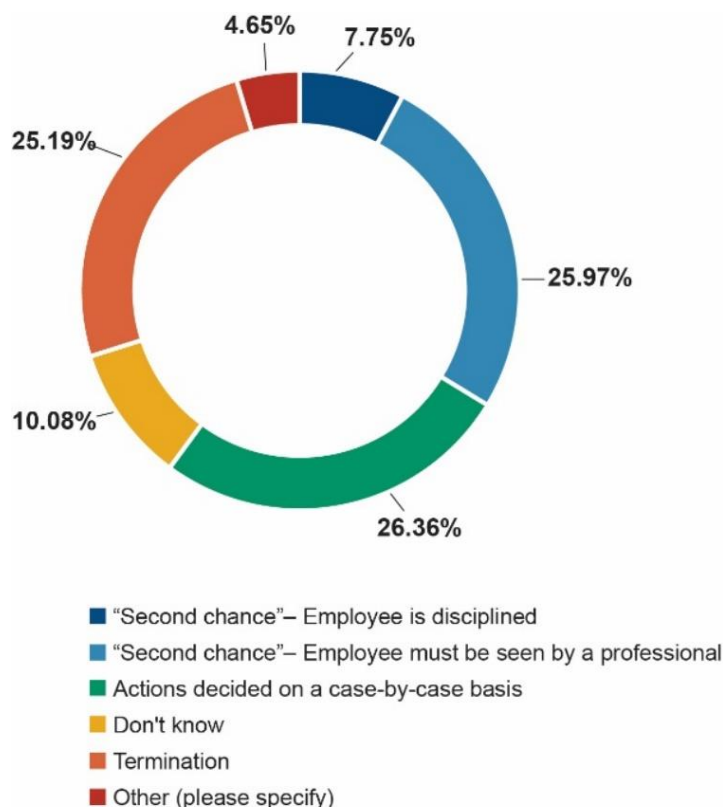
About half (49.28%) of organization representatives strongly agree or agree medicine can be beneficial in the treatment of opioid addiction. These findings are nearly identical to 2021 and 2019.

The cost of replacing an employee ranges from 25% to 200% of that employee's annual salary, not including losses in company knowledge, continuity and productivity.[7]

Nearly 1 in 3 (29.39%) organizations would consider hiring applicants who tested positive if they came back later and tested negative (with and without being cleared by a qualified drug/alcohol professional). This is double the percent reported in 2021 (14.63%).

Of the organizations who currently drug test, a quarter of the organizations (25.19%) terminate current employees who test positive for the first time. Another quarter follow the second chance best practice of having the employee seen by a qualified drug/alcohol professional, satisfactorily cleared for duty and passing another drug test before returning to duty.

- ■ "Second chance"– Employee is disciplined
- ■ "Second chance"– Employee must be seen by a professional
- ■ Actions decided on a case-by-case basis
- ■ Don't know
- ■ Termination
- ■ Other (please specify)

A major element of a drug-free workplace is to have a plan for assistance – put in place before it is needed – that outlines where employees will be sent for an assessment following a positive test or other program violations. This plan should also be applicable for the employee who voluntarily asks for help for themselves or a family member.[8]

About Your Company's Ability to Respond

Just as in 2019, slightly fewer than half (48.87%) of the organization representatives strongly agree or agree their organization has adequate resources available to support employee mental health.
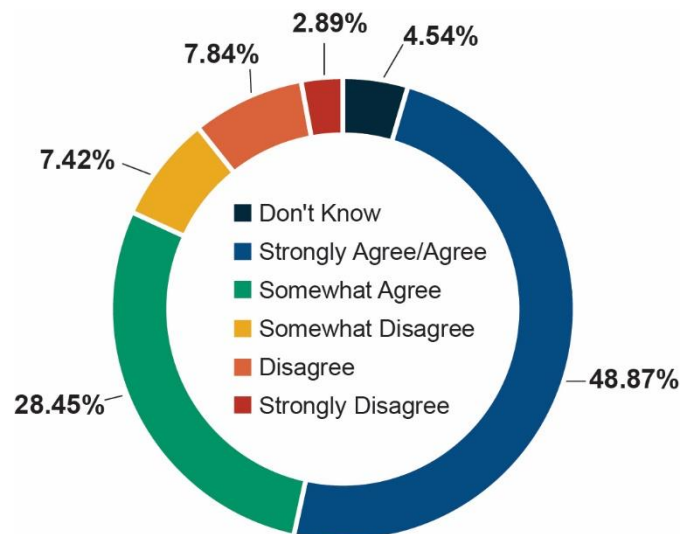
In the past, small organizations were less likely than larger organizations to agree their organization has adequate resources available to support employee mental health. This is no longer true: There is no difference based on organization size.

The number of organizations who agree they can support employees in drug/alcohol recovery has increased since 2019.
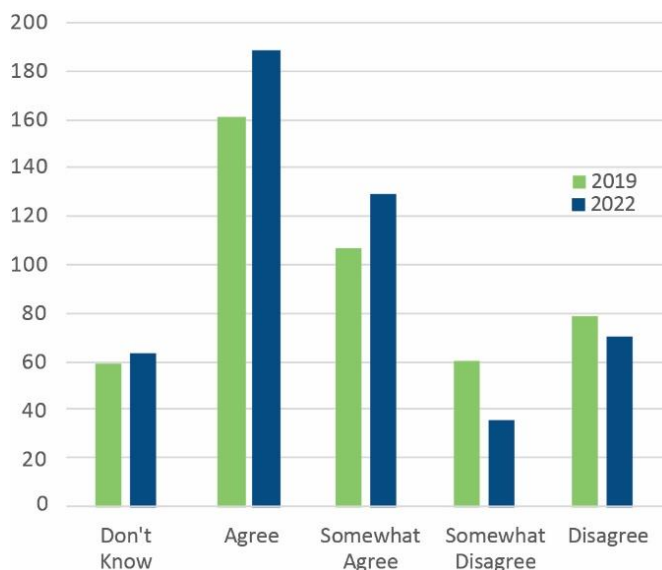

An employee in recovery from a substance use disorder misses less work than the general workforce, resulting in a cost savings of more than $3,200 per year.[9]

Unlike in past years, today's small businesses with fewer than 25 employees are as likely as larger businesses to agree that their organization can support employees in drug/alcohol recovery.

Just as in 2021, almost all (92.78%) organization representatives agree it makes good business sense to recognize and respond to mental health issues in the workplace.
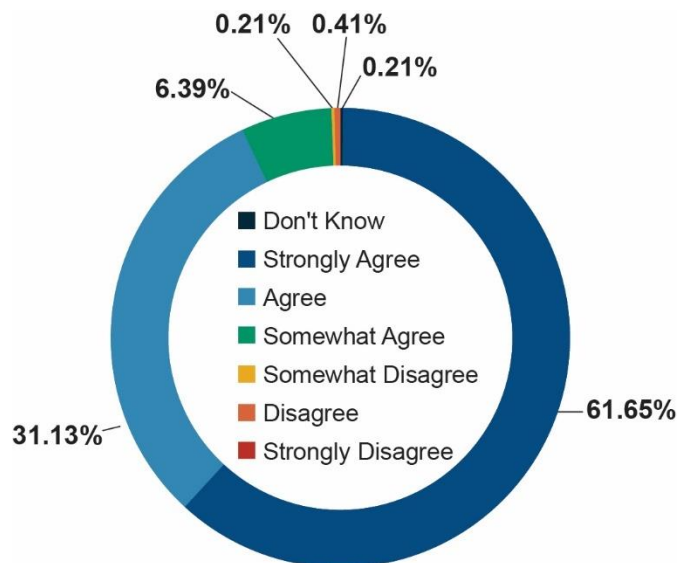
Human resource representatives (96.36%) are more likely than upper management (90.57%) to strongly agree it makes good business sense to recognize and respond to mental health issues in the workplace.

■ Percentage of HR who agree
■ Percentage of Upper Management who agree
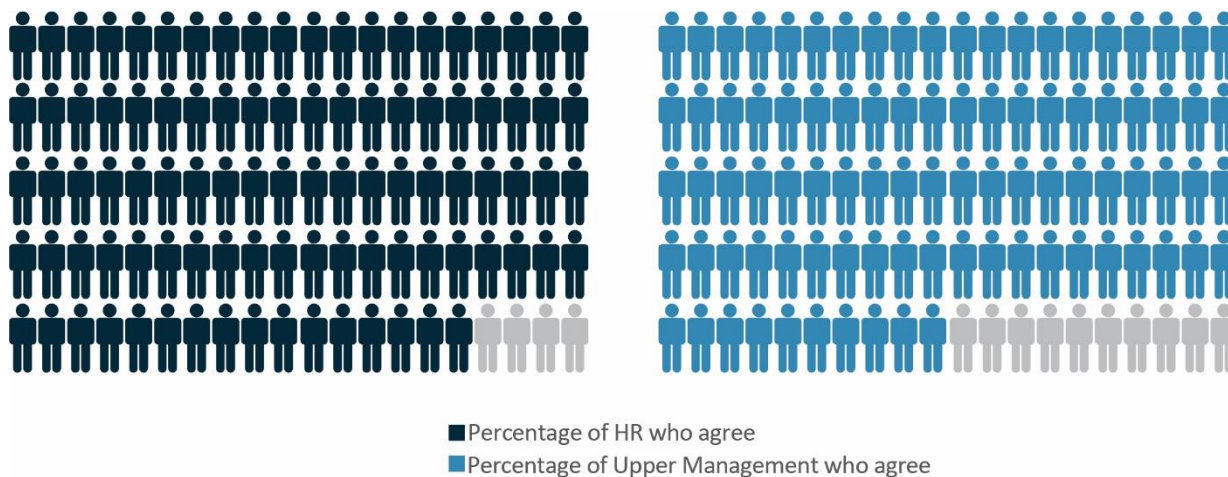
Employers know that they benefit from investing in the health of their employees and communities through lower health insurance costs, higher productivity and reduced absenteeism with the reduction of time and effort on disease treatment.

*A 2022 analysis published by the Indiana Behavioral Health Commission shows **untreated mental health conditions cost Indiana nearly $4.2 billion per year.**[10]*

Just as in 2021, two-thirds (65.98%) of the organization representatives are comfortable talking to employees about their mental health.

Human resource representatives (78.18%) are more likely than upper management (53.77%) to agree they are comfortable talking to employees about their mental health.

Just as in 2021, 1 in 5 respondents disagree or don't know if their organization can effectively accommodate employees struggling with their mental health.

Nearly 1 in 3 (30.72%) organization representatives are unfamiliar with the drug/alcohol services in their county, an increase from 2021 (24.22%). Large organizations are more likely than smaller ones to agree they are familiar with the drug/alcohol services in their county.

Few (13.40%) organization representatives are satisfied with the drug/alcohol services in their county. This is a decrease from 2021 which had 17.51% agreeing they are satisfied, but still higher than 2019 which had only (10.33%) agreeing they are satisfied.
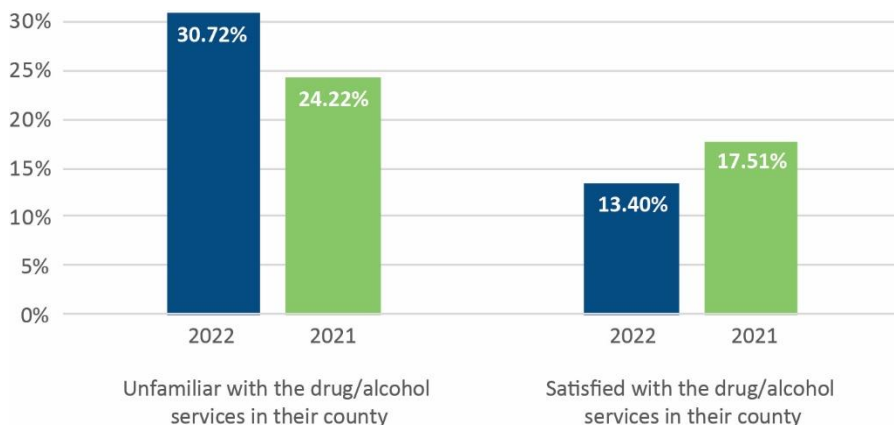
*All Indiana counties except two are in a **healthcare shortage area.**[11]*

Fewer than half (41.44%) of organizations' cultures and practices promote mental health care as equally important as physical health care.

The Bottom Line: Fewer than half of the organizations believe they have adequate resources, culture, practices and ability to support employees in recovery.

Company Offerings

Most organizations (91.75%) either do not use or do not know if they use geographic data to determine employee needs.

Alcohol/Drug Issues

There is an increasing number of organizations who have a resource identified if an employee needs help with a drug/alcohol problem (2022 - 65.98%, 2019 - 57.85%).

Where we live and who we interact with has significant impact on our opportunities to be healthy and well. The Kaiser Family Foundation's neighborhood-level data shows that one's zip code influences one's life. expectancy.[12]
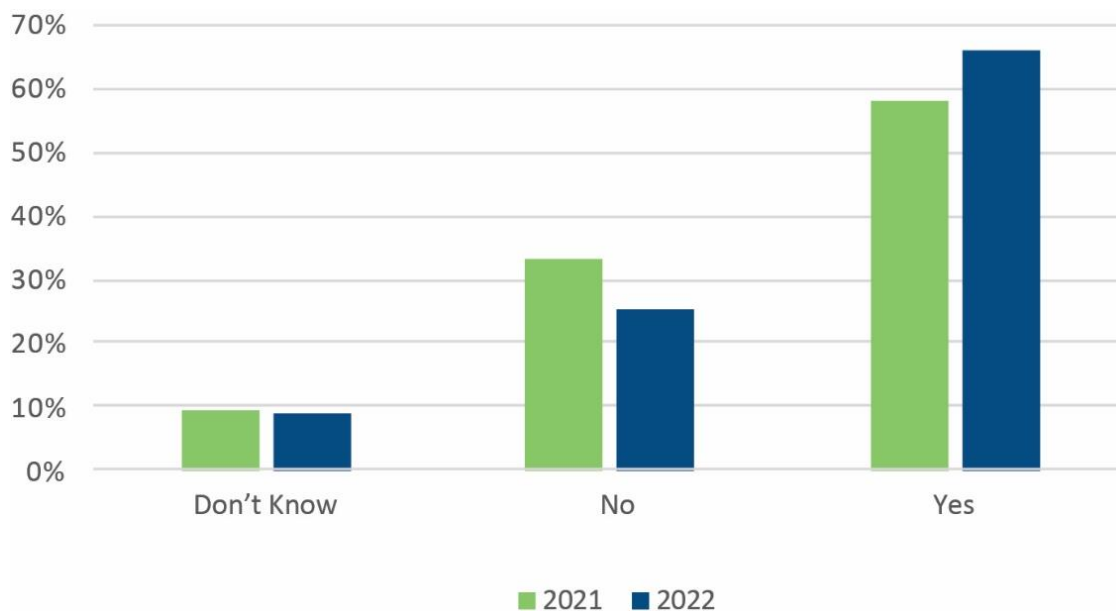
Mid-sized organizations with 300-499 employees are the most likely (86.49%) to have a professional person or resource identified when an employee needs help with a drug/alcohol problem.

Nearly 30% of adult Hoosiers (compared to about 27% American adults) reporting anxiety or depression systems said they needed counseling or therapy but did not receive it in the last month.[13]

Organizations with 100-299 employees are as likely as larger 500+ employee organizations to have a professional person or resource identified when an employee needs help with a drug/alcohol problem.
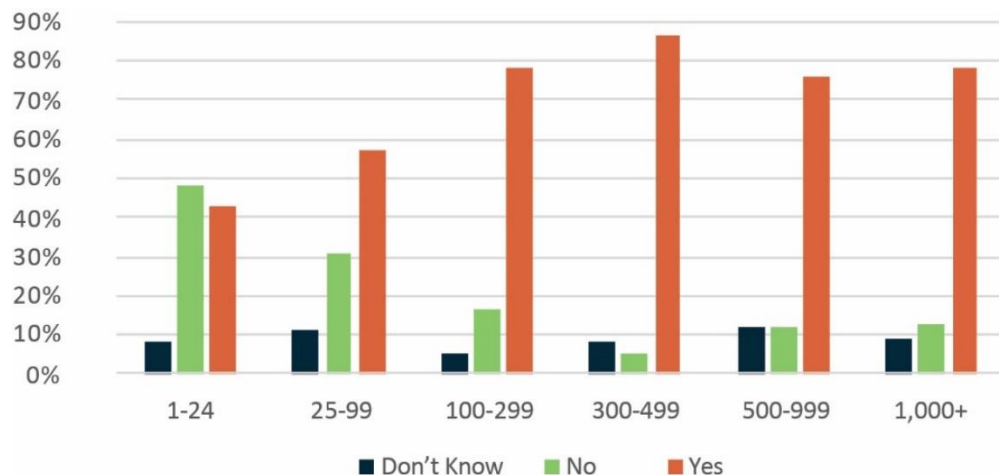

Mental Health Issues

Mid-sized organizations with 300-499 and 500-999 employees are the most likely to have a professional person or resource identified when an employee needs help with a mental health issue.

More than half (54.84%) of small organizations, employing fewer than 25 employees, report they do not or do not know if they have a professional person or resource identified if an employee needs help with a mental health issue.
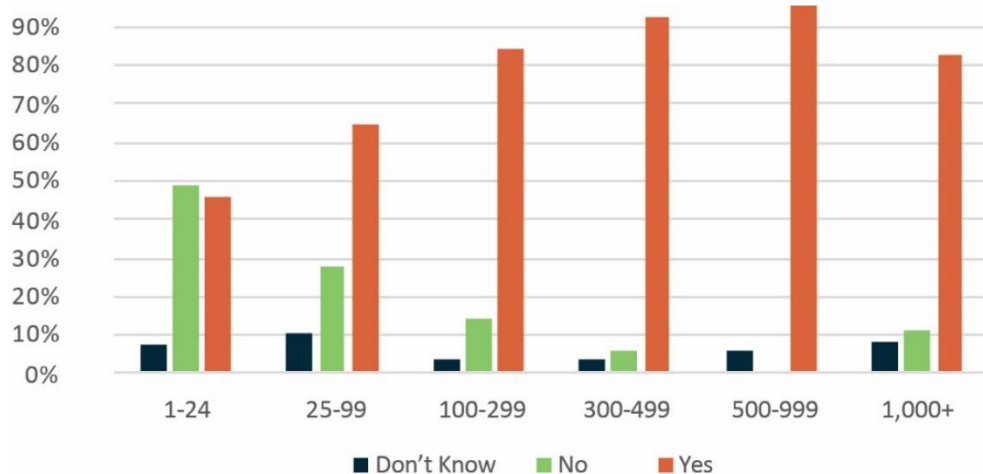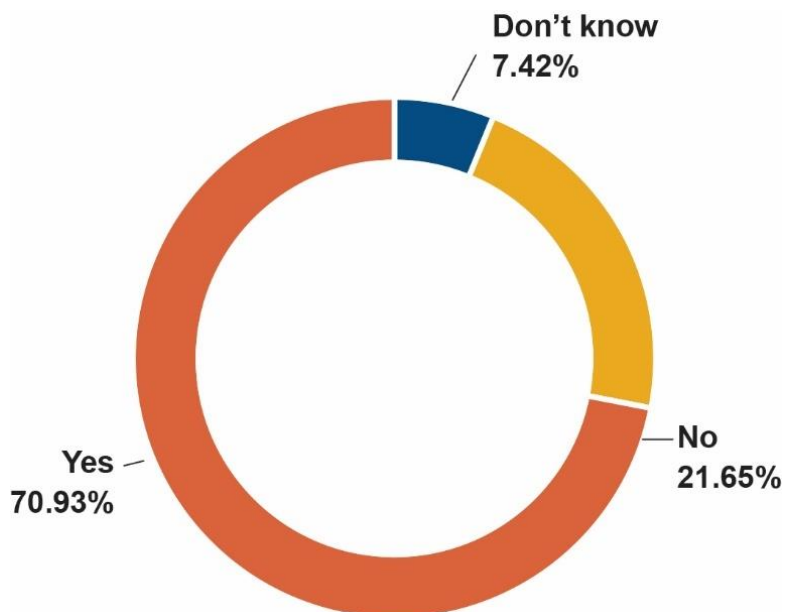
Slightly more organizations have a resource identified when an employee needs help with a *mental health issue* (2022 - 71.96% and 2021 - 71.46%) than when an employee needs help with a *drug/alcohol problem* (65.98%).
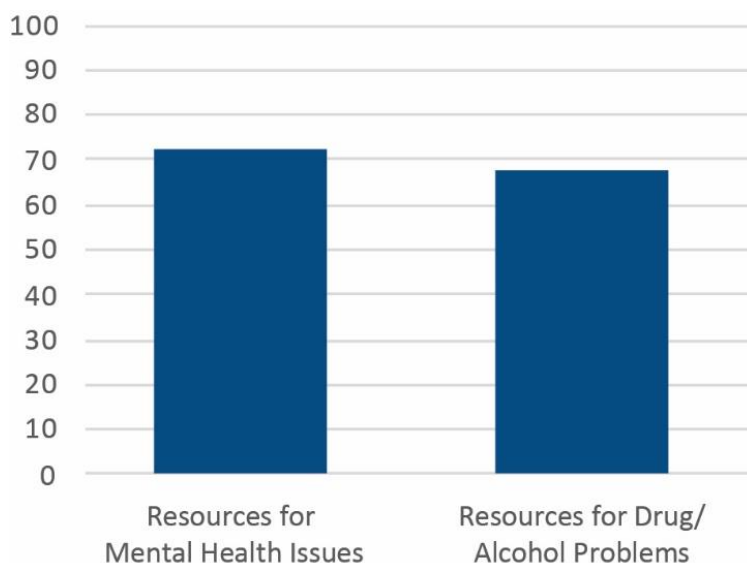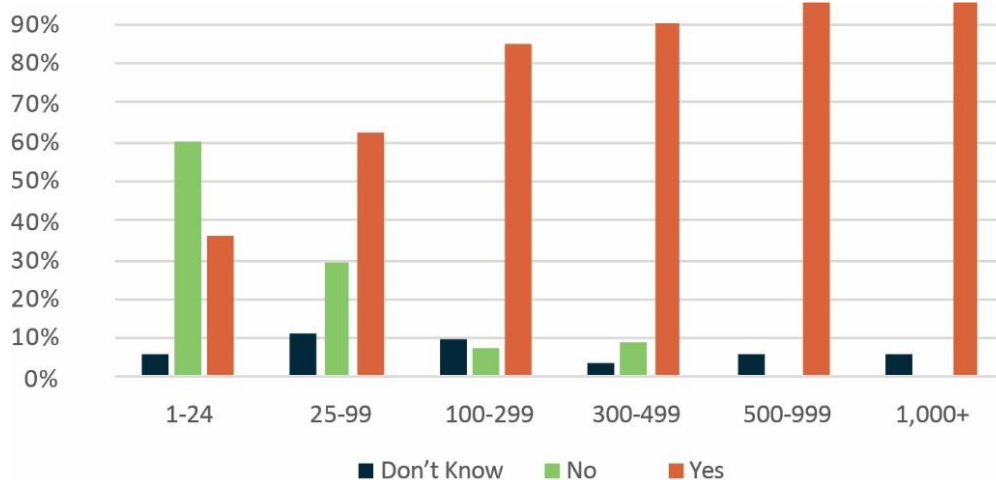

Employee Assistance Programs (EAP)

Two-thirds of Indiana organizations (70.93%) provide an EAP to their employees.

The larger the organization, the more likely they are to provide an EAP. Only one in three (35.48%) small organizations with fewer than 25 employees indicate their organization provides an EAP.


Of the organizations with an EAP service contract, over half (53.49%) have EAP services as part of a larger insurance or other HR contract. Fewer than a third (31.98) have stand-alone contracts. This is consistent with 2021 data.
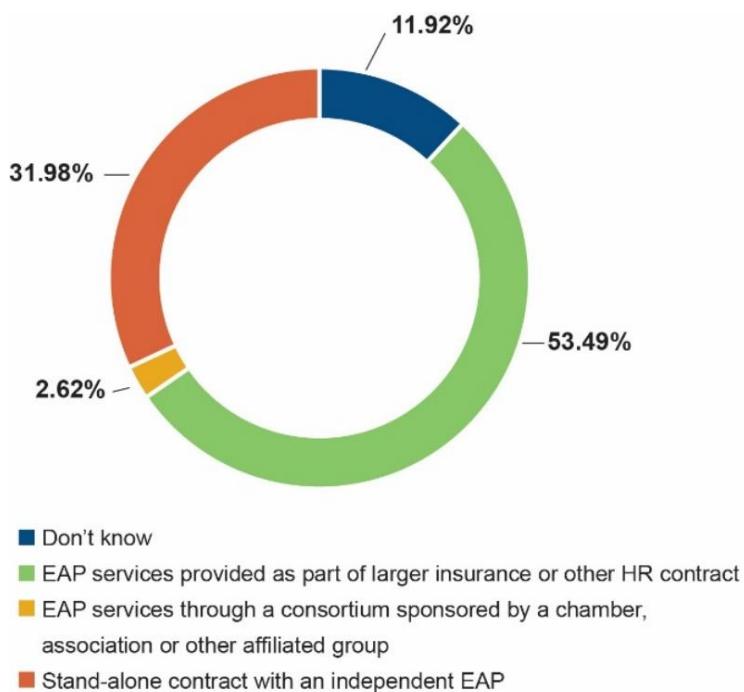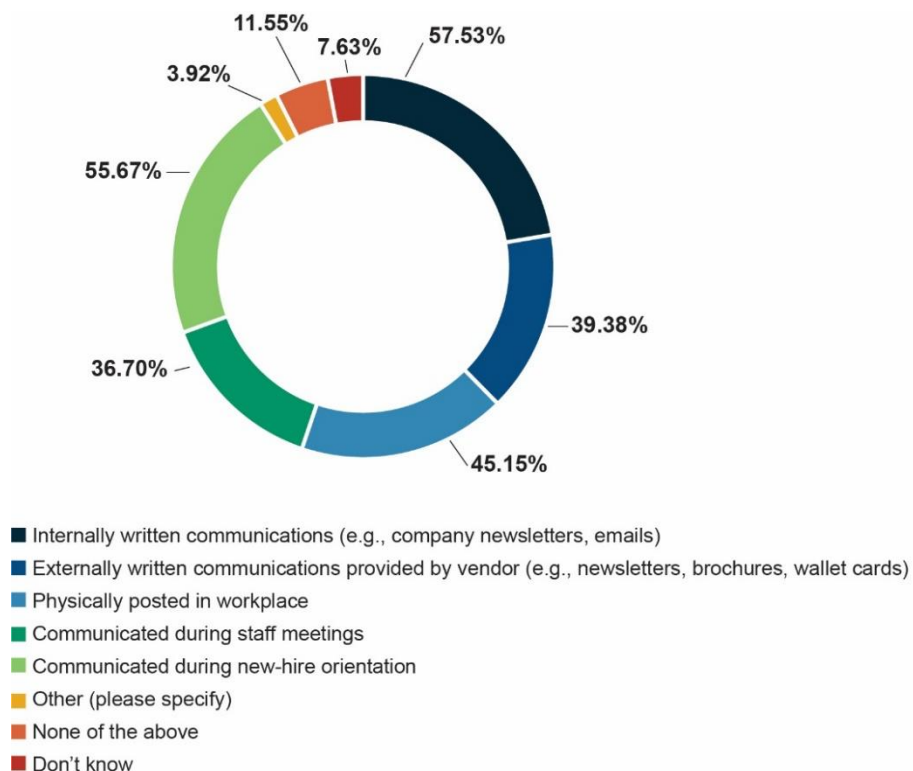

Research indicates the typical return on investment for an EAP is three dollars or more for every one dollar invested.[14]

Small organizations with fewer than 25 employees, who provide an EAP service, are more likely (63.64%) to have that EAP service as part of a larger insurance or other HR contract rather than through a consortium or stand-alone contract.

As a part of their EAP services, the majority of organizations (81.69%) provide free mental health counseling to their employees.
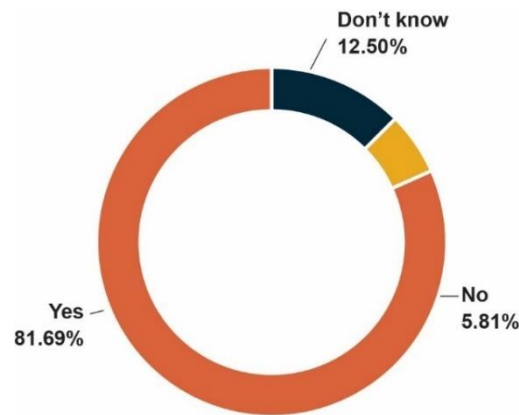
Just as in 2021, most (80.10%) organizations promote mental health and/or EAP resources to employees, but more than half the organizations only do so via internally written communications (2022 - 57.53% and 2021 - 56.12%) and communicated during new hire orientation (2022 - 55.67% and 2021 - 53.00%).

■ Internally written communications (e.g., company newsletters, emails)
■ Externally written communications provided by vendor (e.g., newsletters, brochures, wallet cards)
■ Physically posted in workplace
■ Communicated during staff meetings
■ Communicated during new-hire orientation
■ Other (please specify)
■ None of the above
■ Don't know

Narcan

Few (13.40%) organizations include Narcan/Naloxone in their jobsite first-aid kits.
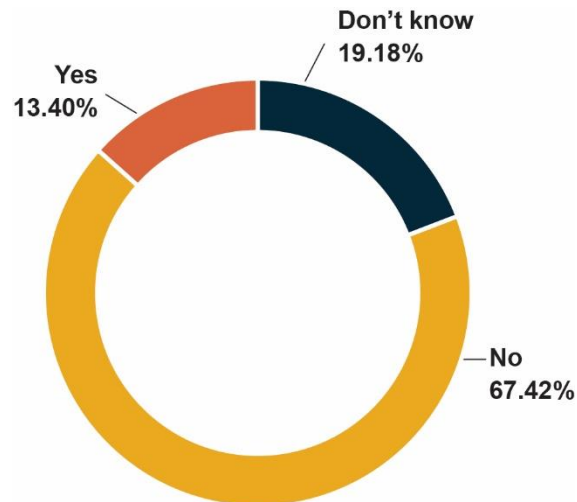
Public administration (21.62%) and service industry (17.01%) organizations are more likely than manufacturing (8.94%) to include Narcan/Naloxone in their job site first aid kit.
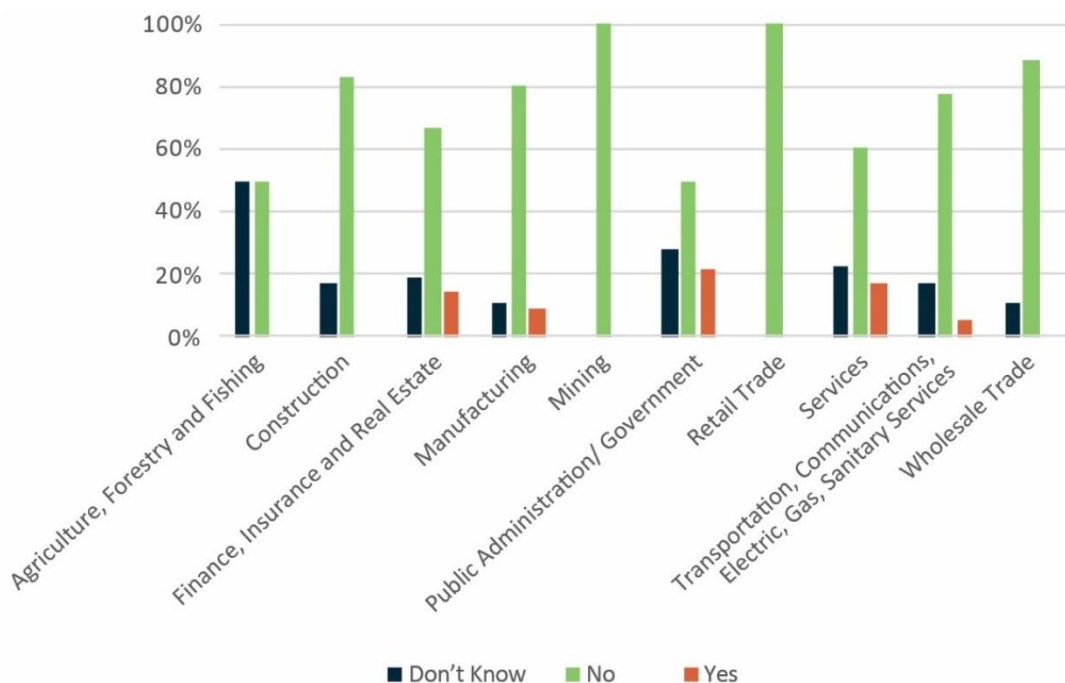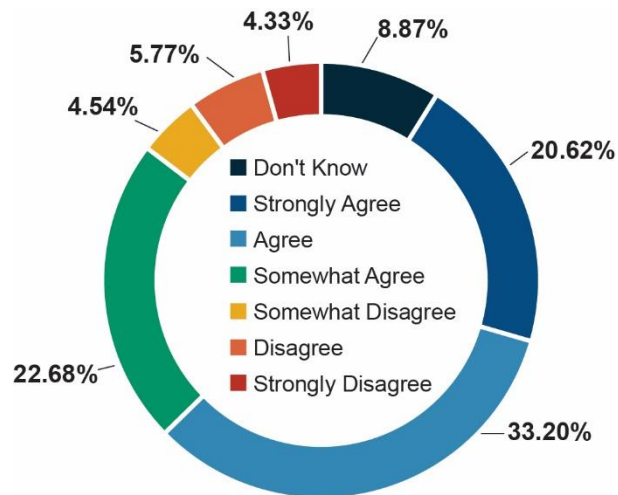
Insurance Issues

Perceptions

The majority of organizations (76.49%) at least somewhat agree they have adequate health benefits to meet employee drug/alcohol assistance needs.

Coverage improves access to care; supports positive health outcomes, including an individual's sense of their own health and well-being; incentivizes appropriate use of health care resources; and reduces financial strain on individuals, families, and communities.[15]

There has been a significant increase from 2019 in the number of organizations who agree they have adequate health benefits to meet employee drug/alcohol assistance needs
(2022 - 53.8%, 2019 - 41.72%).
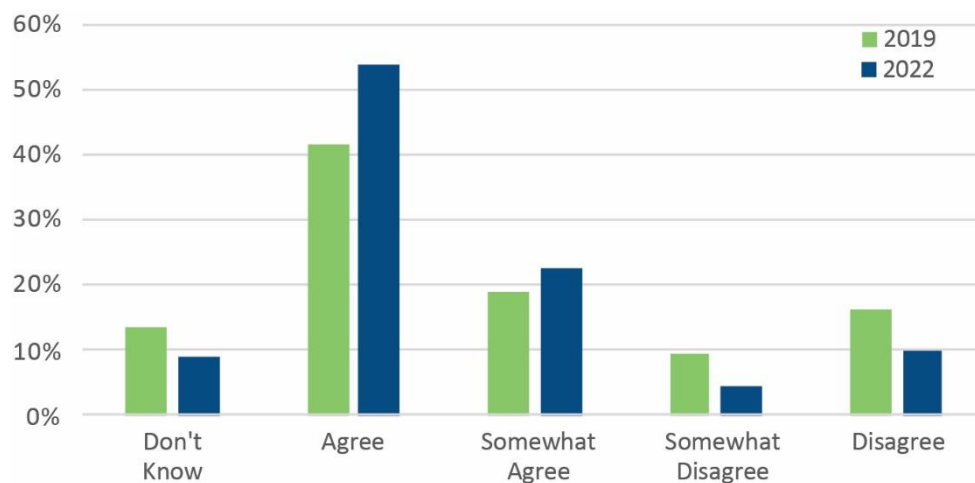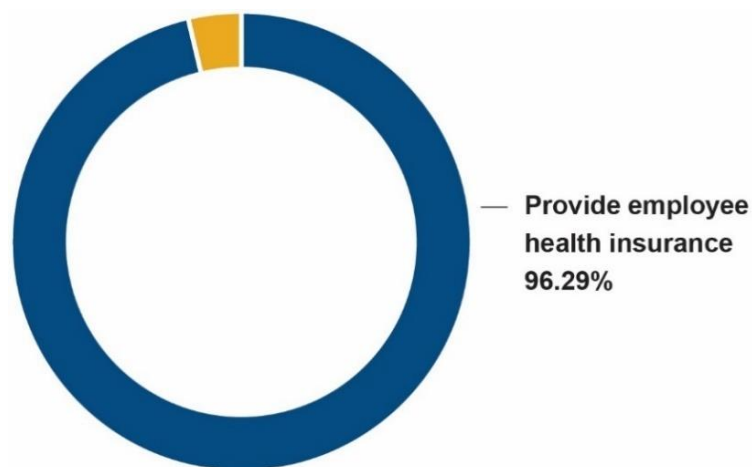
Offerings

Almost all (96.29%) organizations provide employee health insurance to their employees, though those employing fewer than 25 employees are less likely than other sized companies to make those provisions.

— Provide employee
health insurance
96.29%

Most (83.92%) Indiana organizations provide contributions to all their employees' 401K and/or other retirement accounts.

Fewer than half of Indiana's organizations provide paid maternity/paternity leave (44.33%) and/or paid time off for doctor's appointments (40.41%) for all employees.

*Hoosiers are over two times more likely than the national average to be forced out-of-network for mental health care than for primary health care — **making it more difficult to find care and less affordable due to higher out-of-pocket costs.**[16]*

Most (80.51%) organizations contribute the same amount to health insurance for all employees, though 1 in 5 large organizations (with 1,000+ employees) do contribute more health insurance to lower income employees.

Legend:
- Don't Know
- Organization contributes more to lower income employees than other employees
- Organization contributes the same amount to all employees
- Organization does not contribute
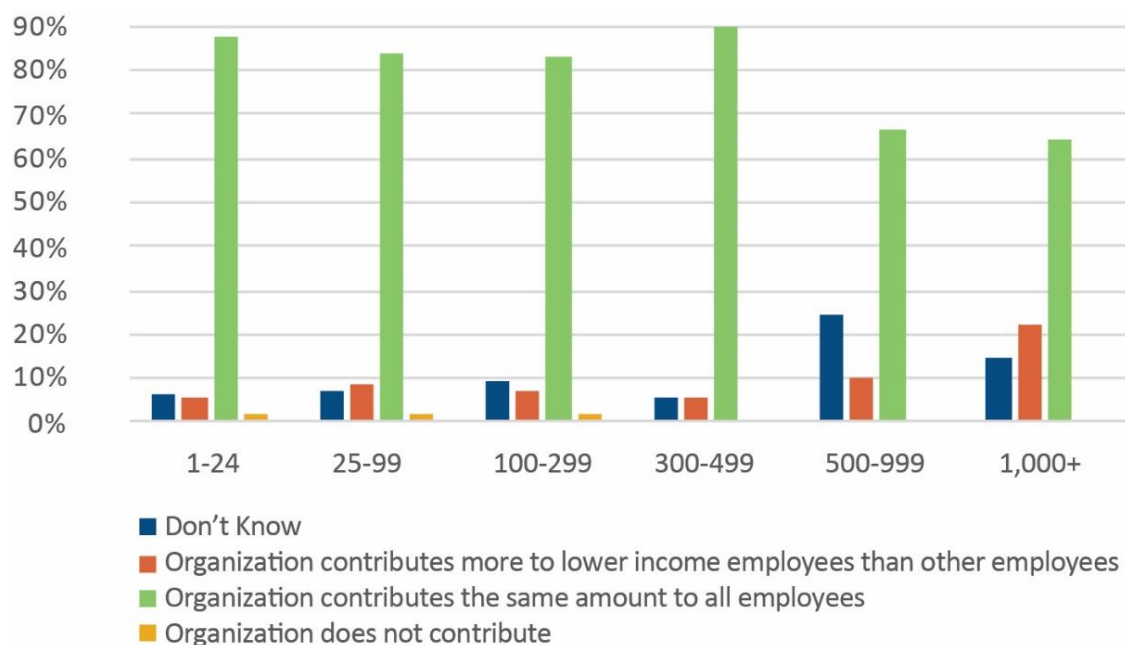
Fewer than half (44.97%) of the organizations track what percentage of employee wages go to health insurance premiums and/or out-of-pocket expenses.

Of the organizations who track the percentage of employee wages that go to health insurance premiums and/or out-of-pocket expenses, half (50.48%) do so by employee level.

Utilizing data

Two-thirds (67.45%) of the survey respondents were knowledgeable of their organization's health insurance data. This is nearly identical to 2021 (67.87%).

Of those who were knowledgeable of their organizations' insurance data, more than half (53.22%) use pharmacy and/or claims data when making decisions. This is an increase from 2021, which saw fewer than half (45.71%) using pharmacy and/or claims data when making decisions.
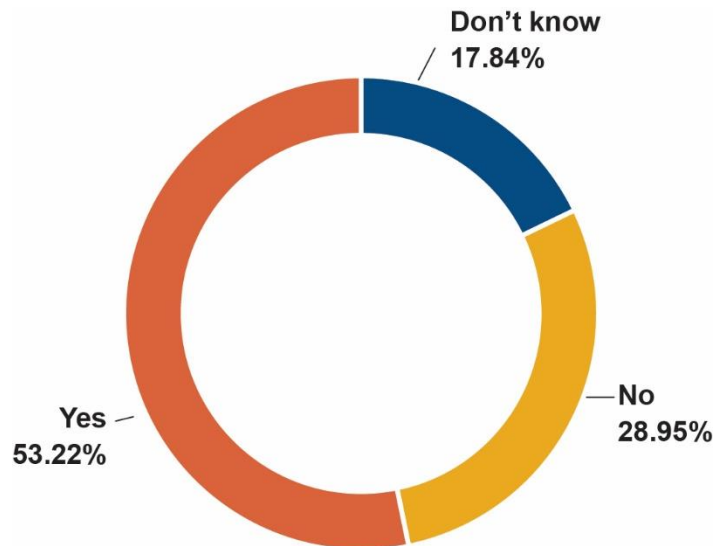
The majority of organizations report the reason they have not used pharmacy and/or claims data when making decisions was because they either weren't aware it was (30.21%) or don't know why (30.21%). Another 23.96% believe it violates employee rights and 15.63% don't think it's necessary.

Utilizing insurance data can help employers better understand employee needs, track medical costs and determine appropriate coverage.[17]

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, visit www.wellnessindiana.org or e-mail at info@wellnessindiana.org.

Resources

THE RIGHT DOSE: Supporting Your Workforce, Managing Your Risk Against Opioids
https://www.wellnessindiana.org/recovery/the-right-dose/

We encourage you to review our video toolkit meant to complement these guidelines and provide further education. 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.

Wellness Council of Indiana
www.wellnessindiana.org - info@wellnessindiana.org - 317-264-2168

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

Mental Health America of Indiana
https://mhai.net/

National Alliance on Mental Illness (NAMI)
https://www.nami.org/Home

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
https://www.rmff.org/wp-content/uploads/2021/05/Tobacco-Opioid_OnePager_Employers_FINAL_web.pdf

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

Working Well Toolkit
https://www.workplacementalhealth.org/employer-resources/guides-and-toolkits/the-working-well-toolkit

SAMSHA: What is mental health?
https://www.samhsa.gov/mental-health

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

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